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OPINIONS, ATTITUDES, AND SELF-EFFICACY OF SECONDARY SCHOOL  
COUNSELORS IN RAMP AND NON-RAMP DESIGNATED SCHOOLS AND THEIR  
WORK WITH STUDENTS WITH DISABILITIES

A Dissertation  
presented in partial fulfillment of requirements  
for the degree of Doctor of Philosophy  
in the Department of Leadership & Counselor Education  
The University of Mississippi

by

CHRISTINE D. LEWIS PUGH

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## ABSTRACT

The American School Counseling Association (ASCA) implemented standards that aid the professional school counselor via a comprehensive program to serve all students (ASCA, 2019). This study examines secondary school counselors working in RAMP and non-RAMP designated schools. The designation of recognized ASCA model programs (RAMP), which awards schools when they successfully implement comprehensive programs, leads one to believe that RAMP programs exhibit effectiveness, while understanding that lacking RAMP certification does not mean a comprehensive school counseling program does not exist. The current study surveyed secondary school counselors' attitude, self-efficacy, and opinions toward work with students with disabilities.

An independent samples *t* test explored group differences among secondary school counselors working in RAMP and non-RAMP designated schools. A MANOVA determined the variance of self-efficacy and attitudes of secondary school counselors working in RAMP and non-RAMP designated schools toward students with disabilities. Results of the study indicate there are not any differences in the attitudes, self-efficacy, and opinions of secondary school counselors working in RAMP and non-RAMP designated schools. Future implications for school counselors are to increase training in the area of Response to Intervention (RTI) and special education as the need and population grows within school systems as well as determining standards on how effectiveness of school counseling programs can be measured.

*Keywords:* ASCA, RAMP, attitudes, self-efficacy, opinions, disabilities, *t* test, MANOVA, RTI

## DEDICATION

This is dedicated to my professional school counselors working diligently in the profession. Whether you have obtained RAMP status or not, your comprehensive school programs matter, and you matter. The work you do with all students, especially students with disabilities, is important. Continue to be the light our students need so one day they may find their own light and share it with the world.

## LIST OF ABBREVIATIONS

ADA American Disability Act of 1990

ASCA American School Counselor Association

ASD Autism Spectrum Disorder

BIP Behavior Intervention Plan

CACREP Council for Accreditation of Counseling and Related Educational Programs

EAHCA Education for All Handicapped Children

ED Emotional Disturbance

ELL English Language Learners

ESEA Elementary and Secondary Education Act

ESSA Every Student Succeeds Act

FAPE Free and Appropriate Education

FBA Functional Behavior Assessment

ID Intellectual Disability

IDEA Individuals with Disabilities Education Act

IEP Individualized Educational Plan

LRE Least Restrictive Environment

NCLB No Child Left Behind

OHI Other Health Impairment

RAMP Recognized ASCA Model Program

RTI Response to Intervention

SLD Specific Learning Disability

SPED Special Education

SWD Students with disabilities

## ACKNOWLEDGMENTS

This journey has been tough, yet somehow incredible. I must thank the following individuals for their contribution during the process. I must thank the man above, because without him none of this would be possible. Major thanks to an amazing chair, Dr. Amanda Winburn, for her caring, patient, and compassionate spirit, knowing when to push me through my difficult times. I thank you, Dr. Lusk, for the ability to text you when I felt my own spirit of defeat creeping in; your words and example are just what I needed to push forward. Dr. Balkin, I am so grateful for you and how you took time to discuss my methods section, but most importantly always stopping to inquire how I was doing in general. Dr. Platt, your willingness to serve on my committee has been amazing; I appreciate you. I must thank Dr. Suzanne Dugger; the day she pulled me to the side was the day I decided I had more to give to the profession.

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## CHAPTER 1

### **Introduction**

Since its inception, the American School Counseling Association (ASCA) has continued to review and revise its standards outlining required training and skills school counselors need to implement and work effectively in a comprehensive, data-driven counseling program.

Simultaneous work in academic, career, and social/emotional areas is ASCA's charge to the school counselor's role; however, school counselors still struggle to understand the specifics of their role in these areas (ASCA, 2019). This struggle leads to a portion of the problem, which is the lack in training of school counselors and their roles at the K–12 educational level, especially with students with disabilities (SWDs).

After the introduction of ASCA's national model in 2003, ASCA decided to designate a Recognized ASCA Model Program (RAMP). RAMP awards schools across the United States after successful implementation of ASCA's comprehensive data-driven school counseling program. Counselors who acquired the RAMP designation at their respective schools have attested to the honor and improvements the award brought to their counseling programs (ASCA, 2019). Conversely, since its establishment, only half of RAMP certified programs still hold the recognition today (Milsom & Morey, 2019). If the framework of the ASCA national model's comprehensive counseling program showed counselor effectiveness, then the RAMP designated school is an indicator of effective work with all students, including SWDs.

Literature has reiterated that professional school counselors lack training in working with SWDs although reform movements called for their involvement (Frye, 2005). For the past few decades, research has continued to discuss the deficiency in school counselor training especially as it relates to SWDs in special education (Hilts et al., 2019; Milsom, 2002, 2006). Not only has school counselors' lack of training been a problem, but their self-efficacy has come into question in understanding their abilities to perform in the role of school counselor, especially working with SWDs.

School counseling continues to evolve, placing its focus on various areas that contribute to programming and planning for every school district in the United States. Since the enactment of Every Student Succeeds Act (ESSA), education recognizes all three components (social/emotional, academic, career) as equally important to the success of all students, including SWDs. School counselors are empowered to embrace the integral interconnectedness of collaboration, systemic change, leadership, and advocacy, as these words are no longer around the diamond on the new 2019 ASCA national model (ASCA, 2019). The ASCA national model promotes work with all students and students with "special needs" (ASCA, 2019). Understanding the history of special education, legislative work with SWDs, and transformation of the professional school counselor led to further examination and awareness of areas that decrease school counselor effectiveness and their work with SWDs (Gybers, 2010).

### **Theoretical Framework**

The framework for a comprehensive program for all students in the K–12 educational setting is the direct result of ASCA's national model. Professional school counselors emerge from transformation in the profession, moving away from guidance (academic and career) and bringing a new perspective to the comprehensive school counseling program with an added

social/emotional (mental health) component. The ASCA national model has guided the work of school counselors through the use of behaviors (professional foundation, direct/indirect services to students, planning, and assessment) and mindsets (beliefs school counselors have regarding achievement and success of students). This structure was first introduced to aid in the framing of school counseling programs. Although the ASCA national model exists, accountability and effectiveness of school counselors are inconsistent with varying practices at the state, district, and school levels (ASCA, 2019; Gybers, 2010). The 2019 edition of the ASCA national model framework for school counseling programs outlined four guiding principles of foundation, management, delivery, and accountability. These principles have been changed to define, manage, deliver, and assess. The change to verbs from nouns serves to help the professional school counselor become active in what their responsibilities have called for them to do. For the purpose of this study, the focus will be on the area of “assess” which reflects the need to examine school counselors in RAMP and non-RAMP schools (ASCA, 2019).

School counselors’ self-efficacy and opinions are determined by their experiences and expectations (Isaacs et al., 1998). Understanding one’s ability to work with SWDs taps into one’s self-efficacy (Gordillo, 2015). Bandura’s (1995) self-efficacy theory and its contribution to one’s own level of motivation, affective states, and actions, which are primarily based on personal beliefs rather than is actually presented before them, is important when understanding the self in relation to work with SWDs. Bandura posited one of the most effective ways to develop a strong self-efficacy is through mastery experiences (Bandura, 1995). This assumption leads one to believe counselors develop a strong self-efficacy if training and also present was belief in their own ability to communicate high expectations and provide support.

When discussing students and counselors facing the pressure of exhibiting effectiveness in their counseling programs, the question of school counselor effectiveness toward work with SWDs is an imperative (Astramovich et al., 2005). School counselors who are not comfortable with their self-efficacy in the work with SWDs choose to avoid participating in activities that involve them. In every aspect of the job, the professional school counselor must recognize effectiveness in collaboration, leadership, advocacy, and systemic change for all students (ASCA, 2019; Carney & Cobia, 1994).

### **Statement of the Problem**

The extent to which attitudes, self-efficacy, and opinions on preparedness and training of secondary school counselors in RAMP and non-RAMP designated schools work with SWDs is not yet known. The evolving role of the school counselor and resulting confusion with non-counselor related tasks and responsibilities suggests comprehensive training is lacking for school counselors who work in the K–12 educational system, especially as it relates to work with SWDs. Research studies lend themselves to positive self-efficacy scales for elementary school counselors as it relates to their roles in counseling. However, there is a gap in literature regarding secondary professional school counselors and their readiness to work with SWDs, as their primary focus has been academic and career (Isaacs et al., 1998; Milsom, 2006).

The lack of formal preparation for school counselors and consistency in their training poses problems in counselors' work with SWDs (Milsom, 2002). Milsom's (2002) research determined counselors' attitudes would be more positive if they had more knowledge about SWDs and effective strategies to implement interventions. Trained professional school counselors can draw from their training and conduct needs assessments to identify attitudinal and systemic changes necessary to create positive environments for SWDs (Milsom, 2002, 2006).

Understanding school counselor preparation and belief in oneself can help when implementing a comprehensive data-driven program. ASCA's mindset and belief standards of school counselors should hold true when working in 12 components of the ASCA national model (ASCA, 2019). School counselors can implement and promote agendas of diversity and cooperation through helping SWDs accept having a disability does not limit their aspirations (Gordillo, 2015; Milsom, 2006).

Under the Individuals with Disabilities Education Act (IDEA), public schools are responsible for providing special education and related services to students who are adversely affected by 1 of the 13 disability categories; however, not all students who struggle academically qualify under IDEA (Lee, n.d.). SWDs are predominately supported by the special education department (SPED) and SPED teachers in the respective school system. This leaves school counselors unsure of their roles in supporting these identified students, as well as those labeled unidentified and still in the response to intervention process (RTI).

Professional school counselors are introduced to RTI, which has three tier levels of intervention for students. Tier I interventions are given to all students in the K–12 system. Tier II focuses on a specialized group for targeted intervention. Tier III delivers intense interventions for a small number of students (ASCA, 2019). Usually, SWDs are a small number of students in RTI at Tier III, as this level precedes qualification for special education services under Individuals with Disability Act (IDEA) and Section 504 of the Rehabilitation Act of 1973. ASCA charges that school counselors be involved at every RTI level to provide services to all students, especially SWDs. When special education, general education, and related services come together to create a curriculum that will benefit all students, educational services become effective even for SWDs (ASCA, 2019; Rainforth & England, 1997).

## **Purpose of the Study**

The purpose of this study was to examine the attitudes, self-efficacy, and opinions on preparedness and training of secondary professional school counselors and their work with SWDs in RAMP and non-RAMP designated schools. This research was conducted in an effort to understand the responses of secondary school counselors in RAMP and non-RAMP designated schools, their work with SWDs, and their willingness to work with these students.

According to Isaacs et al. (1998), school counselors are held accountable for providing developmental, preventative, and responsive services to all student populations. In the utilization of skills such as counseling, consulting, and coordination, school counselor accountability assesses their effectiveness of work with all students (ASCA, 2019; Isaacs et al., 1998). Serving as an effective professional school counselor in the K–12 educational system speaks to the need for advancement in school counselor training to ensure school counselors are both aware and more effective in their work with SWDs. Effectiveness through the lens of one’s self-efficacy contributes to understanding their own beliefs and self-confidence regarding work they do as school counselors.

## **Research Question**

The RAMP designation leads one to believe designated schools have not only implemented comprehensive data-driven programs, but those programs are successful with all students, especially SWDs. With the development of RAMP designation, little research has been done to show the outcomes of identification as a RAMP designated school (Milsom & Morey, 2019; Wilkerson et al., 2013). Throughout the ASCA national model, it gives the secondary school counselor responsibility to create a successful environment for all students, especially SWDs (ASCA, 2019). Nonetheless, SWDs are often excluded during this process, and

responsibility is placed on other school personnel (Skinner, 1985). The following research questions guided this quantitative study:

1. What is the extent of the differences between RAMP and non-RAMP designated school counselors' attitudes when working with students with disabilities?
2. What is the extent of the differences between RAMP and non-RAMP designated school counselors' self-efficacy when working with students with disabilities?
3. What is the extent of the differences between RAMP and non-RAMP designated schools' opinions when working with students with disabilities?

### **Significance of the Study**

This study contributes to the field of counselor education in the specialization of secondary school counseling. School counselors are charged to assess their programs and have begun assessing their effectiveness through the RAMP designation. The current study will lead to an increase in the school counselors' understanding of the differences in the attitudes, self-efficacy, and opinions in preparedness and training of their work with SWDs if they work in a RAMP designated program. The study will also influence an increase in advocating for adequate school counselor training, thus preparedness, as it relates to work with SWDs.

The mission of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) is to unite all counseling professions regardless of specialization. The minimum hour requirement for school counseling programs is 48 hours under current CACREP standards. A deadline of July 1, 2020 was established to standardize requirements across specialties via 60-hour programs. However, this undertaking posed various problems for institutions. Due to the unforeseen problems, the board of directors recognized this significant undertaking and has extended the implementation deadline to 2023 (CACREP, 2018).

This study intends to promote counselor education programs that use the additional 12 hours of program change to include courses guided toward work with SWDs within that 60-hour minimum. Incorporating specialized coursework in school counseling programs can help bridge the gap in intended specialized work of professional school counselors, especially their work with SWDs.

Within the educational system, professional school counselors are tasked with non-counselor duties and still have to advocate to work with the social-emotional and academic development of students (Skinner, 1985). CACREP-accredited programs train school counselors to work with social and emotional concerns of all students and all that is enlisted under the contextual dimension of CACREP. School counselors should not have to continue advocating their expertise to work with the academic, career, and social/emotional growth and development of students; however, in many school districts across the United States, counselors continuously have to advocate, consult, and counsel regarding their time and direct work with all students.

### **Definitions and Terms**

**American Disability Act (ADA)** is a civil rights law that prohibits discrimination based on disability.

**American School Counseling Association (ASCA)** is the organization that supports school counselors' efforts to help students focus on academic, career, and social/emotional development so they achieve success in school and are prepared to lead fulfilling lives as responsible members of society (ASCA, 2019).

**Council for Accreditation of Counseling and Related Educational Programs (CACREP)** is the independent accrediting body for master's and doctoral degree programs in

counseling and its specialties offered by colleges and universities in the United States and throughout the world to meet standards within the counseling profession (CACREP, 2015).

**General Education** is the educational setting/classroom in which all students perform within their respective grade level assignments and do not receive any academic services.

**Inclusive Education** is a continuum of services for SWDs in the general education setting (Quigney & Studer, 1998).

**Professional School Counselor** is a certified/licensed educator who holds a master's-level degree, meets the state certification/licensure standards, fulfills continuing education requirements, and upholds the ASCA ethical and professional standards (ASCA, 2019).

**Recognized ASCA Model Program (RAMP)** is a program implemented in 2004 by American School Counseling Association to recognize schools who have implemented comprehensive data-driven counseling programs.

**Response to Intervention (RTI)** provides early intervention to all students at risk for failure, providing an alternative method for determining students classified as having a learning disability (Fuchs & Fuchs, 2006b).

**Self-Efficacy** is the belief in one's ability to serve a particular population of clients (Gordillo, 2015).

**Students With Disabilities** refers to any student determined eligible for an Individualized Education Plan (IEP) under the 13 disability categories: specific learning disability (SLD), other health impairment (OHI), autism spectrum disorder (ASD), emotional disturbance (ED), speech or language impairment, visual impairment (including blindness), deafness, hearing impairment, deaf-blindness, orthopedic impairment, intellectual disability (ID), traumatic brain injury, and multiple disabilities (Baditoi & Brott, 2014).

**Tier I** is the RTI tier level that involves interventions for all students in the K–12 system.

**Tier II** is the RTI tier level that involves a select group of students for intervention beyond what other students are receiving. Students at this level will have the ability to develop skill and move back to Tier I or move forward to Tier III if a higher level of intervention is necessary.

**Tier III** is the RTI tier level with intense interventions. This tier level is prior to the request for qualification of special education services.

**Training** refers to school counselors' coursework through a CACREP-accredited program, professional development in ASCA standards, or in-service training concerning work with all students, especially those with disabilities.

### **Limitations and Delimitations**

This study's limitations yield to gender limitations due to the school counseling profession being a female-dominated profession. Additionally, non-designation of RAMP does not mean a school lacks a comprehensive school counseling program. Other limitations involve counselors having the ability to self-rate themselves on the surveys and their ability to convey accurate and transparent feelings regarding SWDs while remaining objective in their ratings. A delimitation to this study excludes elementary school counselors and focuses solely on counselors working in secondary schools serving Grades 6-12.

### **Summary and Organization of the Study**

Working in RAMP designated programs influences attitudes regarding work with SWDs. Although school counselors are responsible for work with all students in educational settings, there is still confusion, lack of formal training, and self-efficacy when counselors work with SWDs. The idea is if counselors are informed about legislation that mandates their services, they

will become confident and effective in their work with SWDs (Wood Dunn & Baker, 2002). This research will examine the attitudes, self-efficacy, and opinions on training and preparedness of secondary school counselors working in RAMP and non-RAMP designated schools. The study uses a nonexperimental correlational design comprised of three surveys observing attitudes, self-efficacy, and opinions.

## CHAPTER 2

### **Literature Review**

#### **History of Educating Students With Disabilities**

Grant (2017) made the statement that the road to equity for children with disabilities is long. In 1975, children with disabilities were legally protected under the Education for all Handicapped Children Act 94-142 (EAHCA). EAHCA gave children with disabilities enrolled in public institutions receiving federal funds the right to free and appropriate education (FAPE) and one free meal per day (Spaulding & Pratt, 2015). Before 1975, there were no acts or laws governing how to educate children who did not fit the general education model (Grant, 2017). Families of children with disabilities had to make necessary accommodations to keep their children at home because society exploited, expelled, and excluded disabilities in their communities. These families also faced harsh criticisms. The families of children with disabilities hid them from public view (Spaulding & Pratt, 2015).

Spaulding and Pratt (2015) stated one can understand the evolution of special education by looking at societal and cultural treatment, in which people with disabilities are treated based upon the societal and cultural views one inhabits. The second theme is viewing the disability as qualitative or quantitative, meaning a qualitative view believes a person with a disability can learn and think in ways that are not normal. However, a quantitative lens states all people with disabilities function similarly. The third theme discusses the area of nature versus

nurture, where believers of nature believe genetics plays a role in intellect and academic development. However, believers of nurture hold the belief that the environment plays a role in the effect disability has on individual abilities. The final theme discussed the new way of looking at people with disabilities is not considerably better than the old. The old ways added just as much progress for people with disabilities to push forward. While creating new ways of working with people with disabilities, there has also been some regression in the process. This regression can leave people with disabilities in arduous situations (Spaulding & Pratt, 2015).

### **Historical Beliefs**

During the early 1800s, individuals with disabilities in the United States faced hardships. As stated earlier, along with exploitation, exclusion, and expulsion, people with disabilities also faced execution due to their disabilities (Spaulding & Pratt, 2015). The societal view of people with disabilities was they were less than human. In these families, there was critical backlash for having a child with a disability. Society believed having a disability was inhuman. Through scientific advancement and economic motivation, an interest in people with disabilities sparked the beginning of new legislation, teaching and training, and the founding of institutions for protection of the disabled (Spaulding & Pratt, 2015). Others, like LaNear and Frattura (2007), stated the view of special education is rooted in positivism as its framework. Positivism states human beings can be objective. This phenomenon also carries the belief that the only way to find the truth is through the scientific method and hypothesis testing. Historically, it was easier to remove students with disabilities (SWDs). However, the removal of special education (SPED) students removed them from the general student population, from schools, and from job training opportunities (LaNear & Frattura, 2007).

## **Enacted Laws and Acts for Students with Disabilities**

By 1918, there were enacted laws from state educational boards that provided opportunities once unavailable (LaNear & Frattura, 2007). LaNear and Frattura (2007) stated laws governing SPED have “developed or evolved” and have been “generally successful.” To increase access to education for SWDs, the special education sector was created. Although the first law was not as effective, a negative stigma coincided with students who were not considered normal (Grant, 2017).

## **Educational Rights Secured**

In the late 1950s new ideas and legislation emerged, advocating basic human rights for individuals with disabilities. *Brown v. Board of Education* was an influential proponent in the struggle against the inequality of minorities. Its premise held it was unconstitutional for racial segregation to occur in public schools (Grant, 2017). Moreover, this particular case allowed legal strategies from court proceedings to challenge and secure educational rights for SWDs (Strassfeld, 2017).

## ***Individuals with Disabilities Act of 1975***

In 1975, under Individuals with Disabilities Act (IDEA), the Education for All Handicapped Children Act (EAHCA) was signed into law. IDEA was the educational blueprint for SWDs across the United States. The EAHCA was not implemented immediately within U.S. school districts after being signed into law. This failure of implementation was due to President Gerald Ford, whose belief was EAHCA involved more than what the federal government could provide at the time (Grant, 2017). Due to the act being complex and too technical to implement, time was needed to revise its legislation because it was not fully implemented until 1978. President Ford’s initial thoughts still hold accurate for those who advocate for the education of

SWDs. A couple of complex constants are (a) children are not always identified and (b) the lack of funds to support and implement all requirements for SWDs (Samuels, 2019).

**Child Find.** Under IDEA, there are four parts. Part B includes Child Find activities. These activities include public awareness, identification, referral, eligibility determination, and enrollment. Our current laws mandate that children with a disability get identified regardless of severity of their disabilities. Once these children become identified, located, and evaluated, there is a procedure to determine which students receive SPED and related services (Ennis et al., 2017). The determination regarding said services is free to students under IDEA and FAPE (Grant, 2017). The referral process for Child Find has been known to fail at the initiation stage or be concluded too quickly. There have also been issues with student progress monitoring not being completed correctly, and the data collected are not analyzed to inform instruction or placement decisions (Ennis et al., 2017). IDEA states any child found to fall under any of the 13 disability categories will be provided an Individualized Educational Plan (IEP) that must be updated yearly, addressing specific student deficit areas (Grant, 2017).

According to Ennis et al. (2017), IDEA regulations of 2012 gave specifics that Child Find must include children who are suspected of having a disability, even when advancing from grade to grade or involving migrant children and/or highly mobile children. Child Find activities can fail when school officials fail to meet the intended goals of Child Find due to school officials “intentionally ignoring” signs of academic and behavioral problems (Ennis et al., 2017). Under IDEA, Child Find has been, and continues to be, an issue for many school districts. According to law, if the school district can address specific student needs, they do not have to refer the student for an evaluation immediately. School districts should still monitor students who receive Section

504 services under the Rehabilitation Act and Title II of the ADA (ADA) for potential eligibility under IDEA.

When it comes to mental health concerns, Child Find responsibilities are often violated by school officials because school officials fail to evaluate mental health-related problems. When students get admitted to psychiatric hospitals or therapeutic schools, that admission does not release the school district from the obligation of conducting a Child Find for that student. The duty to complete Child Find information is imperative when a child is “suspected” of having an emotional disability (ED), which falls under one of the 13 disability categories of IDEA (Ennis et al., 2017).

### **Educational Reform**

In the early 1980s, the Regular Education Initiative attempted to rectify the limitations of IDEA and remove SPED practices in the United States, creating one general education system for SWDs to be supported in the general education classroom. The U.S. SPED practices have been scrutinized due to how students are labeled and underserved in the regular education classroom. The EAHCA of 1975 also required that schools provide placement options for SWDs (Tarver-Behring et al., 1998). During the 1990s, full inclusion was the goal for many seeking to reform the school system to aid in the movement on behalf of SWDs (Greer et al., 1995).

During this period of reform, the idea was to remove “pull out” services for students and deliver alternatives to form a more inclusive environment for all students. The reform supported the elimination of pull out services because there was no evidence pull out services are effective (Greer et al., 1995). However, there were signs that students in pull out services were stigmatized and segregated from their peers. This stigmatization and segregation resulted in many SWD having low self-esteem and other social/emotional difficulties (Greer et al., 1995). Inclusion took

hold over mainstreaming, as inclusion placed students on an equal educational learning plane rather than mainstreaming (Isaacs et al., 1998). Mainstreaming views general education and SPED as parallel systems. However, the two are not equal. Mainstreaming often has the student compete for equal education. Inclusion allows all students to be in the same educational classroom with equal opportunities and modifications to work on the same educational platform (Tarver-Behring et al., 1998). Quigney and Studer (1998) discussed one of the most controversial topics during the early 1990s was inclusion. Special education results were not yielding numbers indicative of growth or improvement in vocational, empirical, or social skills. Supporters of inclusion stated inclusion could improve social interaction and acceptance between disabled and nondisabled peers in the general education setting. The same supporters also concluded inclusion could provide a model for social interaction among peers (Quigney & Studer, 1998).

Some organizations were concerned with the inclusive classroom, even some parents. However, there was a national trend toward inclusive education. Inclusion is a continuum of services for SWDs in the general education setting. There are some cases where students will not benefit from full inclusion, but partial inclusion should be considered (Quigney & Studer, 1998). What was in place in the 1990s and still in place today is students are identified only after they have failed the regular educational system. Those who need extra support are excluded by screening and eligibility requirements. The assumption is many students fall through the cracks. Implementing a system that educates all students at various levels of functioning is the envisioned goal. There has been a call for reform for those who are severely low or have a behavioral disorder (Greer et al., 1995). Literature has reiterated school counselors lack training in working with SWDs, although reform movements call for their involvement (Frye, 2005).

### *Americans with Disabilities Act of 1990*

Under the Americans with Disabilities Act (ADA) of 1990, persons with disabilities were protected from discrimination. In the K–12 school system, when students are not covered under IDEA, they could potentially be covered under Section 504 of the Rehabilitation Act of 1973, which is a civil law. It is important to note eligibility for Section 504 does not rely on denial of IDEA eligibility. Section 504 is seen as supplemental action to SPED cases. The underdevelopment of Section 504 has been extended to cover more children through redefining those with disabilities under the ADA of 1990. This redefining came after the overturning of U.S. Supreme Court rulings limiting coverage under Title II of ADA and Section 504 of the Rehabilitation Act (Weber, 2010).

**Expanded ADA and Section 504.** Section 504 of the Rehabilitation Act of 1973 defines a disability as “physical or mental impairment that substantially limits one or more of the major life activities of an individual” (Weber, 2010, p. 5). Courts left the decision of one’s physical limitations and mental impairments up to individual states. In 2008, amendments were passed that extended the purview of Section 504 to cover a broad range of disabilities, including those that encompassed major bodily functions and any impairment that had been a contributor as a limitation to one’s life activity (Weber, 2010). For secondary and elementary schools, the expansion of coverage was beneficial because Section 504 now included limitations and impairments of thinking, communicating, sleeping, hearing, speaking, and learning, which can also fall under “specific learning disability” (Miller et al., 1979; Weber, 2010). Under Section 504, school districts receiving federal funding are to meet the needs of all students and ensure those needs are met adequately. No comprehensive evaluation is required for students under Section 504, whereas eligibility under IDEA consists of a series of evaluations and collected

documentation for students. Counselors can help by gaining an understanding of IDEA standards, Section 504 of the Rehabilitation Act of 1973, ADA of 1990, and the needs of students who have learning disabilities, as eligibility for Section 504 is reviewed annually. An accommodations plan is necessary for students under Section 504, but the plan is not an individualized educational plan (IEP), which provides programming for students under IDEA (Miller et al., 1979).

### ***No Child Left Behind***

Many political administrations revised and discussed laws to help children with disabilities. Some of the senate bills directly included SWDs, and some did not. Lyndon B. Johnson signed the Elementary and Secondary Education Act (ESEA) into law during his presidency to help students from low-income families. In 1965, the ESEA did not directly address SWDs. In 2001, George W. Bush reauthorized ESEA as No Child Left Behind (NCLB), which gave accountability mandates for the success of SWDs on their state- and district-level assessments. NCLB was the link between state standards and accountability for special education. In 2015, Every Student Succeeds Act (ESSA) was signed into law to make sure all students were ready for success, including SWDs (Grant, 2017).

### **Special Education Law**

It is known that legislation impacted educational opportunities for SWDs before the EAHCA of 1975, with SWDs receiving little to no services (Milsom, 2002). Skinner (1985) stated a lack of research studies defining the role for school counselors, and suggested before EAHCA of 1975 the school counseling field lacked responsibility; nor was it adequately equipped to serve SWDs. The presumption was made that SPED teachers knew how to work with *their* students' specific problems and should be the counseling agent (Skinner, 1985). Since

the enactment of Public Law 94-142 and the EAHCA of 1975, the role of the school counselors with SWDs has been increasingly outlined (Skinner, 1985).

EAHCA of 1975 asserted there should be a normalization of disabilities. The Zero-Reject policy ensures regardless of the severity of the disability, all children are to be provided FAPE, and the least restrictive environment (LRE) for students allows for inclusiveness of SWDs (Greer et al., 1995). With the passage of EAHCA of 1975, the LRE was applied to schools. The act was reauthorized and is now IDEA, which shifted the idea of placing SWDs in the LRE (general education classroom) whenever possible. The process of placing SWDs in general education classrooms is called full inclusion (Tarver-Behring et al., 1998). The continuum of education options for SWDs ranged from institutionalization to general education classrooms. This continuum has continued to evolve, with SWDs with more severe disabilities being educated in settings such as resource, self-contained, or other facilities outside of the general classroom or school environment (Greer et al., 1995).

Due to previously passed legislation, there has been an increase in services delivered and school counselor involvement with SWDs (Milsom, 2002). Legislation continuously changes due to advocates who look for a more inclusive environment of choice for SWDs. Inclusion means educating SWD in the regular education classroom with students who do not have a disability (Greer et al., 1995). The amendments to IDEA in 1997 discussed the involvement of school personnel with SWDs (Milsom, 2002).

### **Reauthorization of IDEA**

For years, the only way to identify children classified as learning disability (LD) was looking at the discrepancy between IQ and achievement documentation. Documentation for these students usually occurred around fifth grade; however, waiting until the fifth grade for

documentation took on what most have stated to be a “wait to fail” approach, meaning a student must fail at least one time before an intervention occurred. The reauthorization of IDEA in 2004 allowed the use of RTI to determine LD identification. However, the use of IQ-achievement or Patterns of Strengths and Weakness can still be utilized as a means of declaring LD. There are two assumptions that RTI explains for low achievement: (a) inadequate instructions and (b) disability (Fuchs & Fuchs, 2007). RTI identifies at-risk students early and prevents severe deficits that can be difficult to remediate later. The other goal of RTI is to identify LD students who are unresponsive to standardized instruction and require a more individualized plan. For example, this includes children who have disabilities requiring specialized treatment and fail to respond to effective interventions (Fuchs & Fuchs, 2007).

There is a multidisciplinary evaluation that answers specific questions about Tier I and II participants. Other items this evaluation provides is the distinction of LD, mild mental retardation, speech/language impairment, and emotional disabilities (Fuchs & Fuchs, 2007). RTI became codified in federal law as one of the alternative methods of LD. RTI models have struggled in construct to guide school personnel with a useful body of knowledge that informs practice (Fuchs & Fuchs, 2006a).

Fuchs and Fuchs (2006a) discussed appropriate behavior as a critical aspect of early development. Appropriate student behavior promotes student success and success in school. An enduring problem for declaring behavior problems as student disability is the language barriers students may have. Therefore, school psychologist roles have expanded to participate in RTI for intervention in early childhood and to begin discussing questions that remain unanswered to make RTI a reality across the lifespan. Researchers have voiced concern to extend RTI to young children (Fuchs & Fuchs, 2006a).

Since the implementation of RTI in 2004, there have been thoughts surrounding how to combine RTI with multidisciplinary evaluation. The student learner has weaknesses and strengths that determine special education eligibility and disability status. No matter the number of tiers in a school district RTI model, a constant is that RTI is costly in resources and time (Fuchs et al., 2012). The new argument is cultural response to RTI and its approach to identifying individuals. Because RTI is a part of Multi-Tiered Systems of Support (MTSS), there is a need for a shift in the paradigm for SPED referrals (Gomez-Najarro, 2020).

Fuchs et al. (2012) discussed components of Smart RTI practice, which has a multistage assessment to decide the necessary level of student instruction. The impending question research deems possible is: Can a student be identified as unresponsive to secondary intervention at the primary intervention level to prevent continuous failure? RTI is used by various practitioners who have skills introduced at the prevention level of the framework (Gomez-Najarro, 2020). The most uncertainty in prevention is at the tertiary levels because of lack of understanding regarding how to perform interventions at this level (Fuchs et al., 2012).

### ***Response to Intervention***

The process for identifying children saw a dip in identification in the early 2000s due to school districts adopting a response to intervention (RTI; Samuels, 2019). RTI is a model that has emerged for service delivery at the elementary grade levels for behavior and reading deficits (Fuchs & Fuchs, 2006a). RTI includes assessment and intervention measures incorporated into school practice to prevent school failure and other consequences, such as unemployment, poor health, or incarceration. Depending on the state, or school district, the model and design of RTI may look different and may have different tier levels. To reduce confusion surrounding RTI's tiered intervention levels, there has been a suggestion to implement a 3-tier level model for

commonality across states and districts. This commonality will increase the ability of school districts to model successful RTI implementation models for use in other school districts (Fuchs & Fuchs, 2009).

**Intervention Process.** The first level, according to Fuchs and Fuchs (2009), is the primary level, which looks at instructional practice of general educators with all students. At this level, interventions benefit all students at the teacher level. When implementation of RTI at Tier I is done correctly, academic performance of students is said to be enhanced (Fuchs & Fuchs, 2009). Primary prevention conducted in the general education classroom is for all children. Those who fail to respond during primary interventions move into the secondary area of RTI (Fuchs & Fuchs, 2006a). At the core of RTI are interventions that involve rounds of small group tutoring. Students who do not respond well to intensive forms of intervention become candidates for Tier III interventions, leading to a multidisciplinary team evaluation to answer student deficit questions of Tier I and II. Interventions that are considered adequate at Tier II mean the student can exit at the secondary level and go back to the Tier I intervention, which is given to all students (Fuchs & Fuchs, 2007). Tier III is for students who do not respond at the secondary level and need increased academic interventions. Students who move to the tertiary level of RTI may eventually undergo evaluation for an IEP to meet their unique educational needs (Fuchs & Fuchs, 2006a).

**Screening.** Screening occurs in school districts to identify students who need more intense, instructional-level interventions. This level of interventions leads to the secondary intervention level which includes small groups, a 10- to 15-week duration, and 20- to 40-minute intervention sessions. Interventions at this level rely heavily on small group tutoring. Small group tutoring has empirical validation. Noncertified teachers may need to be prepared to

implement scripted interventions for tutoring students at this level. If, at the primary intervention levels (Tier I and II), data and progress monitoring show non-responsiveness, the student will move to the tertiary level (Tier III). At the tertiary level, nonstandard instruction is necessary for the student to be successful (Fuchs & Fuchs, 2009). The success of the student at the tertiary level depends on a highly skilled educator, such as the SPED or the reading specialist in the school district (Fuchs & Fuchs, 2009).

**Progress Monitoring.** Progress monitoring provides useful information on whether or not teachers need to change how they provide student instruction. The practice of teachers providing adequate student instruction when the academic achievement level is below grade level aids practitioners moving a student from Tier II to Tier I of the RTI model. There is a shared frustration between policymakers and academics regarding the LD discrepancy (Fuchs & Fuchs, 2006b). One reason is due to economics. After LD became one of the 13 disability categories, the number of children qualifying in this category increased. Fuchs and Fuchs (2006b) discussed the importance of measuring student responsiveness to instruction and criteria that defines non-responsiveness. There must also be a common approach to assess unresponsiveness of students (Fuchs & Fuchs, 2006b).

### **Evolution of the Professional School Counselors**

During the 1960s and 1970s, the school counselor's role in the school system was redefined in response to SPED. During this time, the thought was students who were labeled "disturbed" or "retarded" were intentionally ignored by the counseling profession (Skinner, 1985). According to Island (1969), the term "special problems" was used for students identified as having social-emotional and academic difficulties. This identification was observed in a small group of students. Students were not individualized through the use of special problems;

however, the term was used to depict and describe students' behavior to their environments. During the late 60s and early 70s, research on students with social/emotional difficulties did not exist or was considered rare. Many student behaviors, such as apathy, nonconformity, sexual problems, or any other behaviors of concern, were not formally investigated (Island, 1969). Skinner (1985) stated school counselors tended to avoid work with the SPED population in favor of students who were enrolled in regular education classrooms. The inadequacy counselors felt when working with SWDs was due to the counseling responsibility that identified SWD placed on other school personnel, rather than the counselor (Skinner, 1985).

Although research on SWDs was rare, Island (1969) began looking into school phobias in 1965. Parents and students were interviewed briefly, and school phobias were treated. Students with behavior and delinquency problems were met with techniques that built inviting interpersonal relationships, which yielded success for 30 out of 41 participants (Island, 1969). It is important to note the process used was implemented by the authors and could not be replicated. In the late 1960s, research on Black students began to appear, which resulted in Black students participating in small group counseling. Students who participated in the small group counseling sessions were able to increase their scores on achievement tests from academic, vocational, and occupational areas. The grade point average for Black students also increased. Although this study was listed as successful, it was difficult to replicate due to results being deemed too sensational to be attributed solely to "counseling" (Island, 1969). Skinner (1985) advocated, if school counselors are provided enough in service and cooperation from SPED staff, they can be an asset to SWDs.

The lack of work with SWD could jeopardize the need for school counselors. A survey conducted by Skinner (1985) regarding the work of school counselors with SWDs resulted in

50% of school counselors indicating an increase in the work with SWDs. From that 50%, 43% still felt inadequately trained and 66% wished they had more extensive training in SPED. Within the educational system, counselors remain tasked with non-counselor duties and are still “selling” their expertise in work with social-emotional and academic development of students (Skinner, 1985).

### **American School Counseling Association**

According to the American School Counseling Association (ASCA, 2019), school counselors should think in terms of a new paradigm. Programs should be “comprehensive in scope, results-oriented in design and developmental in nature” (ASCA, 2019, p. x). Because counselors have a holistic view of students, they are charged with working across areas to collaborate and advocate to change the school climate and create an ideal place for student learning (ASCA, 2019).

Although the role of the school counselor is defined as consulting, coordination of services, and counseling, school counselors are often known as the “quasi-administrator” (Maag & Katsiyannis, 1996). Counselors are often seen assisting the administrator in their administrative duties and are gatekeepers of testing, scheduling, and processing of college applications. Some schools contract mental health agencies to work with students with ED, but there is always the question of reimbursement for contractual workers (Maag & Katsiyannis, 1996). Isaacs et al. (1998) found elementary school counselors needed to cooperate with other school staff to early identify, remediate, and refer students who were suspected to have a disability. Although secondary counselors’ issues were focused on academic and vocational areas, they lacked in the area of addressing social and emotional needs of all students, especially SWDs (Isaacs et al., 1998).

According to Frye Myers (2005), school counselors believe their work toward meeting the personal/social needs of SWDs is within the guidelines of the ASCA national model. The themes that emerged from the study were counseling strategies, collaboration, teaming, and leadership. The study concluded counselors were working in areas required by ASCA when working with all students and those with disabilities, although the study was limited by the number of counselors involved (Frye Myers, 2005).

School counselors have the responsibility to work with all students, especially those who are considered “at risk,” and those with special needs have an even greater obligation to understand and assist these individuals (Studer & Quigney, 2003). Although it has been encouraged, little research has been done to understand the actual role of the school counselor for SWDs. ASCA has had multiple revisions to the statement concerning the school counselor’s role with SWDs, and they promote school counselor advocacy and planning for career transitions or those at postsecondary institutions. ASCA also noted the involvement of behavior modification plans, the counsel of parents and families, and making referrals to specialists for SWDs (ASCA, 2016; Milsom, 2002).

### **Purpose of the School Counselor**

Counseling helps students with emotional or behavioral disorders (ED). Students with ED have adverse effects on academics, vocations, personal, and social skills. Students with a label of ED often experience psychotic conditions, including depression, attention deficits, conduct disorders, and substance abuse (Maag & Katsiyannis, 1996). Counselors have the skills and may be called upon by parents to help with the implementation of programs and support for students and their families (Greer et al., 1995).

Maag and Katsiyannis (1996) found students identified as ED rarely receive counseling as a related service. Educators of students with ED thought counseling services were either unavailable or of poor quality (Maag & Katsiyannis, 1996). Due to the training of school counselors, they should play a role in the planning and collaboration of inclusive education for students. School counselors have skills and knowledge in the areas of human relations, group development, interpersonal skills, and counseling. They also provide support for all students who are disabled and nondisabled. Counselors may facilitate meetings or sessions surrounding special education and prejudices of others in the workforce. They also can be resources for providing information on laws and mandates under the ADA. School counselors provide a collaborative effort with all environments that support students by having an active role in families, the medical community, and educational professionals who similarly work toward the goal of an inclusive society (Quigney & Studer, 1998).

### **Attitudes and Beliefs**

ASCA (2019) charged school counselors to assess their mindsets and beliefs regarding the work of their profession. ASCA (2019) stated, “Beliefs are personal and individual and are derived from our backgrounds, culture, and experiences. Beliefs drive our behavior” (p. 29). Lombana (1980) stated, “To implement an appropriate program to foster positive attitudes toward handicapped students the counselor must attain a basic knowledge concerning attitudes” (p. 177). Wood Dunn and Baker (2002) discussed the importance of advocacy work with SWDs and examining one’s awareness of personal attitudes. To be successful at advocacy, one must be able to accept a student with a disability (Wood Dunn & Baker, 2002). School counselors should create a climate SWDs and those with non-disabilities can appreciate and in which they can feel comfortable and welcome (Lombana, 1980).

Counselors who are prepared to work with SWDs can provide parents with accurate information to help assist with these students (Wood Dunn & Baker, 2002). One must explore the feelings held toward those with specific handicaps. Understanding how one feels leads to a change in attitudes. In defining attitude, there are three aspects mentioned by Lombana (1980): “affective, cognitive, and behavioral” (p. 177). All three aspects are interrelated and describe one’s beliefs and feelings as connected to one’s actions. The school counselor can play a vital role in reducing stress both students with and without disabilities feel in their interactions with each other, and foster positive attitudes among all students (Lombana, 1980). Carney and Cobia (1994) found students in counselor education programs have more positive attitudes than students in the community who counsel toward SWDs but are less positive in comparison with rehabilitation counseling students (Carney & Cobia, 1994). It can be said that school counselors have attitudes reflective of preservice teachers (Milsom, 2006).

### **School Counselors Self-Efficacy**

To be effective and have a sense of self-efficacy, school counselors must be aware of their own level of motivation, attitudes, beliefs, and opinions as it relates to SWDs. An important aspect of working with SWDs is acceptance. One’s self-efficacy is the belief that one can. A strong self-efficacy with SWDs involves training and mastery through experiences (Bandura, 1995). Although research consistently discusses the lack of training for school counselors working SWDs, school counselors can help promote acceptance and build their own self-efficacy through exposure and participation with SWDs. This exposure is one way to reduce the unfavorable view that students and school counselors have toward SWDs (Greer et al., 1995).

One may question the effectiveness of a school counselor to counsel with a negative attitude towards of SWDs. School counselors who are not comfortable working SWDs may

choose to avoid participating in activities that involve them. Milsom's (2006) research revealed students prefer working with students without disabilities. SWDs are more often rejected by their peers in general education. Understanding students' and counselors' attitudes are important in implementing plans to work and include SWDs and promote student success for all students in the K–12 school system. School counselors can promote agendas of diversity, inclusion, and cooperation through direct services to students (Milsom, 2006).

### **School Counselors Self-Efficacy in Inclusion**

Students who are in the full inclusion classroom are eligible for school counselors' services. SWDs will need the school counselors to assist with the transition to the general education classroom to help with poor self-concept and difficulties expressing anger, inappropriate behavior, motivation, etc. School counselors must stay informed as active participants when facilitating full inclusion of students. It is also important that school counselors and others understand the differences between mainstreaming and full inclusion (Tarver-Behring et al., 1998). Inclusion allows counselors to implement the commitment to growth and development for each student (Isaacs et al., 1998). Isaacs et al. (1998) found elementary school counselors were more comfortable than secondary schools to consult, identify disabilities, understand laws governing services for exceptional students, and teach ADD/ADHD students. Counselors who have taken a course in special education, have field experience, or who participate in in-service training are thought to have more self-efficacy and better attitudes than those who have not had more the aforementioned training. This information suggests having field experience and having a course in special education has an impact on efficacy, attitudes, and beliefs regarding the benefits of inclusion (Isaac et al., 1998).

## **Training**

Counselors are considered the key players in facilitating and understanding SWDs. Due to their training in developmental issues, counselors can educate those around them on how to work with them so the classroom can be successful. There are many specifications of student placement and IEP that enhances one's ability and belonging in the general education classroom (Studer & Quigney, 2003). School counseling is one other top service needed by exceptional school-age children (Bowen & Glenn, 1998).

Milsom (2002) noted with all of the activities of school counselors and their work, it is imperative they feel prepared to provide services to SWDs. Milsom found school counselors feel "somewhat" prepared to provide services to SWDs, which suggests interventions in counselor education programs and/or school districts could help counselors feel more prepared (Milsom, 2002).

The basic education and training of school counselors place them in the best position to work with students with social/emotional disabilities. School counselors spend time working with SWD and yet have no specific coursework or training in special education. A couple emerging roles of school counselors have been "special education counselor" and "counselor specialist" position (Skinner, 1985). The challenges of graduate programs for school counselors to be successful is the need for more training in the work with SWDs (e.g., in-service opportunities, professional development) that are relevant to working with SPED students (Skinner, 1985).

Many counselors have not been adequately prepared to assist these students, and many have limited availability due to other counseling-related demands. Lack of sufficient time to accomplish the facets of the role prevents the school counselor from spending time on SPED-

related issues (Studer & Quigney, 2003). Across the United States, there is no uniformity to counselor education programs; for instance, some states require a course in special education while others do not. Professional school counselors should take responsibility to advocate for their educational needs in the work with SWDs, and they can advocate for disability education in their school districts. Special educators and school counselors can also establish collaborative and/or consulting relationships to provide comprehensive services for SWDs (Milsom, 2002).

### **CACREP**

The Council for Accreditation and Related Educational Programs (CACREP) is the accrediting body of counselor education programs across all U.S. states, the District of Columbia, and Puerto Rico. School counseling programs fall under these accreditation standards. Programs accredited under CACREP are reviewed for accreditation renewal every eight years. It is important to note CACREP accredits only institutions that meet all the standards set forth in a satisfactory manner. There are other conditional accreditation periods, but the goal is those institutions will reach satisfactory standards within a 2-year period. Any institution that does not meet the standards are denied accreditation. CACREP's mission is to unite all counseling professions regardless of specialization. The minimum hour requirement for school counseling programs is 48 hours under current CACREP standards. A deadline of July 1, 2020 was established to implement 60-hour programs to standardize requirements across specialties.

However, this undertaking posed various problems for institutions. Due to the unforeseen problems, the CACREP Board of Directors recognized this significant undertaking and has extended the implementation deadline to 2023 (CACREP, 2015). According to CACREP's 2016 standards, the overarching areas for education in school counseling are the foundation of school counseling, contextual dimensions, and practice. Under contextual dimensions, there are areas

designated for multidisciplinary teams, but no direct specifications to understanding the special education population.

### ***Recognized American School Counselor Association Model Program***

Recognized American School Counselor Association Model Program (RAMP) began in 2004 and is a program designated to recognizing schools that successfully implemented comprehensive data-driven programs (Mullen et al., 2019). Since its inaugural awarding year of 2004, RAMP has awarded almost 1,000 schools with the recognition (Cook, 2020). For schools to receive this recognition, they must complete and submit a detailed application outlining their comprehensive data-driven counseling program outlined by ASCA (Wilkerson et al., 2013).

**Role of the School Counselor in RAMP.** School counselors' roles in RAMP programs involve spending a year collecting information to compile and submit on the 12 components of the ASCA model. These RAMP applications are peer reviewed and require a score of 90% or higher to receive the title for 5 years. Researchers stated if schools are to invest time in the RAMP process, there should be an investigation of the outcomes and impact of what doing so will have on one's program (Goodman-Scott & Grothaus, 2017; Wilkerson et al., 2013). RAMP programs allow for school counseling programs to be evaluated in comparison to schools that are non-RAMP certified on academic achievement, absenteeism, and other differences that affect students in the K–12 school system (Akos et al., 2019; Milsom & Morey, 2019; Mullen et al., 2019).

**Research Findings on RAMP.** Previous findings have found conflicting outcomes on the RAMP certification some studies have shown significant differences in RAMP and non-RAMP schools in terms of attendance and grades, but others showed no influence of RAMP on attendance and grades (Akos et al., 2019). More research should be done on student outcomes in

RAMP schools. Research has suggested a gap in the accountability process and school counselors' subsequent pursuit or lack of pursuit of RAMP programs. Researchers have also made the argument that if school counselors felt prepared in the accountability piece, they may pursue RAMP or spend more time monitoring their effectiveness in using data (Akos et al., 2019; Milsom & Morey, 2019).

Although RAMP has had some positive impacts on student achievement and provides a positive work environment for counselors who have the RAMP designation, the impact of keeping up with the RAMP certification on school counselors is unknown. Randick et al.'s (2019) research on wellness of the school counselor found school counselors who were supported by their administration to use the ASCA model showed an increased predictor of performance of counseling duties in consulting, curriculum, coordination, and counseling. They also found performance of coordination duties predicted wellness in school counselors. Counselors who work in RAMP schools also reported being responsible for more counseling duties than in non-RAMP schools (Randick et al., 2019).

**Barriers to Implementing RAMP.** For many school counselors it is not that they do not want to implement a RAMP program for their school, but rather, they face a few salient barriers to doing so. Examples include a lack of confidence, lack of administrative support, time spent on non-counselor roles, lack of parent/teacher support to implement the ASCA national model, having to be involved in testing/monitoring of students, and lack of time in general. The lack of confidence in implementing these programs yields to the self-efficacy of school counselors, and researchers suggested further research not only look at school counselors' self-efficacy but their self-doubt as well (Hilts et al., 2019).

## **The Role of the Professional School Counselor With Students With Disabilities**

Wood Dunn and Baker (2002) emphasized the charge to school counselors to provide services for SWDs was a challenge presented to counselors amid mandated changes in legislation. According to Isaacs et al. (1998), school counselors are held accountable for providing developmental, preventative, and responsive services to all student populations. School counselors use skills such as counseling, consulting, and coordinating to do their jobs (Isaacs et al., 1998). School counselor roles involve referral, consultation, child advocacy, counseling, and participation on multidisciplinary teams. The suggestion of these elements assumes they have time, resources, and control to effectively fulfill the role (Studer & Quigney, 2003). Counselor training on ways to deal with sensitive topics that may be embarrassing and awkward can also help students develop acceptance of SWDs. Counselors can bridge the gap between general education students and students who have varying degrees of disabilities, even with the medically fragile (Greer et al., 1995). Tarver-Behring et al. (1998) believed the school counselor's role in the past has been to consult and support services to teachers, parents, and students. Counselors can effectively facilitate communication and consult with students' parents, administrators, teachers, and community stakeholders. Counselors may offer training for specific situations and problem solving sessions; they can also act as informational resources for teachers and offer alternate curricular activities for students with special needs, such as teaching daily living skills. School counselors are there to be inclusive and educate nondisabled peers on the contributions disabled peers bring to society (Quigney & Studer, 1998).

### **The Collaboration**

General education and special education teachers should put forth a joint effort when educating students and identifying those in need of academic support, interventions, and

individualized support plans for students. It takes a collaborative effort when serving a diverse student population. Knowledge and expertise should be shared among teachers to accept joint responsibility for the implementation of instruction, especially when addressing the needs of English language learners (ELLs; Gomez-Najarro, 2020). The call is for policymakers, advocates, and administrators to place high expectations on special educators to meet the needs of SWDs (Fuchs et al., 2012). This collaboration allows for regular education teachers and special education teachers to communicate regarding students from diverse backgrounds who need a referral to special education services. Students with culturally diverse backgrounds who use the RTI model can be over- or under-identified due to the nature of their unique learning needs. Teacher preparation in collaboration with special education is needed. The division between the two is rooted in educational policy, funding, and the societal view of special education. The lack of collaboration brings into question the capability for teachers to serve underserved and marginalized communities (Gomez-Najarro, 2020).

### ***Collaboration Among the School Counselor, School Psychologist, and School Social Workers***

In school systems across the United States, there are other mental health professionals that may be employed to carry out mental health services. These individuals may be school counselors, social workers, or school psychologists (Marsh & Mathur, 2020). The school counselor and the school psychologist have historically functioned as a unit that assists parents, teachers, administrators, and students with needs inside as well as outside of the classroom. The roles of both the school psychologist and school counselor promote increased student outcomes. The school counselor handles direct services to students whereas the school psychologist works with a collaborative team to complete evaluations of learning environments, psychoeducational

services, and classroom interventions for students, parents, teachers, and administrators (Santos de Barona & Barona, 2006).

School psychologists are qualified in mental health, behavioral, and assessment protocols to support students and teachers (Marsh & Mathur, 2020). School psychologists trained in schools are ready to deliver and promote positive learning environments and are prepared to assess, diagnose, evaluate, and assist with interventions. However, some school districts limit the use of psychologists to their special education departments, leaving the daily work they do to the school counselors (Santos de Barona & Barona, 2006). The school social worker is qualified to provide mental health services that are directly or indirectly preventative, behavioral interventions, and family counseling (Marsh & Mathur, 2020). School social workers are used at the school or district level and may be assigned to individual schools or zones, which may impact their ability to be readily available to the school counselor.

It is important to mention every school district will employ school counselors, psychologists, and social workers, but the likelihood of all three being at one school is very unlikely (Marsh & Mathur, 2020). In some school districts, the school psychologist may be the only ones in the building, and at others, the school counselor is present, but the social worker handles the mental health crises on campus. No matter the delivery method, school counselors, psychologists, and social workers have skills that promote student academic, mental health, social and emotional success. School social workers, school counselors, and school psychologists should advocate and use their influence to promote student success and change the attitudes and beliefs of those in the system working against student achievement and positive outcomes (Santos de Barona & Barona, 2006).

## **Collaboration, Consulting, and Counseling**

Collaboration between the school counselor and SPED teacher is imperative, as both can help the general education teacher with SWDs (Tarver-Behring et al., 1998). Partnerships among various agencies, including higher education, are essential for effective strategies that work for all students. To have this type of effective collaboration, one must be committed and intentional in their work. When collaborating for inclusion, one becomes a team member and assumes many roles. Tasks that were done independently are done collectively, and comprehensive reports are done instead of separate reports (Rainforth & England, 1997). School counselors can facilitate the link between general education teachers who need outside help and SPED teachers who have the resources to help these teachers. The collaboration of SPED teachers and school counselors can help keep general education and parents informed of inclusive practices for children (Tarver-Behring et al., 1998). The IEP process is only the beginning when involving parents in the process of their child's education (Rainforth & England, 1997). School counselors can collaborate with educators to implement systems complimenting students who engage with SWDs (Tarver-Behring et al., 1998). There are other collaborative efforts in the schools that are also necessary, like teaching academics and behavior jointly; this type of instruction is called cooperative teaching (Rainforth & England, 1997). Following directives from IDEA calling for children to be taught in the LRE, feedback from teachers about collaboration has been positive, as it has helped them become better for all students (Rainforth & England, 1997). School counselors offer direct services that help teachers gain skills to understand social and emotional growth and development and consult with teachers to increase their knowledge of how SWDs can be made to feel they belong. This plays a crucial role in general education classrooms, but school counselors' work with SWDs who are transitioning into these classrooms is also

imperative for a smooth transition and successful education in full inclusion (Tarver-Behring et al., 1998).

### **Multidisciplinary Teams and Related Services**

According to Greer et al. (1995), school counselors need increased involvement in their schools' multidisciplinary teams, which aids in the development and implementation of the individual educational plan (IEP). As part of the multidisciplinary team, educators can consult with the school counselor and help modify expectations of the student with a disability (Wood Dunn & Baker, 2002). This team is occasionally coordinated or facilitated by the school counselor because the school counselor is one of the first persons with whom the parent communicates. The counselor is thought to have the ability to see the big picture and ability to coordinate with other professionals to gather information that benefits the entire team (Greer et al., 1995). School counselors are occasionally included in the functional behavior assessment (FBA), which is mandated by IDEA. The school counselor's role and awareness must be addressed. The multidisciplinary team is where this team begins to discuss the behavior intervention plan (BIP) and FBA and counselors lack knowledge and expertise in FBA and BIP procedures (Villalba et al., 2005).

Planning and development of the individualized family service plan have been a part of counselors' responsibilities since 1986 (Greer et al., 1995). Involving parents means having a supportive environment and IDEA guarantees parents the right to participate in developing their child's IEP (Rainforth & England, 1997). Although parents have these rights, many parents take a passive role in this process, however (Rainforth & England, 1997).

Maag and Katsiyannis (1996) discussed that, according to IDEA of 1990, schools were required to provide related services to help SWDs benefit from special education services. Related services can consist of a multitude of services; among them, transportation, speech, occupational therapy, counseling, and any other support service for a student with disabilities (Maag & Katsiyannis, 1996).

## CHAPTER 3

### **Methodology**

The purpose of this study was to examine secondary school counselors' work in designated Recognized ASCA Model Programs (RAMP) and non-RAMP schools; specifically, their attitudes, self-efficacy, and opinions on preparedness and training in working with students with disabilities (SWDs). The extent of the differences in relation to school counselor work is unknown in regard to SWDs and the work of school counselors in both RAMP and non-RAMP designated comprehensive data-driven school counseling programs. The following research questions were addressed in my study:

1. What is the extent of the difference between RAMP and non-RAMP designated school counselors' attitudes when working with students with disabilities?
2. What is the extent of the difference between RAMP and non-RAMP designated school counselors' self-efficacy when working with students with disabilities?
3. What is the extent of the difference between RAMP and non-RAMP designated schools' opinions when working with students with disabilities?

### **Research Design**

Survey research has been widely used in educational research and evaluation. One of the main purposes in survey research is to study the opinions, demographic backgrounds, beliefs, attitudes, and behaviors among a targeted population (Dimitrov, 2013). The variables are measured using survey instruments that can be analyzed through statistical procedures, which

makes the current research quantitative (Creswell, 2014). The use of quantitative research allows theories for the testing of by examining the relationship among variables. An explanatory, nonexperimental, cross-sectional quantitative approach will be used in this study. This study is classified as nonexperimental as it includes survey and descriptive information for secondary school counselors working in RAMP and non-RAMP designated schools. The research is cross-sectional in that it will study this population at one time and gather data from the groups at the same time (Dimitrov, 2013).

I used a multivariate analysis of variance (MANOVA) to examine the variance of the independent and dependent variables for RQ1-2 (Balkin, 2017). The assumptions for MANOVA were examined and the following assumptions are met: (a) the subjects were randomly sampled from the target population, (b) observations were statistically independent of one another, (c) dependent variables followed a multivariate normal distribution within each group, (d) all groups had the same variance on the dependent variable, (e) there was no multicollinearity assumption (Dimitrov, 2013). Using a MANOVA allowed questions to be addressed in regard to (a) which subset of dependent variables (self-efficacy and attitude) served as separate groups, (b) the underlying constructs that emerged as linear combinations of the subset of dependent variables, and (c) the contribution of the dependent variables apart from each other (Dimitrov, 2013).

Wilks' Lambda ( $\lambda$ ) was used to evaluate effect size which contributes to practical significance of RQ1-2.

Descriptive statistics and an independent *t*-test were used for RQ3. This use allowed me to assess the opinions secondary school counselors have regarding their training and preparedness to work with SWDs. Descriptive statistics, which reports the measure of central tendencies (mean, median, mode), and variability (standard deviation, kurtosis, and skewness),

allowed a visual representation of the opinions of two groups, which were normally distributed. An independent samples *t*-test allowed for a comparison of difference in opinions of the sample means of the two population groups; that is, secondary school counselors working in RAMP and non-RAMP designated schools with SWDs. The constant variable in this study was work with SWDs, as this remains the area of focus for secondary counselors (Balkin, 2020; Dimitrov, 2013). Cohen's *d* ( $= M_2 - M_1 / SD_{\text{Pooled}}$ ) was used to evaluate effect size and practical significance of RQ3.

### **Participants**

The target participant population was secondary (Grades 6–12) school counselors who currently work at RAMP or a non-RAMP designated schools. According to American School Counseling Association (ASCA) records, there are currently 244 secondary RAMP schools designated from the years 2017–2020 (Cook, 2020). Participants must be over the age of 18 and identify working with SWDs.

### ***Sample Selection***

A nationwide sample of professional school counselors was represented. Participants were recruited through published U.S. Department of Education email addresses. Participants received an email inviting them to participate in the current study. Participants answered a demographic questionnaire and self-efficacy and attitude inventories, which addressed Research Questions 1–3. Individuals consented to their participation and had a right to withdraw their participation at any time during the survey.

### **Instrumentation**

A demographic questionnaire (see Appendix A), along with two instruments, were used in my study. The instruments examined self-efficacy scale (SCSE; Bodenhorn & Skaggs, 2005;

see Appendix B) and attitudes (ATDP-O; Yunker et al., 1970; see Appendix C). Opinions were examined through the use of descriptive statistics and an independent samples *t* test.

### ***Demographic Questionnaire***

For the demographic questionnaire, participants were asked to indicate gender, age, and race/ethnicity. The demographic questionnaire asked for an approximate daily percentage of the time the school counselor spends working with students with disability, the type of counselor preparation program attended (CACREP or non-CACREP), a disclosure of prior certification as a teacher, experience (in years) as a school counselor, school type (public, private, charter), and training opportunities as a school counselor working with SWDs. The questions also addressed the responsibilities charged to school counselors in advocating for the ongoing education for work with SWDs (Milsom, 2005).

The demographic survey consisted of 20 multiple choice questions. Questions 1–14 asked participants to indicate their gender, age, race/ethnicity, percentage of school day working with SWDs, type of counselor preparation program attended (CACREP or non-CACREP accredited), if any relevant special education courses had been taken, whether or not they possess a teacher certification (and if so, the number of years as a certified teacher), years of experience, any prior special education teacher experience, number of years as a secondary school counselor, current grade level of secondary work (6–8 or 9–12), type of school (private, charter, public), and school counselor student caseload. Questions 15–17 asked training questions specific the number of courses taken, conference/workshops attended, and in-service opportunities provided by school district. Questions 18–20 asked participants their opinion on preparedness to work, counsel, and advocate for SWDs.

### ***School Counselor Self-Efficacy Scale***

According to the Bordenhorn and Skaggs (2005), the SCSE was the first to measure self-efficacy in school counselors and the first to be validated to measure self-efficacy in school counselors. In developing the scale, four distinct studies were completed to validate the scale. The original scale included 51 items, after dropping three from the original 44 and adding 10. After conducting an item analysis, eight of the items were deleted due to wording that was confusing and potentially discriminatory (Bodenhorn & Skaggs, 2005; Gordillo, 2015).

The SCSE was compared against (a) Larson's (1992) *COSE* 37-item scale with four subscales: micro-skills, process, understanding the impact of values, dealing with difficult clients, and multicultural competencies, all of which fall within individual counseling; (b) Crowne and Marlowe's (1960) Social Desirability Scale (SDS) provides a 33-true/false items measure which measures the attempt to describe oneself in a way that is favorable to get approval from others; (c) Bandura's (1995) STAI 40-item survey measured on a 4-point Likert scale, which says anxiety should be negatively related to self-efficacy and used to measure anxiety level; and (d) Fitts and Warren's Tennessee Self-Concept Scale (2nd ed.; TSCS:2) 82-item survey measured on a 5-point Likert scale, which measures general self-confidence (Bodenhorn & Skaggs, 2005).

There are 43 questions on the SCSE, with five subcomponents pertaining to: personal and social development (12 items), which contains items related to ASCA national standards focusing on self, others' safety survival, and goal achievement; leadership and assessment (9 items) which relates to ASCA's national standards of leadership, focusing on systemwide change to promote student success; career and academic development (seven items) with the goal of career development, focus, and effective learning related to career decisions; collaboration (11

items), which refers to ASCA's national model of collaboration and teaming, focusing on stakeholders inside and outside the school that support the student in responsive educational programs; and cultural acceptance (four items), which is embedded in all counseling processes to increase cultural awareness and acceptance. The coefficients for each area are .91 (personal and social development), .90 (leadership and assessment), .85 (career and academic development), .87 (collaboration and consultation), and .72 (cultural acceptance). All areas were positively correlated to each other, with correlations ranging from .27 to .43. The third component of career and academic development was the exception, and it correlated negatively with the other four components, with correlations ranging from -.28 to -.41 (Bodenhorn & Skaggs, 2005; Campbell & Dahir, 1997).

The school counselor self-efficacy scale (SCSE) was created to use across settings to measure self-efficacy of school counselors. Participants responded using a Likert scale of 1–5, with 1 = *not confident*, 2 = *slightly confident*, 3 = *moderately confident*, 4 = *generally confident*, and 5 = *highly confident* (Bodenhorn & Skaggs, 2005). Bodenhorn and Skaggs (2018) stated the scores were high because the respondents were all active professionals in the field of counseling. The subscale score was obtained by adding all the results of the Likert scale; the higher the score, the higher the self-efficacy (Bodenhorn et al., 2018). The lack in differences across school level and location is appropriate for use across the spectrum of school counseling. In reference to validity, the results are positive, and the number of participants contributed to the large effect size. The reliability coefficient for scores on the SCSE was .95 (Bodenhorn & Skaggs, 2005).

#### ***Attitudes Toward Disabled Persons, Form-O***

Validity for the ATDP is based upon construct validity. Many studies indicated the reliability of the ATDP is comparable to other attitudinal scales in similar length. In establishing

validity, the ATDP used validating criteria such as measures of personality, behavior, and self-concept of disabled persons. Data were compared to nondisabled persons and ATDP scores were correlated with prejudice, and other attitudes toward prejudice in nondisabled persons (Yuker et al., 1970).

For the purpose of my analysis, the language was changed to represent SWDs and not disabled persons, as disabled is often referred to obvious “physical impairments or sensory defects” (Yuker et al., 1970, p. 74). Changing the language was done in various studies with specific disabilities, including alcoholism, mental illness, and old persons to varying degrees of correlation in attitudes. Researchers have found language change may have a positive or negative correlation dependent upon the respondents’ acceptance of obvious and hidden disabilities (Yuker et al., 1970).

The ATDP-O was largely based on construct validity against other variables (age, sex, nationality, race, marital status, urban versus rural, educational grade level). The development was based on the need for an objective and reliable instrument to measure attitudes toward disabled people. The emphasis was placed on perceived differences between disabled and nondisabled people. Form O was used for this study and consists of 20 items (Form A and B have 30 items). Form O was created as a discriminatory analysis between the forms A and B. The items can be given in a group or individually. Scores on Form O have a reliability coefficient of .73 (Yuker et al., 1970).

The responses look at the extent of agreement or disagreement of each score, using positive and negative numbers for responses. The results use reverse scoring, with positively worded items becoming negative. Once the signs have been changed, the sum of all item scores are obtained. The sign of the sum is changed to the opposite of its result. Form O scores range

from +60 to –60. To eliminate negative values, a constant of 60 is added and the scores range from 0 to 120, with a high score representing positive attitude. If more than 10% (3 items) is left blank, the test is not able to be scored; if less than 10% is omitted, the items omitted are given a neutral value and added accordingly (Yuker et al., 1970).

### **Data Analysis Procedure**

Data were collected via Qualtrics and analyzed using SPSS. A MANOVA was chosen for RQ1 and RQ2 as the independent variable has two categorical levels (RAMP and non-RAMP) and two dependent variables (attitudes and self-efficacy). Using a MANOVA will show patterns of how RAMP and non-RAMP groups impact attitude and self-efficacy, the underlying constructs and contributions of the type of relationships between the variables, and which dependent variable impacts RAMP and non-RAMP groups the most (Dimitrov, 2013). The assumption in using a MANOVA is there is a linear relationship between the dependent variables. The correlation and unified construct of attitude and self-efficacy make the MANOVA the most appropriate test to use, increasing statistical power and reducing a Type I error (Balkin, 2020; Dimitrov, 2013).

A one-way MANOVA was conducted to determine the effect of school designation (RAMP and non-RAMP) on self-efficacy and attitude (RQ1 and RQ2). An alpha level of 0.5 was used. Assumptions for normality ( $W > .01$ ) and homogeneity of covariances were observed. An *a priori* power analysis yielded a total sample size of 158 to find statistical significance with a moderate effect size ( $f^2 = .0625$ ).

If significant, a post-hoc discriminant analysis will be conducted to determine how the RAMP and non-RAMP group differences manifested across the dependent variables. Centroid means were examined, and variances across the models will be discussed in terms of self-

efficacy and attitudes across secondary school counselors working in RAMP and non-RAMP designated schools.

RQ3 analysis examined opinions using descriptive statistics and an independent samples *t*-test for a comparison among RAMP and non-RAMP variable groups on opinion. Descriptive statistics looked at the opinions of secondary school counselors working in RAMP and non-RAMP schools in the areas of training as it related to SWDs. The independent samples *t*-test assessed secondary counselors' opinions on training and preparedness from questions in the demographic survey (Balkin, 2020).

An independent *t*-test was conducted for RQ3 to explore differences between secondary school counselors working in RAMP and non-RAMP designated schools on opinion. An alpha level of .05 was used. Descriptive statistics, distributions, and homogeneity of variances will be reported. An *a priori* power analysis yielded a total sample size of 128 to find statistical significance with a moderate effect size ( $d = .5$ ).

### **Statement of Ethics and Confidentiality**

The American Counseling Association (ACA) set aside a code of ethics for counselors to use in the profession. ACA is an organization that encompasses many members who work in a variety of capacities. According to the preamble of the code, "Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (ACA, 2014, p. 3). The code encompasses the values of the profession as well as its purpose. Within the counseling profession, it is important to recognize and uphold the values of nonmaleficence, autonomy, beneficence, justice, fidelity, and veracity. Each of these values is a fundamental principle of ethical behavior and aids in our decision-making within the counseling profession (ACA, 2014).

The following research adheres to the ACA as well as the ASCA code of ethics. An informed consent form was provided to all participants describing the nature of this research. Participants were administered a demographic survey, SCSE, and ATDP-O to measure opinions, attitudes, and self-efficacy. Participation in this study was completely anonymous. No identifiable information was recorded; therefore, one cannot be identified from this study. There was no risk to the participants, and they were allowed to ask questions to the researcher. Participants could decline participation from the research at any time without consequence (ACA, 2014). Participants were informed that this study is under review by The University of Mississippi's Institutional Review Board (IRB) and any questions, concerns, or reports regarding their participant rights could be addressed by contacting the university's IRB.

## CHAPTER 4

### Results

The purpose of this study was to examine secondary school counselors' attitudes, self-efficacy, and opinions on preparedness and training in working with students with disabilities (SWDs) at designated Recognized ASCA Model Programs (RAMP) and non-RAMP schools. Research questions (RQ) were addressed through use of a demographic questionnaire, which addressed opinions of the secondary school counselor. The School Counselor Self-Efficacy (SCSE) scale was used to measure self-efficacy in school counselors and the Attitudes Toward Disabled Persons, Form-O (ATDP-O), was used to understand secondary school counselors' attitudes toward SWDs.

This study used three sets of variables: opinions, self-efficacy, and attitudes toward preparedness to work with SWDs. These variables served as the dependent variables to the grouping of RAMP and non-RAMP secondary school counselors, which served as the independent variable.

Results of this study were found using an independent samples *t*-test and MANOVA where model assumptions were evaluated using box plots and scatterplots. MANOVA was used to address research questions 1 and 2, and an independent samples *t*-test was used to address research question 3. All analyses were completed using the Statistical Package for Social Sciences (SPSS). There were missing data in this study.

## **Sample**

Using power analysis (g\*power) statistical significance would have been yielded at a participant pool of 128 (independent samples *t* test) and 158 (MANOVA) with a moderate effect size. My survey was sent via email to 800 public email addresses and had a 13% response rate. Since the sample size was not met, a power analysis using sensitivity was applied. It is important to note COVID-19 may have had an impact on response rate of secondary school counselors during the distribution of this survey. A total of 106 secondary school counselors consented to participate in the study from the nationwide survey. A total of 11 surveys were discarded due to incomplete or missing information. Forty-three participants specified they worked in RAMP schools and the other 63 identified having worked in non-RAMP schools. There was a total of 56 participants working in Grades 6-8 and 50 participants working in Grades 9-12.

### ***Demographic Information***

All participants were classified as secondary school counselors and worked within grades 6-12. Demographic information, which included age, gender, and race/ethnicity are represented in Table 1. The majority of respondents were female (94.3%). The age of secondary school counselors ranged from 21 to 60+ with the majority of participants responding from the 31-40 (35.8%) age category. Participants were primarily Black (55.7%), with the remainder self-identifying as Caucasian (34.9%), Latin(x)/Hispanic (6.6%), Asian (.9%), and other (1.9%).

**Table 1***Demographic Information of Participants*

Demographic Variables		<i>N</i>	Percentage
Sex	Male	6	5.7
	Female	100	94.3
Age Range	21-30	17	16.0
	31-40	38	35.8
	41-50	29	27.4
	51-60	21	19.8
	60+	1	.9
Race/Ethnicity	African American	59	55.7
	Caucasian	37	34.9
	Latin(x)/Hispanic	7	6.6
	Asian/Pacific Islander	1	.9
	Other	2	1.9

**Data Collection***School Counselor Preparation*

Data on school counselor preparations, including the type of preparation program (CACREP or non-CACREP), prior certification as teacher, years of experience, caseload, school type (public, private, charter) were collected and is represented in Table 2. The predominant preparation programming of participants was CACREP (76.4%), followed by non-CACREP (9.4%), CORE (2.8%), and unknown (11.3%). The average number of secondary school counselors with prior teaching certifications comprised 36.8% of this group, 64.1% had 6+ years of experience as a certified teacher, and 15.7% held certification in special education. Participants with experience as a secondary school counselor for 5+ years accounted for 64.2%, and an overall experience as a school counselor at any level reached 75.5%. Counselor caseloads varied, but the most prevalent case load was 251-500 students (56.6%) with 1-250 (22.6%) and

over 500 (20.8%) following accordingly. Most secondary school counselors indicated work in public institutions (93.4%), with others working in private (.9%) and charter schools (5.7%).

**Table 2**

*Secondary School Counselor Preparations*

Variables		<i>N</i>	Percentage
Counselor Program Type	CACREP	81	76.4
	Non-CACREP	10	9.4
	CORE	3	2.8
	Unknown	12	11.3
Prior Certified Teacher	Yes	39	36.8
	No	67	63.2
If yes, years certified	1-2	6	5.7
	4-5	8	7.5
	6+	25	23.6
If yes, Special Education Certified	Yes	8	15.7
Years' experience as a professional school counselor	1-2	8	7.5
	3-4	18	17
	5+	80	75.5
Years' experience as a secondary school counselor	1-2	14	13.2
	3-4	24	22.6
	5+	68	64.2
Counselor Caseload	1-250	24	22.6
	251-500	60	56.6
	500+	22	20.8
School Type	Public	99	93.4
	Private	1	.9
	Charter	6	5.7

***School Counselor Opinions of Preparation***

Secondary school counselors’ opinions, including grade-level classification, percentage of school day working with SWDs, RAMP designation, and training opportunities as a school counselor working with SWDs were collected as data and represented in Table 3.

**Table 3**

*Secondary School Counselor Opinions of Preparedness*

Variables		N	Percentage
School Level	6-8	56	52.8
	9-12	50	47.2
% of school day working with students with disabilities	None at all-0%	12	11.3
	Part of the Day- 25%	78	73.6
	Half of the Day-50%	9	8.5
	Most of the day-75%	3	2.8
	All day-100%	4	3.8
Courses taken during graduate programs specific to student’s w/disabilities	None	50	47.2
	1-2	52	49.1
	3+	4	3.8
Since employment, in-service related to students with disabilities	None	28	26.4
	1-2	40	37.7
	3+	38	35.8
Since employment, conference/workshops attended specific to students with disabilities	None	37	35.2
	1-2	38	35.8
	3+	30	28.3
	**Missing data	1	.9

The response rates from counselors in Grades 6-8 (middle/junior high) was (52.8%), followed by Grades 9-12 (high school) counselors (47.2%). In a typical school day, secondary school counselors (73.6%) reported work with SWDs taking up part of their school day (25%). Working in RAMP designated schools accounted for 40.6%. When asked about graduate

program courses specific to SWDs, 49.1% reported they had taken 1-2 courses related to SWDs; less than 4% took 3+ courses. Additionally, 37.7% of participants had attended 1-2 in-service programs regarding SWDs and 35.8% had attended 1-2 workshops or conferences related to SWDs.

## **Data and Analysis**

### **MANOVA**

To address RQ1 (What is the extent of the differences between RAMP and non-RAMP designated school counselors' attitudes when working with students with disabilities?) and RQ2 (What is the extent of the differences between RAMP and non-RAMP designated school counselors' self-efficacy when working with students with disabilities?), a one-way MANOVA was conducted to determine the effect of two dependent variables (self-efficacy and attitudes) on two types of secondary school counselors (RAMP and non-RAMP).

In reference to RQ1 and RQ2, an alpha level of 0.5 was used. Descriptive statistics for the dependent variables (attitudes and self-efficacy) across secondary school counselor groups (RAMP and non-RAMP) are in Table 4. Assumptions for normality ( $W > .01$ ) and homogeneity of covariances (Box's  $M = 7.51, p = .062$ ) were met for both RQ1 and RQ2. No statistically significant effect was identified between RAMP and non-RAMP secondary school counselors on the two dependent variables, attitudes (RQ1) and self-efficacy (RQ2) toward SWDs, demonstrated by Wilks'  $\lambda = .951, F(2, 103) = 2.68, p = .07$ . Less than 1% of the variance in the model was accounted for in the combined dependent variables across RAMP groups, yielding a weak effect. A *sensitivity* power analysis yielded a total sample size of 106 to find statistical significance with a moderate effect size ( $f^2 = .09$ ).

**Table 4***MANOVA Descriptive Statistics*

Dependent Variable	Counselor Group	<i>M</i>	<i>SD</i>	<i>N</i>
Attitudes Towards Disabled Persons, Form O (ATDP-O)	RAMP	84.93	13.0	43
	Non-RAMP	83.52	13.06	63
School Counselor Self-Efficacy Scale (SCSE)	RAMP	175.14	28.63	43
	Non-RAMP	184.70	19.92	63

*Note.*  $p < .05$

**Independent Samples *t*-Test**

An independent *t*-test was conducted to address RQ3: What is the extent of the differences between RAMP and non-RAMP designated schools' opinions when working with SWDs? The current survey explored opinions between secondary school counselors working in RAMP and non-RAMP schools on opinions of preparedness to work on multidisciplinary teams, transition, career or postsecondary shifts, referrals, and/or provide feedback to responding agencies to aid in social and academic performance of SWDs. An alpha level of .05 was used. Descriptive statistics are in Table 5 and frequencies for multidisciplinary teams are reported in Table 6; frequencies to advocate and counsel are reported in Table 7. All groups were normally distributed. Variances were homogeneous;  $F(1,104) = .14, p > .05$ . Hence, equal variance was assumed. There was not a statistically significant difference evident between secondary school counselors working in RAMP or non-RAMP schools,  $t(104) = 1.68, p > .05$ . A small effect size was noted,  $d = .33$ , indicative of a weak degree of practical significance. In reference to advocacy, variances were homogeneous,  $F(1,104) = .19, p > .05$ . and preparedness to counsel, variances were also homogeneous,  $F(1,104) = .00, p > .05$ . Hence, equal variance was assumed

in both. There was not a statistically significant difference evident between secondary school counselors working in RAMP or non-RAMP schools in their preparedness to advocate or counsel SWDs: (advocate)  $t(104) = 1.25, p > .05$  and (counsel)  $t(103^*) = .81, p > .05$ . A small effect size was noted in both, with (advocate)  $d = .25$  and (counsel)  $d = .15$ , indicative a weak degree of practical significance.

**Table 5**

*Descriptive Preparedness to Work With SWDs on Multidisciplinary Teams, Advocate, and Counsel*

Group		<i>N</i>	<i>M</i>	<i>SD</i>
Multidisciplinary	RAMP	43	1.84	.105
	Non-RAMP	63	1.62	.80
Advocate	RAMP	43	1.56	.629
	Non-RAMP	63	1.41	.557
Counsel	RAMP	42*	1.57*	.590*
	Non-RAMP	63	1.48	.592

*Note.*  $p < .05$  \*Missing data

**Table 6**

*Frequency of Preparedness to Work on Multidisciplinary Teams*

Courses taken in graduate program specific to SWDs	Frequency	%
Did not take course(s) specific to SWDs	50	47.2
1-2 courses taken specific to SWDs	52	49.1
3+ courses taken specific to SWDs	4	3.8

**Table 7**

*Frequency of Preparedness to Advocate and Counsel SWDs*

Category		Frequency	%
Advocate	I feel very prepared to advocate for SWDs.	61	57.5
	I feel somewhat prepared to advocate for SWDs	40	37.7
	I do not feel prepared to advocate for SWDs	5	4.7
Counsel	I feel very prepared to counsel SWDs	56	53.3
	I feel somewhat prepared to counsel SWDs	44	41.5
	I do not feel prepared to counsel SWDs	5	4.7
		1*	.9*

*Note.* \*Missing data

## Summary

The aforementioned data demonstrate secondary school counselors working in RAMP designated schools are no different from secondary school counselors working in non-RAMP schools when working with SWDs. Secondary school counselors' attitudes toward SWDs are relatively the same (RQ1). However, although there were no significant difference in school counselor's self-efficacy (RQ2), there was an interesting phenomenon of RAMP and non-RAMP secondary school counselor's self-efficacy that will be discussed in Chapter 5. School counselors either had or did not have a course specific to special education in their graduate program. The data concludes secondary school counselors' opinion on preparation for work with SWDs is either prepared or somewhat prepared to advocate and counsel SWDs (RQ3).

## CHAPTER 5

### Discussion

#### Summary of Findings

The purpose of the current study was to examine the extent of the differences in secondary school counselors' attitudes, self-efficacy, and opinions on preparedness and training with students with disabilities (SWDs) at Recognized American School Counseling Association (ASCA) Model Programs (RAMP) and non-RAMP designated schools. Secondary school counselors were given questionnaires to address the research questions (RQ). The Attitudes Toward Disabled Persons, Form-O (ADTP-O), addressed attitude (RQ1), the School Counselor Self-Efficacy Scale (SCSE) addressed self-efficacy (RQ2), and the demographic questionnaire gauged the school counselors' opinions on preparedness working with SWDs (RQ3). A majority of participants in the study (93%) work in public schools and have caseloads between 1 and 500+ students, with 23% having the recommended caseload of 250, per ASCA.

#### *Attitudes RQ1*

ASCA (2019) stated school counselors are responsible to assess their beliefs and mindset in regard to the role of the school counselor. With this responsibility, school counselors must foster positive attitudes toward SWDs and attain basic knowledge concerning this population of students (Lombana, 1980). When it comes to SWDs, research indicated school counselors' attitudes toward SWDs were similar to those of preservice teachers; additionally, students in school counseling attitudes were more positive than students taking courses in community

mental health but less positive in comparison to students in rehabilitation programs (Carney & Cobia, 1994; Milsom, 2006). For advocacy to happen in schools, counselors must be aware of their own attitudes working with SWDs (Wood Dunn & Baker, 2002). These two findings fostered insight into understanding school counselors' work with SWDs, particularly the facts that rehabilitation counselors understand the limiting factors of their clients, school counselors must be aware of their attitudes in working with students who are impacted by a disability, and that disability limits their daily function in education.

This study revealed comparing secondary school counselors' attitudes in RAMP and non-RAMP designated schools yielded normal distributions with no significant or practical significant differences between the two groups (RAMP  $\mu = 84.93$ ,  $SD = 13$ ; non-RAMP  $\mu = 83.52$ ,  $SD = 13.06$ ). These findings suggest participants' attitudes toward SWDs are representative of inclusive practices and study participants view SWDs as similar to their nondisabled peers. Data from the U.S. Department of Education (2019) reported the percentage of SWDs being served in public schools increased from 6.4 to 7 million between 2011–2018, increasing in percentage from 13% to 14% of public school enrollment. In 2017, 95% of students ages 6–21 serviced under IDEA were enrolled in regular schools, with 63% of students spending their time in the general education classroom (U.S. Department of Education, 2019). With knowledge of this information, school counselors must continue to recognize working with SWDs is not going anywhere soon, and their involvement and support of SWDs is necessary to support all students matriculating through the K–12 educational system. School counselors' assessment and evaluation of their attitudes toward work with SWDs will prompt them to increase their knowledge to adequately serve SWDs.

One would have to agree with the literature's suggestion that school counselors' involvement on multidisciplinary and related services teams is vital in K–12 education (Maag & Katsiyannis, 1996; Issacs et al., 1998; Studer & Quigney, 2003). School counselors have the knowledge, skills, and ability to coordinate, communicate, and gather information from various sources to support decisions made on the multidisciplinary team on behalf of students (Greer et al., 1995). Although my study indicated secondary school counselors report their attitudes toward SWDs in a way that is no different than their attitudes toward their nondisabled peers, the data also suggested a lack of awareness secondary school counselors have in accurately assessing the time they spend with SWDs. After all, 74% of secondary school counselors reported spending 25% of the day working with SWDs. In unassuming terms, secondary school counselors surveyed in this study reported spending an average of 2 hours per day with SWDs, which is the equivalent of 10 hours per week. This level of engagement only strikes the surface of responsibilities presented by ASCA in regard to school counselor engagement with SWDs. Putting this into perspective, one must understand that an Individualized Educational Plan (IEP) or a Section 504 meeting can average 60–90+ minutes per meeting. Although the capacity of that 25% of time spent with SWDs, as reported by participants, is unknown, school counselors actually spend more than 25% of their day with SWDs if they are adhering to ASCA standards. Viewing the data through the lens of a 40-hour work week only allows school counselors to spend 60–90+ minutes per day and 7.5 hours per week to communicate, encourage, educate, aid parents through the navigational process of Response to Intervention (RTI), IEPs, and Section 504 of ADA, and advocate necessary resources on multidisciplinary teams for SWDs.

Professional school counselors must be aware of their attitudes, which contribute to their effectiveness in collaboration, leadership, and advocacy toward systemic change for all students

(ASCA 2019; Carney & Cobia, 1994). School counselors' attitudes toward the work with SWDs is important and instrumental in collaborations with special education practitioners, school psychologists and social workers, educators, administrators, outside agencies, and district, state, and national level staff of the K–12 school environment. School counselors must also be mindful the work and attitude they encompass will have a scaffolding effect on the growth and well-being all students, especially SWDs in their academic, social, and emotional growth. The data on attitude in this study place school counselors in the right mindset of viewing SWDs as no different from their nondisabled peers, but more work is necessary to accurately gauge the time school counselors spend with SWDs and their attitudes toward the time they spend with SWDs.

### ***Self-Efficacy RQ2***

An interesting phenomenon occurred when examining the differences in RAMP and non-RAMP secondary school counselors' self-efficacy (belief in themselves). The data indicated secondary school counselors working in RAMP designated schools' self-efficacy scores were negatively skewed; in contrast, those working in non-RAMP schools measured closer to a normal distribution (RAMP  $\mu = 175.14$ ,  $SD = 28.63$ ; non-RAMP  $\mu = 184.70$ ,  $SD = 19.92$ ). Being negatively skewed on self-efficacy makes one curious to understand the stress level that may be imposed on secondary school counselors in RAMP designated schools and their self-efficacy working with SWDs.

Milsom and Morey (2019) began the discussion of schools that, per ASCA standards, faced a nonrenewal of their RAMP recognition. This study found secondary school counselors working in RAMP designated schools display a negative trend in regard to RQ2, self-efficacy, which may support reports from school counselors in RAMP schools that they have more responsibilities than those working in non-RAMP schools (Randick et al., 2019). The stress of

school counselors' responsibilities when working at RAMP designated schools may have a direct impact on whether schools who obtain the designation decide not to renew the certification.

Although there were no significant differences in self-efficacy of RAMP and non-RAMP secondary school counselors, the conversation must begin to address the effectiveness of being a RAMP designated school and a negative phenomenon that occurs at the school level for schools that have obtained the certification but which fall in the category of nonrenewal RAMP status after the certification's expiration.

School counselors who encompass strong self-efficacy have reached this level through mastery of training and mastery of experiences (Bandura, 1995). One would have to support the statement that the best lesson and feeling of accomplishment is experience. School counselors do not have the opportunity to choose the student population they work with. The experiences and attitudes of school counselors toward work with SWDs will build their self-efficacy in their work with all students. School counselors must practice self-exposure to work with SWDs and engage in training and workshop opportunities to support all students, especially SWDs, to build their self-efficacy and begin assessing the impact and engagement work they are doing with all students (once again, especially SWDs).

Early literature indicated school counselors lacked preparation and had limited available time due to other counseling demands and the reality that school counselors' other duties prevent them from spending time on special education related issues (Milsom, 2002; Studer & Quigley, 2003). What is contradictory is although school counselors are said to lack training, they are also known to be key facilitators in work with SWDs and vital services needed by children with exceptionalities (Bowen & Glenn, 1998). Secondary school counselors in this study reported

finding time to attend various training opportunities and have taken the initiative to learn more about work they are charged to do with all students, especially SWDs.

Despite much of the literature's position that lack of training contributes to low self-efficacy, school counselors reported being more prepared in this study than in previous studies (Milsom, 2002; 2006). Research indicated school counselors who have taken a course, have field experience, and participate in in-service activities with SWDs will have higher self-efficacy (Issacs et al., 1998). Based on the study, I would have to negate that there is a lack in training. Training is taking place based on the results of this study, where the average majority of participants (about 72%) attended in-service activities and workshops specific to SWDs.

Responses in this study indicated about 76% of study participants attended Council for Accreditation and Related Programs (CACREP), and 53% of participants have taken one or more courses specific to the work with SWDs. This information informs practice that more school counselors are enrolled in CACREP accredited programs, which sets learning standards for school counseling programs; this means there is a standard knowledge base a school counselor should have when attending CACREP accredited programs. Many CACREP programs have future and aspiring school counselors take courses specific to SWDs. It is important to recognize school counselors with lower self-efficacy could come from a lack of experience in a school setting. In the past, teacher certification in K–12 was required before an individual could become a school counselor. In the last 10 years, that requirement has changed and data from this study are representative of this shift. Sixty-seven percent of participants in this study did not hold a teacher certification, building an assumption that participants who do not hold prior teacher certification lack experience in the K–12 educational setting working with SWDs. For school counselors to increase their self-efficacy, education must direct its attention to school counselors

and the training and experiences necessary to build their self-efficacy in the K–12 educational system, especially with SWDs.

### *Opinions RQ3*

The extent of the differences between RAMP and non-RAMP secondary school counselors on opinion was not significant in this study. Secondary school counselors in this study had similar reports when it came to addressing their opinions on preparedness and training, on supporting multidisciplinary teams, and on the ability to advocate and counsel SWDs. This study addressed a gap in the literature by Isaacs et al. (1998) and Milsom (2002, 2006) in regard to secondary school counselors' readiness to work with SWDs, and indicated 55% of participants felt "prepared" to advocate and counsel SWDs, 40% felt "somewhat prepared" to advocate and counsel, and 5% felt "unprepared" to advocate or counsel SWDs. Trainings, in-service, workshops and conferences are being attended to assist secondary school counselors in their work with SWDs, but the data from the current study suggests more is to be done, so all school counselors feel "prepared" to work with SWDs. Understanding that secondary school counselors attend trainings and workshops specific to SWDs speaks to the need and initiative being taken to understand the special education population and the importance of possessing knowledge to best serve SWDs.

The primary responsibilities of school counselors involve providing academic, career, social, and emotional development for all students, including SWDs in a K–12 educational system (ASCA, 2019). School counselors possess skills that equip them to consult, counsel, and coordinate their work on sensitive topics and with special student populations in various categories in education, from general education students, to SWDs, to medically fragile students (Greer et al., 1995; Issacs et al., 1998). School counselors have also been known to work with

teachers and parents to effectively communicate information and resources that have a positive and direct impact on all students, especially SWDs (Tarver-Behring et al., 1998). My research supports the preparedness of counselors and illustrates the positive transition of school counselors feeling “prepared” to work with SWDs.

Although 95% of participants in this study felt “prepared” or “somewhat prepared” to work with SWDs, opinions of preparedness and training for school counselors will continue to vary across the nation, and it must be acknowledged that there are still 5% of secondary school counselors who reported feeling “unprepared” to work with SWDs and 7% who reported spending more than 75% of their day working with SWDs. Taking this into context, there is more work to be done in assessing school counselors’ time and level of engagement with SWDs.

### **Professional Implications**

Since school counseling programs typically fall under the accrediting body of CACREP; counselor educators are charged with the development of school counselors who work with SWDs. CACREP (2015) provided a call for action for its accredited programs to move all counseling programs under its umbrella to at least 60 hours by the year 2023, speaking to its recognition to standardize all of its counseling programs’ hours. The move to 60 hours will allow school counseling programs to begin conversations to add, modify, or change to graduate course electives specifically related to IDEA, Section 504, and ADA, as these concepts aid all counseling students—especially school counselors working with SWDs. Counselor educators should aid school counselors in understanding limiting factors, whether physical or mental, that contribute to an individual possessing a disability. Understanding these concepts also allows school counselors to engage in a holistic approach to counseling, connecting the student and their family to appropriate resources and agencies in the educational system that assess the student in

an effort to promote student success. Ennis et al. (2017) discussed the failure of the referral process for Child Find at the initiation stage, and although ASCA does not identify the professional school counselor's role in Child Find, professional school counselor knowledge and familiarity with Part B of IDEA and Child Find are important to the work of the school counselor in the realm of social and emotional well-being of the student. Madous and Shaw (2008), who found a discrepancy in training how to implement Section 504 at the school level, indicated more research is necessary in the area of training for professional school counselors, especially with SWDs and those who do not qualify for an IEP but do qualify for Section 504.

Many studies continue to report deficiency in school counselor training (Hilts et al., 2019; Milsom, 2002, 2006). These studies will continue to report deficit areas for school counselors if counselor education does not step up to bridge the gap in the work school counselors are charged to do with SWDs. Counselor educators must begin to assess former students and evaluate areas of improvement that may have lacked during clinical, rehabilitation, and school counselor preparation programs. Another charge to counselor education programs is the lack of professors with experience working in K–12 education as former school counselors. Hiring more professors who actively work or have worked in the K–12 educational system can give future and aspiring school counselors a real depiction of the advocacy, collaboration, and role of school counselors in relation to all students, especially SWDs.

Although most participants in this study felt “prepared” or “somewhat prepared” to work with SWDs, there were still secondary school counselors who indicated feeling “unprepared” and lacking training to work with SWDs (Milsom 2002, 2006). School counselors across states and districts must examine varying differences in inconsistent assessment and effectiveness of comprehensive programs (ASCA, 2019; Gybers, 2010) and begin to look at ways to assess their

work that supports work with all students as well as those with “special needs” (ASCA, 2019, p. xi). Counselor education programs, with an emphasis in school counseling, should not only teach the foundational principles of ASCA (2019) to define, manage, deliver, and assess, but should also promote the ASCA framework and how it relates to all students, especially SWDs.

Counselor educators should educate future school counselors using models that will help them understand the importance of data, how to assess their program(s), and even how to aid school counselors navigating ASCA’s guide in *Making Data Work* (Kaffenberger & Young, 2018) .

### **Implications for Professional School Counselors**

In 1999, ASCA adopted and issued a statement in regard to the role of the school counselor and SWDs; it has been revised over the years, with the last revision published 2016 (ASCA, 2016). ASCA stressed the importance of school counselors recognizing their strengths and weaknesses when working with SWDs and listed disability categories under IDEA. ASCA indicated school counselors should deliver direct and indirect services to students in the LRE and the inclusion setting. ASCA also included, in the role, school counselors will contribute to a multidisciplinary team, identifying students who may need to be assessed to determine eligibility of special education under IDEA or Section 504 services under ADA. Conversely, the school counselor is not to assume the role of making decisions, implementing IEPs or Section 504, providing long-term therapy, or being the representative for an IEP or Section 504. School counselors are instead expected to collaborate, advocate, consult, encourage, provide information, and be involved in the process with families and SWDs in the educational setting (ASCA, 2016).

Professional school counselors are the first point of contact for many parents, students, and staff. As this contact, the verbiage, procedures, and protocols associated with assisting

SWDs and their families are imperative to working collaboratively on the multidisciplinary team. Understanding that inclusion is a part of the K–12 educational system, professional school counselors must embrace the role they have with SWDs and recognize the responsibility to aid all students and families navigating the K–12 educational system, especially SWDs. An important aspect of special education and inclusion is to place the student in the LRE; this keeps them in the general educational setting for the appropriate and maximum percentage of the day, which will still serve their needs adequately (Morin, n.d.). Professional school counselors benefit from understanding LRE and how the Individuals With Disabilities Education Act (IDEA) standards and Section 504 of American Disability Act (ADA) affect the work done with all students, as course scheduling flows through many school counseling offices and can be impacted by the collaborative efforts between the school counselor and the multidisciplinary team. The collaborative partnership between professional school counselors and the special education department, school social workers, psychologists, teachers, and staff aid in dissemination of resources and successful matriculation of students through the K–12 educational system. The safeguarding of these relationships is imperative to the work of school counselors and contribute to their comprehensive school counseling programs, as outlined by ASCA (2019) standards.

Another area of growth for school counselors involves their role as advocates for students in the RTI process while on the multidisciplinary team. Students who struggle in the K–12 academic, social, and emotional setting may not qualify for special education under IDEA, but remain in the RTI process at Tiers II or III (RTI limbo). Fuchs and Fuchs (2006a) described RTI as an intervention system that increases a student’s skill level and competency to that of their grade-level peers, moving them back into the general education classroom. However, if a student

is in the RTI process and is not successful with the Tier II implemented interventions to return to Tier I, the student is then moved to Tier III and data at Tier II is used as an identifier of severe student deficits. These severe deficits may may qualify a student for an IEP under IDEA. It has been my experience that students tend to linger at Tier levels II and III interchangeably. Never transitioning back to Tier I nor qualifying for an IEP at Tier III, I call these students in RTI limbo. Students in RTI limbo speaks directly to Samuels' (2019) claim of a dip in identification of students due to the RTI process; however, the RTI process is intended to support students on a continuous basis for the span of the students' K–12 enrollment. Although SWDs have become more prevalent in the school system, students in RTI limbo are often categorized as unidentified special education students who receive interventions longer than anticipated intervention goals. Although literature lacks in this area, these students are potentially placed in areas where the special education department can help these students, though they should not be serviced due to unidentified IDEA status. School counselors can use their skills on the multidisciplinary team to discuss issues arising for students in RTI limbo in the classroom and home environment that prevent them from becoming eligible for special education services or qualifying for an IEP or Section 504 of ADA.

Therefore, it must be stated that Madaus and Shaw (2008) made the assertion more information is needed on how trainings for Section 504 are provided in school programs, as there are some gaps in the regulation and implementation of Section 504. Once again, school counselors are not implementors, nor are they the keepers of IEPs or Section 504s; however, they play a role in advocating and conveying how the school as a whole can support all students, especially SWDs in the areas of academic, career, social, and emotional development. As school counselor caseloads continue to grow, the work with SWDs will increase for school counselors

on IEP and Section 504 (Trolley et al., 2009). It is vital that school counselors receive trainings in the areas of Section 504 and IEP to understand the meanings of LRE, manifestation decisions, interventions, alternative placements, and district, state, and national policies, procedures, and laws regarding SWDs.

### **Limitations of the Current Study**

A major limitation to this study is data were collected in 2020, during a global pandemic, and many school counselors were working in various locations dependent upon their local and district protocols and procedures; working remotely or in a social distanced proximity may have had an impact on their ability to respond and/or participate in the survey. Other limitations included the narrow focus on secondary school counselors and the use of self-reported answers, which can be biased and based on social desirability. There was also the potential for participants to evaluate themselves inaccurately in their work with SWDs. Gender limitations were also present, as more females responded to the survey than males; however, the field of counseling is predominately female. According to ASCA's member demographics after the 2017–2018 membership census, White counselors are the dominant race/ethnicity with 76%, and Black school counselors make up 11%, followed by Latinx/Hispanic (6%), Asian (3%), and American Indian/Alaska Native (1%) (ASCA, 2020). In this study, more Black school counselors responded than any other race/ethnicity. It is also important to continue to understand the nondesignation of RAMP does not mean the school is not running a comprehensive school counseling program.

### **Recommendations for Future Research**

ASCA's 2021 National School Counseling week theme, "All in for All Students," no longer uses the word "strive" that was first introduced in the following statement: "School

counselors strive to assist all students in achieving their full potential, including students with disabilities, within the scope of the school counseling program” (ASCA, 2016, p. 77). ASCA must look at updating the role of school counselors and their responsibilities for all students, especially SWDs’ social, emotional, and academic development in response to IDEA Part B to Child Find and ADA Section 504. School counselors can no longer just “strive to assist” (ASCA, 2016, p. 77); they must assist all students, especially SWDs. There must be a shift beyond the special education department with an understanding SWDs are in school buildings and understanding needs in their LRE is imperative to effective work in the areas of students’ academic, career, social, and emotional development.

This study contributes to future research seeking to understand what RTI, Section 504 under ADA, and IDEA training looks like for school counselors working with SWDs, and how it can be enhanced to make sure they receive the information necessary to work effectively with all students. Once school counselors understand the verbiage, RTI, Section 504, procedural safeguards of IDEA, and the importance of their role in Part B of IDEA Child Find, they can assess the time and level of engagement they participate in when working with SWDs. As a counselor educator, it is imperative school counselors learn to work with all students, but especially with SWDs, as relationships and understanding the resources needed for them can aid the student and their families in a successful K–12 matriculation.

This research will also begin investigating avenues that assess the effectiveness of RAMP programs. If comprehensive programs are making the difference in the work with all students, especially SWDs, then differences should be visible between secondary school counselors working in RAMP designated schools versus secondary school counselors who work in non-RAMP designated schools. ASCA’s implementation on RAMP sought to continue to promote

schools implementing and holding RAMP certification, but it is time to begin understanding how RAMP can be an important factor to all schools; this comes by using assessment to show how it impacts student outcomes. With ASCA calling on school counseling programs to assess their effectiveness with students, it is imperative to begin researching how RAMP designation can be assessed, and begin to find ways to promote and increase certification to show effectiveness when implementing a comprehensive school counseling program; namely, how having one is and impactful and engages all students.

Finally, an interest in cultural contexts in which SWDs are serviced can be further evaluated. This study had mostly minority school counselors respond to the survey. With the 65% of respondents identifying as a minority, a question emerges regarding how minority school counselors differ in their attitudes, self-efficacy, and opinions of preparedness and training working with SWDs. Are there differences, and if there are, how can these cross-cultural differences work to benefit all educators and future school counselors?

### **Conclusion**

In conclusion, the extent of the differences of secondary school counselors working in RAMP and non-RAMP designated schools RQ1) self-efficacy (RQ2), and opinions (RQ3), exhibited no significant differences and weak levels of practical significance as related to SWDs.

This study negates the assumption that having RAMP certification makes the school counseling program effective, as well as that school counselors working in RAMP designated schools are different than those working in non-RAMP schools. Results of this study show attitudes, self-efficacy, and opinions of secondary school counselors working with SWDs in RAMP designated schools are no different from those working in non-RAMP designated schools. ASCA and school counselors participating in RAMP must begin to brainstorm RAMP's

contribution to students and its impact on student engagement, especially with SWDs. As schools and districts continue to push school counselors to pursue the process for ASCA's RAMP certification, they should begin to investigate the benefits for student engagement outcomes RAMP brings to a comprehensive school counseling program, as well as how that engagement will be assessed (Goodman-Scott & Grothaus, 2017; Wilkerson et al., 2013).

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## APPENDICES

## APPENDIX A: SCHOOL COUNSELOR DEMOGRAPHICS SURVEY

INSTRUCTIONS: Please answer the question to the best of your ability. If you are not sure of the answer to any of the items, you can estimate as best you can.

1. What is your gender?
  - a. Female
  - b. Male
  - c. Other
2. Age?
  - a. 21-30
  - b. 31-40
  - c. 41-50
  - d. 51-60
  - e. 61+
3. What best describes your race/ethnicity?
  - a. African American
  - b. Caucasian
  - c. Latino(a)/Hispanic
  - d. Asian /Pacific Islander
  - e. Native American/Alaskan Native
  - f. Other
4. Do you work in a Recognized ASCA Model Program as a counselor (RAMP)?
  - a. Yes
  - b. No
  - c. Unsure
5. What percentage of your school day is spent working with students with disabilities in your school?
  - a. None at all-0%
  - b. Part of the day- 25%
  - c. Half of the day- 50%
  - d. Most of the day- 75%
  - e. All day- 100%
6. What type of counselor preparation program did you attend?
  - a. CACREP accredited
  - b. non-CACREP accredited
  - c. CORE
  - d. Not sure
7. In your counselor preparation program, did you take any courses in special education?
  - a. Yes

- b. No
  - c. Unknown
8. Prior to becoming a school counselor, did you work as a certified teacher?
    - a. Yes
    - b. No
  9. If you answered yes to the above question, how many years do you have as a certified teacher?
    - a. 1-2 years
    - b. 4-5 years
    - c. 4+ years
  10. If you answered yes to working as a certified teacher, is/was the certification in special education?
    - a. Yes
    - b. No
  11. How many years as a K–12 school counselor do you have? Please include current year and all years served in other school districts or at other levels in your current school district.
    - a. 1-2 years
    - b. 3-4 years
    - c. 5+ years
  12. How many years have you been at the secondary level of school counseling (6-12 grades)?
    - a. 1-3 years
    - b. 4-5 years
    - c. 6+ years
  13. What is your current school level?
    - a. Middle/Junior High (6-8)
    - b. High (9-12)
  14. What type of school do you currently work?
    - a. Public
    - b. Private
    - c. Charter
  15. Approximately how many students are on your caseload?
    - a. 1-250
    - b. 251-500
    - c. 500+
  16. During your school counseling graduate program, how many courses specific to the focus of students with disabilities did you complete?
    - a. I did not take any courses specific to students with disabilities
    - b. I took 1-2 courses specific to students with disabilities
    - c. I took 3+ courses specific to students with disabilities
  17. Since employed how many school-sponsored in-service programs have you attended specific to students with disabilities?
    - a. I have not attended any in-service programs specific to students with disabilities
    - b. I have attended 1-2 in-service programs specific to students with disabilities
    - c. I have attended 3+ in-service programs specific to students with disabilities
  18. Since being employed as a school counselor how many conferences or workshops have you attended specific to students with disabilities?
    - a. I have not attended any conferences or workshops specific to students with disabilities
    - b. I have attended 1-2 conferences or workshops specific to students with disabilities
    - c. I have attended 3+ conferences or workshops specific to students with disabilities
  19. How prepared do you feel to work with students with disabilities (i.e., work on multidisciplinary teams, transition students to careers or post-secondary institutions, make referrals to other

appropriate specialist for students with disabilities when necessary, or provide feedback on social and academic performance of students with disabilities to the multidisciplinary team)

- a. I feel very prepared to work with students with disabilities
  - b. I feel somewhat prepared to work with students with disabilities
  - c. I do not feel prepared to work with students with disabilities
20. How prepared do you feel to advocate for students with disabilities (e.g., speaking up to include students with disabilities in programs or services that lack diversity in your school)
- a. I feel very prepared to advocate with students with disabilities
  - b. I feel somewhat prepared to advocate with students with disabilities
  - c. I do not feel prepared to advocate students with disabilities
21. How prepared do you feel to counsel student with disabilities and/or their parents?
- a. I feel very prepared to counsel with students with disabilities
  - b. I feel somewhat prepared to counsel with students with disabilities
  - c. I do not feel prepared to counsel students with disabilities

## APPENDIX B: School Counselor Self-Efficacy Scale

Developed by Nancy Bodenhorn, PhD, Virginia Tech, 2004

**INSTRUCTIONS:** Below is a list of activities representing many school counselor responsibilities. Indicate your confidence in your current ability to perform each activity by selecting the appropriate answer next to each item. Please answer each item based on your current school, and based on how you feel now, not your anticipated (or previous) ability or school(s). Remember, this is not a test and there are no right answers.

1. I can advocate for integration of student academic, career, and personal development into the mission of my school.
  - 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
  
2. I can recognize situations that impact (both negatively and positively) student learning and achievement.
  - 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
  
3. I can analyze data to identify patterns of achievement and behavior that contribute to school success.
  - 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
  
4. I can advocate for myself as a professional school counselor and articulate the purposes and goals of school counseling.
  - 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident

- 5- Highly confident
5. I can develop measurable outcomes for a school counseling program which would demonstrate accountability.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
6. I can consult and collaborate with teachers, staff, administrators and parents to promote student success.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
7. I can establish rapport with a student for individual counseling.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
8. I can function successfully as a small group leader.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
9. I can effectively deliver suitable parts of the school counseling program through large group meetings such as in classrooms.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
10. I can conduct interventions with parents, guardians and families in order to resolve problems that impact students' effectiveness and success.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
11. I can teach students how to apply time and task management skills.
- 1- Not confident

- 2- Slightly confident
- 3- Moderately confident
- 4- Generally confident
- 5- Highly confident

12. I can foster understanding of the relationship between learning and work.

- 1- Not confident
- 2- Slightly confident
- 3- Moderately confident
- 4- Generally confident
- 5- Highly confident

13. I can offer appropriate explanations to students, parents and teachers of how learning styles affect school performance.

- 1- Not confident
- 2- Slightly confident
- 3- Moderately confident
- 4- Generally confident
- 5- Highly confident

14. I can deliver age-appropriate programs through which students acquire the skills needed to investigate the world of work.

- 1- Not confident
- 2- Slightly confident
- 3- Moderately confident
- 4- Generally confident
- 5- Highly confident

15. I can implement a program which enables all students to make informed career decisions.

- 1- Not confident
- 2- Slightly confident
- 3- Moderately confident
- 4- Generally confident
- 5- Highly confident

16. I can teach students to apply problem-solving skills toward their academic, personal and career success.

- 1- Not confident
- 2- Slightly confident
- 3- Moderately confident
- 4- Generally confident
- 5- Highly confident

17. I can evaluate commercially prepared materials designed for school counseling to establish their relevance to my school population.

- 1- Not confident
- 2- Slightly confident
- 3- Moderately confident
- 4- Generally confident
- 5- Highly confident

18. I can model and teach conflict resolution skills.
  - 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
  
19. I can ensure a safe environment for all students in my school.
  - 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
  
20. I can change situations in which an individual or group treats others in a disrespectful or harassing manner.
  - 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
  
21. I can teach students to use effective communication skills with peers, faculty, employers, family, etc.
  - 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
  
22. I can follow ethical and legal obligations designed for school counselors.
  - 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
  
23. I can guide students in techniques to cope with peer pressure.
  - 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
  
24. I can adjust my communication style appropriately to the age and developmental levels of various students.
  - 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident

- 5- Highly confident
25. I can incorporate students' developmental stages in establishing and conducting the school counseling program.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
26. I can find some way of connecting and communicating with any student in my school.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
27. I can teach, develop and/or support students' coping mechanisms for dealing with crises in their lives – e.g., peer suicide, parent's death, abuse.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
28. I can counsel effectively with students and families from different social/economic statuses.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
29. I can understand the viewpoints and experiences of students and parents who are from a different cultural background than myself.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
30. I can help teachers improve their effectiveness with students.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
31. I can discuss issues of sexuality and sexual orientation in an age appropriate manner with students.
- 1- Not confident
  - 2- Slightly confident

- 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
32. I can speak in front of large groups such as faculty or parent meetings.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
33. I can use technology designed to support student successes and progress through the educational process.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
34. I can communicate in writing with staff, parents, and the external community.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
35. I can help students identify and attain attitudes, behaviors, and skills which lead to successful learning.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
36. I can select and implement applicable strategies to assess school-wide issues.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
37. I can promote the use of counseling and guidance activities by the total school community to enhance a positive school climate.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident

38. I can develop school improvement plans based on interpreting school-wide assessment results.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
39. I can identify aptitude, achievement, interest, values, and personality appraisal resources appropriate for specified situations and populations.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
40. I can implement a preventive approach to student problems.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
41. I can lead school-wide initiatives which focus on ensuring a positive learning environment.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
42. I can consult with external community agencies which provide support services for our students.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident
43. I can provide resources and guidance to the school population in times of crisis.
- 1- Not confident
  - 2- Slightly confident
  - 3- Moderately confident
  - 4- Generally confident
  - 5- Highly confident

APPENDIX C: ATTITUDE TOWARD STUDENTS WITH DISABILITIES (ATDP-O)

School Counselor Attitudes Toward Students With Disabilities'  
(Edited-Attitudes Toward Disabled Persons Scale – Form O (ATDP-O))

Mark each statement in the left margin according to how much you agree or disagree with it. Please mark each item. Mark +1, +2, +3: or -1, -2, -3: depending on how you feel in each case.

+3: I AGREE VERY MUCH  
+2: I AGREE PRETTY MUCH  
+1: I AGREE A LITTLE

-1: I DISAGREE A LITTLE  
-2: I DISAGREE PRETTY MUCH  
-3: I DISAGREE VERY MUCH

- \_\_\_\_\_ 1. Parents of students with disabilities should be less strict than other parents.
- \_\_\_\_\_ 2. Physically, students with disabilities are just as intelligent as students without disabilities.
- \_\_\_\_\_ 3. Students with disabilities are usually easier to get along with than students without disabilities.
- \_\_\_\_\_ 4. Most students with disabilities feel sorry for themselves.
- \_\_\_\_\_ 5. Students with disabilities are the same as any other student.
- \_\_\_\_\_ 6. There should not be special school for students with disabilities.
- \_\_\_\_\_ 7. It would be best for students with disabilities to live and work in special communities.
- \_\_\_\_\_ 8. It is up to the government to take care of students with disabilities.
- \_\_\_\_\_ 9. Most students with disabilities worry a great deal.
- \_\_\_\_\_ 10. Students with disabilities should not be expected to meet the same standards as students without disabilities
- \_\_\_\_\_ 11. Students with disabilities are as happy as students without disabilities.
- \_\_\_\_\_ 12. Students with disabilities are no harder to get along with than typical age peers.
- \_\_\_\_\_ 13. It is almost impossible for students with disabilities to lead a normal life.
- \_\_\_\_\_ 14. You should not expect too much from students with disabilities.
- \_\_\_\_\_ 15. Students with disabilities tend to keep to themselves most of the time.
- \_\_\_\_\_ 16. Students with disabilities are more easily upset than students without disabilities.
- \_\_\_\_\_ 17. Students with disabilities cannot have a normal social life.
- \_\_\_\_\_ 18. Most students with disabilities feel that they are not as good as other students.
- \_\_\_\_\_ 19. You have to be careful what you say when you are with students with disabilities.
- \_\_\_\_\_ 20. Students with disabilities are often have various moods.

## APPENDIX D: SOLICITATION EMAIL

### **Solicitation Email**

Greeting's secondary school counselors! Are you currently a secondary school counselor? Are you currently working in a RAMP or non-RAMP designated school? Do you work with students with disabilities?

If your answer is YES to the above questions, you are invited to participate in a research study regarding secondary school counselors' opinions (training and preparedness), attitudes, and self-efficacy in RAMP and non-RAMP designated schools' effectiveness on students with disabilities. This study will contribute to knowledge about the opinions, attitudes, and self-efficacy secondary school counselors working with students with disabilities and examine their varying differences in their work in RAMP and non-RAMP designated schools.

This study is being conducted by Christine D. Lewis Pugh, a doctoral candidate in the Doctor of Philosophy (PhD) in Counselor Education and Supervision program at The University of Mississippi. Her research is being supervised by her dissertation chair, Dr. Amanda Winburn (amwinbur@olemiss.edu)

Should you elect to participate, be aware that your participation is entirely voluntary, and you are free to stop participation at any time. Participants opting to complete the study will complete a demographic survey via Qualtrics and complete the School Counselor Self-Efficacy Scale (SCSE) and Attitudes Towards Disabled Person, Form O (ATDP-O). The Qualtrics survey should last approximately 25 minutes. No identifying information will be collected, making your participation anonymous. All survey data will be stored on a password protected and encrypted computer, with only the primary researcher and her committee having access to the secured data.

If you feel you may be interested in participation, please email the researcher at [cdlewis@go.olemiss.edu](mailto:cdlewis@go.olemiss.edu) or call her at (XXX) XXX-XXXX.

Sincerely,

Christine D. Lewis Pugh, EdS, LPC, NCC, NCSC

## APPENDIX E: INFORMATION SHEET AND INFORMED CONSENT

### Information Sheet and Informed Consent INFORMATION SHEET

**Title:** Opinions, Attitudes, and Self-Efficacy of School Counselors in RAMP and non-RAMP designated Schools and their Effectiveness on Students with Disabilities

**Investigator**

Christine D. Lewis Pugh, EdS, LPC, NCC, NCSC  
Department of Leadership and Counselor Education  
117 Guyton Hall  
The University of Mississippi  
(XXX) XXX-XXXX

**Advisor**

Amanda M. Winburn, PhD, LPC, SB-RPT,  
NCC, NCSC  
Department of Leadership and Counselor  
Education  
109 Guyton Hall  
The University of Mississippi  
(662) 915-8823

**Introduction:** You are being asked to participate in the following survey because you are currently working as a professional school counselor in a secondary school with students grade (6-12) and perform your professional school counselor duties in a RAMP or non-RAMP designated school. Please read the following form and ask any question you may have before agreeing to participate in the study.

**Purpose:** The purpose of this study is to examine secondary school counselors working in designated Recognized ASCA Model Programs (RAMP) and non-RAMP school and the work you do with students with disabilities.

**Description:** We would like to ask you questions about your opinions, attitudes, and self-efficacy as a secondary school counselor who works with students with disabilities. You will not be asked for your name or any other identifying information. The demographics survey should take approximately 5-10 minutes to complete. The Self-Efficacy and ATDP-O surveys should take approximately 10 minutes each to complete.

**Cost and Payments:** There is no compensation for participating in the current study

**Risks and Benefits:** We do not anticipate any risks associated with the survey.

**Confidentiality:** Participation in this study is anonymous. No identifiable information will be recorded.

**Right to Withdraw:** Participation is completely voluntary, and you do not have to take part in the survey. An individual may stop participation at any time.

**IRB Approval:** This study has been approved as exempt by The University of Mississippi's IRB (Protocol #21x-151). If you have any questions, concerns, or reports regarding your rights as a participant of research, please contact the IRB at (662) 915-7482 or irb@olemiss.edu.

**Statement of Consent:**

I have read and understand the above information. By completing the survey, I consent to participate in the study.

I voluntarily agree to participate in the study and verify that I am 18 years or older.

VITA

**Christine D. Lewis Pugh, EdS, LPC, NCC, NCSC**

<b>Education</b>		
<b>EdS</b>	<b>Counselor Education and Supervision, CACREP Accredited</b> Delta State University, Cleveland, MS	August 2017
<b>MEd</b>	<b>Counselor Education and Supervision, CACREP Accredited</b> University of Mississippi, Oxford, MS	May 2012
<b>BS</b>	<b>Psychology</b> University of Tennessee at Martin, Martin, TN	May 2008

<b>Professional Licensure and Certifications</b>		
Licensed Professional Counselor (MS) (LPC), #2449		2019-Present
National Certified School Counselor (NCSC), #302199		2016-Pesent
National Certified Counselor (NCC), #302199		2014-Present
Licensed Professional School Counselor (MS), K–12 Class AAA, #245287		2012-Present

<b>Professional Memberships/Affiliations</b>		
Phi Kappa Phi Honor Society		2020
American Counseling Association (ACA)		2018
Association for Counselor Education and Supervision (ACES)		2018
American School Counseling Association (ASCA)		2012
Mississippi Counseling Association (MCA)		2012

<b>Counseling Experience</b>		
Parkwood Behavioral Health System, Olive Branch, MS, PRN Therapist		2019-Present
Graduate Assistantship, University of Mississippi, Oxford, MS		2018-Present
Clinic for Outreach and Personal Enrichment (COPE), Oxford, MS, Therapist		2018-2019

Desoto County Schools, Southaven Middle, Southaven, MS, Professional School Counselor	2012-2018
Shelby County Schools, Ridgeway Middle, Memphis, TN, Professional School Counselor-Intern	2011-2012
Children's Treatment Center, Martin, TN, Applied Behavior Analysis-Intern	2008

### Publications

Panel, M.B., <b>Lewis, C.</b> , Tatum, M. (2020). Impact of academic course load on adolescent self-esteem [Manuscript submitted for publication]. Department of Counselor Education, Delta State University.	2020
Montgomery, E., <b>Lewis Pugh, C.</b> , Russo, G.M., Wood, A., Lusk, S.L. (2020). Exploratory analysis of the impact of treatment facilities, CACREP-Accredited programs, and region on suicide completion rates [Manuscript submitted for publication]. Department of Counselor Education University of Mississippi.	2020
Reysen, R., <b>Lewis, C.</b> , Wood, A., Powell, B. (2020, March 2). Review of the highlands ability battery. <i>National Career Development Association</i> . Online Database.	2020
Winburn, A., Cabrera, J., <b>Lewis, C.</b> (2020). Examining empathy and advocacy in K–12 educational leaders. <i>International Journal of Leadership in Education</i> . Online Publication. <a href="https://doi.org/10.1080/13603124.2020.1811896">https://doi.org/10.1080/13603124.2020.1811896</a>	2020

### Scholarship

Springer Nature Publication Reviewer for Education and Treatment of Children	2020
Association for Counselor Education and Supervision (ACES) Proposal Reviewer	2020
Autism Speaks Grant Reviewer	2020
New Student Application Interviews (Cohort 2019)	2019
CACREP/Student Record Documentation Committee	2018-2019
Student Representative Faculty Search Committee (Assistant & Clinical Position)	2018-2019

## Presentations

### ✚ *Local Presentations*

Oliver A., & **Lewis Pugh, C.**, (2021) Reach Me to Teach Me: Plug Into the 4 Cs for Learning, Mississippi Council for Exceptional Children Conference, Mississippi Department of Education (Virtual). March 2021.

**Lewis Pugh, C.**, & Oliver, A. (2019). Cross-collaboration in advocacy: Identified and unidentified exceptional students. Woodall Conference, Delta State University, Cleveland, MS. Presented April 2019.\*\*

Tatum, M., King, A., **Lewis Pugh, C.**, Powell, B., Wrenn, D., & Spencer, M., et.al. (2019). To PhD or not PhD. Woodall Conference, Delta State University, Cleveland, MS. Presented April 2019.

### ✚ *State Presentations*

**Lewis Pugh, C.**, & Oliver, A. (2020). Behavior Recidivism in a solution-focused brief therapy world. Making Connections Conference, Mississippi Coast Coliseum and Convention Center, Biloxi, MS. June 2020 (Submitted)

Oliver, A., & **Lewis Pugh, C.**, Oliver, M. (2019). Let's Get Social: Embedding Social Skills Instruction in Inclusive Settings Through Collaboration. Council for Exceptional Children TN, Presented October 2019.\*\*

**Lewis Pugh, C.**, & Oliver, A. (2019). Cross-collaboration in advocacy: Identified and unidentified exceptional students Making Connections Conference, Mississippi Coast Coliseum and Convention Center, Biloxi, MS. Presented June 2019.\*\*

Oliver, A., & **Lewis Pugh, C.** (2019). Let's Get Social: Embedding Social Skills Instruction in Inclusive Settings Through Collaboration. Council of Exceptional Children, Lake Terrace Convention Center, Hattiesburg, MS. Presented August 2019.

### ✚ *National Presentation*

Oliver, A., & **Lewis Pugh, C.**, (2020). Battling Behavior with Bibliotherapy: A School Based Intervention. Teacher Educators for Children with Behavior Disorders (TECBD), Tempe Mission Palms Hotel. November 2020\*\*

Oliver, A., & **Lewis Pugh, C.**, (2020). Battling Behavior with Bibliotherapy: A School Based Intervention. Association for Middle Level Education (AMLE). October 2020 (Accepted)\*\*

**Lewis Pugh, C., & Oliver, A. (2019).** Cross-collaboration in advocacy: Identified and unidentified exceptional students Teacher Educators for Children with Behavior Disorders (TECBD), Tempe Mission Palms Hotel. Tempe Arizona, Presented October 2019. \*\*

\*\* Presented multiple times at local, state, or national levels

 *Invited Speaker*

Oliver, A., & **Lewis Pugh, C.** (September, 2020). Parenting in a Pandemic. Junior League of Memphis.

**Lewis Pugh, C., & Oliver, A.** (August, 2020). Mentoring Moment, The League of Advocates.

**Lewis Pugh, C.** (2019) Middle School Panelist, Foundations of Clinical Mental Health and School Counseling

**Lewis Pugh, C.** (Spring, 2019) School Counseling Internship Class, University of Mississippi.

**Lewis, C.** (September, 2016) NPHC United to Fight Suicide: Guest Panelist. Desoto County (MS).

**Lewis, C.** (June, 2016) Oh, The Places You will go. Keynote Speaker. CLW & Associates, Mental Health.

**Supervision**

Supervision of Clinical Mental Health Students in Internship	Spring 2020
Supervision of Clinical Mental Health Students in Practicum	Fall 2020 Fall 2019

**Teaching**

Group Procedures	Spring 2020 Spring 2019
Foundations of School Counseling	Fall 2019
Internship School Counseling	Fall 2019

**Leadership and Advocacy**

Emerging Leader Mississippi Counseling Association (Accepted 2020- Postponed due to Covid-19 to 2021)	2021 2020
2 <sup>nd</sup> Annual Alumni Panel Discussion Committee Co-Chair, University of Mississippi	

Delta Sigma Theta Committee Co-Chair Physical and Mental Health, DeSoto County	2019-Present
Oxford School District ASCA Team Collaboration	2019-Present
Professional School Counselor Panelist for Foundations of School and CMHC	2019
Northwest Region of Mississippi Counseling Association (MCA) Fall Meeting Welcoming Committee	2019
1 <sup>st</sup> Alumni Panel Discussion Committee Co-Chair, University of Mississippi	2019
Open House for Leadership & Counselor Education Program	2019
COMPS Review for Master's Students Volunteer	2019

### **Fellowships and Awards**

Southern Regional Education Board (SREB) Recipient- 3 years	20,000 per yr.
Lamar Scholarship for Graduate Students- University of Mississippi Summers 2019 & 2020	1,000
University of Mississippi Doctoral Fellowship- Spring 2021	6,500