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- Enhancing human development through the lifespan
- Promoting public confidence and trust in the counseling profession
- Caring for self and others
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- Empowering leadership
- Encouraging positive change

Letter From the Editors

We here on the editorial board of the *Alabama Counseling Journal* hope that all of you are having a fabulous spring so far. We are honored to present this year's volume of the journal. We hope that the articles and information contained within this volume will aid you in your work and inspire you to greater heights as a professional in the field.

Last year in this space, Dr. Holloway encouraged readers to consider ways in which they could contribute to future editions of the journal, and wow, did you all respond! We had more manuscript submissions this year than the current editorial team has ever had. In fact, we have divided the articles into two issues. Be on the lookout for a second issue of the journal this fall.

To help with some of the extra work for this volume of the journal, we added a couple of members to the editorial team. I would like to acknowledge the excellent work done by Dr. Brittany Dennis and Dr. Yulanda Tyre. We could not have completed this work without their efforts.

And in the spirit of last year's letter, I would like to offer my own encouragement to each of you to consider submitting something for next year's journal. Next spring, we plan to publish a special issue of the journal that focuses on collaboration between counselors and other helping professionals. It can be quite an easy thing for counselors to become isolated in their helping work. We want to highlight the many ways that counselors can collaborate with other helpers. Whether focused on providing services within a school environment, clinical environment, or in the community, we'd love to hear more about the ways in which you all are working with other helping professionals in the field to improve the lives of students and clients. -BTW-

Brad Willis   Linda J. M. Holloway
Editor   Editor

Brittany Dennis   Yulanda Tyre
Editor   Editor

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Malti Tuttle
Auburn University

Morgan Yordy
Auburn University

Jill M. Meyer
Auburn University

Chih-Hsuan Wang
Auburn University

Yan Dai
Auburn University

Author Note

Correspondence related to this article should be addressed to Dr. Malti Tuttle, Special Education, Rehabilitation, and Counseling Department, Auburn University, 2084 Haley Center, Auburn, AL 36849. Mst0022@auburn.edu

Abstract

Students in K-12 school systems face mental health challenges that impact their academic and social well-being; therefore, concern for student mental health is a leading priority for schools. Educators have begun to consider the incorporation of successful evidence-based programs such as animal-assisted therapy (AAT) in school settings. To address a gap in the literature on school counselors' and school nurses' implementation of AAT in school settings, we conducted an exploratory cross-sectional study using the REHAB Basel Questionnaire, which we modified with permission from the instrument owners and authors. School counselors and school nurses responded to six open-ended questions about integrating AAT with canines. The aim of this study was to provide implications for practice, limitations of the study, and recommendations for future research in addressing mental health in schools. Content analysis revealed that participants expressed mostly positive attitudes toward AAT, identified social, emotional, and educational benefits of working with animals, and expressed concerns related to the health and safety of students and others in the school. Responses also indicated that current policies regarding guide dogs and medical alert animals may be adapted to accommodate canine AAT in schools. Future research should include the perspectives of practitioners who facilitate AAT, for their knowledge could enhance understanding of the method.

Keywords: school counselors, school nurses, animal-assisted therapy, canine-assisted therapy

Canine Animal Assisted Therapy (AAT) in K-12 Schools: A Qualitative Study of School

Counselors' and School Nurses' Perceptions of Incorporating AAT in Schools

Mental health challenges for youth and adolescents have increased substantially over the recent decades (Centers for Disease Control [CDC], 2023a). Students in K-12 school systems face mental health challenge that impact their academic and social well-being; therefore, student mental health is a leading priority for schools (U.S. Surgeon General's Advisory, 2021). Schools can take action to support children experiencing mental health challenges by providing safe and supportive environments. In addition, expanding the mental health workforce within schools may facilitate early recognition of the signs and symptoms of mental health challenges and reinforce the need to integrate evidence-based social learning (U.S. Surgeon General's Advisory, 2021).

School counselors and school nurses are two specialty professions whose practitioners are well positioned to collaborate to address student mental health (Tuttle et al., 2018). Members of both specialties focus their services on student well-being, academic success, and advocacy by addressing physical and mental health needs (American School Counselor Association [ASCA], 2019; National Association of School Nurses [NASN], 2023; Tuttle et al., 2018). These collaborators can bring about change by implementing evidence-based programs, such as animal-assisted therapy (AAT), to benefit children and youth (NASN, 2023). This article presents the views of school counselors and school nurses regarding AAT, specifically a supplemental therapy that includes trained canine-handler teams, and implementation considerations in the K-12 school setting.

Background

Mental disorders common among school-age children include ADHD, anxiety, behavior problems, and depression (CDC, 2023d). For adolescents, principal concerns are persistent

substance use disorder, major depressive episode, persistent feelings of sadness or hopelessness, and suicide plans or attempts (CDC, 2023d). Because of their regular access to students, school nurses can not only advocate for students but also promote student success and optimal health by developing and implementing evidence-based programing to benefit student well-being (NASN, 2023). One promising program is AAT, which supports student social interaction, connectiveness, and well-being (Fedor, 2018). Training school counselors and school nurses in the application of AAT has shown to improve interdisciplinary collaboration and bring evidence-based programing to benefit student well-being (Yordy, Tuttle, & Meyer, 2022; Yordy, Tuttle, Meyer, & Kartovicky, 2022).

The factor that drives AAT is the human-animal bond (HAB), the connection between humans and animals (Human Animal Bond Research Institute [HABRI], 2021). The HAB emphasizes the relationships between people and animals in which humans connect emotionally and socially within a safe environment created by their interactions with the animal (Fine, 2019; Yordy, Tuttle, Meyer, & Kartovicky, 2022). This bond is the source of benefits of AAT (Fine, 2019), such as feelings of belonging and compassion (Fedor, 2018). Other recognized benefits, which support positive social-emotional development, include improved academic performance, demonstration of character traits, learning to set appropriate boundaries, and animal care (Gee et al., 2017; VonLintel & Bruneau, 2021; Yordy, Tuttle, Meyer, & Kartovicky, 2022). Additionally, individuals can build connections and trust through their interactions with animals and then transition to forming connections with other humans (HABRI, 2021; Yordy, Tuttle, Meyer, & Kartovicky, 2022). While benefits are possible, it is important to acknowledge that AAT is not a panacea or successful solution for all (Fine, 2019; Fine et al., 2019).

Little research has addressed the risks of AAT, especially within a school setting. A literature search on the therapeutic use of animals in hospitals confirmed a lack of quantitative research on negative impacts such as allergies, cultural perceptions, injuries, and fears (Dalton et al., 2020). Zoonotic transmission may occur differently than in household pet exposure, but again, little epidemiological data exists (Dalton et al., 2020). In a study focused on canines visiting health-care facilities and participating in other animal-assisted interventions and the acquisition of healthcare-associated pathogens, Lefebrvre et al. (2009) concluded that canines in healthcare facilities were more likely to acquire certain pathogens than those in non-healthcare settings. However, the researchers did not expand on whether the pathogen strains were the same as in humans and did not offer information relating to the control group (AAI not in the healthcare settings). Overall, limited research documents the risks of implementing AAI in schools, and no literature examines the risks of AAI from the school counselor and school nurse perspectives.

The aim of this study was to examine school nurses' and school counselors' perceptions of integrating AAI into a school setting. The research question guiding this study was: What are the perceptions held by school nurses and school counselors about incorporating AAT in schools?

Methods

We examined the qualitative responses to six open-ended questions completed by the school counselor and school nurse participants; the instrument was the REHAB Basel Questionnaire-Modified Survey (Hediger & Hund-Georgiadis, 2017; Yordy, Tuttle, Meyer, & Kartovicky, 2022) modified to fit the school setting with permission from the instrument's authors and owners. Based on the substantial amount of data gathered in qualitative studies, the

results for this study focused on a subset of findings from a larger data set regarding the

perceived potential risks and benefits of AAT specific to canines in schools held by school

counselors and school nurses (see Hunt, 2011; Yordy, Tuttle, Meyer, & Kartovicky, 2022).

Furthermore, qualitative responses, such as answers to open-ended questions, provide

opportunities to explore areas with a paucity of research and delve deeper in the examination of

these ideas (Hunt, 2011).

Participant Sampling and Recruitment

Prior to the commencement of the study, we received approval from the university's

Institutional Review Board (IRB). Recruitment took place through internet sites such as

Facebook and professional list servs for school counselors and nurses using convenience and

snowball sampling procedures. A link provided with the postings and email alerts connected

participants to a Qualtrics survey that housed the IRB approval, informational letter,

demographic questions, and the instrument consisting of the open-ended items. Starting the

survey signified voluntary consent to participate. In total, 427 participants (46% school

counselors and 54% school nurses) expressed interest in the study; however, only 211 school

nurses and 184 school counselors completed all opened-ended questions from the REHAB Basel

Questionnaire-Modified Survey (Hediger & Hund-Georgiadis, 2017).

Data Collection and Analysis

Following data collection, we performed content analysis, a qualitative technique to

understand the content of participants' responses in a given context, such as interviews or focus

groups. Content analysis includes three phases: preparation, organizing, and reporting (Elo &

Kyngas, 2008). The preparation phase involved presenting participants with the six open-ended

questions from the REHAB Basel Questionnaire-Modified Survey (Hediger & Hund-Georgiadis, 2017):

1. What do you think animal-assisted therapy is?

2. What do you know about animal-assisted therapy?

3. How do you feel about implementing animals in therapy?

4. What areas of the school are taboo zones for animals?

5. What problems might occur?

6. Are there any important points you want to add?

After data collection, each phrase participants provided in their open-ended responses was identified as the unit of data analysis. Then, during the organizing phase, the inductive approach was utilized to analyze manifest content only. Each unit of data was coded, similar phrases were organized into subcategories, and similar subcategories were grouped together into categories to describe participants' attitudes toward AAT through abstraction process. Finally, results were reported with a mix of narrative and matrix.

Results

Question 1. What Do You Think Animal-Assisted Therapy is?

Reviewing the responses from participants yielded the following categories: attitudes toward AAT, benefits (supporting students, education, developing relationship, enhancing intervention, and interaction), and concerns. The attitudes towards AAT from school counselors and school nurses were similar. A majority of the participants expressed positive attitudes toward AAT in school settings. One of the participants indicated that AAT is "an opportunity to create an environment that allows for additional success in helping others."

Regarding the benefits of AAT, participants specifically pointed that the AAT could support and improve students' behavioral, physical, social, and emotional functions through the use of "animals as a way for helping calm students with autism, anxiety, or other behavioral/social/emotional difficulties." AAT can also help build positive relationships between students and their environments, enhance intervention processes, and prove useful in educational settings. Participants indicated that AAT is able "to help build a positive environment" and is "helping students be more prepared to learn."

Although participants indicated their positive attitudes and belief in the benefits of AAT in school settings, several of them had concerns about safety, health, and qualifications. Participants pointed out that "[animals] can be useful, but not in a public setting, where students and staff may have severe allergies" and "having a team with a handler and certified canine that can come into the facility" may be beneficial. A closer examination of the responses revealed that school counselors focused more on the requirements, qualifications, and certifications necessary for having AAT in school settings, while school nurses focused more on the health, safety, and security issues (see Table 1).

Table 1

Participants' Responses: Definition of Animal-Assisted Therapy

Categories	School Nurses (n = 211)		School Counselors (n = 184)		Overall (N = 395)	
	f	%	f	%	f	%
Attitude toward the AAT						
Positive	14	6.64	14	7.49	28	7.09
Neutral	0	0.00	2	1.07	2	0.51
Negative	3	1.42	1	0.53	4	1.01
Benefits						
Supporting students						
General	12	5.69	7	3.74	19	4.81
Behavioral	13	6.16	7	3.74	20	5.06
Cognitive	1	0.47	2	1.07	3	0.76
Social	7	3.32	8	4.28	15	3.80
Emotional	134	63.51	74	39.57	208	52.66
Medical	6	2.84	0	0.00	6	1.52
Physical	27	12.8	6	3.21	33	8.35
Education						
Teaching & learning	11	5.21	6	3.21	17	4.30
Life education	7	3.32	8	4.28	15	3.80
Developing relationship	10	4.74	18	9.63	28	7.09
Enhancing intervention	9	4.27	28	14.97	37	9.37
Increasing interaction	16	7.58	8	4.28	24	6.08
Concerns	31	14.69	2	1.07	33	8.35

Question 2. What Do You Know About Animal-Assisted Therapy?

Responses to this question also included attitudes toward AAT, benefits of AAT (supporting students, developing relationship, enhancing intervention, and interaction), and concerns, as well as knowledge about AAT. School counselors and nurses presented similar responses in those themes. They expressed positive attitudes toward AAT in school settings: "We are trying to implement it in our school; there is good evidence in the research that it can be an excellent adjunct to various therapy modalities." They also noted the behavioral and emotional supports that AAT provides: "It has worked well in schools with emotional or

behavior issues." In addition, some participants described therapeutic benefits of AAT they had experienced:

> I had a dog when I worked with children with trauma or psychosis. He was great at sitting beside those with trauma and when someone was actively psychotic; he could sense that and would sit in a corner. When the person was able to calm and become connected with reality, the dog would then go over to them.

Participants also mentioned other benefits of AAT, such as developing relationships, enhancing interventions, and improving interactions, "[Animals] are known to enhance the counselor/student relationship and rapport." One category stood out in the responses from school nurses, who identified safety as one benefit of AAT. They indicated animals are able to detect their owners' health conditions, such as diabetes and seizures: "Diabetic dogs sense low blood sugar. Seizure dogs may detect when a student is about to have a seizure."

Similar to their responses to the previous question, participants indicated concerns about qualifications: "I know that the ADA and IDEA have rules and regulations regarding animal-assisted therapy that all schools have to follow." Some participants indicated they had no knowledge or were unfamiliar with AAT: "I don't know much about the specifics," while some said they have some knowledge or familiarity with AAT: "I have a personal interest in it and read articles often." (See Table 2 for a summary of findings.).

Table 2

Participants Responses: Knowledge of Animal-Assisted Therapy

Categories	School Nurses ($n = 211$)		School Counselors ($n = 184$)		Overall ($N = 395$)	
	f	%	*f*	%	*f*	%
Attitude toward the AAT						
Positive	36	17.06	29	15.76	65	16.46
Neutral	1	0.47	0	0.00	1	0.25
Mixed	1	0.47	1	0.54	2	0.51
Negative	3	1.42	2	1.09	5	1.27
Benefits						
Supporting students						
Behavioral	4	1.90	0	0.00	4	1.01
Cognitive	2	0.95	2	1.09	4	1.01
Social	0	0.00	4	2.17	4	1.01
Emotional	33	15.64	35	19.02	68	17.22
Physical	2	0.95	1	0.54	3	0.76
Education						
Teaching & learning	7	3.32	4	2.17	11	2.78
Life education	1	0.47	2	1.09	3	0.76
Developing relationship	1	0.47	6	3.26	7	1.77
Enhancing intervention	5	2.37	9	4.89	14	3.54
Increasing interaction	4	1.90	5	2.72	9	2.28
Knowledge						
Familiar with	19	9.00	24	13.04	43	10.89
Interested/Want to know more	3	1.42	5	2.72	8	2.03
Know some	26	12.32	32	17.39	58	14.68
Unfamiliar with	56	26.54	60	32.61	116	29.37
Service dog	8	3.79	1	0.54	9	2.28
Require permissions	1	0.47	3	1.63	4	1.01
Concerns						
Safety	8	3.79	0	0.00	8	2.03
Others, such as allergies	2	0.95	0	0.00	2	0.51

Question 3. How Do You Feel About Implementing Animals in Therapy?

The categories of responses to this question were similar to the categories in the previous two questions and included attitudes toward AAT, benefits of AAT (emotion regulation), and concerns (emotional and health threats, qualifications). Participants generally indicated their positive attitudes toward AAT: "I love animals and I feel it would be a great addition to schools,"

while a few felt differently: "Not for the school environment." Participants indicated the benefit

of helping students regulate their emotions: "[I] have found it to be beneficial for many of my

clients in helping to regulate their emotions."

Even though many identified AAT as supportive of students' emotions, some school

nurses also pointed out that there might be potential emotional, health-related, and qualification

threats to having animals in the schools: "Some children are afraid of animals." Allergies was the

major health threat related to having animals in a school setting: "The possible concerns I have

are about students/educators with dog allergies or a student getting bit." In addition, participants

believed training is important before allowing the animal in the school: "I would have no

problem with it as long as it came from a reputable medical source, well trained and suited for its

purpose." (see Table 3).

Question 4. What Areas of the School are Taboo Zones for Animals?

The majority of the school counselors and school nurses pointed out that the cafeteria,

lunchroom, and kitchen should be areas off limits for animals. School counselors also indicated

restrooms as taboo zones, while school nurses did not name any specific taboo zones but felt

animals should avoid individuals with allergies. Other places at school, such as gyms, special

classrooms, and nurses' offices were also identified as potential taboo zones (see Table 4).

Table 3

Participants' Responses: Perceptions of Implementing Animal-Assisted Therapy

Categories	School Nurses (n = 211)		School Counselors (n = 184)		Overall (N = 395)	
	f	%	f	%	f	%
Attitude toward AAT						
Acceptable	124	58.77	131	71.20	255	64.56
Accept with conditions	34	16.11	18	9.78	52	13.16
Neutral	10	4.74	5	2.72	15	3.80
Not acceptable	7	3.32	6	3.26	13	3.29
Benefits						
Supporting students						
Behavioral	0	0.00	1	0.54	1	0.25
Social	0	0.00	1	0.54	1	0.25
Emotional	23	10.90	11	5.98	34	8.61
Education						
Teaching & learning	1	0.47	0	0.00	1	0.25
Life education	1	0.47	2	1.09	3	0.76
Developing relationship	0	0.00	4	2.17	4	1.01
Enhancing intervention	1	0.47	0	0.00	1	0.25
Increasing interaction	2	0.95	0	0.00	2	0.51
Knowledge						
Familiar with	0	0.00	1	0.54	1	0.25
Interested/Want to know more	4	1.90	8	4.35	12	3.04
Unfamiliar with	0	0.00	1	0.54	1	0.25
Concerns						
Safety	6	2.84	2	1.09	8	2.03
Care for dog	0	0.00	1	0.54	1	0.25
Distraction	4	1.90	0	0.00	4	1.01
Emotional threats	7	3.32	0	0.00	7	1.77
Health threats	29	13.74	6	3.26	35	8.86
Requirements & qualifications	15	7.11	3	1.63	18	4.56

Table 4

Participants' Responses: Potential Taboo Zones for Animals

Location	School Nurses (n = 211)		School Counselors (n = 184)		Overall (N = 395)	
	f	%	f	%	f	%
Cafeteria/lunch facility/kitchen	114	54.03	123	66.85	237	60.00
Bathroom/restroom	17	8.06	37	20.11	54	13.67
Avoid individual with allergy	32	15.17	14	7.61	46	11.65
No taboo zone	26	12.32	12	6.52	38	9.62
Gym/PE	15	7.11	18	9.78	33	8.35
Not sure	14	6.64	12	6.52	26	6.58
Special classroom/others	9	4.27	15	8.15	24	6.08
Nurse office/clinic	9	4.27	12	6.52	21	5.32
General classroom	6	2.84	4	2.17	10	2.53
Library	1	0.47	7	3.80	8	2.03
Recess/playground	2	0.95	5	2.72	7	1.77
Lab	4	1.90	3	1.63	7	1.77
All are taboo zones	4	1.90	2	1.09	6	1.52
Carpeted areas	3	1.42	2	1.09	5	1.27
The shop	1	0.47	3	1.63	4	1.01
Allowed only in certain area	2	0.95	2	1.09	4	1.01
Hallway/stairs	1	0.47	3	1.63	4	1.01
School bus	1	0.47	1	0.54	2	0.51

Question 5. What Problems Might Occur?

Both groups of participants identified two major problems that might arise in a school with ATT: health and emotional issues for students. The major health concern was allergies as participants had indicated before: "The biggest worry I have is animal allergies for some of the students." A few participants also mentioned hygienic problems with animal presence: "Will the animals be able to keep personal hygiene in order?" Participants pointed out that students with bad experiences with animals or those who are sensitive might be afraid of animals: "Children may have had prior negative experiences with animals" and "kids uncomfortable with animals may be hesitant or afraid." Also, some participants posited that having animals in school might distract students from learning: "Students will focus more on dogs than learning if they were placed inside the classroom."

Other problems included safety, mistreatment of animals, inadequate training, maintenance, and disapproval from parents. Participants worried that animals might "scratch or bite, even if well trained," producing "student injuries resulting in angry parents." On the other hand, the animal could get hurt as well: "I could foresee other students interfering or trying to agitate an animal." In addition to getting hurt, children might treat animals in an inappropriate way, such as "Students could lure dog with food." Similarly, both animals and students/staff could have training issues: "Inadequately trained dogs might have accidents or behave badly with students"; hence, "It helps to have experienced handlers bring the dogs in as they work hard to train the dogs for good behavior with [active] kids." In addition, participants pointed out that educating children on the rules of how and when to interact with the service dog is also important: "Students need to be taught the animal is working and can't be distracted or petted."

Other than safety and training concerns regarding interactions between students and animals, participants noted that maintaining an animal in school requires significant effort. Animals need an "area to potty, the need to run and play," and additional "staff may be required to care for the dog." Another potential problem is disapproval and complaints from parents: "Parents may not fully understand the benefits of a dog in the building," and "[their] concerns may overpower/overshadow the benefits of the services to our administration/district." (see Table 5).

Table 5

Participants' Responses: Problems That Might Occur

Categories	School Nurses (*n* = 211)		School Counselors (*n* = 184)		Overall (*N* = 395)	
	f	%	*f*	%	*f*	%
Health, e.g. allergy	109	51.66	82	44.57	191	48.35
Emotional harm	78	36.97	76	41.30	154	38.99
Injuries	23	10.90	20	10.87	43	10.89
Threatened/mistreat animals	18	8.53	22	11.96	40	10.13
Maintenance	16	7.58	14	7.61	30	7.59
Misunderstanding & complaints	16	7.58	12	6.52	28	7.09
Inadequately trained students	6	2.84	6	3.26	12	3.04
Inadequately trained dogs	5	2.37	7	3.80	12	3.04
Culture	4	1.90	0	0.00	4	1.01
Safety issues for dogs	3	1.42	0	0.00	3	0.76
No or limited problems	7	3.32	5	2.72	12	3.04

Question 6. Are There any Important Points You Want to Add?

In the last question, participants shared their personal perspectives toward AAT and safety concerns. Overall, participants believed that many benefits would result from having animals in school settings: "I feel strongly about the benefits of incorporating animal assisted therapy outweighing any risks." However, participants advised, *"*There are many factors to be considered: age of child/teen, location, length of time per day, times per week for the visit." One participant pointed out that AAT is not a magic treatment, and education is still the key:

> I do see the many benefits of having therapy animals for students, but with so many students showing signs of anxiety, I'd hate to see too many parents using this as an alternate solution to deal with their problems instead of teaching children life-long personal coping skills.

With all these benefits, participants reiterated some notable safety concerns. Animals, students, and staff need to be trained how to interact appropriately: "It is important that the

animals be trained" as well as "the staff that would interact with the student and their trained support [animals]." Finally, participants shared their positive experiences with therapy animals:

> The benefits outweigh the possible negatives. I have introduced my therapy dog in my school and the initial reception has been extremely positive. School can be a stressful place for many students and animals, especially dogs, have an amazing ability to decrease stress and anxiety. This can allow students to thrive.

Table 6 summarizes the responses to this question.

Table 6

Participants' Responses: Important Points

Categories	School Nurses (*n* = 211)		School Counselors (*n* = 184)		Overall (*N* = 395)	
	f	%	*f*	%	*f*	%
Perspectives						
Positive	38	18.01	30	16.30	68	17.22
Neutral	3	1.42	2	1.09	5	1.27
Negative	4	1.90	2	1.09	6	1.52
Personal experience	13	6.16	14	7.61	27	6.84
Concerns						
Protect students	10	4.74	0	0.00	10	2.53
Maintenance	8	3.79	13	7.07	21	5.32
Need standards	7	3.32	3	1.63	10	2.53
Cost	1	0.47	1	0.54	2	0.51

Discussion

The purpose of this study was to examine the perceived benefits and risks expressed by school counselors and school nurses associated with integrating AAT, specifically involving canines, into the school setting. School counselors' and school nurses' responses provided a foundation and springboard for developing potential policies needed to promote safety and protective factors for students, staff, and canines at school. Counselors and nurses noted concerns about safety, awareness of risks, and benefits associated with ATT, thereby establishing the need

to inform school counselors and school nurses who are interested in incorporating AAT with canines into their schools of ways to promote adherence to ethical and safety practices.

Potential Benefits

Like Yordy, Tuttle, Meyer, and Kartovicky (2022b), participants in this study indicated that AAT has the potential to benefit employees in the work setting. Although the previous study was specific to healthcare environments, AAT has a potential application in the school setting. A positive work environment is vital for all school employees, especially when working under stressful conditions. One participant referred to the potential benefits of AAT: "[Animals] are known to enhance the counselor/student relationship and rapport." This comment highlights the impact of the HAB in which the human and animal connect emotionally with one another (Fine, 2019; Human Animal Bond Research Institute, 2021; Yordy, Tuttle, Meyer, & Kartovicky, 2022).

Findings from this study align with previous conclusions that the benefits of AAT include positive relationships, reduction of anxiety, trust building, improved interaction with others, motivation to visit the school counselor, and increased emotional well-being (Gee et al., 2017; Grove et al., 2021; VonLintel & Bruneau, 2021). The application of AAT with canines acts as a buffer for children when disclosing trauma and abuse (Krause-Parello & Guilick, 2015). School counselors working with students who have experienced trauma, such as abuse and neglect, may be able to foster a sense of safety and build closer connections in the presence of canines (Yordy, Tuttle, & Meyer, 2022).

In sharing their knowledge of therapeutic use of animals, school nurses mentioned the medical-alert canine. A canine is trained to perform a task for an individual with a disability such as alerting for seizures or low blood glucose levels (United States Department of Justice, 2020).

The school nurses facilitate the integration of these service animals while maintaining the health and safety of all students (NASN, 2019). The benefits of these service animals are substantial for the individual; however, trained therapy canines utilized by the school would not fall into this category.

Animals are common in the school setting. Animals enhance social interactions (Gee et al., 2017) and provide a sense of belonging and compassion (Fedor, 2018). In a qualitative study by Flynn et al. (2020), 23 clinical staff at a private school for special education and psychological treatment answered three open-ended questions focusing on AAT as part of children's treatment. Five themes emerged, and the most prevalent was the role of the animal to facilitate trust and build rapport between the clinician and child. Although the Flynn et al. (2020) study did not take place in a traditional K-12 school setting, the findings from this current research study indicated the therapeutic role a canine could fulfill for students experiencing trauma or other difficult life events.

Potential Risks

School counselors and nurses identified several risks associated with implementation of AAT in the school setting. One risk is zoonoses, including viral, bacterial, fungal, and parasitic disease (International Association of Human-Animal Interaction Organizations [IAHAIO], 2019). Specific guidelines and policies aimed at the type and function of the animal are imperative for the health and safety of both people and animals (IAHAIO, 2019), but gaps are often present in policy-driven application. In healthcare, researchers documented gaps in policy for AAT (Linder et al., 2017). Even in the area of pediatric oncology, where patients could be at heightened risk of infection, some hospitals have current practice and policies pertaining to AAT, but many hospitals do not, furthering the need for more epidemiologic studies of the risk

of infection (Chubak & Hawkes, 2016). Reports of animals in academic settings are common, yet documentation of the specific function, purpose, or role is limited. An exploration of perceived risk is needed to determine appropriate policy for schools.

The CDC (2023c) provides a list of instances of zoonotic disease transmission. Canine outbreaks in the list occur mainly in pet stores rather than in AAI. The CDC (2023b) does not provide recommendations for safe incorporation of animals in schools. Contact with animals can be very educational, but the spread of disease could potentially occur, particularly among the high-risk population of children under the age of 5, but these children are not members of the K-12 school system (CDC, 2023b). Specific information about zoonotic disease transmission in school settings is missing from scholarly literature.

Implications for Practice

Further collaboration by school counselors and school nurses would enhance efforts to support students in the K-12 setting. The findings of this study may inform the development of policy as well as safety and ethical considerations for schools seeking to incorporate canine AAT. The benefits and risks of canine AAT in the school setting, as described by school counselors and school nurses, point to opportunities for further training and protocols for the district and all stakeholders. AAT with canines may constitute an intervention as a component of social-emotional learning as research indicates students' emotional regulation and sense of belonging are positively impacted by on the HAB (Fedor, 2018; Fine, 2019; Yordy, Tuttle, Meyer, & Kartovicky, 2022).

School nurses' reference to medical alert dogs implies the potential to expand current animal policies to include canines in AAT. For instance, school systems currently accommodate students with service animals and therefore make provisions for addressing allergies and fear,

liability, regulations, and other precautions (Silbert-Flagg et al., 2020). Although therapy animals are not awarded the same accommodations by law as service animals, schools have plans in place to combat certain issues seen in both groups, and the identified may be utilized by faculty and administration when applying for facility dog placement. In addition, the institution may carry some potential liability for staff injury; therefore, teachers, nurses, counselors, and other administrators and support staff should have specific agreements in place when working alongside therapy animals (Martin et al., 2018). Thus, application of current policy may prove useful in exploring the capacity to accommodate AAT in school settings.

Recommendations for Future Research

Future qualitative researchers could conduct interviews with current school personnel who incorporate AAT with canines to provide additional insight. A potential research study to examine current school policies regarding the safety and ethical welfare of the people and canines in the school setting would further inform school counselors, school nurses, school districts, and stakeholders who are considering incorporating AAT into their schools. Research focusing on the implementation of AAT and AAI in the school setting based on successful approval by the board of education and district level would further advocacy efforts to bring AAT and AAI to their schools.

Limitations

The open-ended qualitative responses were self-reported write-in questions. Therefore, the participants were unable to expand on their responses and the researchers were unable to utilize member checking by asking follow-up questions or seeking clarification. Furthermore, with open-ended questions, there is difficulty in gathering in-depth information. Additional limitations included lack of male representation and lack of representation of participants of

color. Participation was voluntary, and participants may have chosen not to complete some questions. Also, access to the study was restricted to school counselors and school nurses who were members of professional associations or social media outlets.

Conclusion

Addressing mental health in schools is essential, and one way to do so is to entertain the idea of integrating AAT in school systems. School counselors and school nurses are two specialty professions whose members could collaborate in exploring this potential. Both specialties focus their services on students' well-being, academic success, and advocacy by addressing physical and mental health needs (ASCA, 2019; Tuttle et al., 2018; NASN, 2023). Thus, these professionals were well suited to share their perceptions of AAT in this study.

Research and literature about school counselors and school nurses incorporating AAT with canines has been available spanning the decades (Sloan-Oberdier, 2018; Yordy, Tuttle, Meyer, & Kartoviscky, 2022). The participants' assessment of the perceived benefits and risks may inform educators and administrators who are interested in bringing AAT to their schools. School counselors and school nurses encouraged stakeholders to maintain ethical standards and center the physical and emotional welfare of students, staff, and canines by recognizing that an appropriately trained professional in AAT should facilitate AAI and AAT interventions.

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Five Instructional Strategies School Counselors Must Know When Teaching Students With Learning and Behavior Challenges

Eric Darch
Auburn University at Montgomery

Paul Hard
Auburn University at Montgomery

Author Note

Correspondence concerning this article should be addressed to Eric Darch at edarch@aum.edu

Abstract

The role of the school counselor is changing to include teaching students with learning and behavior problems. The school counselor is often scheduled to teach classroom guidance such as career education, conflict resolution, and academic and social skills. In addition, the school counselor may be required to provide remedial tutoring to students who are behind and exhibit learning and behavior problems. This article presents five research-based strategies counselors can use to successfully teach students with learning and behavior problems. These strategies are (a) begin each lesson with a short review, (b) guide student practice and review, (c) obtain high success rates for all students, (d) teach social skills, and (e) require and monitor independent work. This article offers specific examples of how counselors can apply these strategies.

Keywords: school counselor, classroom guidance, career education, conflict resolution, social skills, instructional support

Introduction

The role of the school counselor has expanded in recent years to include providing instructional support for teachers. Each year, school counselors face increasingly complex challenges, and these professionals can be important resources and collaborative partners for teachers. Gone are the days of "guidance counselors" sitting in their offices sifting through paperwork and deciding which students are college material. The role of today's professional school counselors is to proactively search for evidence-based teaching methods to meet students' needs to improve their academic progress and to promote positive behavior in the classroom (Dahir & Stone, 2023).

Counselors support teachers by working to solve problems that interfere with students' success in school. Counselors commonly teach classes in social skills and conflict resolution, and they provide academic remedial support for students with learning and behavioral problems (Gladding, 2018). School counselors must be adept at delivering a wide range of classroom guidance, including lessons in academic and social well-being. Counselors who use research-based instructional procedures are likely to be successful in working with students with disabilities at all grade levels. Working effectively with these students is one of the major responsibilities of counselors.

Five Teaching Strategies for School Counselors

The purpose of this article is to identify and discuss five evidence-based teaching principles that school counselors can apply when teaching students with learning and behavioral challenges. If school counselors understand how to implement these teaching strategies, their students will be more likely to be successful in the classroom. The teaching strategies include the following:

1. Begin each lesson with a brief review.

2. Guide student practice.

3. Obtain high rates of student success.

4. Explicitly teach social skills.

5. Require and monitor independent work.

A discussion of each of these five strategies follows.

Strategy 1: Begin Each Lesson With a Short Review

It is important that the counselor begins each classroom guidance lesson with a short, focused review of previously presented content. Daily reviews help the student remember previously taught concepts. These reviews are particularly important when students are learning new and difficult skills. Students with learning and behavioral disabilities may have difficulty remembering content presented in earlier lessons, which may put them at a disadvantage when learning new content. Providing instructional support will help students master new skills.

The routine of beginning a class with a review not only helps students learn but also reduces the frequency of disruptive behavior. Rosenshine (2012) suggested teachers provide a 5- to 8-minute review of previous material by going over difficult content, correcting chronic errors, checking independent work, and practicing skills to mastery. Students' understanding of difficult material improves dramatically when the counselor provides a short review. To be most effective, review sessions should be short and positive.

Also, by including a review session in the lesson plan, the counselor will be in a better position to provide positive reinforcement to the students. Also, reintroducing previously taught skills increases the chance that students will retain those skills. Students who experience success

in learning may see improved self-esteem and motivation, which may lead to positive student

outcomes (Gladding, 2018).

Also, the counselor can use review activities as a method to evaluate student performance

and retention of previously taught skills. For example, during sessions devoted to content-related

material, like teaching social skills or conflict resolution, students may have difficulty

remembering what they have just read or practiced. When the counselor provides a sharply

focused review, a dramatic improvement in student learning and classroom behavior may result.

Archer and Hughes (2011) suggested counselors should follow three guidelines when

implementing the review. First, begin the review with a clear statement of goals and expectations

for the lesson. Make sure that students understand which critical concepts to learn and why the

content is important. Second, use clear and concise language. It is important for the counselor to

consider the language abilities of the students, so they are able to understand the reviews.

Finally, deliver the review at a brisk pace. If counselors present reviews at an appropriate pace,

students will learn more and engage in higher levels of appropriate behaviors.

Strategy 2: Guide Student Practice and Review

Guided practice occurs when a counselor provides a real-world example of how to

perform a skill. For example, when teaching conflict resolution, the counselor should present an

explicit demonstration such as role playing. Counselors can provide help and guidance when

students are learning new skills (Dahir & Stone, 2023). Sufficient practice is essential for

developing accuracy and fluency with material, and for students to achieve mastery of the

content, they need opportunities to rehearse. According to Carnine et al. (2006), "As children

progress in an instructional program, their errors on the current tasks will sometimes result from

them not being firm on skills that were taught earlier that are prerequisite for the skill currently

being taught" (pp. 29-30).

Practice should occur during new lessons and in reviews of previously taught lessons.

Once the counselors have modeled the skill multiple times, they should work directly with the

students on applying the strategy. Guided practice and review are powerful methods to help

students learn and retain new and difficult content. Counselors can make instruction explicit by

demonstrating how to solve problems by illustrating the exact steps on the blackboard.

Strategy 3: Obtain High Success Rates for All Students

The third recommendation is for counselors to work to help every student achieve

success. Breaking down a task to its most simple form is critical in maintaining students'

learning. Rosenshine (2012) asserted that "the most effective teachers obtain high success rates

by teaching in small steps" (p. 14). Unless counselors teach to achieve high success rates, the

slower students may fall further behind their peers.

Counselors should introduce difficult material slowly in small increments. For example,

when teaching social skills to elementary students, it is important to teach one skill at a time and

not move to the next one until the students are firm on the previously introduced skill. A mistake

that counselors sometimes make is presenting too much material in one lesson and risking that

students become overwhelmed and lose motivation.

Asking students questions during the guidance lesson helps them maintain successful

learning rates. In this way, counselors can assess which students are mastering the material and

which are falling behind. Asking students questions that they can answer correctly keeps them

engaged and bolsters their confidence. The counselor then has opportunities to reinforce correct

responses. The most powerful reinforcer is positive counselor attention which results in highly

motivated students who generally behave appropriately in the classroom. Thus, high success

rates are a key factor in effective classroom management.

Reinforcement in the form of praise is a powerful method for classroom management.

Effective praise has three characteristics. First, it includes the student's name. For example, the

counselor can say, "Jason, excellent work on your career guidance assignment. Great

improvement." The greatest benefits derive from public praise, and providing positive feedback

to groups of students is an efficient way to manage group dynamics. Second, effective praise is

descriptive. Effective praise communicates exactly to students what they have done well: "Amy,

thank you for raising your hand to answer a question." As opposed to ambiguous praise

statements, effective praise tells the student exactly what behaviors the counselor wants to

encourage. The third component of effective praise is that it should be varied. Students respond

best to varied and creative praise. Counselors should avoid using the same statements, such as

"good job everyone," over and over.

To determine if their students need more praise, counselors may refer to Sprick's (1988)

recommendations. Counselors may improve classroom management by answering the following

four questions:

1. Do you spend a lot of time punishing students?

2. Do you feel that most of your interactions with students are negative?

3. Do you have to constantly remind students what they are supposed to do?

4. Do you have a number of students who constantly misbehave?

Sprick (1988) suggested that if the answer to any of these questions is *yes*, then counselors need

to modify the ways they interact with students. Much of students' disruptive behavior is designed

to get the teacher's attention; thus, achieving a sufficient level of positive interaction with each

student may reinforce efforts to support success for students as well.

Strategy 4: Teach Social Skills

Social skills are "those behaviors students display within a given situation that predict

and are associated with important social outcomes" (Darch & Kameenui, 2004, p. 154).

Examples of social skills are appropriate eye contact, raising a hand to answer a question,

walking away from potentially dangerous situations, and asking for help. Students with

disabilities need a variety of social skills to be successful in school. As part of learning social

skills, students must first master basic readiness skills like asking for assistance. School

counselors can play a key role in teaching these social skills.

To teach social skills efficiently and effectively, school counselors should provide

explicit practice. Students with learning and behavioral problems need significantly more

learning trials to achieve mastery. Darch and Kameenui (2004) discussed five steps to teach

social skills to students with learning and behavior problems. The teacher must (a) provide a

complete description of the targeted social skill, (b) model and demonstrate the skill to the

students, (c) provide a clear model and demonstrate the skill multiple times, (d) role play and

provide behavioral practice activities, and (e) provide multiple review activities and an

assessment for determining if students have mastered the social skill. It is important for

counselors to understand that for students to demonstrate mastery of social skills, they must be

provided opportunities for extensive practice and corrective feedback. The counselor should

provide frequent reinforcement and encouragement.

Strategy 5: Require and Monitor Independent Work

Students with disabilities must learn how to manage their own behavior if they are to be successful in school. Rosenshine (2012) asserted, "Independent practice provides students with the additional review and elaboration they need to become fluent" (p. 19). Learning to work independently is a skill that can be taught, but this skill does not come easily. Counselors must have a teaching plan in place. Archer and Hughes (2011) recommended that students learn to (a) use resource materials in the classroom, (b) ask for assistance during independent activities, (c) check their own work, and (d) know what to do if they complete the independent work early. If a student is having difficulty completing independent work, the counselor should confirm the assignment is appropriate to their skill level.

During independent work, counselors should carefully monitor each student's work and provide corrective feedback of errors. Corrective feedback consists of three steps: (a) modeling the skill, (b) providing instructional support, and (c) having the student demonstrate that they have learned the skill. It is important to identify errors quickly, so students do not continue to make the same error over and over. For example, if students are learning the vocabulary of conflict resolution and how to apply the concepts during classroom guidance instruction, but they misunderstand the terminology, the counselor must immediately correct the student and suggest more effective and appropriate terminology. Extensive practice with careful monitoring is necessary for students to achieve mastery.

Summary

School counselors' roles are changing. They are doing more teaching than ever before and have become part of the team of educators who work with students with learning and behavioral challenges. Applying the five research-based instructional strategies discussed in this

article may, as Rosenshine (2012) stated, "give us assurance that we are developing a valid and research-based understanding of the art of teaching" (p. 19). Thus, the counselors' new and expanding roles give them greater opportunities to make an impact in assuring that students thrive in the classroom. By adopting strategic ways to fulfill their new responsibilities, counselors can meet this challenge.

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School Counseling Professional Advocacy in Alabama

Daniel J. Birdsong
University of Montevallo

Theodore P. Remley
University of Holy Cross

Correspondence concerning this article should be addressed to Daniel Birdsong at
daniel.birdsong@montevallo.edu

Abstract

Research examining school counselors' professional advocacy is limited. To add to the literature, we conducted a phenomenological study exploring Alabama Program of Distinction recipients' advocacy for their programs, roles, activities, and profession. We identified five themes: (a) counselor characteristics, (b) challenges in advocacy, (c) advocacy through education, (d) ASCA National Model implementation and data use, and (e) relationships and communication. In this article, we discuss implications and recommendations for future research.

Keywords: professional advocacy, school counseling, program recognition

Introduction

Throughout the nation and particularly in Alabama, lawmakers are questioning the purposes and goals of school counseling (Crain, 2022). During the spring 2022 legislative session, Alabama representatives introduced Alabama House Bill 457 (HB457, 2022), which was intended to prevent the implementation of the American School Counselor Association's (ASCA) *National Model* and standards. While the bill failed to progress out of committee, members of the Alabama Republican party (ALGOP, 2022) supported opposition to the *ASCA National Model* (Cason, 2022). During a February 19, 2022, meeting of the ALGOP, 86% of attending members voted in favor of legislation prohibiting application of the ASCA model and standards. ALGOP Resolution No 2022-1-1 stated,

> Conservative Republicans promote parents raising their children instead of a socialist template being driven by the Alabama State Department of Education using the ASCA National Model's competencies (values, beliefs, and concepts) which shape and construct all Alabama students' social and emotional development (social engineering) in grades K-12. (p. 2)

This overwhelming majority opinion of the party membership represents an ongoing challenge to school counseling professional advocacy, particularly as this issue continues to receive attention in subsequent legislative sessions.

According to the ASCA (2019a), advocacy is an essential component of school counseling. Historically, advocacy has primarily referred to advocacy on behalf of students, and while it continues to be a significant focus, the *ASCA School Counselor Professional Standards and Competencies* specifically address school counselors' responsibility to advocate for their comprehensive school counseling programs (ASCA, 2019b). This form of advocacy, known as

professional advocacy, relates to school counselors' advocacy for aligned roles and responsibilities with the *ASCA National Model* (ASCA, 2019a).

While researchers have examined the professional advocacy experiences of school counselors throughout the nation (Beck & Lane, 2019; Berger et al., 2022; Goodman-Scott et al., 2022; Havlik et al., 2019), research examining the professional advocacy experiences of school counselors in a state such as Alabama, where school counseling programs are being politically challenged, is limited (Birdsong & Yakimowski, 2021). Therefore, the purpose of this study was to explore professional advocacy through the lived experiences of Alabama school counselors, specifically school counselors whose schools earned the Alabama School Counseling Association's (2022) Program of Distinction, an ASCA-approved state program award fully aligned with the Recognized ASCA Model Program (RAMP) award.

Literature Review

Literature examining professional advocacy in school counseling has primarily addressed school counselors' lived experiences across the nation (Beck & Lane, 2019; Berger et al., 2022; Goodman-Scott et al., 2022; Havlik et al., 2019). Limited school counseling research has been conducted recently in Alabama; however, Birdsong and Yakimowski (2021) explored the perceptions and experiences of school counselors and principals from Alabama Program of Distinction schools. In the following sections, we describe national and Alabama-specific literature relevant to the study.

National Studies

Beck and Lane (2019) explored the professional advocacy lived experiences of ASCA School Counselor of the Year finalists. Through a qualitative, phenomenological study, the authors identified five themes: (a) engaging in advocacy as an ongoing process, (b) asserting

professional expertise in advocacy, (c) building a counselor-principal partnership, (c) promoting systemic change, and (d) investing and giving back. The authors discussed advocacy as a personal, reflective, and evolving process. Participants in the study expressed the importance of using data-driven practices, developing intentional and collaborative stakeholder relationships, and investing in the future growth and development of the profession. The authors recommended that school counselors participate in self-reflection to identify their own knowledge, skills, and awareness as advocates and agents of systemic change.

Berger et al. (2022) and Goodman-Scott et al. (2022) examined the lived experiences of elementary school counselors engaging in professional advocacy. Through their analysis, Berger et al. (2022) identified three themes: (a) internal examination to develop advocacy skills, (b) collaborating with stakeholders, and (c) using data in advocacy. In reflecting on the development of advocacy skills, participants described the importance of advocacy training and the need for professional networking. Discussing their collaboration with stakeholders, participants shared the importance of school counselor and program visibility as well as building meaningful relationships with stakeholders. Participants described the importance of using data in their advocacy work through sharing data, receiving data training, using evaluation tools, collecting needs assessments, using outcome data, and tracking counselor use-of-time data.

In the Goodman-Scott et al. (2022) study, the authors identified five themes: (a) the importance of elementary school counseling, (b) the multiple forms of advocacy, (c) personal characteristics affecting advocacy, (d) barriers to advocacy, and (e) enthusiasm for advocacy outcomes. In advocating specifically for elementary school counseling, participants discussed advocacy for prevention, student needs, and school counselor roles. Participants described advocating through different methods, including seeking grants, awards, and recognition and

proactively advocating to counteract anticipated budget cuts. Participants discussed individual characteristics, such as being hardworking and persistent, passionate, and assertive and brave, as qualities that enhance advocacy efforts (Goodman-Scott et al., 2022). Despite barriers such as frustration, intimidation, and resistance throughout the advocacy process, participants expressed optimism and personal pride in engaging in professional advocacy.

Using a mixed-methods approach to collect quantitative survey data and qualitative interview data, Havlick et al. (2019) also examined school counselors' experiences and challenges of engaging in professional advocacy. Survey responses revealed strengths that enhance advocacy to be effective communication with administrators, positive relationships with school personnel, and problem-solving strategies to address role identity challenges. Participants indicated limitations included sharing data with administrators and in knowing when to "choose battles" in advocacy. Interview responses revealed three primary themes: (a) advocacy is most successful as a top-down movement, (b) advocates must learn to manage fear and resistance, and (c) school counselors must work to define and promote their roles in a school (Havlick et al., 2019). The authors recommended school counselors utilize all opportunities to promote the roles and responsibilities of school counselors in improving student outcomes.

Alabama Studies

While school counseling research is limited in Alabama, several authors have examined implementation of the Alabama State Counseling Plan (Burnham et al., 2008; Chandler et al., 2008; Chandler et al., 2018; Dahir et al., 2009; Vaughn et al., 2007). Researchers have examined the implementation of the Alabama State Counseling Plan from various perspectives, such as preparedness to implement (Dahir et al., 2009), attitudes toward implementation (Burnham et al., 2008), and noncounseling duties (Chandler et al., 2008; Chandler et al., 2018). Vaughn et al.

(2007) examined whether school counselors' perceptions of their roles and activities aligned with the *ASCA National Model* and personnel evaluation guidelines. Limited studies specific to school counseling in Alabama have been published over the past 10 years.

Birdsong and Yakimowski (2021) conducted a mixed methods study examining the perceptions and experiences of principals and school counselors from Program of Distinction schools. In the themes of advocacy, collaboration, the principal-school counselor relationship, and use of data, the authors discussed strategies to enhance school counselors' professional advocacy, including the importance of forming collaborative stakeholder relationships. While they had considered school counselors' experiences implementing comprehensive school counseling programs, Birdsong and Yakimowski (2021) called for additional inquiry to examine the lived experiences of school counselors from Alabama Program of Distinction schools, specifically to understand school counselors' experiences with professional advocacy.

Rationale and Purpose of the Study

In this study, we explored the professional advocacy experiences of Alabama school counselors whose schools had received Program of Distinction status. We asked school counselors about their advocacy for their programs, roles, activities, and for the profession. Additionally, we explored how school counselors advocated and partnered with parents and families. To answer the research question "What are the professional advocacy experiences of school counselors from Alabama Program of Distinction schools?" we conducted participant interviews, which generated rich, in-depth descriptions of school counselor professional advocacy in Alabama. To date, no other known studies have specifically examined school counselor professional advocacy in Alabama.

Method

To explore professional advocacy through the lived experiences of school counselors from Alabama Program of Distinction schools, we conducted a phenomenological study. According to Creswell and Poth (2017), phenomenology is appropriate when researchers seek to understand the meaning and universal essence of a central concept or phenomenon. For the purposes of this study, professional advocacy was defined as "school counselors' efforts to promote awareness and support for their professional role" (Cigrand et al., 2015, p. 10).

Reflexivity Statement

As an interpretive form of research, qualitative design involves the researcher's role, including their personal background, which may inform the interpretation of the results (Creswell & Creswell, 2017). Both authors are counselor educators in CACREP-accredited counselor education programs in the southeastern United States. Both identify as White, cisgender men with prior school counseling experience. Both authors have earned master's and doctoral degrees in counselor education or educational leadership.

To limit the influence of personal experience and to ensure accurate data analysis and interpretation (Creswell & Creswell, 2017), we outlined and bracketed our beliefs and assumptions. We believe that school counselors must actively work to promote and align their role with the *ASCA National Model* (ASCA, 2019a), and that, in general, school counselors will experience challenges, and in some cases, barriers to fully implementing comprehensive school counseling programs. We believe that professional advocacy is a critical component of reducing the impact of potential challenges and increasing program implementation. We assumed that, while recipients of the Alabama Program of Distinction experienced challenges in their program implementation, they had overcome, at least in part, some of the barriers experienced to gain

their program's recognition, and we assumed that some of their program's success could be attributed directly toward their professional advocacy efforts. Through the data collection, analysis, and interpretation phases of the study, we bracketed these beliefs and assumptions to limit their influence.

Participants

We used purposeful sampling to identify participants whose schools had received the Alabama Program of Distinction. According to Creswell (2019), purposeful sampling is appropriate for identifying the participants who can best explore a central phenomenon. Because they had achieved successful implementation of comprehensive school counseling programs, school counselors who earned Program of Distinction status in their schools represented a unique population who could share their lived experiences of engaging in professional advocacy.

Before beginning the study, we sought approval to conduct the study from our institution's human subjects protection review committee. Upon receiving approval, we emailed prospective participants a cover letter providing details of the study and inviting study participation. The letter described the purpose of the study, the selection of participants, data collection procedures, measures to protect privacy and confidentiality, and incentives for participation. The letter provided a link to an electronic copy of the study's informed consent, which captured the participant's availability to participate in an individual interview. Before each interview, we reviewed the study's informed consent to affirm participants' understanding and willingness to participate.

Ten Alabama Program of Distinction school counselors participated in the study; all participants were female and were currently working in an elementary or middle school during the time of the study. Seven participants worked in schools primarily serving elementary-aged

students (i.e., K-Grade 6), and three participants worked in schools primarily serving middle school-aged students (i.e., Grades 7-8). Participants' schools represented a variety of geographic locations in south, central, and north Alabama and a variety of socioeconomic levels. Participants' professional experiences ranged from less than 3 years to greater than 25 years.

Data Collection

We collected qualitative data through individual, semi-structured interviews. We asked participants to describe, in general, their experiences serving as school counselors in an Alabama Program of Distinction school. We explored their experiences advocating for their program, role, and activities. To illustrate their advocacy efforts, we asked participants to describe a time they were asked to perform an activity they felt did not align with their role and how they responded. Additionally, we asked them to discuss how they used data in their advocacy.

Considering advocacy with parents/guardians, we asked participants to discuss how they informed and promoted their work with families. Additionally, we asked how participants specifically partnered with parents in their programs. Examining potential challenges, we asked participants if they had experienced a time when a parent objected to their services based on a political or religious belief. We asked participants who responded positively to describe that experience. We asked participants to discuss their perception of the greatest advocacy challenge for Alabama school counselors, to provide any advice for other school counselors related to professional advocacy, and to offer any additional comments. The interview lengths ranged from approximately 17 minutes to 1 hour and 39 minutes with an average interview length of approximately 46 minutes.

Data Analysis

We applied Moustakas' (1994) method of analyzing phenomenological data. After thoroughly reading the interview transcripts to horizonalize the data, we identified statements related to the topic of professional advocacy. Then we condensed the statements into meaning units reflective of the central phenomenon of professional advocacy. We further clustered the meaning units into themes that formed textural descriptions of participants' lived experiences. We used these descriptions to construct a structural depiction of participants' lived experiences, revealing the underlying meaning and essence of school counseling professional advocacy in Alabama Programs of Distinction.

Strategies for Ensuring Trustworthiness

Creswell and Creswell (2017) suggested techniques for ensuring trustworthiness in qualitative research, including triangulation, member checking, and auditing. To limit bias and ensure trustworthiness, we used the following strategies while collecting and analyzing the data:

1. We designed and implemented interview protocols consistently throughout the data collection process.

2. We captured data using a digital video conferencing application (i.e., Zoom Video Communications).

3. We completed verbatim transcriptions of all interview data to ensure accuracy of findings and interpretations.

4. We provided participants an opportunity to review, revise, or remove all or portions of their interview transcripts.

5. We used bracketing to ensure our biases and assumptions did not influence data analysis and interpretation.

6. We triangulated and cross-validated the identified codes, themes, and patterns among the interview transcripts.

7. We sought peer consultation and review to ensure accurate analysis and interpretation.

In addition to these strategies, we confirmed hand-coded themes according to Moustakas' (1994) methods using NVivo software. In conducting further data analysis, we used NVivo's auto-coding functions to reveal patterns in the data, such as word frequency and structural organizations. The NVivo analysis assisted us as we ensured all horizonalized statements (Moustakas, 1994) were accounted for in the analysis to meaning units and clustered themes.

Results

Following Moustakas' (1994) methods for analyzing qualitative data in phenomenology, we identified five cross-cutting themes representing participants' lived experiences of engaging in school counseling professional advocacy. In the following sections, we present the textural and structural descriptions of the five clustered themes: (a) counselor characteristics, (b) challenges in advocacy, (c) advocacy through education, (d) *ASCA National Model* implementation and data use, and (e) relationships and communication.

Counselor Characteristics

All participants described essential counselor characteristics for effective professional advocacy. Participants discussed the importance of counselors being accessible, visible, and available to all stakeholders. Participants also discussed the importance of being approachable, personable, and positive: "It makes a difference when you are personable. A lot of times, parents may have had a bad experience in the past, and, when they actually meet you, they realize,

'Whoa, okay, I can actually talk to you.'" Participants stressed the importance of creating positive, warm, caring, and supportive school environments for all stakeholders.

Participants described the importance of listening, seeking to understand, and recognizing the perspectives of others. To clarify any potential issues, participants discussed the importance of transparently sharing information and providing access to materials in question: "If you don't have anything to hide, there's no reason not to be transparent." Participants repeatedly discussed the critical role of confidence and boldness, as well as using your voice, in advocacy. One participant stated, "You have to have an element of confidence in knowing your role and being able to have a voice." Another participant cautioned, "When you allow someone else to tell you what your role is, then they define your role instead of you, and it's hard for you to come back from that."

Challenges in Advocacy

Participants discussed challenges experienced in advocacy, including logistical concerns, divergent perspectives, and limited support. When advocating with administrators regarding appropriate activities, one participant described the importance of communicating a desire to "get into your work rather than out of it." When advocating from this perspective, school counselors communicate both their professional identity and their commitment not to do less work; instead, they strive to do more work aligned with appropriate activities. Participants discussed the importance of explaining the consequences of engagement in noncounseling tasks that supplant counseling tasks: "If you want me to do this, then we can't do that, so which one would you rather me do?"

Participants expressed challenges associated with the public perception of school counseling programs in Alabama: "Our role has somehow been demonized, and there is a stigma

attached to it." Another participant shared, "I think political agendas get misconstrued in with what our focus is for students." Overall, participants highlighted their desire to ensure all students felt affirmed, supported, and included in the school environment.

In addition to public misperception, participants discussed a divide in the profession itself regarding the role and function of school counseling. Several participants described working with colleagues who preferred the traditional "guidance counselor" role to the current program-oriented school counselor role. One participant recalled a colleague saying, "Well, at least when I'm testing, I know what I'm doing. When I've got a student in front of me who's suicidal, I don't know if I'm doing the right things." This emphasis on administrative tasks reflects the preference of some school counselors who may feel unprepared to address students' mental health-related needs.

Participants reported a greater need for support as they advocate for school counseling. Participants described advocacy as lonely, scary, and intimidating. Despite these feelings, participants expressed a need to unify as a profession in support of school counseling. One participant discussed the importance of seeking support through professional development: "Join in and go to professional development to learn about the things to say and to connect with other people to make our voice louder." Overall, participants expressed a need for greater support in their local schools and districts as well as from the state department of education and their elected officials.

Advocacy Through Education

All participants discussed education as essential in professional advocacy. Education about school counseling and the role of the school counselor extends, according to participants, to all levels—school counselors, teachers, administrators, parents, community, and elected

officials—but begins within the profession itself. As one participant stated, "When we're talking about advocating for our profession, we have to first educate ourselves." While they formally presented information about school counseling in faculty or parent presentations, participants emphasized the importance of day-to-day advocacy opportunities: "Advocacy is not these big, planned events, necessarily. It's the little conversations and the little things that you do daily that add up, where people watch and see." Similarly, another participant described advocacy as a "state of mind," commenting, "I had to learn the hard way that advocacy is not a one-time push; it is an everyday, all-day kind of conversation."

Additionally, participants discussed strategies for advocating through education. Participants commented on the importance of approach, strategy, and timing in presenting information through advocacy. For example, multiple participants discussed sharing "snippets" or "tidbits" of information at a time and at regular intervals. One participant asserted that advocacy through education can occur through small, concerted efforts that create a "ripple effect," extending school counselors' reach into the wider community.

Participants described the importance of educating stakeholders through positive role promotion focused on improved student outcomes. One participant stated, "I think education is the key, and we should show what model school counseling programs are doing and how they're improving students." The participant discussed the importance of a positive approach, commenting, "I think it's important to clarify people's misperceptions without being argumentative, because, as soon as you're argumentative or defensive, you're not heard as well." She went on to encourage school counselors to focus on how they are "helping students maximize their unique potential," which she reported, "speaks louder than somebody arguing in the court of public opinion."

***ASCA National Model* Implementation and Data Use**

Participants described their advocacy efforts as intricately connected to their implementation of the *ASCA National Model* and data use. Participants described several key ASCA components as critical in their advocacy—annual student outcome goals, use-of-time data, annual administrative conferences, advisory councils, and program recognition. For example, one participant stated, "The biggest way we advocate for the program is through our advisory council." Participants' use-of-time data was a meaningful advocacy tool because it illustrated participants' actual time spent engaging in counseling as well as noncounseling activities. One participant described a conversation she had with her principal: "If I hadn't spent this much time on noncounseling activities, I could have facilitated additional small groups to reach more students."

Participants reported their pursuit and attainment of program recognition as an advocacy tool. One participant shared, "Working toward program recognition was how I made sure everybody knows what school counselors are and the services that benefit students." Another participant described how earning recognition allowed her to defend using her time on appropriate activities: "Because I am not tied down in the master schedule, I'm able to implement my program aligned with the ASCA model." Similarly, a participant shared how the recognition provided her greater voice in her school district: "I think program recognition brings awareness to our school board and superintendent that gives me opportunities to speak about my program and how we impact students."

Relationships and Communication

All participants discussed the significance of relationships and communication in their professional advocacy. One participant stated, "If I could say anything, it would be relationships,

relationships, relationships—building relationships with teachers, administrators, and parents in your building and the stakeholders in your community." One participant discussed the connection of relationships and partnerships, stating, "I think building relationships is the key to building partnerships." Multiple participants discussed gains made in reducing noncounseling duties because of their collaborative principal partnerships and relationships with influential teachers. Multiple participants described their impact and reputations in the community. For example, one participant discussed how in a previous school, she experienced little resistance and concerns because the community "knew me."

All participants described the importance of communication. Participants discussed ways in which they communicated with parents, including through announcements, brochures, magazines, newsletters, emails, social media, and websites. When describing communication, participants discussed the importance of messaging and branding, commenting that each communication is an opportunity to promote the role and function of the school counselor. Participants described the importance of open communication and building trust with all stakeholders. For example, one participant described her intentional efforts to build connections: "I think it's important to build relationships with families. Whenever there's a situation, I make efforts to call rather than email to help make a connection." Another participant described that they constantly share and offer information about their program and services for families. While participants recognized the value of formal advocacy within the legislative process, participants believed advocacy at the "grassroots" level was more critical in changing misperceptions and securing additional support.

Discussion

In this study, five themes reflected participants' lived experiences of engaging in professional advocacy, and these themes were consistent with existent literature (Beck & Lane, 2019; Berger et al., 2022; Goodman-Scott et al., 2022; Havlick et al., 2019). Participants described essential counselor characteristics in professional advocacy, such as boldness and confidence. These findings were similar to Goodman-Scott et al.'s (2022) conclusion that assertiveness and bravery are beneficial individual characteristics in advocacy. Also, Beck and Lane (2019) discussed the benefits of asserting professional expertise. Additionally, participants in this study discussed the importance of visibility, which Berger et al. (2022) highlighted in their study.

Participants described challenges in professional advocacy, including their frustrations in the process. These findings were consistent with those of Goodman-Scott et al. (2022), who identified barriers to advocacy such as frustration, intimidation, and resistance. In this study, participants discussed frustration toward public perception and the challenge of limited support. Additionally, participants described advocacy as lonely, scary, and intimidating. Despite their concerns, participants discussed the importance of finding one's voice and strengthening it through professional development. These findings were similar to those of Berger et al. (2022) and Beck and Lane (2019), who described the importance of networking and investment in professional development.

Participants' emphasis on advocacy through education was also consistent with existent literature (Beck & Lane, 2019; Goodman-Scott et al., 2022; Havlick et al., 2019). For example, participants in this study discussed advocacy through education as an ongoing process. This finding aligned with conclusions by Beck and Lane (2019), who identified the same theme in

their study, and Goodman-Scott et al. (2022), who described the different forms of advocacy.

Havlick et al. (2019) identified the promotion and definition of a counselor's role as a theme;

similarly, findings in this study highlighted advocacy through education and role promotion.

Participants described the importance of implementing the *ASCA National Model* and

using data in their advocacy. This finding was consistent with findings by Berger et al. (2022)

and Beck and Lane (2019), who discussed use of data-driven practices aligned with the *ASCA*

National Model and the importance of sharing data with relevant stakeholders. Specifically,

Berger et al. (2022) highlighted the use of outcome and use-of-time data, which was consistent

with the types of data participants identified in this study. Additionally, participants in this study

described how attainment of the Program of Distinction award served as an advocacy tool, as

Goodman-Scott et al. (2022) identified earning awards and recognitions as forms of advocacy.

Participants' discussion of relationships and communication was consistent with existent

literature (Beck & Lane, 2019; Berger et al., 2022; Havlick et al., 2019). For example, like

participants in this study, Beck and Lane (2019) discussed building the counselor-principal

partnership. As Berger et al. (2022) identified collaboration with stakeholders as a theme,

participants in this study discussed the importance of relationships and communication with all

stakeholders. Findings of this study also echoed Havlick et al.'s (2019) description of the

importance of effective communication in advocacy.

Delimitations and Limitations

Creswell and Guetterman (2019) defined delimitations as researcher-determined

parameters set to voluntarily limit the scope of study. While many Alabama school counselors

may have experiences related to school counseling professional advocacy, interviewing all

Alabama school counselors was not realistic; therefore, we delimited the study to explore the

professional advocacy lived experiences of counselors from Alabama Program of Distinction schools. While additional stakeholders' perspectives would enhance understanding of the essence of school counseling professional advocacy, we delimited the study to school counselors only.

Mills and Gay (2021) defined limitations as aspects of a study the researcher cannot control but which may affect the study's results. Because interviewing all school counselors from Program of Distinction schools was unrealistic, the lived experiences described in this study may not fully represent the lived experiences of all Alabama Program of Distinction school counselors, although data saturation was met in this study. Another limitation related to participants' demographic characteristics. For example, all participants identified as female, and no high school counselors participated in the study.

Implications

The study's findings yield implications for school counselors, counselor educators, and school counseling professional associations. As participants described the characteristics that are essential to advocacy, school counselors may benefit from reflecting on their own personal and professional qualities, such as disposition, and specific skills, such as active listening, for engaging stakeholders. Additionally, school counselors may benefit from seeking professional development to strengthen their voices and gain additional knowledge and skills for implementing comprehensive school counseling programs.

Through these programs, school counselors may benefit by incorporating components of the *ASCA National Model*, such as annual student outcome goals, annual administrative conferences, and advisory councils. Counselors may also consider sharing information, such as outcome and use-of-time data, with all stakeholders. School counselors also may benefit from

intentional efforts to build collaborative relationships with all stakeholders through regular and open communication and to embrace professional advocacy as an ongoing process.

Some participants discussed feeling unprepared to respond to criticism of school counseling and to advocate early in their careers as recent graduates. Counselor educators may provide explicit instruction related to professional advocacy and the legislative process affecting school counseling. Additionally, some participants discussed experiencing a disconnect between their training programs and real-world school counseling; therefore, counselor educators may benefit from joining professional school counseling associations and inviting practicing school counselors to guest lecture in school counseling courses. As participants discussed the significance of professional identity, they indicated counselor educators may reinforce and shape counselor professional identity aligned with the ASCA National Model.

Multiple participants discussed the importance of professional development in their advocacy. School counseling professional associations may benefit from developing educational programs to specifically equip school counselors with the knowledge and skills necessary to engage effectively in professional advocacy. Additionally, school counseling professional associations may benefit by facilitating networking opportunities among their membership to encourage the development of new connections and the strengthening of the collective voice of school counseling.

Future Avenues of Research

While Birdsong and Yakimowski (2021) examined the perceptions and lived experiences of Alabama Program of Distinction school counselors implementing comprehensive school counseling programs, limited studies have specifically addressed this phenomenon or professional advocacy for school counseling in Alabama. Prior to Birdsong and Yakimowski

(2021), no studies (with new datasets) examining school counseling in Alabama have been

published in over 10 years. Therefore, school counseling in Alabama represents a prime

opportunity for continued and expanded research.

This study was an examination of the lived professional advocacy experiences of

Alabama Program of Distinction school counselors through a phenomenological lens. Future

researchers could explore professional advocacy from a quantitative perspective, enabling the

expansion of potential participants across the state, which may contribute to greater diversity in

responses. As this study examined school counselors' lived experiences, future studies could

explore the experiences of other stakeholders, such as district counseling supervisors, counselor

educators, or school counseling association leaders. Since this study was delimited to Alabama,

additional studies could explore school counselors' experiences in professional advocacy in other

states, regions, or nations.

Conclusion

As the purposes and goals of school counseling undergo scrutiny (Crain, 2022), school

counselors have an ethical and professional obligation to engage in professional advocacy

(ASCA 2019b, 2022). While school counselors have reported fear and resistance, they have also

called for assertiveness and boldness in professional advocacy (Goodman-Scott et al., 2022;

Havlick et al. 2019). Participants in this study similarly called for intentional advocacy as an

ongoing process, encouraging fellow school counselors to recognize and capitalize on daily

advocacy opportunities: "Advocacy is not a one-time push; it is an everyday, all-day kind of

conversation." If school counselors are to "get into their work," as one participant put it, the

work must begin with education within the profession itself. Our hope is that participants'

descriptions of their collective experiences of advocacy will inspire and support continued

professional advocacy for school counseling in Alabama and throughout the nation.

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Exploring Mental Health Literacy and Efficiency

Among Preservice Teachers

Kelly Owenby
University of West Alabama

Nisha Warbington
University of West Alabama

Deborah Grant
University of West Alabama

Sabrina Lewis, Graduate Student
Capella University

Author Note

Correspondence concerning this article should be addressed to Dr. Kelly Owenby at
kowenby@uwa.edu

Abstract

Preservice teachers, students enrolled in a college-level teacher training program, need to learn mental health literacy and self-efficacy so they will be able to effectively support students struggling with mental health issues. Understanding their knowledge of mental health, their attitudes toward mental health, and their feelings of self-efficacy regarding classroom management is paramount. We administered a pretest/posttest method to evaluate the impact of a two-day educational workshop on preservice teachers' mental health knowledge, attitude toward mental illness, attitude toward seeking help for mental health needs, and classroom self-efficacy. The results indicated that the two-day educational workshop significantly increased preservice teachers' mental health knowledge, attitude toward seeking help, and classroom self-efficacy. The consistency between the pretest and posttest scores implied that the preservice teachers already had a positive attitude toward mental health.

Keywords: counselors, counselor educators, mental health literacy, preservice teachers

Introduction

Classroom teachers need to possess mental health literacy and self-efficacy to effectively support students who struggle with mental health issues. Pre-service teachers must fully comprehend these issues and learn how to address them in the classroom. High levels of efficacy in dealing with these issues can boost preservice teachers' confidence and positively contribute to creating a safe and supportive learning environment for students. Educators must provide preservice teachers with adequate training and support to enhance their mental health literacy and efficacy. As one former educator shared,

> Over the years, my students have entrusted me with their most harrowing moments: psychotic hallucinations, sexual molestation, physical abuse, substance abuse, HIV exposures, and all sorts of self-injurious behavior ranging from cutting to starvation to trichotillomania. When students write about dangerous and delicate experiences, there are decisions to be made and judgements to be called. And yet, for much of my career, I have been horribly unprepared and have failed to secure the services my students needed as a result. (Lahey, 2016, para. 2).

Background

Some educators exhibit a comprehensive understanding of mental health, while others struggle with recognizing, understanding, and appropriately responding to mental health challenges in students (Liao et al., 2023). The complexity of mental health literacy extends beyond the mere recognition of disorders; it encompasses a nuanced understanding of the factors influencing mental well-being. Research by Kutcher et al. (2013) emphasized the importance of not only recognizing mental health disorders but also understanding the broader concept of mental well-being. The results highlighted the need for educators to be equipped with a

comprehensive understanding of mental health to effectively contribute to a positive school environment. Many students in elementary and secondary schools are struggling to succeed academically and socially because of disengagement from school, limited social-emotional competencies, and mental health difficulties (Ungerleider & Burns, 2016). The struggles seen in children post-COVID-19 confirm this situation.

Schools, and teachers in particular, fulfill an essential role in preventing, identifying, and intervening in mental health difficulties among children and youth (Raniti et al., 2022). Teachers and other school personnel are often the first to observe behavior that indicates either the development of or worsening of mental health problems (Whitley et al., 2013). Because teachers have extended daily contact with children, they are often in the best position to recognize early behavior patterns that pose a risk for children's academic, social, emotional, or behavioral functioning. While teachers are not and should not become diagnosticians, their candid communication with the family is vital in promoting students' well-being, including their mental health (Whitley et al., 2013).

Mental Health Literacy

Researchers consistently emphasize the profound impact of teachers' mental health literacy on students' well-being. Educators with higher levels of mental health literacy are better equipped to identify signs of distress in their students (Jorm et al., 2006). They can intervene in a timely and supportive manner, thereby contributing to a positive classroom environment that fosters emotional well-being and academic success (Jorm et al., 2006). Findings by Wang (2023) established a clear connection between teachers' mental health literacy and improved student well-being. Teachers with higher levels of mental health literacy are better able to create a

classroom atmosphere that fosters emotional resilience and academic success among students, but teachers may ask themselves how to prepare for this task.

Teacher education programs face challenges in adequately addressing mental health literacy. Limited coverage of mental health topics within these programs and a lack of specialized training contribute to existing gaps in educators' knowledge and skills (Whitley et al., 2013). This shortfall underscores the need for curriculum reforms and targeted training initiatives. Gilham et al. (2021) delved into the challenges within teacher education programs, particularly the limited emphasis on mental health topics. Findings confirmed the necessity for a more comprehensive integration of mental health content into teacher training curricula to address the existing gaps in knowledge.

In addition to teacher training, personal experience is another influential factor relating to mental health literacy. Unique experiences and attitudes of educators significantly shape their ability to engage with and support students facing mental health challenges. Educators with direct or indirect personal experiences with mental health issues may exhibit a more empathetic and understanding approach, thereby positively influencing the classroom dynamic (Pinfold et al., 2003). Understanding these personal factors is crucial for tailoring interventions that resonate with educators on a personal level. Wang (2023) explored the impact of educators' personal experiences with mental health issues on their teaching practices. Conclusions indicated that educators with personal experiences tended to exhibit higher levels of empathy and a more nuanced understanding of students' mental health challenges (Wang, 2023).

Attitudes Toward Mental Health

Teachers' attitudes toward mental health are another factor in their ability to support students. Negative attitudes may manifest as reluctance to engage in open discussions about

mental health in the classroom, perpetuation of stereotypes, and, in some cases, unintentional reinforcement of stigma (Pinfold et al., 2003). These attitudes can contribute to a culture of silence around mental health issues. Pinfold et al. (2003) provided insights into the persistence of stigmatization and stereotyping among educators regarding mental health. The findings underscored the importance of targeted interventions to challenge and transform negative attitudes, creating a more inclusive and understanding educational environment.

Educators' positive attitudes play a pivotal role in shaping students' help-seeking behaviors, such as initiating conversations, requesting accommodations, using school counseling services, and utilizing peer support. For example, a student might approach a teacher, school counselor, or other trusted staff member to express concerns about their mental health. They may mention feeling overwhelmed, anxious, or depressed and ask for guidance. Students who struggle with anxiety might request accommodations such as extended time for assignments or quiet spaces for exams. They might explain to their teachers that these accommodations would help them manage their mental health challenges more effectively.

Students may also seek out resources, such as mental health workshops, support groups, or counseling services, in the school community. They may inquire about how to access these resources and express interest in participating. Students might schedule appointments with the school counselor to discuss their mental health concerns. They may be proactive in seeking regular counseling sessions to address issues like stress management, coping strategies, or relationship difficulties. Some students may reach out to friends or classmates for support during difficult times. They might confide in peers about their struggles and ask for advice or simply seek companionship to alleviate feelings of isolation.

While a lack of understanding or negative attitudes may discourage students from seeking the help they need (Whitley et al., 2013), positive attitudes among educators contribute to a more supportive atmosphere (Omari et al., 2022). An investigation of the relationship between educators' and students' knowledge and attitudes illustrated the interconnectedness of educators' attitudes and students' mental health outcomes (Omari et al., 2022). The findings highlighted that encouraging students to seek assistance when needed reduced the barriers to accessing supportive mental health.

Targeted professional development programs can effectively improve educators' attitudes toward mental health (Wiedermann et al., 2023). Training that focuses on fostering empathy, increasing understanding, and destigmatizing mental health challenges has been associated with more positive attitudes among educators (Wiedermann et al., 2023). While providing professional development for currently practicing educators is a move in the right direction, incorporating such training into teacher education programs holds promise for creating a more supportive educational environment from the beginning of a teacher's career. This accommodation could enable new educators to enter the field with higher self-efficacy and a thorough understanding of mental health, including positive attitudes and proactive help-seeking behaviors toward mental illness.

Methodology

The purpose of this predictive study was to explore whether a 2-day mental health literacy workshop would increase mental health knowledge, positive attitude toward mental illness, positive attitude toward seeking help for mental health needs, and classroom management self-efficacy in preservice teachers.

Research Design

This study featured a quasi-experimental within-subject pretest/posttest design. There was one research question for this study; however, to accurately explore the impact of the workshop on each of the four areas of evaluation, we divided the initial question into four hypotheses as follows:

- H_{1a}. A 2-day educational workshop on mental health literacy will increase mental health knowledge in preservice teachers.

- H_{2a}. A 2-day educational workshop on mental health literacy will not increase mental health knowledge in preservice teachers.

- H_{1b}. A 2-day educational workshop on mental health literacy will increase a positive attitude towards mental illness in preservice teachers.

- H_{2b}. A 2-day educational workshop on mental health literacy will not increase a positive attitude towards mental illness in preservice teachers.

- H_{1c}. A 2-day educational workshop on mental health literacy will increase a positive attitude towards seeking help for mental health needs in preservice teachers.

- H_{2c}. A 2-day educational workshop on mental health literacy will not increase a positive attitude towards seeking help for mental health needs in preservice teachers.

- H_{1d}. A 2-day educational workshop on mental health literacy will increase classroom management self-efficacy in preservice teachers.

- H_{2d}. A 2-day educational workshop on mental health literacy will not increase classroom management self-efficacy in preservice teachers.

Participants

We reached out to two members of a teacher preparation faculty at a college of education. These faculty members agreed to serve as liaisons for the study and offer their students a workshop on mental health literacy. Participants for this research study were undergraduate students, in either their junior or senior block, seeking bachelor's degrees in education at a rural university in Alabama. On two different days in the same week, the two liaison professors combined their classes, and we (the researchers) conducted the mental health literacy workshop. Students consented to voluntarily participate in the workshop, and we explained their participation or refusal would not impact their course grades. Those who chose not to participate in the study still attended the workshop since their actual class on those two days was the workshop, but they did not complete the data collection part of the study.

We used the program G*Power (Faul et al., 2009) to conduct a power analysis to determine the sample size. The input parameters for a two-tailed analysis were calculated with the significance level set at .05 ($\alpha = .05$) and the power set at 0.8 ($1 - \beta = .80$). A medium effect size ($d = 0.5$) was deemed to be appropriate based on similar research with preservice teachers by Gilham et al. (2021). Based on these parameters, the sample size needed to achieve power was $n = 34$. Due to the limited number of students enrolled in the two participating courses who attended class on both days of the study, it was not feasible to achieve a sample size of 34. The study proceeded with a total sample size of 20, with 15 participants completing both the pre- and posttest surveys.

Procedures

The mental health literacy workshop took place from 9 a.m. to 2 p.m. on two days during the same week. At the beginning of Day 1, the participants completed four different survey

(Sections A, B, C, and E). They provided only their date of birth as an identifying measure. After the surveys were completed, Session 1 began. Each day consisted of two content sessions—one before and one after lunch—designed to educate the participants about mental health literacy. On Day 1, the participants learned about child development as it relates to mental health and *DSM-5-TR* disorders primarily related to children. On Day 2, the participants learned about mental health as it relates to the brain, including tools and strategies for the classroom pertaining to mental health. At the end of Session 2 on Day 2, the participants again completed the same four surveys they completed on Day 1.

Instruments

In 2021, Gilham et al. conducted a research study using multiple surveys to assess an array of factors associated with mental health literacy and attitude. With permission from those authors, we administered four of their original surveys (Sections A, B, C, and E) as pre- and posttest measures in this study.

Gilham et al. (2021) established reliability and validity on the four surveys we used in this study. Internal consistency, which reflects the reliability and validity of a measurement tool, is determined by assessing the correlation coefficient of the measurement tool (Wheelan, 2013). The closer the correlation coefficient is to 1 or –1, the stronger the correlation (Wheelan, 2013). According to Gilham et al. (2021), the survey identified as Section A: Knowledge in this study had an internal consistency of $\alpha = .81$ at pre-survey and $\alpha = .71$ at post-survey. Section B: Attitude Toward Mental Illness had an internal consistency of $\alpha = .56$ at pre-survey and $\alpha = .52$ at post-survey. Section C: Attitude Toward Seeking Help had an internal consistency of $\alpha = .78$ at pre-survey and $\alpha = .87$ at post-survey. Section E: Teacher Self-Efficacy had an internal consistency of $\alpha = .88$ at pre-survey and $\alpha = .91$ at post-survey. Given the overall strong

reliability and validity of these measurement tools, we created PowerPoint presentations to educate participants based on the content evaluated by the surveys.

Section A: Knowledge

Section A: Knowledge measured participants' knowledge of how brain functions are directly associated with mental illness and basic mental health literacy. This section consisted of 40 true or false statements such as "Mental illnesses are usually caused by the stresses of everyday life" and "Most behaviors that a person exhibits are not based on how their brain functions but instead reflect how they have been parented" (Gilham et al., 2021). Correct answers received 1 point. The higher the overall score, the more knowledgeable the participant was about mental health.

Section B: Attitude Toward Mental Illness

This survey measured attitude toward mental illness. The eight statements assessed participants' perceptions regarding individuals with mental illness; for example, "A mentally ill person should not be able to vote in an election" and "Most people who have a mental illness are dangerous and violent" (Gilham et al., 2021). Participants responded using a 7-point Likert scale ranging from 0 (*most negative*) to 6 (*most positive*). The higher the overall score, the more positive the participant's attitude was towards mental illness.

Section C: Attitude Toward Seeking Help

This survey measured attitude seeking help for mental health needs. This section contained five statements, such as "I am comfortable asking for help for a mental health problem or disorder" and "If I thought one of my friends or peers needed help with a mental health problem or disorder (such as depression), I would encourage them to seek help" (Gilham et al., 2021). This survey also featured a 7-point Likert scale ranging from 0 (*most negative*) to 6 (*most*

positive). The higher the overall score, the more positive the participant's attitude toward seeking help for mental health needs.

Section E: Teacher Self-Efficacy

This survey measured teachers' self-efficacy or confidence in their ability to manage classroom behavior related to mental health. This section contained 12 statements, including "I can control disruptive behavior in the classroom" and "I am confident when dealing with students who are physically aggressive" (Gilham et al., 2021). This survey featured a 6-point Likert scale; the "do not know" answer option, included in Sections B and C, was omitted in this section. The higher the overall score, the more confident the participant was in their ability to manage classroom behavior related to mental health.

Results

Before we analyzed data using SPSS, we matched the pretest and posttest scores to the participants' birthdates and then calculated the mean difference using a paired-samples *t*-test. A summary of the results follows:

- The pretest score on Section A: Knowledge Survey ($M = 17.27$, $SD = 4.18$) was significantly lower than the posttest score [($M = 25.33$, $SD = 3.22$), $t(14) = 9.27$, $p < .05$]. The *p*-value was less than .05; therefore, the null hypothesis (H_{2a}) was rejected.

- The pretest score on Section B: Attitude Survey ($M = 39.93$, $SD = 5.88$) was not significantly higher than the posttest score [($M = 39.93$, $SD = 5.57$), $t(14) = 0$, $p > .05$]. The *p*-value was greater than .05; therefore, the null hypothesis (H_{2b}) was accepted. For this section, the difference between the pretest score and the posttest score was unchanged.

- The pretest score on Section C: Help Seeking Survey ($M = 20.80$, $SD = 4.17$) was significantly lower than the posttest score [($M = 23.00$, $SD = 4.27$), $t(14) = 2.36$, $p < .05$]. The p-value was less than .05; therefore, the null hypothesis (H_{2c}) was rejected.

- The pretest score on Section E: Teacher's Self-Efficacy ($M = 79.67$, $SD = 10.90$) was significantly lower than the posttest score [($M = 85.67$, $SD = 8.01$), $t(14) = 2.79$, $p < .05$]. The p-value was less than .05; therefore, the null hypothesis (H_{2e}) was rejected.

The results of this study offer noteworthy support that a 2-day mental health literacy workshop increased mental health knowledge, positive attitude about seeking help for mental health needs, and classroom management self-efficacy in preservice teachers. The results of this study also indicated that the participants already had a positive attitude toward mental illness, evidenced by the consistency between pre- and posttest mean scores for Section B.

Limitations

While the findings provided insights into the efficacy of these activities within the context of rural Alabama, the limited sample size restricts the generalizability of the findings beyond this specific sample. The small sample size posed challenges in terms of representing the diversity of perspectives and experiences that might exist in a larger population. Therefore, it is important to acknowledge that the outcomes observed in this study may not fully capture the nuances and variations that could be present in different educational systems or regions. Future research endeavors in the field of mental health literacy and efficacy among preservice teachers may benefit from larger and more diverse sample sizes to ensure broader applicability of findings and a more comprehensive understanding of the impact of professional development activities.

Implications

Implications for School Counselors

Understanding the mental health literacy and attitudes of preservice teachers gives school counselors an opportunity to collaborate effectively with educators. By sharing their expertise, school counselors can influence teacher professional development to include mental health literacy; therefore, counselors may facilitate more comprehensive and collaborative ways to promote student well-being.

School counselors can use these findings to inform and enhance professional development opportunities for both current and future educators. Gaining insight into the mental health literacy of preservice teachers allows school counselors to develop targeted early intervention strategies. By identifying potential gaps in knowledge or negative attitudes, counselors can create workshops or resources to address these issues proactively, ultimately contributing to a more mentally healthy school environment. Tailored training programs may address specific areas of concern identified in the research, resulting in a more informed and supportive teaching staff.

Knowledge about preservice teachers' mental health literacy and attitudes may inform school counselors about the potential need for increased mental health resources within the school. For example, counselors may offer trainings focused on recognizing signs of distress, such as changes in behavior, mood, or academic performance, in students. Counselors may organize interactive activities wherein teachers practice identifying signs of distress through case studies and role-playing scenarios, or counselors might simply provide resources such as handouts or online guides that list common signs of distress and describe appropriate responses.

Other possibilities include offering training sessions on how to effectively respond to students in crisis situations, including suicidal ideation, self-harm, or acute emotional distress. Counselors can provide or invite guest trainers to present on evidence-based classroom strategies for promoting mental wellness, such as mindfulness activities, relaxation techniques, or social-emotional learning (SEL) curriculum integration. Counselors can provide workshops on incorporating mental wellness activities into lesson plans, including tips for adapting activities for different age groups and subject areas.

These findings may contribute to a greater understanding of the factors influencing teacher well-being. School counselors can use this information to develop initiatives that support the mental health of educators, recognizing the reciprocal relationship between teacher well-being and the ability to effectively support students. For example, by initiating conversations about a staff wellness program that promotes self-care and stress management techniques among educators, counselors may acknowledge the interconnectedness of educators' and students' well-being.

School counselors can apply the findings of this research study to inform local school districts of the need for ongoing mental health literacy efforts. By fostering a culture of open communication and mutual support, educators can collectively contribute to a more positive and mentally healthy school environment. Findings may also guide school counselors in developing and strengthening mental health awareness programs within the school community. Interventions may include organizing events, workshops, or campaigns that aim to reduce stigma, enhance understanding, and promote a culture of mental health awareness.

Armed with knowledge about the mental health literacy of preservice teachers, school counselors can advocate for the inclusion of comprehensive mental health education in teacher

preparation programs. This advocacy can extend to policy recommendations and collaboration with educational institutions to enhance the overall mental health literacy of educators. School counselors can play a role in providing professional guidance to preservice teachers, offering insights into managing the emotional aspects of teaching and strategies for promoting student well-being. Incorporating these measures into teacher training programs may better prepare future educators for the mental health challenges they may encounter.

In summary, exploring mental health literacy and attitudes among preservice teachers offers multifaceted implications for school counselors. This inquiry creates opportunities for collaboration, targeted interventions, and the development of supportive structures that benefit both educators and students, contributing to a more mentally healthy school environment.

Implications for Counselor Educators

Counselor educators play a pivotal role in shaping the future of mental health support within educational settings. Their influence extends to preservice teachers, the educators of tomorrow. We identified several ways in which counselor educators can contribute to enhancing mental health literacy and fostering positive attitudes among preservice teachers.

Counselor educators can actively integrate mental health content into the curriculum of teacher education programs. Possibilities include dedicated courses or modules that cover topics such as recognizing signs of mental health issues, promoting well-being in the classroom, and understanding the impact of positive teacher-student relationships on mental health. The creation of experiential learning opportunities, such as case studies, role-playing exercises, or real-world experiences that simulate the challenges they might encounter in the classroom, can allow preservice teachers to engage directly with mental health-related scenarios.

Counselor educators serve as role models for preservice teachers. By incorporating positive mental health practices into their own teaching styles, counselor educators can demonstrate the importance of self-care, stress management, and maintaining a supportive learning environment. Counselor educators can also encourage reflective practices that prompt preservice teachers to explore their own attitudes and beliefs about mental health. This self-reflection can help them become more aware of their biases and assumptions, fostering a mindset that is open, empathetic, and supportive.

Counselor educators can also provide training in effective communication skills, emphasizing the importance of creating a safe and nonjudgmental space for students. These trainings might include teaching preservice teachers how to engage in empathetic listening, initiate conversations about mental health, and respond appropriately to disclosures from students.

Finally, counselor educators can advocate for policies that prioritize comprehensive mental health education within teacher preparation programs. This advocacy may involve engaging with educational institutions, policymakers, and accreditation bodies to emphasize the importance of integrating mental health content into teacher education standards. Counselor educators may encourage interdisciplinary discussions and collaborative sessions with educators from different disciplines, including counseling, psychology, and social work. These efforts may enhance preservice teachers' holistic understanding of mental health and its intersection with various aspects of education.

By taking these proactive steps, counselor educators can contribute significantly to equipping preservice teachers with the knowledge, skills, and attitudes needed to support the mental health and well-being of their future students. Through intentional curriculum design,

experiential learning, and collaborative efforts, counselor educators can play a vital role in shaping a generation of educators who are well prepared to address the complex mental health challenges in educational settings.

Implications for Clinical Mental Health Counselors

Clinical mental health counselors can also enhance teacher preparation by forging partnerships with other mental health professionals to bring real-world expertise into the classroom. Guest lectureships, collaborative projects, or joint initiatives can expose preservice teachers to the interdisciplinary nature of mental health support and the importance of collaboration between educators and mental health experts.

Clinical mental health counselors can offer mentoring to preservice teachers, particularly during their field experiences. This personalized guidance could be facilitated by colleges of education and counselor educators. This type of collaboration would allow mental health counselors to address specific challenges teachers face, offering constructive feedback and strategies for creating a supportive classroom environment.

Conclusion

The aim of this research was to provide insight into the mental health literacy and attitudes of preservice teachers, shedding light on areas that need attention and improvement. By fostering a better understanding of these aspects, teacher educators may enhance their programs to provide future educators with the knowledge and skills needed to support the mental health of their students effectively. Ultimately, the outcomes of this research may pave the way for a more empathetic and inclusive educational environment.

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Going to "The Hat Rack": A Creative Approach to

Peer Feedback in Group Supervision

Robyn Simmons
University of the Cumberlands

Brandi Chamberlin
University of the Cumberlands

Eric Camden
Liberty University

Brandon Waggoner
Liberty University

Abstract

Group supervision is a valuable and essential experience for counselors in training. These experiences often rely on peer feedback as part of the learning process. Supervisors' rescuing behaviors and supervisees' hesitancy to provide critical feedback may hamper the peer feedback process. The purpose of this brief is to present a peer feedback model that seeks to demystify the feedback process. This model supports supervisors and supervisees by defining specific areas for peer feedback based on a critical thinking model expanded for applicability to counselor education.

Keywords: supervision, feedback, online counselor education, critical thinking, six hats model

Introduction

Counselor educators and supervisors are responsible for delivering quality education and supervision that will provide counselors in training (CITs) and pre-licensed counselors (PLCs) with opportunities for professional growth and development (Villareal-Davis et al., 2021). Group supervision is one way to provide those opportunities and to promote counselors' professional identities, development of clinical skills, and orientation to professional expectations (Borders, 2012). In this paper, we propose a model for facilitating peer feedback in group supervision to help develop critical thinking skills in client conceptualization.

Challenges of Peer Feedback in Group Supervision

A review of extant literature revealed creative interventions in group supervision may target self-awareness, trust, group cohesion (Davis et al., 2018), case conceptualization (Shiflett & Remley, 2014), integration of theory (Bradley et al., 2019), and vicarious learning (Bernard & Goodyear, 2019). Borders et al. (2014) asserted a best practice for clinical supervisors is providing quality feedback. However, effectively facilitating this feedback in group supervision with CITs and PLCs can be challenging. Supervision researchers highlight two consistent challenges with peer group supervision: (a) supervisees' difficulties giving and receiving feedback and (b) supervisors' difficulties keeping supervisees involved throughout the supervision session (Borders et al., 2015).

New supervisees may lack experience in providing constructive feedback and may be reluctant to do so (Borders & Brown, 2005). Anxiety resulting from the requirement to offer constructive feedback may cause supervisees to rescue one another, refuse to challenge, or even collude to avoid giving and receiving challenging feedback (Lawson et al., 2009). Further, CITs and PLCs in clinical experience may encounter an approach-avoidance conflict, wherein they are

both excited and anxious about the novel experiences (Avent et al., 2015). Therefore, purposeful, creative interventions are necessary to facilitate quality peer supervision, create opportunities to normalize and validate challenges, demonstrate new vicarious interventions, prepare for various counseling-related issues, and teach supervisees how to provide feedback in a meaningful way (Kemer et al., 2021; Stinchfield et al., 2019).

The Hat Rack

The model proposed here, "The Hat Rack," is a creative approach to peer feedback. Its aim is to capitalize on the benefits of group supervision and decrease the obstacles related to peer feedback. In developing this model, we have relied on the six thinking hats model (De Bono, 1995), which has been adapted for peer supervision and discussed in the counselor education community for some time. De Bono's (1995) model provides a creative way for individuals or groups to use lateral thinking, consider different approaches, and think constructively about a problem. To employ this model, a user systematically "puts on" a series of color-coded hats in succession and works through the concepts to solve the problem.

De Bono (1995) identified several obstacles that often occur in any attempt at critical or creative thinking in a group or by an individual. Some people allow their initial "gut reaction" or fear of judgement to prevent critical thinking. Some seek to present an exotic idea and miss the simple answer to a problem. Having a specific plan of how to approach the task can help people avoid these obstacles and the confusion that may lead to withdrawal (De Bono, 1995).

In reviewing these obstacles, we began to see how De Bono's (1995) ideas applied to the challenges encountered by CITs and PLCs during peer feedback. A systematic series of cognitive tasks would not only support students as they learned to provide feedback but also keep them engaged while teaching them to think critically about each client they encounter. In considering

De Bono's model (1995) for group supervision for CITs and PLCs, we started with the following

conceptualizations and applications for each hat.

The White Hat

The white hat represents the background information of the problem or topic. It is a

neutral hat, and users employ it at the beginning of the thinking process. The main purpose of

this hat is to ask, "What do we know?" More specifically, practitioners would ask questions such

as What is the bio-psycho-social-spiritual overview of the client? Where is the CIT in the

counseling process and counselor-client relationship?

The Yellow Hat

The yellow hat has its wearer focus on the positive and optimistic aspects of the problem

or topic. While wearing this hat, the user finds value in what has already happened and looks to

the future. They address benefits, opportunities, advantages, and savings. The main question

posed is "What worked?" (i.e., What went well in a session and what skills and interventions

were beneficial?). While this hat yields positive information, users must beware of

overutilization in peer supervision, which may arise from fear of being too negative to fellow

CITs and PLCs.

The Black Hat

The black hat, as originally proposed by De Bono (1995), is the "logical negative." This

hat does not promote adversarial or defeatist thinking; instead, it provides questions and checks

for feasibility of ideas and proposed solutions. This hat entails judgement and questioning and

identifies caution, dangers, and potential problems. The focused question is "What are the

difficulties and weaknesses?" The value in this hat for CITs and PLCs is that it allows them to

focus on their judgement of themselves or others. Using this hat provides a targeted period to critically look at what could be improved or what may have been missed in a session.

The Red Hat

The red hat brings feelings and emotions into critical thinking as a necessary process. This hat legitimizes hunches and gut reactions and encourages examination of fears, affinities, intuitions, and viewpoints. The expression of feelings during this phase of thinking allows users to express emotions without logical justification of those positions. The guiding question is "What are my gut feelings?" There are several ways to apply this hat for CITs and PLCs. One application is to focus on the feelings experienced by the client and counselor within a session. Another application can focus on the emotions felt by observers of the CIT and client within a session. Informative insights may be gained by focusing on the emotions that may be missing in sessions as many CITs and PLCs may overlook feelings in their focus on cognitions, interventions, and presentation of skills.

The Blue Hat

The blue hat can be the most difficult to understand and apply. The blue hat encompasses metacognition or thinking about thinking. The blue hat is often used at the end of the thinking process to summarize themes and suggest which hat may require more attention. The focused questions are "What has been learned?" and "What is next?" CITs and PLCs often struggle with this hat as it requires higher-order thinking. However, it can facilitate professional identity and elucidate what areas need further development.

The Green Hat

The green hat was originally the hat of creativity and innovative ideas. Alternatives, new information, and both spontaneous and intentional creativity are hallmarks of this type of

thinking. The focused question of "How can we think and do this differently?" can facilitate free association and abstract thought processes. CITs and PLCs can utilize this type of thinking to be creative and look for new interventions or entertain novel theoretical perspectives.

As we applied this model to increase critical thinking for peer feedback in clinical experience courses, we became aware of two areas that had been unaddressed: theory conceptualization and multicultural/ethical considerations. To supplement De Bono's six hats and adequately address core counseling competencies, we added two hats: the orange hat and the grey hat, resulting in the The Hat Rack model.

The Orange Hat

The first hat added to the original model was the "theory hat" or the orange hat. The goal of clinical experience requirements is to bring theory into practice (Sperry, 2005). The orange hat seeks to move theoretical considerations from unconscious influences into conscious, intentional awareness. This hat challenges supervisees to view cases only through a theoretical lens. CITs and PLCs begin by assessing what theory is currently being used within a case presentation. Then supervisees are challenged to intentionally think about what theory should be used in the given case. When utilizing this hat, it is important for the supervisor to challenge the CIT to use evidence-based practices, directing them to appropriate resources and research.

The Grey Hat

The second hat added to the original model is the "multicultural and ethics hat," or the grey hat. Graduate supervisees often feel unprepared to address cultural issues in clinical work (Watkins et al., 2019; Wilcoxon et al., 2008). According to Watkins et al. (2019), "Culture is inescapably in the room during every psychotherapy session" (p. 40); therefore, counselors and counselor educators and supervisors must deliberately address issues of culture to increase

cultural competence (Yabusaki, 2010). This hat challenges supervisors and CITs and PLCs to intentionally discuss issues of gender, race, ethnicity, religion, sexual orientation, social status, ethics, and other multicultural topics that practitioners sometimes avoid in supervision out of fear (Yabusaki, 2010). Identification and explicit discussion of multicultural concerns contributes to multidimensional growth in multicultural knowledge, self-awareness, and skills among supervisees (Inman & Kreider, 2013).

Application of Model

These additional hats task CITs and PLCs with specifically and purposefully dissecting portions of case presentations to achieve a holistic view of counselor skills and client conceptualizations. The final model consists of the following hats of peer feedback: facts, creativity, growth opportunities, metacognition, emotions, strengths, theory, and multicultural/ethics. We made some changes to the hat colors (see Figure 1) for this model, as we were concerned about cultural implications.

Figure 1

The Hat Rack

White: The Details
Purple: Creativity and new ideas
Yellow: Strengths and opportunities
Blue: Big picture and Metacognition
Green: Growth areas and improvements
Orange: Theory
Red: Emotions
Grey: Multicultural and ethics

The process of using The Hat Rack model begins when supervisors assign the hats to the CITs and PLCs. These hats rotate, allowing CITs and PLCs to experience each hat. After reviewing a portion of a recorded counseling session from one of their peers, the CITs and PLCs provide feedback based on their assigned hat. The CIT presenting the case provides an excerpt wherein they perceive they have the greatest need for feedback. This model can be adapted for use in individual supervision as well. The following case summary and dialog provides an example of how the group discussion might flow with this model; all names are pseudonyms.

Case Summary

Shiloh presented a brief case conceptualization with a 10-minute videotaped counseling session. The client had significant trauma in her adolescence, which was 16 years ago. As a result of the trauma, she has a 15-year-old son. She also experienced an abusive marriage at 24, and she divorced after 2 years. She is now 31 years old, living with her common-law husband, the father of their 4-year-old daughter. She decided to enter counseling now as she felt the weight of the trauma crumbling down on her. This is her first counseling experience.

The session presented was Shiloh's 13th session with the client. The client was describing an argument that she had with her husband's sister and was expressing her response, which she recognized as excessive and out of control. She reported that she regretted her words and actions and was uncertain as to why she blew up the way she did. In the session, Shiloh provided minimal encouragers, reflection of feeling, and open questions. However, the client did most of the talking and got distracted by minute details for much of the time. Nonetheless, it was obvious that a strong therapeutic relationship had developed between Shiloh and the client and that the client was able to integrate knowledge from previous sessions into the current session.

Discussion

Brianna (wearing the blue hat): Shiloh, I appreciate the details you shared regarding your client's trauma. I have many unanswered questions, though. What happened with the perpetrator? How does she feel about the child that came from that experience? I am wondering if there is a sense that her youth was stolen and if she is angry at herself. Was she having negative feelings about the 15-year-old as he is a reminder of the trauma? I am guessing deep-seated resentments and a general sense of feeling unsafe would impact her ability to regulate, given she may always be on edge.

Shiloh: I haven't thought about it like that, Brianna. Thanks—that is very helpful, and I will see if I can get a greater understanding of her.

Myra (wearing the white hat): Brianna, I really appreciated that larger lens picture. It actually ties in well with my thoughts about the details. I am guessing, Shiloh, given that this is your 13th session, that you have already discussed her trauma. If you have done a trauma timeline, it might be good to have her look at it again with regard to emotional regulation. Maybe even provide some psychoeducation about adolescent development—Erikson, Piaget, Kohlberg—and have her connect her experience to those details.

Shiloh: Great idea, Myra.

Jake (wearing the red hat): I could tell that you really regard your client and that she feels very comfortable with you. The session had an overall positive energy to it. I get the sense that your client has a great deal of insight, even though she seems to have trouble regulating her anger.

Shiloh: Thanks, Jake. Yes, I would agree that she definitely has insight. We talked at the end of the session about developing pre-behavior insight so that she can attend to her physical

sensations and allow those to help her start regulating before she starts raging. She was really excited about practicing that mindfulness.

Kennedy (wearing the yellow hat): Shiloh, I really appreciated that you brought in things you had discussed in previous sessions. I believe that helped the client to feel heard and respected by you. I also think you are engaging those basic attending and reflecting skills well.

Shiloh: Aw, thanks, Kennedy. I appreciate that.

Jordan (wearing the green hat): I agree with what Kennedy said, Shiloh. I did see a few areas for growth—for both you and me. I noticed that your client was going all over the place in telling her story. I also noticed that you didn't try to redirect her. For me, I feel like I don't want to be rude and interrupt the flow. I wonder if you may have felt that, too?

Shiloh: Yes! I know she has experienced trauma and relationship violence, and I don't want to be another person who takes her voice away. But I also feel like I am not helping her when I don't keep her on track. I am not sure what to do.

Dr. A.: Let me share some thoughts with you all when that happens. First, with trauma survivors, it may be that they are engaging with their trauma until the point they need to withdraw, which may look like surface level discussion or focusing on what seems like unimportant details. It is not a wrong thing to bring this awareness into the session, to tell your clients that they can take an emotional break when needed. This would be a great time to engage in some grounding exercises. You can even work with them on developing a safe word to use when they become aware they are feeling overwhelmed and need to "tap out." If the rabbit chasing is not related to something like this, you can always use your skill of

summary and then ask a question which redirects the client back to the goal of the session.

Jordan: That is so helpful, Dr. A. Thanks! And, Shiloh, I did not see anything else that I would consider a growth point for you.

Addy (wearing the orange hat): Shiloh, I was picking up person-centered theory in the session. You demonstrated those core conditions of unconditional positive regard, empathy, and genuineness. You allowed the client to lead the session. Is that your theory?

Shiloh: [laughs] Yes, I am very comfortable with allowing the client to lead. I would not say it is the theory I will end up practicing, but it is helping me build my confidence right now. I do believe it is important to set an atmosphere of safety and trust for all clients, but especially those who have experienced trauma.

Dr. A.: Shiloh, what theory do you believe you will practice once you have developed your foundational skills?

Shiloh: I really like the idea of using trauma-focused cognitive-behavioral therapy. I plan to get more training in that once I graduate.

Beth (wearing the purple hat): I loved Myra's idea of using the trauma timeline to connect the client to emotional regulation. I thought that was creative. Personally, I love using art and drawings with clients. I might ask the client to draw her anger. Then, after she told me about her drawing, we could pick it apart, like a dissection. This might help us to get to some underlying thoughts and feelings.

Shiloh: Thank you, Beth. I love that idea.

Edward (wearing the gray hat): I had a quick thought about ethics—or maybe it is legal? Do we

    need to contact child protective services when we find out one of our clients was abused

    as a child and is now an adult?

Dr. A.: You sure can. It is up to the state to do something with it. However, the law regarding

    mandated reporting does not require you to do so. I would work with my client to see if

    this is a self-advocacy for which she would want to engage in.

Edward: Thanks, Dr. A. Ok, so with multicultural? I didn't hear you say what her race or

    ethnicity was, but I did pick up a little bit of an accent when she was speaking.

Shiloh: Yes, she is Hispanic. Sorry that I didn't mention it.

Edward: I would recommend that you explore some of the family dynamics because I am aware

    that in the Hispanic culture, it is a very patriarchal system. It would be important to know

    her father's response to her abuse and her pregnancy and if that somehow speaks into

    what she is experiencing now.

Shiloh: Thanks, Edward. That is super helpful. And thanks everyone. I have some great ideas for

    our next session.

Supervisees' Responses

    We solicited feedback from supervisees on their experience of applying The Hat Rack

model within their clinical supervision. Supervisees tended to report positive experiences with

this approach. One supervisee's response indicated an appreciation for the focused feedback:

    Wearing the hats helped me focus on specific aspects of the session on which to give

    feedback instead of getting all jumbled up and confused...they helped me clarify my

    thoughts and feedback and helped me to convey them in a cohesive manner.

Another supervisee reported improved self-reflection after utilizing the green hat in the

feedback intervention:

> I wore the green [areas for improvement] hat and realized that, within myself, it's hard
>
> for me to conceptualize and provide constructive feedback for fear of hurting someone's
>
> feelings. Wearing this hat helped me confront that discomfort, and now I feel more
>
> comfortable.

An additional supervisee indicated appreciation for the comprehensive nature of The Hat Rack

model:

> I like the hat reflections much more than everyone giving their general feedback because
>
> I feel many components of case conceptualization are covered with the hats. Without
>
> them [the hats], I feel there is a lot of repetitiveness and more generalized and negative
>
> feedback.

> Overall, supervisees' responses to The Hat Rack model were positive. Supervisees

reported appreciating the intentional and structured nature of the hats, the confrontation of skill

defiCITs and PLCs (i.e., providing constructive feedback), and the avoidance of vague,

generalized feedback.

Multicultural Considerations

The Hat Rack model provides a structure that intentionally asks supervisees and

educators to lean into multicultural considerations. Supervisees may prefer to avoid these

conversations because they produce discomfort. However, to develop multicultural orientation,

cultural humility, and capitalize on cultural opportunities, supervisees must develop cultural

comfort (Davis et al., 2018). Intentionally focusing on multiculturalism provides avenues to

develop cultural competence. The task of the supervisor is to provide a safe environment for supervisees to have these open dialogues and address cultural concerns (Day-Vines et al., 2018).

Limitations

Despite positive feedback from supervisors, CITs, and PLCs, this model has some inherent limitations. Although the model is straightforward, supervisees occasionally add feedback that falls outside their hat's scope, causing confusion among CITs and PLCs. This extraneous feedback requires redirection from the supervisor. Also, the time-limited nature of the group supervision course could limit the depth and breadth of supervisees' feedback. Additionally, the quality of feedback given within the model is limited by the developmental level of the CITs and PLCs and the supervisor's experience in group supervision.

Implications for Future Research

De Bono's (1995) six thinking hats model has been adapted for use in a variety of nonbusiness professions because of its practical approach. This article described its usefulness as a conceptual framework for peer feedback in group supervision; however, a search of the literature did not indicate any empirical evidence of its efficacy. Such quantitative research could provide data to support the impact the model has on supervisee processing. Additionally, a qualitative examination of how supervisees experienced the application of this framework could help counselor educators and supervisors understand the needs of supervisees and what types of processing most resonates for their development.

Conclusion

Peer feedback is a vital component of the group supervision process. However, the quality of peer feedback is often fraught with rescuing behaviors and avoidance of criticism and limited by the developmental level of the CITs and PLCs (Chun et al., 2020). Using structured

peer feedback such as The Hat Rack model is helpful to address some of the concerns and limitations of peer feedback. This model intentionally requires all supervisees to engage in the peer feedback process, eliminating the possibility of remaining silent in the group supervision space. Due to the clear directions and intentionality inherent in this model, supervisees can experience anxiety reduction, increased engagement, and guided participation. An organized structure is beneficial to increasing the effectiveness of peer supervision experiences and synthesizing prior learning into practice. This model can assist counselor educators and supervisors as they attempt to engage supervisees, navigate group supervision experiences, and provide quality feedback.

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