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**A GROUNDED THEORY OF SCHOOL COUNSELORS'
CONCEPTUALIZATIONS OF THEIR TRAINING REGARDING ADOLESCENT
MENTAL HEALTH ISSUES**

by

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A Dissertation Submitted to the Graduate Faculty of
Old Dominion University in Partial Fulfillment of the
Requirements for the Degree of

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May 2009

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ABSTRACT

A GROUNDED THEORY OF SCHOOL COUNSELORS' CONCEPTUALIZATIONS OF THEIR TRAINING REGARDING ADOLESCENT MENTAL HEALTH ISSUES

Cynthia T. Walley
Old Dominion University, 2009
Director: Dr. Tim Grothaus

There is a paucity of research regarding master's level school counselors' conceptualizations of their training regarding recognizing and responding to adolescent mental health issues. The purpose of this study was to propose develop a theory that illuminates new school counselors' conceptualizations of their training related to gaining knowledge in recognizing and responding to adolescent mental health issues. To accomplish this, eight school counselors in the southeastern Virginia area participated in two rounds of individual interviews and a reflective writing activity. Utilizing a qualitative grounded theory design, both the interviews and the reflective writing were analyzed to extrapolate themes about their conceptualizations regarding their training with regards to recognizing and responding to adolescent mental health issues. Findings were subjected to verification procedures.

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CHAPTER I

INTRODUCTION

Overview of the Research Area

There are many challenges that interfere with students' academic and social success in the school environment (Kaffenberger & Seligman, 2007). Although there have been great improvements and a steady decline in the occurrence of crime from 1992-2005, violence, theft, and weapons continue to pose problems in schools. Dinkes, Cataldi, and Lin-Kelly (2007) reported that, for students 12-18 years of age, there were 1.5 million reported nonfatal crimes in schools in the United States in 2005, such as theft, simple assault, and crimes in which a weapon was involved. Also, one in four students has reported that drugs were made available to them on school property during the previous 12 months (Dinkes et al., 2007). Additionally, the Surgeon General's Mental Health Report indicated that drug abuse and violence are among issues that are plaguing children and contributing to the onset of mental health issues (U.S. Department of Health and Human Services [USDHHS], 1999). The report further indicated that one-fifth of children and adolescents in this country will experience mental health issues such as depression, self-injurious behavior, homelessness, behavior problems, and a plethora of other issues.

This account of the significant issues that many schools face provides school counselors with a rationale for collaborating with school and community personnel (e.g., teachers, social workers, agency counselors) to address issues that hinder adolescents' academic and social/personal development (including mental well being). In addition to the aforementioned environmental challenges, adolescents also face developmental

concerns that may impact their mental health. To foster collaboration and enhance success in addressing student mental health needs, this study will examine school counselors' conceptualizations of their training regarding recognizing and responding to adolescent mental health issues.

Brief Summary of Relevant Literature

Adolescence can be a tumultuous period, filled with "rapid changes in emotional, social, physical, and cognitive development" (Wolfe & Mash, 2006, p. 4). It appears that puberty is a significant occurrence in adolescence that can bring about various adjustment problems (Cicchetti & Rogosch, 2002; Graber, & Lewinsohn, 1997; Graber, Seeley, Brooks-Gunn, & Lewinsohn, 2004; Wagner, 2008). During adolescence, individuals are at greater risk than any other stage for school failure, violent behavior, and social and emotional difficulties (Wolfe & Mash). Many issues impede normal development and functioning, with one in five children and adolescents experiencing major difficulties, and 1 in 10 having a diagnosable disorder that cause a significant degree of impairment (Erford, Newsome, & Rock, 2007; Kaffenberger & Seligman, 2007).

In addition, psychological problems can result from various cognitive processes. For instance, faulty information processing has been seen as a contributor to many mental health issues in children (Erk, 2008; Muris & Field, 2008; Wolfe & Mash, 2006). How an adolescent receives information is not only due to their cognitive processes but also due to social and cultural factors. Jacobs, Reinecke, Gollan, and Kane (2008) indicated that negative events in a child's life might lead to maladaptive self-cognitions that predispose a child to depression and other psychopathologies. When such events occur, the mental health of a child is influenced by the support they receive.

There are a number of environmental factors that contribute to the rise of mental health issues in the United States, such as family changes (e.g. divorce, single parent household), homelessness, poverty and violence (Erford et al., 2007; Erk, 2008; Kaffenberger & Seligman, 2007; Wolfe & Mash, 2006). For instance, parents who lack flexibility and adaptability during these developmental periods tend to have children with less adaptive skills (Wolfe & Mash). Roeser, Eccles, and Strobel (1998) contend that “academic and emotional difficulties are reciprocally related to each other and alter the course of a child’s development” (p. 154). Academic and emotional difficulties have also been linked to issues such as substance abuse, delinquency, and dropping out of school (Erford et al.; Kaffenberger & Seligman). In addition, peers who have mental health issues tend to have friends who exhibited the same issues (Cook, Deng, & Morgano, 2007).

According to Wolfe and Mash (2006), puberty, as compared to any other stage of development, is a period when adolescents are at greater risk of school failure, violent behavior, and social and emotional difficulties. For instance, 8% to 15% of adolescents have been diagnosed with mental health disorders that contributed to impairments in functioning at home and at school (Wolfe & Mash). Yet, it is estimated that only one fifth of such children receive mental health services (Burn et al., 1995). According to the New Freedom Commission on Mental Health (2003), “children receive more services through schools than any other public system; federal, state, and local agencies and schools should fully recognize and address the mental health needs of youth in the education system” (p. 4). While some authors (e.g., Allen et al., 2002; Auger, 2005; Bardick et al., 2004; Burrow-Sanchez et al., 2008; Carney & Cobia, 2003; Erk, 2008; Fisher &

Harrison, 1993) state that school counselors are the primary mental health providers within the school setting, it is unclear how school counselors are trained to provide such services due to lack of literature examining school counselors' conceptualizations of their training regarding recognizing and responding to mental health issues of their students.

School Counseling Literature

The American School Counselor Association (2006) states that school counselors are called to address every student's needs in the academic, personal/social, and career domains. According to the New Freedom Commission on Mental Health (2003), adolescents spend more of their waking hours in the school building than at home or with friends. This offers school counselors considerable opportunity to observe their behavior and to interact and intervene with them. However, there are several barriers that hinder school counselors' ability to recognize and respond to adolescent mental health issues. For instance, ASCA recommends that case load of school counselors should average 250:1; however, the current ratio stands at 476:1 (ASCA, 2006). Furthermore, in order to develop comprehensive school counseling program, school counselors must also consider the "many diversity constructs of their students, including culture, ethnicity, gender, sexual orientation, ability and disability levels, and religious/faith" when providing developmental and holistic services (Gregg, 2000, p. 3). With much of the school counselors' time being filled with tasks such as "scheduling, test administration, and record keeping, this leaves little time to work with troubled students", which may interfere with students' academic success and school counselors' effectiveness, this creates impediments that hinder school counselors from attending to the mental health needs of students (Gregg, 2000, p. 3). Since adolescents face unique and diverse

developmental and cultural challenges that impact their academic achievement, school counselors are in a unique position to address the mental health needs of these students, as they are often the first professional with mental health training that students encounter (Froeschle & Moyer, 2004).

In order to ensure that school counselors are well-trained to meet the needs of students, various organizations have established standards and guidelines. According to ASCA (2005), in order for school counselors to be effective in addressing the needs of students, they must learn to develop a comprehensive school counseling program that focuses on both prevention and intervention with regards to behaviors that place students at risk. In addition, counselor education programs should help school counseling students understand the range of possible mental health services, identify barriers to students learning, and provide counseling and classroom guidance programs to attend to these concerns (ASCA, 2004). The Council for Accreditation for Counseling and Related Educational Programs (CACREP) sets curriculum standards to accredit master's degree programs for preparing school counselors (CACREP, 2006). According to CACREP, school counseling training programs are required to train students to be knowledgeable about various mental health issues. Similarly, the Education Trust is an organization focused on improving education for all students through the training and support of school counselors (Education Trust, 2002). By promoting the implementation of the National School Counselor Training Initiative, the Education Trust works with school counseling programs to provide training to effectively advocate for all students, particularly low-income students and students of color (Education Trust, 2002). The Education Trust and the other organizations not only provide guidelines and standards for

school counselor programs, they also contribute to the understanding of the various roles of today's school counselors.

The roles of school counselors are multidimensional in order to attend to the various needs of students, parents/guardians, faculty, school administrators, and the community. The many roles and functions include: collaborative consultant (Keys, Bemak, Carpenter, & King-Sears, 1998); mental health professional (Lockhart & Keys, 1998); leaders and advocates (Dollarhide, 2003); and program management, evaluation, and research (Fitch & Marshall, 2004). However, several noncounseling duties may hinder school counselors from adhering to roles suggested by ASCA and the Education Trust. These disparities contribute to role confusion for some school counselors (Fitch, Newby, Ballestero, & Marshall, 2001; Foster, Young, & Hermann, 2005; Scarborough, 2005; Tang, et al., 2004).

Several studies have examined school counseling training (Holcomb-McCoy, 1998; Holcomb-McCoy & Mitchell, 2005; Paisley & Hayes, 2003; Perusse, Goodnough, & Noel, 2001a, 2001b; Perusse & Goodnough, 2001, 2005). The consensus appears to be that counselor education programs are providing courses that meet the various standards and guidelines; however, content pertaining to student mental health are only briefly addressed in many programs (Keys et al., 1998; Roberts-Dobie & Donatelle, 2007). If student mental health issues are not addressed in counselor education programs, how will school counselors know that it is an expectation to be knowledgeable about various issues? In addition, if mental health issues are not addressed in graduate programs, school counselors may lack the confidence to assist students with various mental health issues and may not be able to recognize and respond to their mental health issues.

As stated previously, many school counselors are encountering students dealing with various mental health issues and crises (Allen et al., 2002; Roberts-Dobie & Donatelle, 2007) such as: eating disorders (Bardick, Bernes, McCulloch, Witko, Spriddle, & Roest, 2004), suicide (King & Smith, 2000; King, Price, Telljohnann, & Wahl, 2000), HIV (Carney & Cobia, 2003), attention-deficit/hyperactivity disorder (Schwiebert, Sealander, & Dennison, 2002), social anxiety (Herbert, Crittenden, & Dalrymple, 2004), and substance abuse (Burrow-Sanchez, Lopez, and Slagle, 2008). However, many school counselors have reported that more training is needed in both the graduate programs and in the work setting to effectively address the needs of students (Allen, et al., 2002; Herbert et al., 2004).

The topic for this investigation is school counselors' conceptualizations of their training regarding recognizing and responding to adolescent mental health issues. Researchers (e.g., Allen et al., 2002; Erk, 2008; Foster, Young, & Hermann, 2005) contend that school counselors are more likely than counselors in any other setting to encounter students with mental health symptoms on a daily basis. Unfortunately, Keys et al. (1998) indicated that school counselors are not adequately trained to address the mental health needs of students. In fact, when assessing school counselors' knowledge in this area, many have indicated that enhanced training to address the mental health needs of students in counselor education programs was needed (Allen et al.; Bardick et al., 2004; Roberts-Dobie & Donatelle, 2007). It may follow that if school counselors were provided with information regarding adolescent mental health needs; it would not only increase their skill level but enhance their effectiveness and their ability to address multiple needs of students.

Conceptual Framework

Given the lack of professional literature pertaining to school counselors' conceptualizations of their training regarding recognizing and responding to adolescent mental health issues, there appears to be a need for exploratory research. Accordingly, this study examined school counselors' conceptualizations of their training regarding recognizing and responding to adolescent mental health issues in the school setting. School counselors' conceptualizations are of particular relevance because these professionals are considered primary providers of mental health services within the school setting (Foster, et al., 2005). By focusing on school counselors and using a grounded theory methodology, this study attempted to respond in part to the need to develop a theory of the training process for school counselors regarding recognizing and responding to adolescent mental health issues.

Grounded theory procedures are designed to gather information and construct a theoretical explanation of a phenomenon resulting from the experiences of those being studied (Denzin & Lincoln, 2000). In addition, data are systematically gathered and analyzed; therefore, the theory evolves through a continuous interplay between analysis and data collection (Strauss & Corbin, 2008). For this reason, the purpose of utilizing a grounded theory is to discover, conceptualize, and illustrate school counselors' conceptualizations of their training regarding recognizing and responding to adolescent mental health issues.

Rationale for the Study

There are several training guidelines that contribute to school counselors' training. According to Perusse, et al. (2001a), CACREP standards, research literature,

and state certification standards influence school counselor training programs. According to CACREP (2001), school counseling interns are required to be knowledgeable about “issues that may affect the development and function of students (e.g., abuse, disabilities, violence, eating disorders, attention deficit hyperactive disorder, childhood depression and suicide)” (§ 3). Congruent with the requirements that literature suggests for training school counselors, researchers attest that adequate mental health training is needed for school counselors to meet the needs of students (Geroski, Rodgers, & Breen, 1997; Herbert, et al., 2004; Roberts-Dobie & Donatelle, 2007; Vail, 2005).

Professional literature dealing with training students to recognize the mental health issues in adolescents is limited. According to Burrow-Sanchez, Lopez, and Slagle (2008) counselors vary in their perceived competence; however, school counselors were clearly able to identify the most important areas of training needed. Therefore, there is a need for research that is exploratory in nature to investigate this topic. Such knowledge might generate ideas about unique skills or training necessary for school counseling graduates working with adolescents. Thus, the research questions for this study are designed to explore how school counselors conceptualize their training regarding recognizing and responding to adolescent mental health issues.

Research Question

The central question of this study explored, how do new school counselors conceptualize their training regarding recognizing and responding to adolescent mental health issues. The sub-question is: what are the perceived components of school counselor training process?

Definition of Terms

The following definitions are offered to enhance the conceptual framework for this study. These terms are defined according to how they were used for the purposes of this study.

Adolescence

In this study, adolescence will be defined as “an period of development between the chronological age of 11-18 years, in which physical, social and cognitive development is often taken into account” (Wolfe and Mash, 2006, p. 4). In addition, adolescents are defined as individuals who are currently students in middle or high school.

Comprehensive School Counseling Program

A comprehensive school counseling program is implemented by a credentialed school counselor and is an integral part of the total educational program. The school counseling program is preventative and developmental and it has a delivery design focusing on guidance curriculum, individual student planning, responsive services, and system support (ASCA, 2005).

Counselor Education Program

Programs in which the focus is on training counselors to work within certain settings (e.g. school, community, college). In addition “it is a process that trains counselors in both didactic and clinical aspects of counseling” (CACREP, 2001, ¶3). Participants for this study were recent graduates of a CACREP accredited program.

Grounded Theory

Grounded theory is a general methodology for developing theory that is grounded in data and that is systematically gathered and analyzed. In addition, the theory evolves during actual research through a continuous interplay between analysis and data collection (Strauss & Corbin, 2008). Furthermore, grounded theory procedures are designed to gather information and construct a theoretical explanation of a phenomenon resulting from the experiences of those being studied (Denzin & Lincoln, 2000).

New School Counselors

Participants were professional school counselors currently employed in a middle or high school. The school counselors had obtained a master's degree in school counseling from a CACREP accredited training program within the past 12 months.

Mental Disorder

Mental disorders are characterized by abnormalities in cognition, emotion or mood, or the highest integrative aspects of behavior, such as social interactions or planning of future activities (USDHHS, 1999).

Mental Health Issues

Issues that impinge on the mental health functioning (e.g. biological, psychosocial, family and peer functioning, stressful life events, and childhood maltreatment) (USDHHS, 1999). Lockhart and Keys (1998) added that factors including "poverty, homelessness, substance abuse, physical and sexual abuse, and domestic community violence (p.1)." are frequent issues that induce mental health disorders in students

Mental Illness

Mental illness is a term rooted in history that refers collectively to all of the diagnosable mental disorders as seen illuminated in the DSM-IV (APA, 2000).

Overview of Methodology

Research regarding school counselors' conceptualizations of their training regarding recognizing and responding to adolescent mental health issues is limited in the professional literature. If researchers are interested in explaining and understanding a particular phenomenon but there is little research in that area, it merits a qualitative approach (Creswell, 2003).

Grounded Theory

In grounded theory, data are systematically gathered and analyzed. Therefore, the theory evolves through a continuous interplay between analysis and data collection (Strauss & Corbin, 2008). Moreover, grounded theory procedures are designed to gather information and construct a theoretical explanation of a phenomenon resulting from the experiences of those being studied (Denzin & Lincoln, 2000). Therefore, researchers initiate the area of study and allow for the emergence of themes and theoretical constructs that are likely to offer insight, enhance understanding, and provide a meaningful guide to action (Strauss & Corbin, 2008). Since the purpose of this investigation is to illuminate how school counselors conceptualize their training regarding recognizing and responding to adolescent mental health issues, grounded theory procedures appear appropriate for this research.

Role of the Researcher

The researcher's role is crucial in qualitative inquiry, as the researcher served as the main instrument for data collection and analysis. Creswell (1998) suggested that it is essential that researchers recognize and state biases, values, and judgments at the onset of this investigation and throughout the entire process of this research. Therefore, it was imperative I was aware of my biases and monitored my ideas and assumptions in order to allow for the emergence of research participants' perceptions of their experiences.

Selection of Participants

A purposeful sampling procedure was used in this study, which allowed me to choose participants who had some interest in the proposed research. Eight school counseling graduates who had completed their degree in a CACREP accredited counselor education programs within the past 12 months and who were employed as a middle school or high school counselor were selected for this study. School counseling graduates of CACREP programs were specified due to the consistency of the accreditation standards, including 700 hours of field experience and similar course content. In addition, new school counselors who have graduated within the last 12 months were specified to minimize the influence of post graduate experience.

Data Collection

Data collection procedures utilized in the study included: (a) individual participant interviews; (b) researcher's observations; (c) document reviews, and (d) two reflective questions for the participants. Two rounds of individual interviews were utilized as the primary source of data collection. The initial interview consisted of a face-to-face, 30-60 minute semi-structured interview. The second interview was a follow-up

interview conducted via telephone. After the second interview, two reflective questions were e-mailed to the participants and they responded by e-mail. Interviews were audio recorded and transcribed, and the reflective questions were printed. Transcriptions took place between each round of interviews in order to narrow and focus interview questions as well as elicit new themes and confirm existing themes derived from the data. Once the interviews and reflective questions were complete, they were analyzed in order to elicit themes and concepts.

Data Analysis

The purpose of the data analysis was to progressively narrow the focus of the data to allow key themes of the participants' data to emerge. In order to reduce and interpret information derived from transcripts, the following procedures were needed (a) data reduction, (b) data display, and (c) conclusion drawing and verification. (Miles & Huberman, 1994; Strauss & Corbin, 2008). Reanalyzing and categorizing data was done until "the new information does not further provide insight into the category" (Creswell, 1998, p. 151).

Trustworthiness

In qualitative research, the soundness of research was evaluated by its trustworthiness as opposed to reliability and validity, which are used in quantitative research. Denzin and Lincoln (2000) included four criteria to represent trustworthiness of the research: credibility, transferability, dependability, and confirmability. To strengthen the credibility of the findings, several procedures were used throughout data collection (individual, follow-up interviews, reflective questions, personal observations, and document reviews). Because trustworthiness is represented in part by an investigation's

credibility, triangulation and member checks were also used. To aid with transferability, I provided a detailed depiction of the participants' perspective, experiences, and findings. In order to present the data in the context of the participants, a summary of participants' personal information was collected at the initial interview and a display of participant demographic characteristics was created. Dependability involved conferring with my peer debriefer in order to provide external checks of the research process by discussing the methods, meanings, and interpretations. Lastly, with confirmability, in order to ensure that the study reflected the perspectives of the participants and not my own biases, I identified many my biases and assumptions, I utilized my reflective journal, I sought alternate hypotheses and explanations for my findings from the onset and throughout data collection and analysis, and I utilized member checks.

Member Checks

Member checks involved sharing interview transcripts, analytical thoughts, and interpretations with the participants in this study to make sure that ideas were represented accurately (Glesne, 1999; Strauss & Corbin, 2008). By using member checks, participants had an opportunity to clarify their experiences and point out any misinterpretations of their perceptions and experiences.

Peer Debriefing

Peer debriefing supports the credibility of the data and contributes to the confirmability of the interpretations and findings as being honest and believable (Spall, 1998). The peer debriefer was a counselor educator, trained as a school counselor, and was familiar with a qualitative design. In debriefing, this impartial peer and this researcher carried out an extensive discussion regarding the findings and progress of this

investigation. I asked the peer debriefer to review findings in an effort to establish trustworthiness and dependability of the results.

Reflexive Journal

Spall (1998) describes the reflexive journal as a record for the researcher's perceptions and reactions throughout the process of data collection and analysis. Accordingly, a detailed journal containing ideas, activities, perceptions, and reactions pertaining to this study was maintained in order to provide a comprehensive account of data collection and analysis procedures. The journal served as another way to determine whether results were transferable to other contexts.

Summary

Although there have been many improvements in the lives of children in the United States, there are still enormous issues such as abuse, violence, and poor peer relations that interfere with their normal development and functioning. Because adolescence is a period of rapid change, providing interventions to this population is challenging. Schools are a place in which adolescents spend a majority of their time, school counselors are considered to be primary staff to attend to the multiple needs of students. Thus, it was essential that research focuses on school counselors' conceptualizations of their training regarding recognizing and responding adolescent mental health issues.

CHAPTER II

LITERATURE REVIEW

Introduction

Twenty percent (6 million) of the children and adolescents in the United States will experience a mental health issue within a given year (USDHHS, 1999). In the United States, 1 in 10 children and adolescents suffer from mental illness severe enough to cause some level of impairment (Kaffenberger & Seligman, 2007). More specifically, 8% to 15% of adolescents have been diagnosed with a mental disorder, which causes impairments in functioning at home and at school (Wolfe & Mash, 2006). Yet, it is estimated that only one fifth of such children receive mental health services (Erford, Newsome, & Rock, 2007).

Several factors impinge on the mental health functioning of students (e.g. biological and psychosocial factors, family and peer functioning, environmental factors, stressful life events, and childhood maltreatment) (USDHHS, 1999). Lockhart and Keys (1998) identified factors including “poverty, homelessness, substance abuse, physical and sexual abuse, and domestic community violence” as issues that induce mental health disorders in students (p.1). In addition, developmental and cognitive changes, which may contribute to a range of psychosocial difficulties such as lower global functioning, impaired personal relationships, and poor school performance, could create many difficulties into adulthood (Stoep, Weiss, Saldanha, Cheney, & Cohen, 2003). In particular, many disorders occur during the onset of puberty (at about age 11) and end with early adulthood (18-24 years.). Since most parents and guardians do not have specialized training to recognize mental health

issues in their children, school counselors, due to their professional training, are in a primary position to ameliorate various mental health concerns in adolescent students. As a school counselor, it is important to be able to recognize and respond to various mental health issues of students. School counselors are more likely than counselors in any other setting to encounter students with mental health signs or symptoms on a daily basis (Allen et al., 2002; Erk, 2008; Foster et al., 2005). It seems vital to examine school counselors' conceptualizations of their training regarding recognizing and responding to adolescent mental health issues because counselor confidence in their ability to use their counseling skills in real life settings has a direct influence on the quality of counseling services they provide (Bradley & Florini, 1999; Tang et al., 2004).

Adolescence is a period in which many mental health issues arise. School counselors are in a unique position to attend to the mental health needs of these students (Burrow-Sanchez, et al., 2008; Roberts-Dobie & Donatelle, 2007; Wolfe & Mash, 2006). It is essential that school counselors feel capable in recognizing and responding to adolescent mental health issues in order to provide effective services for students (Bradley & Florini, 1999; Tang et al., 2004). Since school counselors can be an integral part in the amelioration of many adolescent mental health issues, it is necessary to examine the roles of school counselors because it is a determinant of their success and confidence as a counselor (Tang et al., 2004). Since counselor identity begins to develop during counselor training, literature about counselor education programs will be examined. These programs provide theoretical foundations and clinical experience in order to foster learning opportunities that will help school counseling students to develop

into competent practicing counselors. This chapter also contains a review of the relevant developmental factors for adolescents.

Developmental Factors

Researchers contend that biological, cognitive, and social influences are three primary developmental factors in adolescence that often influence various developmental outcomes such as autonomy, identity, or sexuality (Cicchetti & Rogosch, 2002; Wager, 2008; Wolfe & Mash, 2006). Thus, it is imperative that counselors have a proficient knowledge in human development in order to develop and implement age-appropriate strategies for students (Watkins, Ellickson, Vaiana, & Hiromoto, 2006), to encourage optimal development as students navigate through stage of puberty (Akos & Scarborough, 2004), and distinguish between age-appropriate behaviors and serious psychopathological issues in adolescents (Hazen, Schlozman, & Beresin, 2008). More specifically for school counselors, focusing on development is the foundation for an effective counseling program; thus, a K-12 curriculum attends to the developmental changes in a chronological, orderly manner (Erford, 2007).

According to Erk (2008), there are several reasons why an understanding of human development is essential to recognizing and responding to mental health issues of children and adolescents. First, many environmental and psychosocial stressors have important developmental implications (Wolfe & Mash, 2006). Family and peers are influential to ones' mental health and well being. Second, understanding human development allows the counselor to concentrate on the normal concerns of a child identified with a disorder. Thus, it is important for counselors to be able to differentiate between normal and abnormal behaviors and to provide effective services to both.

Perceiving a common developmental concern as a representation of a pathological symptom contributes to misdiagnosis, which likely will result in incorrect interventions (Murphy, 2008). In addition, development must also be considered when providing counseling and setting goals because there are myriad of other social influences that contribute to adolescent development such as technology, multiculturalism, and mass media.

More specifically, knowledge of human development provides the platform to comprehend central cultural differences (Erk, 2008). Thus, it is important to recognize that development does not always unfold universally in children due to individual and cultural differences. It is crucial to understand the role of culture in the child's behavior because symptoms appear differently across cultural lines (Erk, 2008). Thus, to superimpose existing models for emotional and behavioral disorders onto various ethnic groups or minorities is ineffective and unethical. In addition, counselors must be aware of social conditions such as poverty, racism, and substance abuse often affect the rates of this disorders (Wolfe & Mash, 2006). Thus, counselors should not over generalize and label clients because it is wrong to assume that all persons or the same minority group share the similar characteristics assigned to that group (Murphy, 2008). Therefore, it is essential that the counselors be attuned to the developmental level, cultural needs, and the child's capabilities for counseling interventions to be successful (Erk, 2008).

Although most adolescents progress through the many changes associated with their various developmental milestones with no difficulties, up to one fourth of adolescents in the United States manifest academic, emotional, and behavioral difficulties that can affect their long-term educational attainments, emotional well-being, and

occupational success (Roeser et al., 1998). There are many issues that contribute to adolescent behavioral issues within the school, such as student-teacher relationships, classroom structure, pedagogy, school rules, methods of discipline, and expectations (Erk, 2008). Roeser contends that “academic and emotional difficulties are reciprocally related to each other and can alter the course of a child’s development” (p. 154). These factors can also be predictors for later issues such as substance abuse, delinquency, and dropping out of school. Stoep et al. (2003) estimated that 46% of those who failed to complete high school had a psychiatric disorder. Other contributors to students’ behaviors include motivation and school failure; depressed mood; school truancy; delinquency; self-concepts and cognitions that hinder student’s academics, socialization, and contribute to emotional and behavioral issues such as school violence (Dinkes et al., 2007; Roeser et al.). Therefore, “the school is a place where intervention and prevention services can be initiated, and it is also a place that behavior disorders can be exacerbated” (Erk, p. 70).

School Counseling Literature

School Environment

Researchers contend that schools are primary settings in which childhood mental health issues are best resolved (Allen et al., 2002; Auger, 2005; Bardick et al., 2004; Burrow-Sanchez et al., 2008; Carney & Cobia, 2003; Erk, 2008; Foster et al., 2005; Kaffenberger & Seligman, 2007; Keys et al., 1998; Keys & Lockhart, 1999; King et al., 2000; Lockhart & Keys, 1998; Roberts-Dobie & Donatelle, 2007; Roeser et al., 1998; USDHHS, 1999; Watkins et al., 2006). According to Erk (2008), it is at school that (a) behavior disorders can often be diagnosed and treatment administered, (b) interventions

are tailored to the child's age, (c) proactive or positive measures to prevent or ameliorate a disability or disorder can be taken, (d) licensed professionals (e.g. teachers, school counselors, school psychologists) are best equipped to serve children who are at risk for developing disruptive behaviors or who are already identified with one.

According to the Foster et al. (2005), report on the *School Mental Health Services in the United States*, the majority of mental health issues were present in middle and high school students. Further, the report indicated that the common issues among adolescents in school (middle school and high school age-students) were social, interpersonal, or family problems; depression and grief reaction; substance abuse; adjustment issues; and delinquency or gang related behaviors. Also, it was reported that while many professionals (e.g., teachers, school nurses, social workers, school psychologists) were involved in providing mental health services to students, the predominant providers of services for students' mental health issues were school counselors.

School Counselor Role

ASCA stresses that middle school and high school counselors are "professional educators with a mental health perspective who understand and respond to the challenges presented by today's diverse student population" (ASCA, 2006, ¶3). However, according to some, school counselors are not doing enough to meet the complex needs of children who are risk (Keys et al., 1998). A number of barriers interfere with school counselors being able to provide mental health services in schools. For instance, the recommended case load for school counselors is 250:1 (ASCA, 2006); however, the national school counselor caseload average is currently 476 students to 1 school counselor which makes it difficult to attend to the needs of all students. In addition to the high caseloads, school

counselors must also consider the cultural of students when providing developmental and holistic services (Gregg, 2000, p. 3); thus, it becomes challenging to develop a comprehensive school counseling program that is inclusive to the diversity of the students. Kaffenberger and Seligman (2007) contend that barriers such as: being overworked with non-counseling tasks, duplicated services and programs that are narrowly focused due to lack of collaboration with community resources, and the lack of knowledge about mental health disorders also contribute to the lack mental health services being provided by school counselors.

Several professional organizations have guidelines for school counselor roles. ASCA is a school counseling organization that “represents professional school counselors and promotes professionalism and ethical practice” (ASCA, 2006, ¶ 4). ASCA focuses on “professional development, enhancing school counseling programs and researching effective school counseling practices” (¶ 2). ASCA’s vision is to promote students’ success in schools through advocacy, leadership, collaboration and systematic changes. In addition to ASCA, the Education Trust has been influential in transforming the role of today’s professional school counselor. The Education Trust posits that school counseling is a profession that focuses on the relations and interactions between students and their school with the express purpose of reducing the effects of environmental and institutional barriers that impede student academic success (Education Trust, 2002). The primary objective of the Education Trust is to close the academic achievement gap for all students at every grade level. Therefore, the National School Counselor Training Initiative was implemented to provide professional development for school counselors in order to serve as advocates to promote school-wide success for all groups of students (Education Trust,

2002). The Education Trust maintained that counselor preparation is a responsibility of the university. However, Paisley and Benshoff (1996) disagreed and asserted that school counselor preparation is a continuous process that is primarily the responsibility of the counselor and should be augmented by local school systems, supervisors, and principals who should share the responsibility for school counselors' continued professional development. More specifically, Clark and Horton-Parker (2002) noted that many school counselors access additional training on their own and that the purpose of such professional development is to attain experiences and knowledge that will assist them in fulfilling duties that are required in a position for which the counselor is often already employed.

CACREP is an organization that focuses on providing leadership and promotes excellence in professional training through the accreditation of counseling and related educational programs. In addition, CACREP is "dedicated to (1) encouraging and promoting the continuing development and improvement of training programs, and (2) preparing counseling and related professionals to provide service consistent with the ideal of optimal human development" (CACREP, 2006, ¶2). CACREP stipulates several appropriate components of a school counseling curricula "that provides an understanding of the coordination of counseling program components as they relate to the total school community" (¶ 4), including all of the following:

- Advocacy for all students and for effective school counseling programs.
- Coordination, collaboration, referral, and team-building efforts with teachers, parents, support personnel, and community resources to promote program

objectives and facilitate successful student development and achievement of all students.

- Integration of the school counseling program into the total school curriculum by systematically providing information and skills training to assist pre-K–12 students in maximizing their academic, career, and personal/social development.
- Promotion of the use of counseling and guidance activities and programs by the total school community to enhance a positive school climate.
- Methods of planning for and presenting school counseling-related educational programs to administrators, teachers, parents, and the community.
- Methods of planning, developing, implementing, monitoring, and evaluating comprehensive developmental counseling programs.
- Knowledge of prevention and crisis intervention strategies (§ 4).

These standards directly relate to adolescent mental health issues. For instance, advocacy and collaboration are essential roles for school counselors in attending to the mental health needs of at risk youths (Keys, Bemak, Carpenter, et al, 1998). Keys, Bemak, and Lockhart (1998) posit that with this approach, counselors take a proactive versus reactive position when working with youths. Furthermore, school counselors are “change agents ... for the systems within which they and their clients are embedded” (p. 124). Thus, in the collaborative consultant role, school counselors are leaders, working together with various stakeholders as a means of advocating on behalf of their students. In addition to the school counseling components, there are several knowledge and skill requirements for school counselors such as program development, implementation and evaluation, counseling and guidance, and consultation. Thus, collaboration, leadership

and advocacy are essential functions in a comprehensive school counseling program. These functions not only direct the task of school counselor, but they are necessary for working with students with mental health needs.

School counselor roles vary depending upon the expectations of others. Foster, et al. (2005) examined the work activities performed by 526 school counselors. The work activities focused on the frequency and perceived importance of work behaviors performed by school counselors. It was determined that school counselors define their roles by performing work activities that highly promote student academic, career, and personal/social development in agreement with the national standards for school counselors. Yet the results indicated that school counselors were also performing many non-counseling duties.

The type of non-counseling duties performed by school counselors vary depending upon the setting and the needs of the school. Common non-counseling duties within middle and high school are scheduling, disciplinary functions, and clerical duties (Fitch et al., 2001). Thus there is a disparity between what is advocated by school counseling training programs and ASCA and actual duties school counselors are performing (Lambie & Williamson, 2004). This disparity stems from many stakeholders having different perceptions of the roles of school counselors. For instance, Fitch et al. contend that school administrators perceive the role of schools counselors to include several non-counseling activities that contradict the standards promoted by ASCA. Some administrators base their knowledge about school counselors on their own experience with counselors and lack of knowledge about school counselor comprehensive programs. These differences create conflict between school counselors and school administrators

that hinder services for students with mental health issues (Kaffenberger & Seligman, 2007).

Lockhart and Keys (1998) suggest that a mental health counseling role of school counselors appropriately addresses the needs of at-risk students today. They contend that various mental health problems and environmental factors such as poverty, homelessness, substance abuse, physical and sexual abuse and domestic and community violence “require mental health response in school” (p. 5). The New Freedom Commission on Mental Health (2003) states that “children receive more services through schools than any other public system, federal, state, and local agencies and that schools should fully recognize and address the mental health needs of youth in the education system” (, p. 4). Although many contend that mental health services are needed and best addressed within the school setting, “school counselors are often limited in this role by school system policies” (Keys & Lockhart, 1999, p. 5) such as restriction of counseling sessions, time consuming administrative tasks, and limited training.

Keys, Bemak, and Lockhart (1998) posit that “coordination, consultation, counseling and classroom instruction are important functions for the school counselor” when providing services to at-risk youth (p. 384), which is similar position stated by others (Gregg, 2000; Zirkie & Peterson, 2001). Keys, Bemak, and Lockhart (1998) claim that in order for school counselors to address the mental health needs of at risk students, school counselors need to change their “self perception that their role is more about guidance and education than counseling and mental health” (p. 386). In addition community pressures about the intrusiveness of counseling need to be addressed and

resolved in order to redefine school counselors' roles in order to help at-risk youth achieve school success (Kaplan, 1996).

Counselor education programs are influential in the development of school counselors' roles by promoting interactions involving structural and attitudinal changes that contribute to the development of one's professional identity (Brott & Myers, 1999). Professional identity serves as a frame of reference to carry out one's professional role(s) by having students integrate their knowledge with their own thoughts and feelings. Professional counselor identity is developed through learning the theoretical foundations and having clinical instructions and experience (Tang, et al., 2004). If school counselors are involved in courses that pertain to recognizing and responding to mental health issues of students while in their training program, they are likely to develop more confidence in assisting students with various mental health issues. In addition, they will be better trained to handle the conflicting duties and functions and may adopt a mental health counseling role when working with adolescents (Keys, et al., 1998; Keys & Lockhart, 1999). Therefore, examining counselor education training programs is needed.

School Counseling Training

The mission of most graduate counselor education programs is to train students to be effective and competent counselors (McEachern, 2003). School counselor education programs are expected to offer preparation in certain areas of knowledge and skills that encompass a range of issues faced by students today. Some counselor education programs adhere to CACREP standards, which are standards set by and for the counseling profession. CACREP sets standards for various counseling programs such as career counseling, community counseling, mental health counseling, and school

counseling. Since schools are more likely to provide mental health services to students and because school counselors are more likely to provide such services, school counseling training programs will be examined (Foster et al., 2005; New Freedom Commission on Mental Health, 2003).

For school counselors, the standards require that graduates are knowledgeable about “issues that may affect the development and functioning of students (e.g. abuse, violence, eating disorders, attention deficit hyperactive disorder, childhood depression, and suicide)” (CACREP, 2001, ¶6). CACREP requires counselor education programs to provide instruction pertaining to the design, implementation, monitoring, and evaluation of the development of school counseling comprehensive programs (e.g., ASCA National Model for School Counseling Programs, 2005). In addition, counselor education programs must include educational materials about various systems that affect students at school and home in order to be aware of the multitude of issues that affect academic success (CACREP, 2001). ASCA (2006) contends that school counseling training programs are effective when they offer a curriculum that is developed to help school counseling students learn to plan and execute a comprehensive school counseling program. Counselor education programs can help school counseling students develop the knowledge, skills and attitudes needed to understand the continuum of mental health services required to address the academic, personal/social, and career development of students. To enhance success for all students, school counselors can initially identify concerns and then collaborate with families and professionals in the school and community to ameliorate impediments to student learning. This can be accomplished by

facilitating individual and group counseling and classroom guidance programs as well as ensuring equitable access to resources.

According to Holcomb-McCoy (1998), several factors influence the work of urban school counselors. The author states that diversity of students, lack of resources, poverty, family issues, violence, and high dropout rates are issues that must be addressed in structuring successful urban school counseling training program, This is consistent with CACREP common core curriculum for school counseling programs. Holcomb-McCoy (1998) suggests that in order for school counselors to be effective with working with an urban population they must: (a) have studies that address urban education and issues, (b) must study multicultural issues extensively, (c) understand how to coordinate counseling for the entire school community and have leadership skills to initiate collaborative efforts with other school personnel, (d) have skills and knowledge to develop programs that support and encourage families to participate in the education of the their children, and (e) have skills to assist students with possible emotional disorders and dysfunctional behaviors and also provide treatment and prevention. In addition, Holcomb-McCoy and Mitchell (2005) claim that school counseling programs are most effective when there is a balance between intervention responses and proactive prevention.

Perusse et al. (2001b) examined the similarities and differences among school counselor preparation programs nationally. Although there were similarities (e.g., credit hours, admission requirements), there were differences (e.g., curriculum content). In particular, when asked about the course content areas required and designed specifically for school counseling students pertaining to psychopathology, DSM- IV, diagnosis, and

substance abuse, only 14% of the respondents indicated that these courses were required for school counselors. Although ASCA contends that school counselors should have mental health perspective to address the needs of all students, if school counselors do not have courses pertaining to adolescent mental health issues, this will likely affect their competence in this area and affect their ability to address the various mental health needs of their students. More specially, although there is variability in training for school counselors, incorporation of specific areas of knowledge into a counselor training program is necessary to ensure that school counselor are prepared to practice appropriate interventions (Paisley & Benschhoff, 1996). Paisley and Benschhoff assert that pre-service training is not the only way in which school counselors become effective. In fact, they believe that counselor preparation is a continuous process that relies heavily upon on the job training and ongoing professional development. In addition to coursework for school counselors, the internship experience remains a critical component of education, training, and professional socialization that intertwines standard coursework with practical experience and application (CACREP, 2001; Crespi & Butler, 2005). Thus, the internship provides an opportunity for students to perform, under supervision, a variety of counseling activities that a professional counselor is expected to perform.

School Counselor Perceptions

There have been several studies that focused on school counselors' perceptions about addressing various mental health needs, such as: self injury (Roberts-Dobie & Donatelle, 2007), eating disorders (Bardick et al., 2004), suicide (King & Smith, 2000; King, et al., 1999), HIV (Carney & Cobia, 2003), attention-deficit/hyperactivity disorder

(Schwiebert, et al., 2002), social anxiety (Herbert et al., 2004), and substance abuse (Burrow-Sanchez et al., 2008).

Self injury. According to Ross and Heath (2002), self injurious behavior is often seen in adolescents, especially females. Roberts-Dobie and Donatelle (2007) examined the experience, knowledge, and needs of school counselors in relation to students self-injurious behavior by surveying 237 members of ASCA. It was determined that 81% of school counselors reported working with students who self-injure. In terms of identifying those who self-injure, 48% were personally able to recognize the symptoms. This disparity is alarming because it means that many students may not be receiving the interventions due to insufficient detection. The majority of students who engage in self-injury were identified by student self-report or reports from teachers or other students. Furthermore, school counselors reported that they were the most appropriate and likely school contact for students who self-injure.

When addressing school counselors' knowledge of self-injury, it was reported that 20% of school counselors identified themselves as not very knowledgeable in the working with self-injurers. In addition, level of knowledge was associated with having experience with self-injurers. At least 92% of the respondents indicated a strong interest in learning more about self-injury. Because self-injurious behavior is co-morbid with several other issues such as substance abuse and trauma, school counselors must be able to "both identify self-injurers in need of mental health services and be trained to make appropriate referrals" (Roberts-Dobie & Donatelle, 2007, p. 263).

Crisis intervention. Another area of need for school counselor's training is in the area of crisis intervention. A crisis can stem from suicide, death, grief, loss, school

shooting, gang activity, natural disasters, drug abuse, abuse, and medical emergencies (Allen et al., 2002). According to ASCA (2007),

The professional school counselor is a leader and a crucial member of a district and school crisis/critical incident response team. The development and implementation of a coordinated district and school crisis/critical incident response plan should include input from the professional school counselor.

Professional school counselors are student advocates and facilitators of communication with students, staff, parents and community members and assist in securing outside services when needed. The school counselor's expertise should not be replaced by less-qualified personnel in crisis/critical incident response planning and implementation. The professional school counselor should help coordinate crisis/critical incident stress debriefing after the incident for students, staff, members of the school counseling department and self care for the school counselor and other mental health professionals directly involved in the incident response (§4).

Allen and colleagues (2002) examined school counselors' training for and participation in crisis intervention. Besides key areas of interest (e.g., continuing professional development); questions regarding university training, recommendations for counselor education, and school counselors' participation in school crisis intervention activities were addressed in the study. More than half of the respondents reported that they felt minimally trained or not at all trained to deal with crisis situations, although more than half of the respondents reported that some type of exposure to crisis intervention during graduate school either through course work or during practicum and internship.

Respondents reported that they wanted more crisis topics to be emphasized in counselor education programs such as abuse, violence, and grief/death in order to be effective during a crisis situation at school, since these are the topics that school counselors frequently encounter.

Depression. Depression is a common disorder during adolescents. For instance, Wolfe and Mash (2006) cite that there is a “4% to 8% prevalence rate for major depression and approximate cumulative incidence for depression of 20% to 30% in community samples of adolescents”. According to an Annenberg Public Policy Center survey (as cited in Brown University, 2004) depression and substance abuse issues were cited as the most serious challenges in schools. Therefore, it is very likely that school counselors will encounter students who are suffering from depression. For instance, King, et al. (2000) surveyed high school counselors’ perceived self efficacy in recognizing students at risk for suicide, since depression is a contributing factor for many who attempt and commit suicide. However, only 34% of survey participants indicated that their school had a clear process for identifying students with mental health issues. Although school counselors are not expected to diagnose mental health disorders, awareness of depressive symptomology and comorbid (co-occurring) conditions could help them identify students in need of referral to and treatment by appropriate mental health care providers (King et al.).

Suicide. There is limited research concerning school counselors’ training about suicide. However, suicide is the third leading cause of death among 15- and 24-year olds (CDC, 2005). Among 15- to 24-year olds, suicide accounts for 12.9% of all deaths annually (CDC). Since school counselors are often the ones who address students’ mental

health issues and assist other school staff to effectively address student concerns, it is essential that school counselors are adequately trained to know suicide risk factors and be able to identify those at risk.

According to King, et al. (2000), “schools counselor’s ability to identify at risk behaviors in students is considered integral to an effective comprehensive school counseling prevention program” (p. 6). In order to intervene and provide resources to students, teachers, and parents; school counselors have the responsibility of knowing the risk factors for adolescent suicide. Although King, et al. (2000) suggested that school counselors exhibited a high degree of knowledge about responding to students who have suicidal risk factors; only one in three believe they can identify a student at risk. King and Smith (2000) contend that “effective training programs are sought as a means to increase student referrals and decrease overall adolescent suicide rates” (p. 402). However, there is a lack of literature addressing the overall effectiveness of a school counselor training program on counselor knowledge and perceived self-efficacy regarding adolescent suicide prevention. It was determined that “that the higher one’s knowledge of recognizing factors that contribute to suicide, the higher one’s knowledge of how to respond in those situation” (King & Smith, 2000, p. 406). Although research indicates that school counselors are involved with students with various mental health issues, there seems to be a disparity been frequency of contact and the ability to recognize and respond to these issues. In addition, the literature indicates that recognizing and responding to adolescent mental health issues is of great importance in order to collaborate with various stakeholders and develop and comprehensive school counselor prevention and intervention programs.

Summary

With the growing mental health challenges of today's students (Erford et al., 2007) and the needs and requirements of the school setting, the training of school counselors is an extremely important issue. Due to limited community resources, school counselors may be called upon to be the primary providers of services to attend to the various mental health needs of adolescents. There appears to be a disconnect between training and actual working setting that hinders schools counselor to be effectiveness in addressing the multiple needs of students (Fitch et al., 2001; Foster et al., 2005; Scarborough, 2005). Parents and school administrators have specific assumptions about the role of school counselors that conflict with school counselors' training. Due to the needs of adolescent students and schools, many counselor education programs want to "reflect the national movements rather than rely solely on what professional school counselors perceive as important course content areas", which may contribute to the disparity of what school counselors' perceive their actual work should be (Perusse & Goodnough, 2005, p. 45). However, there have been some studies (King, 2000; King & Smith, 2000) that have found mixed results regarding school counselors' ability to recognize and respond to adolescent mental health issues. Therefore, it is important to understand the conceptualizations of school counselors' training to address the needs of students because their perceptions will ultimately dictate their effectiveness.

CHAPTER III

METHODOLOGY

Introduction

As a result of the various issues presented by students, the role of the school counselor is multifaceted and challenging. School counseling training to recognize and respond to adolescent mental health issues is of great importance. Given the limited amount of research in this area, in order to examine school counselors' ability to attend to the diverse needs of students, exploratory research is warranted.

Rationale for Using Qualitative Methodology

Several factors must be considered when deciding to use a quantitative or qualitative approach. Researchers must consider the research problem, the personal experiences of the researcher, and the audience who will read the report (Creswell, 2008). If researchers are interested in any type of research that produces findings not arrived at by statistical procedures or other means of quantification, then qualitative research should be the method of choice (Strauss & Corbin, 2008). Qualitative research can explore "persons' lives, lived experiences, behaviors, emotions, and feelings, as well as, examining the organizational functions, social movements, cultural phenomena, and interactions between nations" (pp. 10-11). In addition, if a researcher is interested in explaining and understanding a particular phenomenon but there is little research in that area, then such a study merits a qualitative approach (Creswell, 2008). Qualitative research allows the researcher to understand and develop theories in order to describe a particular natural occurrence or explore the essence of a participant's perspective of a specific phenomenon (Newsome, Hays, & Christensen, 2007).

According to Creswell (2006), meaning and process are the cornerstones of qualitative research. As such, qualitative methodology fits well within the field of counseling for several reasons (Merchant, 1997). First, counselors are trained to be aware of their own worldviews and acknowledge their own prejudices, values, and beliefs. Similarly, qualitative researchers are taught to recognize their own biases as they pertain to the topic of their research. Furthermore, counselors enter the world of their client with skills such as active listening, attending to nonverbal behaviors, and questioning. In fact, counselors are taught to listen for interpretation entrenched within the client's stories. These skills are congruent with the skills utilized by qualitative researchers. Just as counselors tolerate ambiguity, qualitative researchers tolerate uncertainties in the lack of set procedures in data collection and analysis. Counselors are trained to focus on both process and content, which qualitative researchers use when observing, listening, and interpreting themes during interviews. More importantly, counselors seek to empower their clients as a goal in counseling just as qualitative researchers often seek to empower their participants as a goal of research.

Although there are several types of designs in qualitative research (e.g., phenomenology, case study, ethnography, biography), grounded theory is used to study process and to generate a theory about a phenomenon that has yet to be explored (Creswell, 1998). In this study, grounded theory was utilized to illuminate how school counselors conceptualize their training regarding recognizing and responding to adolescent mental health issues.

Glaser and Strauss developed grounded theory because they saw the need to develop a theory that was “grounded in data from the fields, especially in the actions,

interactions, and social process of people” (Creswell, 2006, p. 56). In grounded theory, data are systematically gathered and analyzed and the theory evolves through a continuous interplay between analysis and data collection (Strauss & Corbin, 2008). Moreover, grounded theory procedures are designed to gather information and construct a theoretical explanation of a phenomenon resulting from the experiences of those being studied (Denzin & Lincoln, 2000). Researchers initiate the area of study and allow for the emergence of themes and theoretical constructs that are likely to offer insight, enhance understanding, and provide a meaningful guide to action (Strauss & Corbin, 2008). Since I was interested in gaining insight about how school counselors conceptualize their training regarding recognizing and responding to adolescent mental health issues, grounded theory procedures appeared to be appropriate for this research project.

Researchable Problem

The process of grounded theory research is initiated by the selection of a researchable problem. According to Strauss and Corbin (2008), there are several sources of researchable problems that aid with topic selection such as: asking for suggestions, following up on professional or collegial remarks, personal and professional experiences, and literature reviews. In addition, Gay and Airasian (2008) contend that topic selection should lead to new insights and understanding of important aspects of a topic. The initial research topic is a working model that will be altered and narrowed as the researcher applies a recursive process that seeks to help make sense out of data provided by research participants. Thus, this researcher’s personal and professional experiences with adolescent mental health issues as well as the lack of research in this proposed area served as the basis for the proposed research problem. The proposed study could be

significant to school counseling training programs because it focused on training school counselors regarding recognize and responding to adolescent mental health issues.

Research Questions

Developing a grand research question is the first step in the grounded theory process (Strauss & Corbin, 2008). According to Gay and Airasian (2008), research questions focus on the understanding of meanings and social life in a particular context. Since the purpose of the investigation examined how school counselors conceptualize their training regarding recognizing and responding to adolescent mental health issues, the central question of this study was, “How do new school counselors conceptualize their training regarding recognizing and responding to adolescent mental health issues?” The sub-question was: “What are the perceived components of school counselor training to recognize and respond to adolescent mental health issues?”

Role of the Researcher

The role of the researcher is crucial in qualitative inquiry, as the researcher serves as the main instrument for data collection and analysis. Hence, researchers must be self aware and purposeful when deciding which area to explore and how to explore the chosen topic (Strauss & Corbin, 2008). Creswell (2006) has suggested that recognizing and stating biases, values, and judgments at the onset of an investigation and throughout the entire process is essential to executing research. Therefore, it was imperative that I stated my assumptions and biases as they pertained to this investigation. By stating my assumptions and biases, I increased my awareness. This helped me analyze the findings more critically.

Researcher Biases

Several experiences in my development as a professional counselor have influenced the direction of this investigation. As a community agency counselor in training in a master's degree program, there was only one course (diagnosis and treatment) offered that pertained to mental health disorders. Despite successfully completing the course, I felt undertrained as I began my internship in a hospital on a child and adolescent psychiatric ward. Although the course was helpful when I conducted psychosocial assessments of adults, I had a difficult time recognizing child and adolescent mental health disorders because there are developmental factors that must be incorporated when assessing a child or adolescent. Even after participating in a course pertaining to counseling children and adolescents, I still felt that there was a gap in the information I needed to recognize and address childhood mental health issues effectively.

Another personal situation that contributed to the formation of this topic was my employment as a community service board supervisor. A community services board is a local government supported mental health agency in many political jurisdictions in the United States. I was a liaison between local schools and the community service board. While I was employed in this position, I noticed that many school counselors lacked knowledge about adolescent mental health issues. Thus, they were unable to assist teachers, students, and caregivers in an effective manner with appropriate interventions for this population. In one instance, a school counselor I worked with asked, "What is the DSM?" My primary assumption was that this was not an anomaly and that school counselors are not familiar with diagnosis and treatment of childhood mental and emotional disorders. It was my belief that many school counselors have limited training

or experience in recognizing and responding to adolescent mental health concerns. This lack of training is in direct contrast with CACREP accreditation standards (CACREP, 2001). Consequently, I believed that many training programs were not in tune with the challenges that school counselors' face today.

As a counselor educator in training, I have observed that the curriculum at my current institution is lacking courses specifically addressing child and adolescent mental health. In fact, in the one course required for school counseling students entitled *Counseling Children and Adolescents*, mental health needs of students are only addressed in one chapter of the course text. Despite an apparent desire on the part of many school counseling students to have more information and resources regarding child and adolescent mental health, it appears that many programs in counselor education fail to deliver adequate training.

Researcher Sensitivity

In qualitative research, the goal is not to control for sensitivity, but rather to monitor research beliefs and judgments (Glesne, 1999; Strauss & Corbin, 2008). Strauss and Corbin (2008) remarked, "Sensitivity is required to perceive the subtle nuances and meanings in data and to recognize the connections between concepts" (p. 32). Sensitivity is the researcher's ability to remain open and aware of details and meanings that emerge from data. Previous readings and experiences related to the area under investigation can create such sensitivity. I drew upon my experiences as a supervisor, community based counselor with adolescents and families, and as a student in a counselor education program in order to remain open and sensitive to participants' perceptions in a manner that authentically exhibits the true context of the phenomenon being studied.

Strategies to Contain Sensitivity

According to Glesne (1999), strategies will be used to detect sensitivity that might skew, shape, or distort data. My personal and professional experiences gave me the opportunity to have an understanding of the dynamics of adolescent mental health issues and the dynamics of counselor education programs as I attempted to be aware and balance potential biases. In addition to stating my biases at the onset of this investigation, I utilized strategies that included keeping a reflexive journal, peer debriefing, and member checking.

Reflexive Journal

Spall (1998) describes the reflexive journal as a record for the researcher's perceptions and reactions throughout the process of data collection and analysis. Accordingly, I kept a detailed journal containing my ideas, activities, perceptions, and reactions pertaining to this study. In order to monitor my personal perspectives and values, as appropriate, I shared this journal with the peer debriefer.

Peer Debriefing

Peer debriefing supports the credibility of the data and contributes to the confirmability of the interpretations and findings as being honest and believable (Spall, 1998). The recruitment of the peer debriefer entailed writing a letter detailing my research and my request for her to be a peer debriefer. I sought a person with whom I was familiar with but also someone who was not affiliated with the university that I attended for my doctoral work. I supplied the individual with a proposal of the study and requested that they contact me once they had reviewed the document. The individual contacted me, and we discussed the nature of the study and the roles and expectations of

the peer debriefer. In addition, she also discussed her biases such as being a counselor educator and her training as a school counselor and her experience with qualitative design. In debriefing, this impartial peer and I carried out extensive discussions regarding the findings and progress of this investigation. I asked the peer debriefer to review the findings in an effort to establish trustworthiness and dependability of the results.

Member Checks

Member checks involved sharing interview transcripts, analytical thoughts, and interpretations with the participants in this study to make sure that their ideas are represented accurately (Glesne, 1999; Strauss & Corbin, 2008). By using member checks, participants had an opportunity to clarify their experiences and point out any misinterpretations of their perceptions and experiences. In this study, member checks involved e-mail messages containing preliminary findings after each round of interviews, brief summaries at the beginning of follow up interviews, and a presentation of the results of data analysis. At the end of this investigation, members were asked to clarify information and determine if findings adequately capture the essence of their perceptions.

Research Plan

In order to investigate how school counselors conceptualize their training involving adolescent mental health issues, grounded theory procedures were used. Before this study began, I obtained approval to pursue this investigation from the dissertation committee. A formal protocol [Appendix A] that outlined the proposed investigation was submitted to the Human Subjects Committee at Old Dominion University and permission was requested to conduct the study. Once granted approval, I began the proposed investigation by selecting potential research participants.

Purposeful Sampling

The investigation began with the selection of participants. I used purposeful sampling procedures, which allowed me to choose participants who had some interest in the proposed research. However, the pool of participants was bounded by geographic and financial constraints, as I sought participants from the southeastern area of Virginia. Including the university in which I am currently a doctoral student, there are nine universities in Virginia with CACREP-accredited programs in school counseling. I specified school counseling graduates of CACREP programs due to the consistency of the accreditation standards including 700 hours of field experience and similar course content. To define the scope and provide boundaries for this study, the specific approach known as criterion sampling was utilized. Gay and Airasian (2003) describe criterion sampling as selection of participants who meet specific characteristics and who can provide rich examples of the phenomenon of interest.

Gaining Entry

Before participant selections were performed, according to Creswell (2003), it is important to gain access to research or archival sites by seeking the approval of gatekeepers. Thus, my dissertation committee Chair contacted the graduate program faculty at the selected universities to identify participants and obtain email addresses for potential participants. However, due to the Family Educational Rights and Privacy Act (FERPA), I was not able to obtain addresses of previous students. An introduction letter [Appendix C] was submitted to the faculty from the selected institutions, instructing them to send the introduction letter to previous students. Previous students were instructed to contact me if they were interested in participating.

Participant Selection

The criteria for participant selection were school counselors who completed their degree from a CACREP accredited counselor education program within the past 12 months and who were currently employed as a school counselor in a middle school or high school. Recent graduates were chosen due to the ease of recalling their training experience. Based on these criteria, I selected eight participants.

After participants agreed to take part in this research project, I scheduled an initial individual interview with each participant. Prior to interviewing, I discussed the possible risks of participating in this investigation and requested that participants read and sign a consent form [Appendix B] that explained the study. Next, I gave each participant a demographic inventory during the initial interview [Appendix D].

Participant Group Profile

Participant profiles were created to provide a detailed description of the group who volunteered for this study. The profiles were derived from information provided by the participants on the demographics form at the initial interview [Appendix D], from document reviews, and from personal observation recorded during the interviews. To ensure anonymity, participants were given pseudonyms and their work settings were kept confidential. In addition, the group profile was presented to provide a summary of demographic information.

General demographic information was collected from all participants to create a visual representation of the participant pool [Table 1] utilized in this investigation. All of the participants met the sampling criteria that included (a) having graduated from a

Table 1
Participant Group Profile

Participants	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Interview 7	Interview 8
Ethnic Gender Age	EA F 33	EA F 26	EA F 25	Af-Am F 42	EA F 25	Af-Am F 35	EA F 25	L/H F 46
Advanced Degree	MS	MS	MS	MS	MS	MS	MS	MS
Membership Certification	ASCA STATE	ACA,ASCA, VSCA STATE	Expired but will renew	Expired but will renew	ASCA STATE, NCSC	ACA,ASCA STATE	ASCA,ACA,VCA, VSCA STATE	ASCA LPC
YEWCA	0	9	9	15	No response	0	0	4
Setting Experience	N/A	Private Practice	Daycare	Community Agency	No Response	N/A	N/A	Community Agency
Completed Courses Credit	48	48	48	48	48	48	48	48
Reason for Pursuing Degree	To work with children in helping capacity	To help children and teens	To be a professional school counselor	To help students to maximize potential	To be in a family friendly environment	Act as an advocate	Want to work and help C/A	To make a difference; be visible
CD	1	3	All	4	All-48	3	2	4
DA	0	1	1	1	2	0	1	2
ECCD	1	0	None	0	3	0	0	2
ECDA	0	0	N/A	0	0	0	0	1

Note: Years of Experience Working with Children and Adolescent = *YEWCA*; Counseling and Development Courses = *CD*; Diagnosis and Assessment Courses = *DA*; Elective Courses Counseling and Development = *ECCD*; Elective Courses Diagnosis and Assessment = *ECDA*

CACREP counselor education program within the last twelve months (b) being currently employed as a school counselor in a middle school or high school.

All eight of the participants were females. Five of the participants were European-American, two were African-American, and one was Latin-American. The average age of the participants was 32 years old; ages ranged from 25-42 years old. Six of the participants had active membership in at least one counseling association (e.g., ASCA, ACA, and VSCA), two of the participants' memberships had expired and they were in the process of renewing them. In addition, seven of the eight were certified as school counselors, and one participant was also certified as a National Certified School Counselor. There was one participant who did not have school counseling certification but was licensed as a professional counselor.

Participants had a wide variety of experience working with children and adolescents and mental health. Years of experience working with children and adolescents and/or mental health prior to commencing their graduate counseling program ranged from 0-15 years. One participant possessed experience counseling in a private practice setting, one had experience working in a day care, and two had experience working in a community agency, while the other four participants had no prior experience working with children and adolescents and/or in a mental health setting.

Participants were graduates of three counselor education programs. Six were from the same program, while the others were each from different universities. All participants stated that their program of study consisted of 48 credit hours for completion. All participants indicated that their program of study required, on average, three courses pertaining to counseling and development of children and adolescents, while two

participants indicated that they took two elective courses related to counseling and development of children and adolescents in addition to the required courses. As indicated by the program of study, all participants indicated that their program of study required a course pertaining to testing and assessment, while one participant indicated that they also took an elective course related to diagnosis and treatment.

The participants stated that they enjoyed their career. They indicated that there were several reasons for pursuing a career in school counseling. Three of the participants stated that they wanted to help and work with children and adolescents, three of the participants stated they wanted to act as advocates and make a difference, one participant stated that she wanted to be in a family friendly environment, and one participant stated she wanted to be a professional school counselor.

Measures to Ensure Participants' Confidentiality

In order to ensure confidentiality, pseudonyms were used to disguise participant identities. In addition, the pseudonyms were used on all observation notes, audiotape interviews, and transcripts. A professional transcriptionist was used and was instructed to delete any identifying information from the transcripts. All tapes used were erased after I reviewed the transcripts for accuracy. Transcripts, consent forms, and data will be destroyed seven years after they were collected. Following the completion of the data collection and analysis, participants were informed of the study's progress and they were offered a full report of the results upon written request.

Data Collection Procedures

Data collection procedures utilized in the study included: (a) individual participant interviews; (b) researcher's observations; (c) document reviews; and (d) concluding reflective questions.

Individual Participant Interview

The major sources of data collection were two sets of interviews. The first interview was conducted in person and consisted of a 30 to 60 minute semi-structured session, while the follow-up interview was conducted via telephone. In addition two reflective questions were sent by e-mail after the two interviews. The initial face-to-face interviews and the telephone interviews were audio taped and transcribed, while participants' e-mailed responses to the reflective questions were printed for the purpose of data analysis.

Initial Interview Questions

Initially, interview questions were broad and general. Questions for the initial interviews and the reflective questions were outlined in the interview guide [Appendix E]. Analysis of research participants' responses to initial interview questions provided the basis for the questions used in follow-up interviews. Upon completion of the initial interviews, they were transcribed and analyzed to deduce themes and concepts. As themes emerge, the interview questions for the second round of interviews were narrowed and focused on existing themes. This also allowed for the emergence of new themes and confirmed existing themes that were derived from the data. Therefore,

follow-up interviews were utilized to clarify and confirm emergent themes as well as explore any new information.

Researcher's Reflective Journal

Another data collection method that was utilized during the interviews was the use of an observation journal. I utilized my journal to record the participants' verbal and non-verbal communication and to record my personal thoughts, ideas, feelings, and impressions that occurred during the initial interviews. In order to take the reader into the setting that was observed, I not only observed the participants' reactions towards the questions, but also their reactions towards me (Denzin & Lincoln, 2003).

Document Reviews

According to Merchant (1997), combining pertinent documents and other data collection procedures can elicit additional information when conducting research. Therefore, I obtained program course listings and course descriptions from program websites prior to meeting with participants. These documents were analyzed to ascertain information regarding courses and course content related to the school counselors' training regarding adolescent mental health issues.

The documents reviewed for this project consisted of the course listings, course descriptions, and the websites of three school counseling programs that the participants attended. Since the programs were CACREP-accredited, they contained similar content. However one program had a group lab, while another program had a clinical lab.

As indicated by their program descriptions, each program prepares their graduates to attend to the diverse needs of students. A survey of the course descriptions of each program revealed that students do not have specific courses regarding mental health

issues. However, upon careful review, this researcher found that mental health issues are covered in multiple courses such as social and cultural diversity, human growth and development, assessment, techniques, theories, and counseling children and adolescents. Nevertheless, with the exception of the course pertaining to counseling child and adolescents, analysis of the documents revealed that course content is based upon an adult perspective in each program.

The sequence of data collection was dependent upon the participant's availability. For each participant, the initial interview, follow up, and the reflective questions were completed for each participant before meeting with a subsequent participant. Thus, data analysis occurred not only between each source of data material (each interview and the reflective questions), but also after each participant's interviews were completed prior to interviewing the next participant.

Data Analysis

Data analysis was conducted simultaneously with data collection (Gay & Airasian, 2008). The purpose of the data analysis was to progressively narrow the focus to allow the key themes of the participants' data to emerge. This was done by reanalyzing and categorizing data until no new information provided insight into the category (Creswell, 2006). Furthermore, specific procedures in analyzing data pertain to reducing and interpreting information derived from transcripts (Strauss & Corbin, 2008). Miles and Huberman (1994) propose three stages for qualitative data analysis: (a) data reduction, (b) data display, and (c) conclusion drawing and verification.

Data Reduction

Data reduction is the process of filtering information relevant to the topic and discarding extraneous information. The researcher selects, simplifies, and codes variables from the transcripts from individual interviews (Miles & Huberman, 1994). Data reduction continued to occur throughout the simultaneous process of data collection and analysis. In order to reduce and organize data, open, axial, and selective coding procedures were performed. (Strauss & Corbin, 2008).

Coding Procedures

Open coding is the part of the analysis concerned with identifying, naming, categorizing and describing phenomenon found in the text. During open coding, an initial set of significant categories were formed by examining transcripts, field notes, and documents (Creswell, 2006). Essentially, each line, sentence, paragraph etc. was read in search of the answer to the repeated question "what is this about? What is being referenced here?" After categories were formed, categories were compared for similarities and differences.

During open coding, consensus coding by the research team was performed to ensure consistency of categories. Recruitment of the research team members consisted of me sending an e-mail to all the doctoral students in my degree program. requesting assistance. I meet with each of the two team members and discussed their experience with adolescent mental health and/or school counseling. One member stated that her background was family counseling and that she was not knowledgeable about school counseling. However, the other member was an assistant principal at a high school and was trained as a school counselor. She discussed her training and experiences as a school

counselor and was aware to contain her biases. Thus, two doctoral level counseling students assisted in coding the interviews and reflective questions. The two students had varying levels of experience with a qualitative design. I provided training for one of the students on the coding procedure, while the other student had taken a qualitative course and coding procedures. After the interviews and the reflective responses were completed, I read through the interviews and reflective responses and developed an initial codebook. In addition, I removed all identifying information from the interviews and the reflective questions prior to give them to the team members. I then gave the codebook and the interviews and the reflective responses to the two doctoral students and had them code the documents utilizing the codebook. Once they were done coding, themes and categories were determined and discussed with the each member and the peer debriefer separately. I meet with each team member separately face to face due to schedule conflicts, and I conferred with the peer debriefer via telephone.

Next, axial coding was used to connect or associate the categories in order to reconstruct data that was segmented during the first stage (Creswell, 2008). Axial coding is the process of relating codes (categories) to each other via a combination of inductive and deductive thinking. To simplify this process, rather than look for any and all kinds of relations, there was an emphasis on causal relationships and fitting things into a basic frame of generic relationships.

Finally, selective coding was used in order to choose one category to be the core category, and “integrate categories in the axial coding model” (Creswell, 1998). The essential idea was to develop a single storyline or theory around which everything else is

draped. Selective coding connected the categories to provide a clearer clarification and explanation of the main themes throughout the data.

Data Display

According to Miles and Huberman (1994), a data display is an organized construction of information that allows conclusions to be drawn about the data. In order to distinguish and connect categories and examine properties and dimensions, various techniques for displaying data include charts, graphs, and matrices. These methods for data display were utilized throughout the simultaneous processes of data collection and analysis.

Conclusion Drawing

Miles and Huberman (1994) suggested that qualitative researchers enter into the process of data collection with set notions about the end result of the research. However, it is essential that the researcher remains receptive to different conclusions until data collection is done. By using a constant comparative approach, I explored and examined the similarities and differences of the categories, properties, and dimensions until themes were established. The collection and analysis of data continued until categories were saturated, meaning no new information was emerging.

More specifically, since data collection and analysis happens simultaneously, within case displays were used to break data apart and describe the concepts after the initial and follow up interviews. Thus, coding was used to deduce themes and concepts. Documents such as course descriptions and program web sites, were used to gain insight and identify trends which were explored during the interviews. Observations were used to

analyze the research setting and participants in order to provide a clear and detailed description. Thus, these forms of data collection were essential for verification.

Verification Procedures

In qualitative research, the accuracy of the research is determined by its trustworthiness instead of reliability and validity (Creswell, 2008). Denzin and Lincoln (2000) included four criteria to represent trustworthiness of the research: credibility, transferability, dependability, and confirmability.

Credibility

The premise of credibility is determining if the results from the analysis are plausible and accurate. Credibility is determined by asking such questions as (a) Do conclusions of this research make sense? (b) Do conclusions adequately describe research participants? and (c) Do conclusions authentically represent the phenomena of interest? (Denzin & Lincoln, 2003; Miles & Huberman, 1994). In this research, in order to strengthen the credibility of the findings, several procedures were used throughout data collection (initial and follow-up interviews, reflective questions, personal observations, and document reviews). Because trustworthiness is represented in part by an investigation's credibility, triangulation and member checks were used. Triangulation was used to corroborate the observations with the verbal data throughout the data collection and analysis procedures. In addition, triangulation involved consulting with an impartial peer throughout data collection and analysis. Member checks involved the participants reviewing their transcribed interview for reliability and accuracy.

Transferability

In qualitative research the transferability of findings is crucial, meaning that the results of a study must be transferable to other contexts, with other participants, and in other settings. To aid with transferability, I provided a detailed depiction of the participants' perspective, experiences, and findings. In order to present the data in the context of the participants, a summary of participants' personal information was collected at the initial interview [Appendix D] and a display of participant demographic characteristics was created (Table 1). The reflexive journal served as way to assist in providing a comprehensive account of the data collection and analysis procedures to provide the reader with an opportunity to determine whether the results are transferable to other contexts.

Dependability

Dependability involves the consistency of the results over time and across researchers (Newsome et al., 2007). I conferred with a peer debriefer in order to provide external checks of the research process by discussing the methods, meanings, and interpretations. More specially, I consulted with the peer debriefer to ascertain if her conclusions were comparable to mine.

Confirmability

Confirmability assumes that the findings of the study were reflective of the participants' perspectives and not my own biases and subjectivity (Newsome et al., 2007). In order to limit my bias, I identified many details regarding my biases and assumptions, as well as my experiences and preconceptions about the topic at hand. (Creswell, 2008). In addition, I utilized my reflective journal to record my thoughts,

feelings, ideas, perceptions, and assumptions about the topic and my participants throughout the research process. I also constantly sought alternate hypotheses and explanations for my findings from the onset and throughout data collection and analysis. Member checks also served to enhance confirmability.

Summary

This chapter presented a qualitative research outline designed to explore school counselors' conceptualizations of their training regarding recognizing and responding to adolescent mental health issues. A rationale for utilizing qualitative methodology was offered and grounded theory procedures were described as the specific approach that is most appropriate for the purpose of this investigation. The role of the researcher and a detailed research plan, including methods of data collection and analysis, were also discussed. Finally, verification procedures were highlighted as the measures that were used to enhance trustworthiness of the findings.

CHAPTER IV

FINDINGS AND INTERPRETATIONS

Introduction

The purpose of this chapter is to present the findings that emerged from participants' responses to the research question: How do new school counselors conceptualize their training regarding recognizing and responding to adolescent mental health issues? This chapter is organized into three main sections. The first section includes a description of the data collection and analysis procedures. The second section contains a presentation of the results of this study. In the final section, a graphic representation of the overall findings and the conclusions drawn from the data are presented.

Data Collection and Analysis Procedures

The data collection consisted of two rounds of individual interviews followed by two reflective questions sent by e-mail. Participants volunteered for an initial 30-60 minute face-to-face interview and one follow up interview conducted by telephone. In addition, participants were asked to respond to two reflective questions sent by email. For the purpose of data analysis, initial face-to-face interviews and telephone interviews were audio taped and transcribed. Electronic mail reflective question responses were printed for analysis purposes.

Initial Interviews

For the initial interviews, I met with the eight participants. The information contained in the first round of interviews addressed the central research question: How do new school counselors conceptualize their training regarding recognizing and responding

to adolescent mental health issues? Initial interview questions utilized to explore this research question included the following: (a) Describe for me your school counseling training (b) Tell me what comes to mind when I mention “adolescent mental health issues”? (c) During your training, which content courses, if any, trained you to address adolescent mental health issues? (d) What were the major events or benchmarks in during your training that contributed to your level of readiness? (e) Who were the significant individuals in your counseling program that contributed to your training? (f) How were you involved in your training with respect to addressing adolescent mental health issues? (g) What, if any, were the positive aspects of your training? (h) What, if any, were the negative aspects of your training? (i) As you reflect on your training and you are now in your school counseling setting, what things do you think, if anything, were needed in your school counselor training? (j) What would you consider are the essential components for being able to address adolescent mental health concerns? (k) What suggestions do you have for school counselor educators regarding training school counselors to work with adolescents?

Although each of these questions was posed to each of the participants during their initial interviews, I utilized prompts to solicit specific information or detailed examples as needed. Once the initial interviews were completed, participants were asked to review the transcript of their interview for accuracy and clarity.

Initial data analysis began once these interviews were converted from audiotape to transcripts for all participants. Analytical procedure began via open coding. This involved reading and re-reading transcripts in search of initial themes. I wrote brief descriptive statements to represent each theme and developed a code book for the

purpose of consensus coding. Two doctoral students also coded the initial interviews.

Both doctoral students were in their second semester in their program of study. One was a full-time student and had a course in qualitative designs, while the other was a part-time student who had not yet taken a qualitative research methodology course.

I instructed each student to read through each document (interviews and reflection responses) at least once to get an understanding of the perspective prior to coding. After determining that one of the students was already familiar with coding procedures, I trained the other student in coding by demonstrating how to code using one of the interviews. Once she felt comfortable with the process, I gave both the students the rest of the interviews, the reflective responses, and the codebook. I also coded utilizing the codebook. Once they were done coding, themes and categories were determined and discussed with the each member and the peer debriefer separately. I meet with each team member separately face to face due to schedule conflicts, and I conferred with the peer debriefer via telephone. We organized the themes into groups of related topics. Initially, we identified several themes: coursework, work experience, faculty/peers, and previous education. Upon closer examination of the initial themes, it became evident that the themes could be place and organized according to three general topics: pre-graduate training, graduate training, and post-graduate training.

In order to facilitate development of categories and related components in accordance with grounded theory procedures, I initiated axial coding procedures to refine the organization of data into each category. This included the identification of relationships among the components within each category including subcategories and properties. At this point, I was also able to identify dimensions among the concepts that

made up the properties of each subcategory. A detailed presentation of each of the three categories and their related components is included in the results section. Before presenting the results, however, I have provided a discussion of the second round of data collection and analysis procedures.

Follow-up Interview

Follow up interviews were comparable to the initial interviews in terms of the procedures used. However, specific questions for the second round of individual interviews were developed to attain more detailed information to clarify data collected during initial interviews and reveal new findings. In order to expand categories and dimensions, particular interview questions for the follow-up questions varied and were developed to address details as they emerged from participants' responses. Specific questions included: (a) Have you had any other thoughts about your training? (b) Tell me how you normally respond to students with a mental health issues? (c) As you think back, how complementary is your training to what you're doing now? (d) How important has your prior experience been to your training and current employment? (e) How much of your undergraduate experience do you use now at your setting? and (f) Where did you get exposure to adolescent mental health issues and how to deal with them? In some cases, participants had already thoroughly addressed the content of the questions in the initial interview and were asked to expand on this information by clarifying, describing, and elaborating on their experience related to the specific concept or topic of interest.

The data analysis for the follow-up interviews utilized procedures similar to the initial interviews. Initial procedures consisted of reading the transcripts for the purpose identifying themes that would be explored and incorporated into an already existing

framework of categories and related components. Follow-up interviews produced no new themes but served to refine, clarify, and expand the definitions of existing concepts. In addition, the follow-up interviews appeared to explain participants' response in terms of dimensional variations among categories, subcategories, and properties. Following this, axial coding procedures were used.

Axial coding procedures involved reviewing each category, subcategory, and property in order to define and further describe the relationships among components within each category. The process of axial coding revealed dimensional variations among properties. Dimensional variation was used to account for a range of response that participants offered regarding the various property. Once components of each category were understood in relation to one another, selective coding procedures were utilized to select representative quotations from each applicable individual in order to illuminate each person's contribution to the overall theoretical structure.

The selective coding process involved examining the different sources of information to compare the participants' perceptions. The objective is to elucidate consistent terms that were used by the participants to describe the collective experience. Selective coding was essentially used to literally allow the words of the participants to summarize the findings of data collection and analysis. To test my interpretations of the data and categories, I sought rival explanations to describe the experience by having conversations with the peer debriefer and reviewing literature. This led to agreement to keep the categories that we had agreed upon.

The development of the graphic representation was derived from the coding process. It provided a quick reference of subcategories, properties, and dimensions side

by side to aid in comparison between the categories. The objective of selective coding was to connect primary categories at various levels. In order to show how the categories related to one another, it was necessary to adopt central terms to represent the overall picture of the process between categories. In grounded theory analysis, this process is known as discovering the central category. During my attempt to discover the central category, it became clear that “training experience” described how the participants conceptualized their training.

During the intertwined process of data collection and analysis, it was evident that the subsequent rounds of data collection had produced no new themes but served to refine, clarify, and expand the definitions of existing concepts. In addition, the follow-up interviews appeared to explain participants’ response in terms of dimensional variations among categories, subcategories, and properties. Two reflective questions were then used in order to provide participants with the opportunity to expand on their experiences on their own without the researcher being present in person or on the phone.

Reflective Questions

Two reflective questions were sent to participants via electronic-mail once the follow up interviews were completed. In order to expand categories and dimensions that were formed from the initial and follow-up interviews, the questions for reflection were: (a) How has your view of the role of school counselors in recognizing and responding to adolescent mental health issues changed over time? and (b) What advice would you give someone just entering a school counselor preparation program regarding recognizing and responding to adolescent mental health issues?

The data analysis for the reflective questions utilized procedures similar to the initial and follow-up interviews. Initial procedures consisted of reading the responses to identify themes that would be explored and examined for their relationship to the already existing framework of categories and related components. Following this, axial coding procedures were used. Defining and describing the relationships among components within each category was the purpose of axial coding procedures for the reflective questions. The procedure of axial coding often discovered dimensional variations that were used to account for a range of response that participants offered. As the components of each category were understood in relation to one another, selective coding methods were utilized to select quotations that best represent the overall theoretical structure.

Results

This section presents the result of data collection and analysis and represents the findings that emerged from participants' perspectives. The results are organized into three general sections to present findings for (a) Category I: Pre-Graduate Training (b) Category II: Graduate Training, and (c) Category III: Post-Graduate Training

Category I: Pre-Graduate Training

The information presented in this section reflects the product of grounded theory analysis procedures that pertain to the central research question: How do new school counselors conceptualize their training regarding recognizing and responding to adolescent mental health issues? More specifically, the sub-question was: What are the perceived components of school counselor training process? Based upon the participants' responses regarding their training, I organized the *pre-graduate* category, into one sub-

category titled “benefits”. The sub-category will be described and defined according to participants’ responses and perspectives.

Benefits

Based on all eight participants’ collective descriptions, there were several benefits of the training they received prior to entering their graduate counseling program.

Participants reported that they gained knowledge about adolescent mental health issues either from their (a) undergraduate degree program and/or from their (b) work and/or volunteer experiences. These two ways of obtaining knowledge served as the themes that defined participants’ experiences and were therefore labeled as the properties that enabled me to describe the experiences that contributed to the school counselors’ training regarding recognizing and responding to adolescent mental health issues. Each of these properties will be addressed and defined in terms of their dimensional variations among participants’ responses.

Education. When seven participants discussed their training regarding recognizing and responding to adolescent mental health issues prior to entering their graduate counseling program, they did so in terms of their undergraduate degree program. They indicated that there were several benefits from their training such as knowing about child and adolescent development, understanding families, and understanding about resources. This property reflects participants’ responses that illustrate the dimensional variations and the range of influence their undergraduate education had on them regarding recognizing and responding to adolescent mental health issues. In addition, they also discussed specific courses that aided in their training regarding adolescent mental health issues.

Interview 001	I'm very grateful for my psychology background...I feel like I gained significantly from having the psychology courses. Specific – because I did take a lot on child development, and adolescence. And I got a lot of that from my undergrad. So, I'm trying to think of ideas for the graduate, because I already – you know, I got a lot of that from undergrad.
Interview 002	<p>Well I think, you know, having been a psychology major and really having taken several classes in you know, child psychology, child psychopathology, children, family and the law, all of those classes have definitely helped me. Um, the children, family and the law was helpful in that it sort of helped you to see, you know, there's the student, there's the family, and then there's the school, and how all those things, you know, try to work together and sometimes it can be a tug of war between what the parent thinks is the best thing, what the school thinks is the best thing.</p> <p>So having had some experience with that I think has been helpful, just to kind of see both sides, you know, the school acting in loco parents, where the parent is the parent, and so you know what they feel is most appropriate for their students, so that's been interesting. Just having the background in the child psychology and the child psychopathology gave me, and abnormal psychology, just gave me more of an understanding of typical, you know, psychological disorders, or typical you know, just clinical issues that may come up with children and adolescents, where I don't know if I hadn't had that background in my undergrad work, I'm not sure that I would know as much as I do now, not that I know everything, but you know, I don't think I would know as much as I do now about typical disorders of childhood and adolescence.</p> <p>I also had... so within abnormal psych we also talked a lot about assessment and I did have the testing and assessment class here so it wasn't totally new. I also took child psychology umm so I had had some classes and then children, family and the law so I had some classes like that in undergrad which to be honest I am glad that I did because I don't feel like I got a ton of that here.</p>
Interview 003	Human services. No, I did not take any additional classes. I mean, I did, I minored in psychology and I took a couple of child psych classes which I draw on now. I took advocacy of children class which helped me know about the different resources...and stuff like that...
Interview 004	I did take, I took a couple of courses at _____ University, abnormal psychology and substance abuse counseling but those were before I actually got into the master's program.

Interview 005	My training – well, I guess it started in undergrad, when I was a psychology major. I think people are interesting. I like thinking about people and I think mental illness is just fascinating and how people get the way they are, what is valuable, and what is fat, different things like that. So I got interested in psychology. My interest was body issues and research, so I tend to see this issue a lot in my school counseling setting now. I took a lot classes about kids. I even took a class about violence and adolescents...so it helped me.
Interview 006	I have a B.S. in sociology. I took courses in mental health issues. I think that is where I know I wanted to work with adolescents...from those classes. Yeah I feel like cause I was a sociology major I had some background to where... But I don't know...if I hadn't had a sociology background I don't know that it would be as knowledgeable or prepared on that respect
Interview 007	I took a couple of class in the human services, psychology, and sociology program related to children's mental health issues....

Work and/or volunteer experience. Six participants revealed that an important part of their training was derived from past work and/or volunteer experiences. This property reflects participants' responses that illustrate the dimensional variations and the range of the experiences they had during their work and/or volunteer experiences with children and adolescents and/or mental health issues prior to their graduate counseling program.

Interview 002	<p>I started out volunteering...my second and third year of college I started volunteering with its called Teen Give and its done through communitywhich is a division of omit Social Services umm so I started out volunteering with them and then my fourth year ,.....the summer following my fourth year I worked for them and I also did home visits for kids on electronic monitoring that kind of thing</p> <p>I think that working for social services really gave me a new perspective on what some kids have to deal with when they go home. It makes you think about how they're behaving in school. You know, if you think about what's going on at home for them, it can give you a little bit of a different idea about, you know, sometimes you're amazed at how well they're doing, given what you know is going on. I have been a coach for a really long time now granted it is different...it's a different setting um but you know I have experience coaching kids all the way from ages 5 to 15 so you know being a</p>
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	<p>coach allowed me to talk to them at their level while still treating them respectfully, and I think that that has helped me. Just the experience of dealing with kids over the years, I just learned how to relate to them a little bit better, and I feel like that has definitely paid off. And then with the social services, I think that gave me a very different perspective</p> <p>And I think that working for social services definitely opened my eyes and made me a little bit more understanding, helped me to empathize more with what students are going through. I maybe would not have had that perspective if I hadn't had that experience.</p>
Interview 003	<p>I did not work with adolescent but I worked at a day care for 9 years. I think a saw a lot a kids and I had to work with parents. We did a lot of activities....</p>
Interview 004	<p>I have 14 years of parks and rec and a year and a half in mental health.</p> <p>Well, working with the students, well working with the kids in parks and rec, I ran into a lot of kids that, you know it helps them to hear their problems, but just wanted a little guidance, and I kind of wanted to get into a field where I was actually really involved kind of helping them to develop some of their social skills.</p>
Interview 005	<p>I did have a summer internship sort of at _____. It was sort of a transitional learning facility for women and their families, so I had that experience.</p> <p>I worked with undergraduates who had body image issues.</p>
Interview 007	<p>I did work before grad school. I was an undergrad intern at [community agency] and I was offered a position upon completion of my undergrad internship. I worked there for 3 years. I worked with adults in dispute mediation, conflict resolution skills, anger management classes, cooperative co-parenting classes and supervised visitations for court-ordered parents.</p>
Interview 008	<p>The only thing that kind of saved me is because I was a special ed teacher and that kind of helped me.....having that background to with mental health.</p>

Category II: Graduate Training

The information presented in this section reflects the products of grounded theory analysis procedures that pertain to the central research question: How do new school counselors conceptualize their training regarding recognizing and responding to adolescent mental health issues? More specifically, the sub-question is: What are the perceived components of school counselor training process? Initial interview questions utilized to inform this research question included: (a) Describe for me your school counseling training. (b) During your training, which content courses, if any, trained you to address adolescent mental health issues? (c) What were the major events or benchmarks in during your training that contributed to your level of readiness? (d) Who were the significant individuals in your counseling program that contributed to your training? (e) How were you involved in your training with respect to addressing adolescent mental health issues? (f) What, if any, were the positive aspects of your training? and (g) What, if any, were the negative aspects of your training? Based upon the participants responses regarding their training, I developed the *graduate training* category, into two sub-categories called benefits and deficits. The sub-categories will be described and defined according to participants' responses and perspectives.

Benefits

Based on the participants' collective descriptions, there were several benefits of their graduate experience that contributed to their school counseling training regarding recognizing and responding to adolescent mental health issues. Participants reported that they gained knowledge about adolescent mental health issues from their graduate degree program via (a) the courses, and/or (b) experiential leaning opportunities. These two

ways of obtaining knowledge served as the themes that defined participants' experiences. Each of these properties will be addressed and defined in terms of their dimensional variations among participants' responses.

Courses. All eight participants discussed the courses they took throughout their academic training in their graduate degree program as being beneficial regarding recognizing and responding to adolescent mental health issues. For the participants, the courses provided them with some helpful information about mental health and how to interact with students.

Interview 001	I think there were specific school counseling courses, lifespan development addressed all the different levels – you know, throughout the lifespan. We got information about adolescent mental, a piece was in there....In the school counseling classes we talked about – filing a C.P.S. report...so, I guess that, I was actually prepared for...and you have the training, to know when to do it. Because – when the students are in there, talking, and sometimes in the back of your mind – “OK, is this something I need to report?” And you’re trying to kind of weigh it out. And see if it needs to be reported. Or not. So, that I felt a little bit more trained and prepared for.
Interview 002	I learned from the specialized classes for school counselors....I learned the theories....I think I learned theories really well I think, and I learned how to relate to kids and adolescents really well
Interview 003	Once I got down to the higher classes, like the actual school counseling classes, we learned the different things that school counselors do.....I mean we did touch on things like mental health issues in our program..... then I guess in individual classes we touched on some of those issues too.
Interview 004	One of the counseling courses focused on children and adolescents, that one talked a lot about different techniques. And one of them that stands out was play therapy....and that was one good way to identify some students' mental health issues, while, you know, watching them play. Another class was about issues in school counseling It talked a lot about the different-- how to advocate for students and some of the things that students were gonna be going through school and how we, as counselors, had to advocate for them to make sure that teachers

	<p>understand them or to help the parents understand them....lifespan development talked about the different stages that students would be going through and what we can expect, what's, I guess you can say, appropriate developmental levels or behavior, and certain things that can help us identify things that were not normal, so called normal or whatever. And the assessment class, of course, definitely helped us to identify, you know, testing students to see if, you know, see if they had any kind of mental health issues using instruments. I think that's it.</p>
Interview 005	<p>We took classes alongside – with the mental health cohort....we also joined some of the other kids in the ----- program, to talk about more educational stuff. We talked about – like, my class on educational behavioral disorders – emotional behavioral disorders – we did that with the general teaching population</p> <p>My Emotional and Behavioral Disorder class – that really helped....talking about more severe cases of disturbance, and things – talking about kids who are E.D., what symptoms they show, how those manifest in the classroom, was really helpful for me. We do have a lot of students – I feel like I have a lot on my caseload – that are labeled as E.D. But more so, it helps to see the extreme, because then they can recognize little parts of that. And my students who aren't – who aren't technically E.D. – or E.D., but close – sort of show tendencies, at times. That was a really helpful class.....we took one multicultural class....and then they infused multicultural issues into every class.</p> <p>If I had to name a class, it would be our school counseling intro class. Where we talked about all the same types of issues. Not just how to counsel kids, but how to counsel kids in a school.</p> <p>My training program and my job fits in that I was prepared to come in and help students, help kids work through some issues. I was trained very well to talk with students about emotional problems and conflicts they're having and help, and things like that. At other times it does feel really jagged. Because we were trained to be therapists and that doesn't fit at all, well, it fits a little bit, and so then I have to take what I was trained with and then what I'm expected to do at the school and make them fit...and sometimes that's harder than what I was prepared to do</p>
Interview 006	<p>...we do take the three classes that are assigned for school counselors. So those were helpful...I think that like my whole theory of solution focus came from my training. So I think that my whole counseling theory when I work with students one-on-one or even in group settings, I think that that comes from the training that I</p>

Interview 007	<p>we have the general classes in counseling, theories and skills, and the specific classes in school counseling and internship....I think it would actually be more the ones that were kind of the general courses that all the graduates in school have, which track. Like development. counseling children and adolescents...of course assessment</p> <p>I think knowing the specifics on children and adolescents as far as their developmental stages are concerned and being able to recognize that this is developmentally appropriate, um, type of issues, and then knowing how to address those issues. I think that not only helped me work with students, but also their parents in explaining to parents that these sorts of things are very appropriate for an adolescent to be concerned with.</p>
Interview 008	<p>The human development which is actually, I mean we spoke briefly with the introduction,it is important to know what is normal and not normal.</p> <p>how important that was to stay involved in different professional organizations. The groups that we run, like group classes part of my training, I definitely import those things into when I do group counseling..... counseling, like one of received at -----..... I also think that when I do group</p>

Experiential learning. All participants indicated that experiential learning was one of the benefits of their training regarding recognizing and responding to adolescent mental health issues. This property illustrates a range of participants' responses that included learning in the graduate program and self-initiated learning. Learning in the graduate program included interaction with peers and faculty and field experiences such as internship or practicum. Self-initiated learning involved educational experiences that participants arranged or participated in on their own initiative during the time they were enrolled in their graduate program. Experiences included attending workshops or conferences and also doing additional research or reading in order to learn about recognizing and responding to adolescent mental health issues.

Learning from peers and faculty was one way of learning about recognizing and responding to adolescent mental health issues. Two participants stated that learning from others allowed them to consult and model skills in order to respond effectively with students.

Interview 001	<p>In all our classes – and I’m grateful for this now, the group projects – you learn from other groups, and what they did. Just talking with other students that I went – went to class with. And their focus was on adolescence. So I learned from them as well.....I met so many people....., that I now have as resources to consult with.....definitely gained resources. I gained friends. I gained knowledge. I learned from them.</p> <p>[My professor] modeled what you could be doing, and how – you know, how you can react to certain situations, and how you can talk to certain people in certain situations.</p> <p>[My other professor] she would show videos of herself, actually doing therapy using different theories, to work with students. And that’s something that really helped me. Because it made it very practical and I was able to copy her.... I really liked that. It helped me learn how to do it with students....</p>
Interview 002	<p>[My professor] she also taught introduction to counseling....she talked about working in both settings from a more clinical standpoint, and as a school counselor so that definitely had an impact on my training; my practicum supervisor she just became somebody that you could more like bounce ideas off...</p>

All of the participants indicated that the internship/practicum experience was another form of experiential learning opportunity that contributed to their training to recognize and respond to adolescent mental health issues..

Interview 001	<p>My middle school internship. But then actually doing it actually helped me to feel confident in my ability to do so. Because prior to that, I was a little bit scared.</p> <p>I think it wasn’t ‘til I actually did it, and enjoyed it, and got that relationship-building with my students, that I gained that confidence....</p>
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Interview 002	<p>I did my practicum in a middle school and then I did my internship in an elementary school..... I think, you know, in the counseling program at they are very much, I mean, very person-centered and wanting us to really try to understand where the other person is coming from, whether it is a client or a student, and I think that actually having seen what some students have to deal with when they leave has made me better able to understand their perspective, which has then made it, I mean, I still don't know what's it's like to be them but it's made it a little bit easier for me to empathize because I've seen disorders of children and adolescents . When I got to my internship I tried to learn about all of the resources available within the school system umm for you know students having any kind of difficulties but you know umm I tried to ask as many questions as possible both in my classes and butmy internship really prepared me for what I'm doing now.</p>
Interview 003	<p>The training that helped the most, and the you know, graduate program was actually internships or practicum, because you really got to go out there and see how it was.</p>
Interview 004	<p>During my internship, -- I mean it was a world of difference going from elementary school to high school. It was an eye opener the different needs that the students had.</p> <p>On the high school level it was more...these students came in for some actual counseling or with some concerns that they had, personal concerns.</p>
Interview 005	<p>Internship, really, was the thing that helped me get the most ready to work with kids...getting into the schools was the most helpful thing</p>
Interview 006	<p>My practicum experience, the internship experience and I guess those are classes, not your typical class work, but just some of the things that I would see in the school talking with my supervisor, talking with other students about this, I think that that would probably be I guess the class that gave me the most information like that.....internship I think that really being kind of in the trenches was where I learned the most. I worked with so many students who were, you know, diagnosed as being bipolar or there were students who were diagnosed as Asperger's or things like that.</p> <p>I think, got me more ready to deal with issues that came up. Also at the middle school we had a crisis situation where a teacher passed away, so we dealt with, you know, a lot of students who were traumatized by the death of a teacher and even that, like an issue would come up, like family issues that they had or family problems, things like that, so that was probably a major benchmark.</p>

Interview 007	Getting into the school and actually applying the knowledge, and it also showed me how what we learned in the graduate program, So I think internship definitely helped to kind of bridge that gap. Practicum of course, because that was practical, I mean all of my course work really, just building on top of it, you know each process building on top of the process before it and leading me to internship, so I'd say all of it, but for a salient point, probably internship and practicum, the hands-on experience with kids.
Interview 008	I did my internship for the whole year. When I did my practicum and my internship, I mean that sort of helped to know about the student and where they were coming from, because I graduated from ----- So I actually was in a setting similar to this

Four participants revealed that their experiential learning also including attending workshops, conference, and/or reading/researching on their own. Participants stated that their learning was influenced by the special needs of their students and personal interests.

Interview 001	One of my first girls that I had, that I talked to, like, on a one-on-one level, I kind of knew something was wrong..“How did I prepare myself?” Well, in order to feel comfortable working with her, I went to a workshop on self-harm. And I bought the book, and I started reading. And just did a little extra research on how to work with students with those specific issues.
Interview 002	I get all the journals, pulled out my old book from college , I am a member of ACA ASCA, VCA I tried to really read up as much as I could...I was also have kind of taken it upon myself to do some research umm you know both during my training and now to do some research like ok what does bipolar disorder look like in an adolescent? Umm you know what does depression look like in an adolescent because it is different it is not the same you know.
Interview 003	Where I get a lot from. But, like, the gang conference that I went to
Interview 006	I think that my professional organization and going to conferences and things like that, I think that a lot of that I got from my training as well, When I was working with a student who might have a particular, like uppers, or bipolar, I did my own research because I didn't really feel like I did know a whole lot about mental illness or anything like that. So I did my own kind of books and goals.

Deficits

Five participants' described a deficit in their graduate experience that hindered their training regarding recognizing and responding to adolescent mental health issues. The deficit involved lacking knowledge about adolescent mental health issues.

Limited content. Five participants reported that a barrier to gaining appropriate knowledge was as a result of course content. Participants believed that course content was limited and not enough was related to mental health issues as they pertained to children and/or adolescents. The participants' responses illuminated dimensional variation in terms of what was seen as a deficit in their graduate training program.

Interview 001	<p>I wish I had known I would be working with adolescents....because whenever we had class projects and research projects....I did it about elementary students. Now that I am in the high school I realize that , I learned the basics....the program was more towards counseling in general. And it is very different, working with kids.</p> <p>I think more than just the three classes that are geared towards school counseling, maybe on adolescence if you're gonna work in the K-through-12, working with that population specifically. Maybe on skills.... practical working with them.....because...adolescents have to be able to trust you and having the practical skills to work with adolescent is needed.</p> <p>Because of my experience this year ...I guess I wish we had more skills-oriented crisis counseling type class and a class on diagnosis and treatment.</p>
Interview 002	<p>I ended up needing to know about like special ed we do have to be able to look at an IEP and understand what that means.</p> <p>Classes that we take they focus a lot on you know the differences between working in a school and working in a community agencyyou know they try to teach us a lot about some of the policies which is very helpful but we didn't talk a whole lot about well if a kid comes to see you and is exhibiting theses symptoms we didn't talk a whole lot about what do you do if you suspect that a student may have whatever</p>

	<p>I think that there are some things that we could have usedlike I said because very often we are the only mental health specialist anybody ever sees and even if we are not the only ones alot of the times we are maybe the first one so I think there maybe could be some more training on ok if you are seeing this happening or if someone is exhibiting these symptoms these behaviors what do you do?</p>
Interview 003	<p>But there were things that were missing... so that the training at the graduate level was more, I guess, preparing for the basicswhat theories will you use when you speak to the students....So that was good for a basis....but as far as, you know, coming into the schools,..social culture, the cultural one, and yeah, counseling skills and stuff like that....but none of them really focused on mental health, 'cause that was a totally different track. So we didn't get into those classes. So I really don't know much about it honestly.</p> <p>I guess just the different things that I've seen here. Depression. I mean really I feel like that's the biggest one. I mean I can't-- I honestly can't say that I'm really familiar with all of those issues, 'cause honestly in my graduate program, because I was on the school counseling track, we didn't really cover much of that at all. 'Cause I mean we had, like, the theories class and the-- oh what's the--</p> <p>We did touch on things like that in our program. And of course now a days you see a lot of the ADHD and everything like that.</p> <p>And then I guess in individual classes we might have touched on some of those issues too. But like I said, it still wasn't in-depth or anything like that. I think it is also important for education institutions to realize the importance of having classes for school counselors that focus on mental health issues.</p> <p>When in graduate school I didn't think it was something that was going to be that important. I guess I never realized it because it was not something that we discussed much of in school. After being in a school as a school counselor I do realize the need to be aware of mental health issues.</p>
Interview 006	<p>I wish that I had done my internship at the high school level. The middle school is a secondary school experience, but it really is very different than high school.</p> <p>As I think back to my classes. I really don't know that any of my courses actually prepared me to recognize and respond to mental health issues.</p> <p>I think that with every job you start there are going to be things that</p>

	<p>you haven't learned in school I mean with every job and I think that in many ways this program does a good job of you know making us ready but there are a few things... a little bit more on them and you would be good.</p>
<p>Interview 007</p>	<p>I feel what we did in the beginning was more so community agencies. I also would have liked to have a course that was required because any additional courses other than what was required, but I think it would be helpful for school counselors to have a diagnosis course not that we're diagnosing anything, but I think that that can help in working with the students in their parents, even in suggestions -- although we aren't diagnosing students and aren't able to see them for on-going sessions, it is helpful to view situations from an assessment/diagnostic frame of reference when conceptualizing students' cases and helping them deal with their problems.</p>

Category III: Post Graduate Training

Responses to the following interview questions provided the data for this category, : (a) As you reflect on your training and you are now in your school counseling setting, what things do you think, if anything, were needed in your school counselor training? (b) What would you consider are the essential components for being able to address adolescent mental health concerns? and (c) What suggestions do you have for school counselor educators regarding training school counselors to work with adolescents? Based upon the participants' responses regarding their training to recognize and respond to adolescent mental health issues, I organized the *post-graduate* category, into two sub-categories: benefits and impediments. The sub-categories will be described and defined according to participants' responses and perspectives.

Benefits

Based on five participants' collective descriptions, one benefit of their post-graduate experience that contributed to their training regarding recognizing and

responding to adolescent mental health issues was experiential learning. Participants reported that the experience allowed them to learn to integrate their graduate training with the expectations of their current school counseling setting. This property will be addressed, and defined in terms of its dimensional variations among participants' responses.

Experiential learning. Five participants indicated that the experiential learning was essential in post-graduate training regarding recognizing and responding to adolescent mental health issues. This property illustrates a range of participants' responses that included either learning from educational opportunities provided on the job or self-initiated learning. Learning from educational opportunities associated with their job included peer mentoring and applying skills to new situations, while self-initiated learning involved attending workshops and conferences and also researching and reading on their own in order to enhance their ability to recognize and respond to adolescent mental health issues.

Interview 001	<p>Well, let me just tell you. Although I am a brand-new counselor, I have experienced quite a bit already. We had two take their own lives. We had one die in an ATV accident. Just Monday night, we lost two former students. So, we've done a lot of crisis counseling here. A lot this year. I have also already had to refer a couple cases to CPS. I've already had to testify in court. I have, unfortunately, had one of my students in jail. I actually had to put him in jail. So that was pretty conflicting, because the conflicted with me as a counselor. Like – oh, it was terrible. But I had to. And then with the CPS—CPS case, that parent actually went to jail.</p> <p>A lot of what we do is on-the-job learningMost of the school-specific stuff... But, like, the counseling skills, which I have had to put to great use this year with all our tragedy, I got from classes. But because of the crisis this year, we have been planning to attend a couple workshops.</p>
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Interview 002	<p>In order to feel comfortable I bought the book, and I started reading And just did a little extra research...and I continue to do that now. If there's something I don't feel that I know enough about to work with somebody, or to really help them with, I do more research. Absolutely. So, I still – you know, read and look into it. You know. Try to learn as much as I can. And not so much just facts, but what I can do to help them, and build a relationship with them, and that trust. Because that's so important.</p>
Interview 003	<p>I feel like I've gotten the most training per se. I guess that's on the job training, because in the graduate program, like we learned the basics, theories and all of that. And that was great. But it's just completely different from what you would think it would be, like, from the materials that you cover in graduate school.</p> <p>I do remember certain situations, like we had a student who was, you know, speaking of committing suicide,...I relied on another school counselor to learned how to, you know, the protocols, the procedures as far as the school system, what you're supposed to do for that. So I got help with learning what services, you know, or who we could get them in contact with or the necessary people that they need to fill out to get like school supplies and things like that.</p> <p>Okay. I think that a lot of times, as far as what I've seen in the school system, um, there is not, there is not a really set way of dealing with issues like that?</p>
Interview 006	<p>now I am aware of just how much students are affected by their mental health issues in the school setting.</p> <p>I feel that as school counselors we have a responsibility to recognize and respond to any mental health issues that a student may be dealing with... I think especially to work with school setting with kids with mental health issues, you have to be really flexible.</p>
Interview 008	<p>It's actually on-the-job training. I don't have a lot of materials. Because if I go to the seasoned counselors, they are more familiar and they know...</p>

Impediments

Based on six participants' collective descriptions, there were impediments in their post-graduate experience that hindered their training regarding recognizing and

responding to adolescent mental health issues. Impediments involved either school policy and procedures or roles/expectations. For instance, participants stated that policy/procedures hindered their ability to respond to adolescent issues such as not allowed to discuss or bring up certain topics and only able to make referrals. In addition, the roles/expectations of the job, such as high caseloads and having multiple roles within the school, impeded their ability to recognize and respond to students' mental health needs.

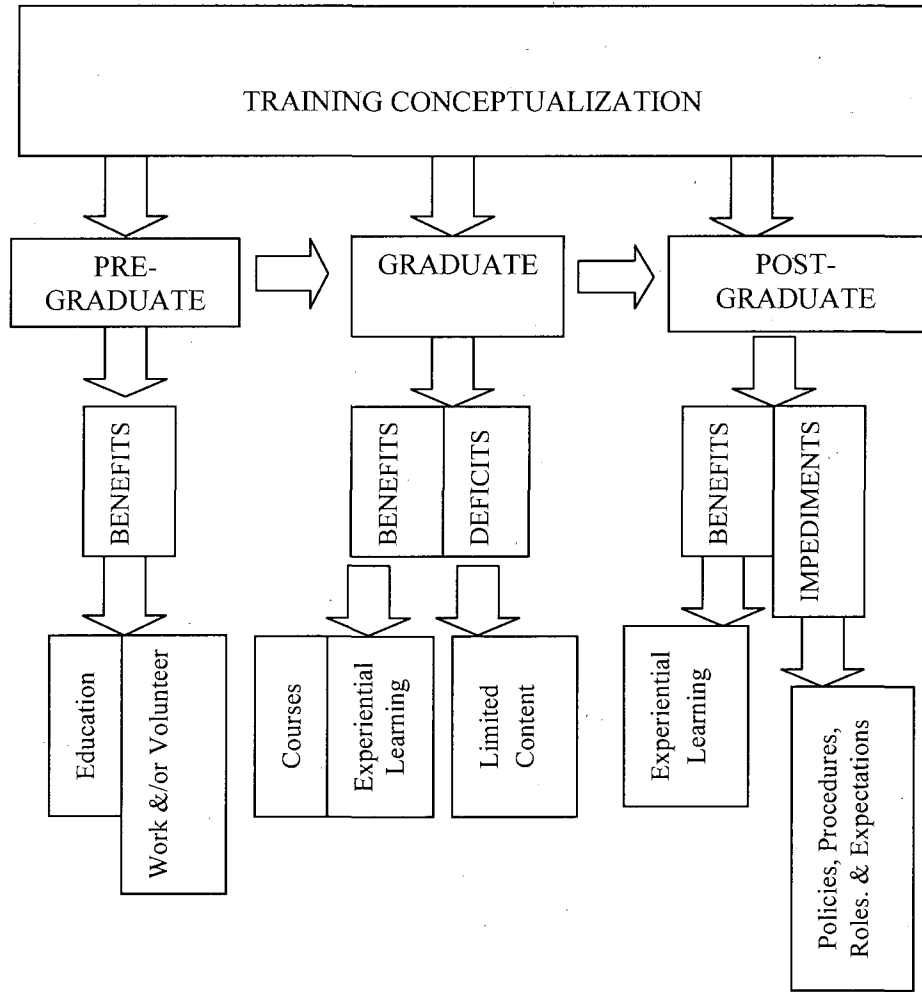
Interview 001	<p>But when I first started, I felt like I wish I had had more specific to the school population.we can't suggest or tell people that they need to get psychiatric help. But sometimes I'll ask them, "Have you ever been to counseling?" Or, "Have you ever talked to someone else? Outside of here, for counseling?" And many times, they actually already have. And then sometimes, if I'm really concerned, I'll say, "Would you mind if this is something that I can discuss with your mom?" Or something like that. And then make the parent contact. But I always let the student know, ahead of time, that I'm going to be. And see if they're comfortable with that. And almost always, they are.</p> <p>Only twice have I had to refer, and actually tell the parents that they have to go for psychiatric treatment, before returning to school. That's the thing that I have to get OK'ed from the principal, before I told the parent</p>
Interview 002	<p>I mean we don't have the time our case loads are far too big for us to be able to do an hour long session on a weekly basis we need to be able to recognize something that could that maybe we need to refer out to someone else</p>
Interview 003	<p>Since becoming a school counselor, I've realized that we have to wear many hats, and one of the things that we have to do is to help students, parents and teachers recognize and understand the mental health issues typically seen in the adolescent years. We are expected to know more than we sometimes really know. We kind of need to know a little bit about everything,</p>
Interview 005	<p>You have to encourage students to be positive with their sexuality. It's like a lot of times we are told to just not even go there. I don't think it's very healthy. It would just ruffle too many feathers. So you just don't talk about it. Yes. Our kids are having sex. Just</p>

	try, you know, and keep it quiet and in the dark. For example, we had a dance this past Saturday and going into it, it was my first dance as a chaperone and I was talking with an administrator about what it would be like, and the teacher said, you know, the students might have sex at the dance. And he said, yes, the students will definitely have sex at the dance and there's nothing we can do about it. And that's really hard for me to compromise with, I guess because I feel like as a counselor I would like the chance to break it up, just because it's unhealthy, um, and offer to talk with the students about appropriate ways to display their affections, and in the school setting you could be fired so fast for that.
Interview 006	It's the responsibility of teachers and people that do interact with adolescents every day to alert the counselors in a timely manner when there is a problem so that we can intervene before it's too late. I fully believe the systemic theory that we're just one part of the system of support around these students. We work together with teachers, administration, families, friends, and other community contacts, but sometimes I do not see the kids until too late
Interview 008	I just think being here first year, there's a lot that you have to learn and you don't know which way to go, so I kind of find that kind of difficult...it's hard.

Interview Summary

Figure 1 represents the overall findings related to school counselor training regarding recognizing and responding to adolescent mental health issues. The general category, training experience, is defined in terms of its subcategories. This framework represents the perceived components of school counselor training. These components were developed and enhanced over the course of the initial interviews and supported by the follow-up interview and the reflective questions. Themes and patterns discovered in the initial round of interviews were utilized to develop questions for subsequent interviews. Specific questions for the follow-up interviews and were formulated based upon the participant's individual interview and were used for clarification of the information gained in the initial interview.

Figure 1. Training Conceptualization



The reflective questions were formed in order to elicit further clarification of participants' responses about their training.

Theoretical Explanation for Findings

Based on participants' responses, a theoretical framework to illuminate new school counselors' conceptualization of their training regarding recognizing and responding to adolescent mental health issues emerged. As result of the selective coding, procedure relationships between the categories emerged. The majority of the participants confirmed that their ability to recognize and respond to adolescent mental health issues was the product of their pre-graduate, graduate, and post-graduate training. The participants indicated that their undergraduate course work provided information that enhanced their awareness and that they were able to build upon this knowledge with the experiential learning opportunities such as working with child and/or adolescents or in a community agency. In addition, the experiential learning reinforced the coursework and allowed participants to clearly understand their roles and expectations for recognizing and responding to adolescent mental health issues. The participants' pre-graduate training appeared to be one component that contributed to their ability to recognize and respond to adolescent mental health issues. It was during this time that most of the participants became aware of the various mental health issues affecting adolescents, possibly contributing to them choosing a graduate program in counseling.

The participants stated that the benefits of their graduate training program resulted their coursework and from experiential learning from several sources: peers/faculty, internship/practicum, attending workshops/conferences, and reading/research on their own. The participants stated that the benefits of their graduate training program resulted

their coursework and from experiential learning from several sources: peers/faculty, internship/practicum, attending workshops/conferences, and reading/research on their own. All of these contributed to their overall knowledge to recognizing and responding to adolescent mental health issues. Although the coursework was seen as a benefit, five of the participants also stated that the limited amount of exposure to adolescent mental health issues during graduate coursework was a deficit.

The graduate training prepared them for the basics in their post graduate school counseling positions. The participants stated that the additional school specific knowledge about recognizing and responding to adolescent mental health issues has been learned on the job. They have utilized experiential learning such as learning from others (e.g., peer mentors), workshops/conferences, and reading/researching on their own to overcome the identified impediments which included policy/procedures and roles/expectations that restricted the time they had and the ways they were allowed or expected to respond to adolescent mental health concerns.

Conclusion Drawing and Verification Procedures

This chapter presented a detailed explanation of the data analysis procedures utilized and provided a comprehensive illustration of the results of this study. Following a description of the group, presentation of the intertwined process of data collection and data analysis was provided. The application of coding procedures to facilitate grounded theory development from raw data led to the emergence of categories and themes. As a result of the coding process, one general category emerged as the central category, an abstraction that represents the interrelation of pre-graduate, graduate, and post-graduate training. Thus, the training regarding adolescent mental health issue is present in the form

of a tentative theory. Following the application of several strategies to verify and confirm this tentative conclusion, final conclusions were established and were presented in the form of a theoretical conceptualization that represents the participants' process of training regarding recognizing and responding to adolescent mental health issues.

Rival Explanations

Rival explanations were sought at each stage of data analysis in order to search for alternative possibilities for organizing categories and to explain emergent themes in the data. I reviewed the literature contained in chapter two and compared my initial findings from this study with the results of previous studies that pertained to school counselors' training regarding and responding to mental health issues. In addition, I discussed the possibility of alternate explanations with the peer debriefer. I presented my findings to my peer debriefer throughout data collection and analysis. I asked her to review the theoretical schema to determine if she could detect alternative explanations. After utilizing numerous resources to examine findings, no viable alternative explanations emerged.

Member Checks

Member checks were also utilized throughout data collection and analysis. I asked participants to review initial conclusions to make sure their perceptions were represented accurately. I briefly summarized my preliminary findings with each participant. In each case, the participants provided verification that their perspectives were accurately represented and that the initial conclusion provided was an accurate reflection of their perceptions about their training process regarding recognizing and responding to adolescent mental health issues.

Each of these verification procedures contributed to the credibility and trustworthiness of the findings and preliminary conclusions. Based on themes that emerged from the initial and follow up interviews, the reflective questions, data analysis, and verification of findings, a theoretical explanation regarding school counselor training process regarding recognizing and responding to adolescent mental health issues was developed.

Summary

This chapter presented an explanation of data analysis procedures and provided a comprehensive illustration of the results of the study. A presentation of the intertwined process of data collection and data analysis was discussed. The application of coding procedures to facilitate grounded theory development from raw data led to the emergence of the three general categories (a) pre-graduate training (b) graduate training, and (c) post-graduate training. Each category and their related subcategories, properties and dimensions were present in a narrative as well as in a visual illustration (Figure1).

CHAPTER V

DISCUSSION

Introduction

This chapter begins with a statement of the purpose of this study and a summary of methodological procedures and results. This is followed by a discussion of the theoretical framework of school counselors' conceptualizations of their training regarding adolescent mental health issues. Next, potential limitations of this investigation are presented followed by a discussion of the potential implications of the findings for counselor education and professional development for school counselors. Finally, suggestions for future research are delineated.

Summary of Findings

Professional literature that focuses on school counselors' training regarding recognizing and responding to adolescent mental health issues is limited. Researchers (e.g., Allen et al., 2002; Erk, 2008; Foster, Young, & Hermann, 2005) contend that school counselors are more likely than counselors in any other setting to encounter students with mental health symptoms on a daily basis. School counselors are expected to assist all students to be successful. Yet there are many challenges that interfere with students' academic and social success in the school environment such as such as: depression, self-injurious behavior, homelessness, behavior problems, and a plethora of other issues. More specifically, 8% to 15% of adolescents have been diagnosed with mental health disorders that contributed to impairments in functioning at home and at school (Wolfe & Mash, 2006). Yet it is estimated that only 20% of such children receive

mental health services (Erford, Newsome, & Rock, 2007; Kaffenberger & Seligman, 2007).

The research also suggests that school counselors have limited preparation in attending to the mental health needs of students (Allen et al., 2002; Roberts-Dobie & Donatelle, 2007; Ross & Heath, 2002). In order to further investigate this potential discrepancy between job demands and school counselors' graduate preparation, this study attempted to empower the eight participants by allowing them to examine and taking ownership of their conceptualizations of their training regarding recognizing and responding adolescent mental health issues. Findings from this study are presented under the themes that emerged from the data: pre-graduate training, graduate training, and post-graduate training.

Pre-Graduate Training

All of the participants discussed gaining knowledge about recognizing and responding to adolescent mental health issues during their work/volunteer experiences and/or undergraduate education experience prior to entering their graduate counseling training program. The section that follows contains descriptions for the two properties that emerged in the data.

Education. Seven participants emphasized the importance of their undergraduate degree program regarding recognizing and responding to adolescent mental health issues. For instance during interview # 005, the participant stated that "my training- well ...it started in undergrad, when I was a psychology major." Three of the participants had a psychology undergraduate degree, two had a degree in human services with a psychology minor, one had a degree in sociology, one a degree in special education as a teacher,

while one had a degree in residential leisure. These undergraduate studies afforded them the opportunity to take courses salient to children/adolescent and/or mental health issues, which contributed to their readiness to recognize and respond to adolescent mental health issues. Seven of the participants stated that they learned a lot from their undergraduate educational experience and that they were grateful that they had specific content courses addressing the various mental health issues youths experience. Examples of courses considered beneficial were abnormal psychology, family and law, and child psychopathology. One theme that emerged from the data was that a majority of the participants drew upon the educational knowledge from undergraduate course work to assist them in recognizing and responding to adolescent mental health issues in their current setting.

Work and/or volunteer experience. The work and/or volunteer experience that six of the participants obtained prior to their graduate degree program was identified as important to them in their ability to recognize and respond to adolescent mental health issues. These participants had “hands on” experience working with adolescents to resolve problems. These encounters not only helped these participants relate and understand adolescents, it also helped them become aware of the challenges that some adolescents experience. For instance, during interview 002, the participant stated ... “I think working for social services definitely opened my eyes and made me a little bit more understanding...I maybe would not have had that perspective if I hadn’t had that experience.” During these situations, a majority of the participants were able to obtain firsthand knowledge about intervening and providing resources to adolescents. Six of the

participants stated that their experience was one of the reasons why they chose school counseling as a career.

Graduate Training

The second category that the coding of the data produced was the effects of graduate school training on the participants' ability to recognize and respond to adolescents mental health issues. The data revealed several benefits of the graduate experience for all eight participants. Coursework and experiential learning opportunities emerged as the two properties noted by all participants. Five of the participants also identified deficits in their graduate training that hindered their ability to recognize and respond to adolescent mental health issues. The common theme in the data regarding graduate training deficits involved limited coverage of adolescent mental health issues in coursework.

Coursework. All of the participants discussed the courses they took throughout their academic training, and they all stated that there were positive aspects of their training program regarding recognizing and responding to adolescent mental health issues. Specific classes that the participants identified as contributing to their level of readiness included Theories and the specialized school counselor courses. Also, two participants indicated that taking classes alongside classmates in the mental health or community counseling specialty area was extremely helpful. For these participants, the coursework identified provided them with basic information that they are able to utilize as a professional school counselor.

Experiential learning. All participants indicated that the experiential learning components of their graduate training were beneficial in enhancing their readiness to

recognize and respond to adolescent mental health issues. This property featured a range of participants' responses that fit in one of two subcategories: either experiences prescribed by the graduate program or self-initiated learning. Learning in the graduate program included interactions with peers and faculty and also field experiences, such as internship and practicum that contributed to their ability to recognize and respond to adolescent mental health issues. Self-initiated learning involved educational experiences that participants arranged or participated in on their own during their graduate program. Self-initiated learning experiences included attending workshops or conferences and doing additional research or reading in order to learn about recognizing and responding to adolescent mental health issues. This corresponded with the professional literature which identifies the internship experience as a critical component of education, training, and professional socialization that intertwines standard coursework with practical experience and application (CACREP, 2001; Crespi & Butler, 2005). The internship provided an opportunity for the participants to perform, under supervision, a variety of counseling activities that involved recognizing or responding to adolescent mental health issues. In addition, four participants revealed that a beneficial component of their experiential learning also including attending workshops, conference, and/or reading/researching on their own. This theme of the need to access additional training and professional development to obtain experience and knowledge in order to attend to the special needs of their students and during their graduate training echoes the literature on the topic (Clark & Horton-Parker, 2002).

Limited content. Perusse, et al. (2001b) found that only 14% of the programs responding to their study indicated that specific courses pertaining to psychopathology,

DSM- IV, diagnosis, and substance abuse were required for school counselors. Although ASCA contends that school counselors should have mental health perspective to address the needs of all students (ASCA, 2006, ¶3), if school counselors do not have courses pertaining to adolescent mental health issues, this would likely affect their competence in this area and affect their ability to address the various mental health needs of their students. While all of the participants in this study stated that there were courses that contributed to their ability to recognize and respond to adolescent mental health issues, five of the participants also revealed that there was limited content regarding mental health issues for adolescents. According to the 2001 CACREP standards, graduates are required to be knowledgeable about “issues that may affect the development and functioning of students (e.g. abuse, violence, eating disorders, attention deficit hyperactive disorder, childhood depression, and suicide)” (CACREP, 2001, ¶3). A representative comment illustrating this perceived deficit in course content during graduate training was made by interviewee 003, “training at the graduate level was more...preparing for the basics...but none of them [courses] really focused on mental health...” As indicated, five of the participants believed that coursework was limited and it did not address mental health issues or pertained to children and/or adolescents specifically. Thus, as illustrated by data from interviewee 006 “....As I think back to my classes. I really don’t know that any of my courses actually prepared me to recognize and respond to mental health issues.” Having limited knowledge has been found to directly influence the quality of counseling services school counselors provide (Bradley & Florini, 1999; Tang et al., 2004).

Post-Graduate Training

The final category that emerged from the data came from seven participants discussing their post-graduate training. This category also contained the subcategories of experiential learning, which was beneficial to the participants' ability to recognize and respond to adolescent mental health issues and two factors, policies and procedures and also role expectations that impeded their abilities in this area and acted as a deficit.

Benefits

Regarding the benefits of the school counselors' post-graduate training, five participants reported that their experiences while in their current school counseling job allowed them to integrate their graduate training and the expectations of their current school counseling setting.

Experiential learning. Five participants indicated that the experiential learning they obtained while working as a professional school counselor was essential in their post-graduate training regarding recognizing and responding to adolescent mental health issues. They indicated that they learned from educational opportunities from either on the job experiences or self-initiated learning. According to Clark and Horton-Parker (2002), professional development is needed to attain experiences and knowledge that will assist them in fulfilling duties that are required in a position for which the counselor is often already employed. For two of the participants, learning from educational opportunities associated with their job included components such as peer mentoring, illustrated by the following comment, "...It's actually on-the-job training. I don't have a lot of materials. Because if I go to the seasoned counselors, they are more familiar and they know..." In addition, self-initiated learning involved attending workshops and conferences and

research and reading on their own in order to enhance their ability to recognize and respond to adolescent mental health issues. For instance, interviewee 002 stated "...In order to feel comfortable I bought the book, and I started reading And just did a little extra research...and I continue to do that now. If there's something I don't feel that I know enough about to work with somebody, or to really help them with, I do more research Absolutely. So, I still – you know, read and look into it. You know. Try to learn as much as I can..." The majority of the participants took primary responsibility for their preparation to perform their duties (Paisley & Benschhoff, 1996).

Impediments

Six of the participants stated that there were impediments in their post-graduate training experience that hindered their ability to recognize and respond to adolescent mental health issues. The data produced one property for this category: roles, expectations, policies, and procedures. Three of the participants identified the roles and expectations for professional school counselors held by administrators and other school stakeholders hindered their recognition and responses to adolescent mental health issues. A representative comment illustrating this perceived impediment was made by interviewee 005, she stated "...we had a dance this past Saturday and going into it, it was my first dance as a chaperone and I was talking with an administrator about what it would be like, and the teacher said, you know, the students might have sex at the dance. And he said, yes, the students will definitely have sex at the dance and there's nothing we can do about it. I would like the chance to break it up and offer to talk with the students about appropriate ways to display their affections, and in the school setting you could be fired so fast for that..." In addition, three of the participants stated that policies and procedures

contributed to their inability to recognize and respond to adolescent mental health issues. Although many contend that mental health services are needed and best addressed within the school setting, “school counselors are often limited in this role by school system policies” (Keys & Lockhart, 1999, p. 5) such as restriction of counseling sessions, time consuming administrative tasks, and limited training. For instance, interviewee 002 stated “.... I mean we don’t have the time our case loads are far too big for us to be able to do an hour long session on a weekly basis we need to be able to recognize something that could that maybe we need to refer out to someone else”. Thus, large caseloads hinder school counselor’s ability to recognize and respond to adolescent mental health issues.

Limitations

Limitations of this research are discussed in the section that follows. Limitations included issues related to (a) researcher’s bias (b) researcher’s lack of experience, (c) participant selection, (d) data collection, and (e) school counselors’ background.

Researchers’ Bias

The main instrument for data collection in qualitative research is the researcher; therefore, I had to be aware of my biases when collecting and analyzing data. To facilitate this openness, I stated my assumptions and biases as they pertained to this research before beginning this research. I attempted to maintain my objectivity by utilizing multiple data collection procedures and searching for comparisons within the data and alternate explanations that could be found in the professional literature. Throughout data collection and analysis, I recorded my thoughts and biases about the research in my reflective journal and shared this journal with my peer debriefer to ensure that findings were indicative of the participants’ perspectives and not my personal beliefs.

I also utilized member checks as a way for participants to verify that emerging themes were consistent with their perspectives.

Researcher's Lack of Experience

Another limitation of this research was my lack of experience as a qualitative researcher. Since this was my first qualitative study of this magnitude, my lack of experience limited the amount of probes that I utilized to facilitate greater depth of responses from participants. In order to address these limitations, I kept a reflective journal that assisted me in providing a rich description of data collection and analysis procedures. In addition, I relied upon my peer debriefer for assistance in this process. In addition, I utilized two doctoral level students with varying knowledge about grounded theory to assist with the coding.

Participant Selection

Selection of participations was limited to those who graduated from CACREP-accredited counselor education programs within the southeastern region of Virginia. The sample size was small and not indicative of the larger population of school counselors from CACREP-accredited program across the United States. In addition, while my sampling population was diverse in many ways, there were no males included in the sample. Finally, having six graduates of the same university as participants raised concerns about the similarity of responses. However, the responses from the other two participants from two separate graduate programs were congruent with the six. This factor, along with the support in the literature for the themes that emerged, allayed concerns that this was more of a program evaluation than a grounded study. Still, all of these factors can be limits on the transferability of the findings from this study. I provided

a detailed description of the participant selection in the methods section to assist in understanding the context for the findings

Data Collection

Follow up interviews are conducted via telephone. I chose to utilize this method with the school counselors because this was more feasible for the participants and I believed that previous phone and in-person contact had established positive relationships between the participants and I. Another data collection limitation stemmed from the e-mailed reflective question. This was intended to allow the participants to respond without pressure of the researcher being present. Use of the phone and e-mail for data gathering methods limited the amount of non-verbal data I was able to gather, thus possibly limiting the probes and follow-up questions I was able to employ.

School Counselor Background

I initially decided to limit my sample to school counselors who had completed their graduate counseling training program in the past year because my initial focus was on their conceptualizations of their training in their graduate programs to recognize and respond to adolescent mental health issues. However, as the themes and categories unfolded, it became apparent that most of the participants obtained valued training not only during their graduate program but also prior to their graduate studies and after completing their graduate program. A richer or different conceptualization of the three themes/categories found in this study may have been the result if professional school counselors with a wider range of years on the job were accessed.

Implications

This investigation resulted in a theoretical framework of new school counselors' conceptualizations of their training regarding adolescent mental health issues based on the experiences of eight recently graduated professional school counselors who are currently working in a middle school or high school. Due to the paucity of literature on the training regarding recognizing and responding to adolescent mental health issues, these findings offer new information for the field on this topic. Thus, this study was able to discover an aspect of school counselor training that has yet to be thoroughly examined. In addition, there is conflicting literature regarding the mental health roles of school counselors. Some literature states that school counselors are suppose to secure outside services when needed (ASCA, 2007); identify and make appropriate referrals (Robert-Dobie & Donatelle, 2007); or be predominant providers for mental health services (Foster et al., 2005) . Thus, this study addresses this conflicting role of school counselors by illustrating the mental health role of new school counselors. Implications for counselor educators, school counseling students, practicing school counselors, and school counseling supervisors and professional counseling associations are presented to demonstrate how these groups can benefit from this exploratory research.

Counselor Education

In teaching and supervising counseling students, counselor educators provide guidance and supervision to assist school counselors to effectively assist all students with their academic, career, and personal/social development (ASCA, 2008). This study presented data about the perceptions of new school counselors regarding the limited nature of curricular coverage concerning adolescent mental health issues in their school

counseling training. Given the responses of five of the participants, it appears that an enhanced curriculum could include more content pertaining to the mental health issues of children and adolescents for school counseling trainees. Although all of the participants indicated that their training was effective and that they learned the basics, several suggestions about program improvement emerged from the data.

Five of the participants stated that additional coursework specifically pertaining to the mental health concerns of children and adolescents was needed. Although they stated that a course pertaining to life span development was a part of their program, three participants indicated that a specific courses regarding adolescent development were needed in order understand and be able to discuss the developmental issues with parents and teachers. In addition, additional content covering strategies for working with teens was suggested by three of the participants.

In addition, five participants stated that hands on experiences were very important in their development as a school counselor. Counselor educators can consider ways to include more field work in schools throughout the course of study. Practicum and internship were identified as an invaluable experiences; it was suggested that this practical experience should incorporate all three levels (elementary, middle, and high school) in order to understand the developmental differences that happen during these stages. Also, given the value a majority of these participants ascribed to pre-graduate program experiences, perhaps this factor could be given considerable weight in the admissions process by favoring applicants with related work or volunteer experience as well as a related undergraduate major.

School Counseling Students

Students entering a counselor education program expect to graduate having obtained the skills and content knowledge necessary to work effectively as a professional school counselor with a diverse population. The results from this study suggest that students may receive only the basic skills needed to effectively address the mental health issues of students. However, students should not necessarily expect that exposure to basic skills and techniques are the only tools needed to effectively work with students. In addition, with more school counseling positions in middle school and high school, school counseling students would benefit from increasing their skill regarding to recognizing and responding to adolescent mental health issues. It was suggested that taking elective classes in this area, reading the professional literature on this topic, researching, and familiarizing oneself with common adolescent mental health issues is essential in order to be aware of the subtle mental health clues that students may present. Seeking mentoring and as much supervised practical experience as is feasible in this area is also recommended.

Practicing School Counselors

With 20% of children and adolescents experiencing some type of mental health sign or symptom (USDHHS, 1999), it is important that school counselors are aware of such issues. Thus, according to Clark and Horton-Parker (2002) many school counselors access additional training on their own and that the purpose of such professional development is to attain experiences and knowledge that will assist them in fulfilling duties that are required in a position for which the school counselors are often already employed. Therefore, professional school counselors should seek out and attend

workshops and conferences regarding adolescent mental issues because the more knowledge they acquire the more capable they may feel in recognizing and responding to adolescent mental health issues (Bradley & Florini, 1999; Tang et al., 2004). In addition, in order to attend to the needs of students, school counselors need to advocate for the reduction of their non-counseling duties to allow time to properly address students' mental health issues.

In addition to addressing the reduction of non-counseling duties, it is important to educate stakeholders (e.g. students, parent, school personnel, and community members) about the training and roles of professional school counselors. Thus, school counselors can develop and offer workshops for the school personnel and students/parents to educate them on the functions and duties of school counselors while also providing culturally appropriate information regarding mental health issues.

Additionally, in order to collaborate with professionals in the community, school counselor must be aware of the environmental factors that exacerbate mental health concerns and advocate for mediating these factors by "challenging the rules and regulations that deny students access, protesting changes...that decrease opportunities for the under-represented" (Dahir & Stone, 2006, p. 121). Although CACREP stresses the importance of being culturally competent, professional development must also encompass information regarding environmental factors that exacerbate mental health concerns. Although this may seem difficult, it is imperative to address the "barriers that impede students' success and collaborate to impact the conditions necessary for all students to be successful in their academic, career, social, emotional, and personal development" (Stone & Dahir, 2006, p.121). In addition, school counselors would likely

benefit from collaborating with community resources, providing and receiving support through networking, peer consultation, and participating in clinical supervision.

School Counseling Supervisors and Professional Counseling Associations

Counseling supervisors should know that school counselors and school counseling interns may not be sufficiently prepared to recognize and respond to adolescent mental health issues. This means that on-site and/or university supervisors may need to provide training during practicum/internship if they expect counseling students to be competent to address the needs of all students. Since, the internship and practicum experiences provide an opportunity for students to perform under supervision, a variety of counseling activities can be implemented by the supervisor to enhance the students awareness and skill regarding recognizing and responding to adolescent mental health issues. More importantly, in order for the supervisors to train and guide the supervisee, they too must have the knowledge, skills and attitudes necessary to prepare school counselors to promote the academic, career and personal/social development of all school counseling students (ASCA, 2008). Since students' model behavior as a way of learning, supervisors must also engage in professional development to be knowledgeable of adolescent mental health issues in order to assist interns in their experience and understand their role.

It is essential that school counselors are aware of their mental health role in attending to the needs of students. Thus, the role of school counselors should address not only the counseling component but should attend to the school and community environments and needs. Since school counselors are not the only professional with an advance degree within the school setting providing services, collaboration is a laudable

idea. Finally, school counseling associations should provide appropriate training as well as advocating for the appropriate school and community resources to meet the mental health needs of all students.

Future Research

Additional research on training professional school counselors to recognize and respond to adolescent mental health issues is needed. The professional literature is lacking in this area. Further qualitative research studies could expand on this study by including school counselors beyond the state of Virginia, using a sample more representative of the demographics of school counselors in the U.S., and choosing school counselors who have more years of working experience. Future research could also identify school counselors who successfully recognize and respond to children and adolescent mental health concerns and develop a model of how these professional school counselors obtained the training needed to be successful in this area. Research examining successful collaborations between school counselors and community mental health providers could be of value to the school counseling field. Additional research addressing ways to infuse culturally alert practices into the recognition and response to children and adolescent mental health concerns would be welcome, as would research examining ways professional school counselors could assist in alleviating the environmental factors which cause or contribute to mental health concerns in students.

Conclusion

The purpose of this study was to develop a theory that illuminated new school counselors' conceptualizations of their training related to recognizing and responding to adolescent mental health issues. Using a grounded theory approach, this study allowed

counselors to share their perceptions and experiences about their training regarding recognizing and responding to adolescent mental health issues. This study illuminated new ideas in my conceptualizations about preparing students to attend to the mental health needs of students. Based on the information that research participants provided, I recognize that, while there are deficits/impediments in their training process, there are several ways that school counselors contribute to their overall knowledge about adolescent mental health issues.

Prior to this project, I assumed that counselor education programs were not providing information about adolescent mental health issues. Actually, this study highlights that while graduates would like to have more coverage on this topic, programs are addressing mental health issues. An additional factor to consider is the variability in how mental health issues are addressed in programs because of the freedoms that faculty have to cover course material. The participants discussed several ways in which they have obtained knowledge and skills in recognizing and responding to adolescent mental health issues; thus, it is not the sole responsibility of the preparation program to educate counselors on every issue in society. School counselors must take the initiative to educate themselves in fulfilling duties of their jobs and continue to seek out professional development to enhance their skills.

In undertaking this investigation, I realize the importance of having a detailed plan. I do believe that I have obtained vital information about school counselor training regarding recognizing and responding to adolescent mental health issues. Also, my criterion for participant selection was extremely rigid and it made getting participants difficult. If I conduct another study on this topic, I would include all school counselors

and not be too concerned if they attended a CACREP accredited institution or if they had graduated within the past 12 months.

I also believe that, in order to attend to the mental health well being of adolescents, there needs to be a systemic approach to addressing adolescent mental health issues. School counselors are only one part of the solution to attend to the developmental and cultural challenges of adolescents. There need to be more community resources to address the needs of children in this country. Thus, those within the community need to develop collaborative relationships with school to ameliorate various mental health issues. In addition, since academics and emotional difficulties are reciprocally related (Roeser et al., 1998), teachers and other school personnel can provide additional means of support for students and school counselors. Lastly, parents/guardians and students are essential in this systemic approach as well. Thus, involving families, not only aids in prevention and intervention, but it provides everyone with a richness and opportunity to learn.

CHAPTER VI
MANUSCRIPT

Responding to Adolescent Mental Health Concerns: A Grounded Theory of
School Counselors' Conceptualization of Their Training Process

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Abstract

Grounded theory procedures were used to examine new school counselors' conceptualizations of their training to recognize and respond to adolescent mental health issues. Eight middle and high school counselors participated in two rounds of individual interviews and a reflective writing activity. Results indicate that beneficial aspects of training occurred prior to, during, and after their graduate counseling program. Training deficits and impediments were also identified. Implications for school counselors, supervisors, and counselor educators are discussed.

Responding to Adolescent Mental Health Concerns: A Grounded Theory of School Counselors' Conceptualization of Their Training Process

School counselors are confronted by a challenging scenario. An increasing number of adolescents are struggling with mental health issues while communities are grappling with the insufficient availability of affordable mental health care (Adelman & Taylor, 2007; Dollarhide, Saginak, & Urofsky, 2008; Erford, Newsome, & Rock, 2007; National Assembly on School-Based Health Care, 2009). One-fifth or more of the adolescents in the United States experience mental health concerns such as depression, self-injurious behavior, substance abuse, and anxiety (Kaffenberger & Seligman, 2007; National Assembly on School-Based Health Care) and approximately one in ten are dealing with serious emotional disturbances. Nearly half of these students are dropping out of school (Kaffenberger & Seligman; Stoep, Weiss, Saldanha, Cheney, & Cohen, 2003; Teich, Buck, Graver, Schroeder, & Zheng, 2003; Wolfe & Mash, 2006). Additionally, adolescents affected by mental health concerns often manifest concurrent academic and behavioral difficulties that compromise their educational and career success and can lead to school safety concerns (Roeser, Eccles, & Strobel, 1998; Stone & Dahir, 2006). Yet only twenty percent of these adolescents are receiving mental health services to address these concerns (Erford, et al.).

A growing chorus of voices in the professional literature posits that schools are primary settings for addressing adolescent mental health issues (Burrow-Sanchez, Lopez, & Slagle, 2008; Brown, Dahlbeck, & Sparkman-Barnes, 2006; Center for School Mental Health, 2009; Erk, 2008; Foster et al, 2005; National Assembly on School-Based Health Care, 2009; Roberts-Dobie & Donatelle, 2007; USDHHS, 1999; Watkins, Ellickson,

Vaiana, & Hiromoto, 2006). The President's New Freedom Commission on Mental Health concluded "schools should fully recognize and address the mental health needs of youth in the education system" (2003, p. 4). Still, the system for delivering mental health services to students is a fragmented patchwork currently and only a portion of the students are able to access the type(s) of assistance they need (Teich, et al., 2003). Even though schools are often the first place where student mental health issues are recognized and addressed (Froeschle & Meyers, 2004), school counselors sometimes face resistance and obstacles when they try to provide appropriate services (Adelman & Taylor, 2007; Brown et al., 2006; National Assembly on School-Based Health Care, 2009). Despite promising outcome data on academic and behavioral indicators for adolescents receiving mental health services (Center for School Mental Health, 2009; Weist, Evans, & Lever, 2007), Weist (2005) notes, and "mental health services in schools remain marginalized. Further, the linkages to community mental health programs and resources typically are poor and there are barriers to youth obtaining effective mental health services in schools" (p. 735).

School Counselors and Mental Health

Mental health is considered a crucial component of a professional school counselor's role; being knowledgeable about the terminology, symptoms, medications, legislation and policies, and systemic barriers to accessing services is vital (Dollarhide, et al., 2008; Erford, et al., 2007; Kaffenberger & Seligman, 2007). Yet some question whether school counselors are doing enough to meet the complex needs of children who are at risk (Keys, Bemack, & Lockhart, 1998). Others express concerns about the comprehensive programs school counselors are encouraged to implement. "Many

students come to school with problems that limit their personal-social, career, and educational development, and this seems to be overlooked in the framing of the ASCA National Model” (Brown & Trusty, 2005, p. 12).

The messages for school counselors about mental health service provision in a school setting can be confusing. The American School Counselor Association (ASCA) states that school counselors are “educators with school counseling training” (2004), yet also notes that school counselors make a “significant, vital, and indispensable contribution toward the mental wellness of ‘at-risk’ students” (ASCA, 1999) and recognizes a need for an “understanding of the continuum of mental health services, including prevention and intervention strategies” (ASCA, 2008). This challenging balance of educator and counselor roles can be complicated or compromised by numerous additional factors, such as: large school counselor to student ratios (average of 476:1), time consuming non-counseling duties, a misunderstanding of our roles by school and community stakeholders, increasing complexity of the job demands, varying role expectations by administrators and supervisors, the lack of counseling supervision, school system policies limiting counseling activity, limited knowledge about mental health issues, lack of community mental health resources (or a lack of collaboration with existing resources), and lack of training or professional development in this area (Brown, et al., 2006; Dollarhide, et al., 2008; Foster, et al., 2005; Kaffenberger & Seligman, 2007; Keys & Lockhart, 1998; Lambie & Williamson, 2004; Paisley & McMahon, 2001). There also appears to be a disconnect between the graduate training school counselors received, the mental health needs of students, and their actual job expectations (Foster, et al., 2005;

Scarborough, 2005; Perusse & Goodnough, 2005; Perusse, Goodnough, & Noel, 2001; Walley, 2009).

Despite the factors elucidated above, school counselors are more likely than counselors in other settings to encounter young people with mental health signs or symptoms on a daily basis (Allen et al., 2002; Erk, 2008). In addition, while many school professionals (e.g. teachers, school nurses, social workers, school psychologists) have a hand in mental health service provision for students, the predominant purveyors of these services are school counselors (Burrows-Sanchez, et al., 2008; Foster, et al., 2005).

School counselors are encountering students dealing with various mental health issues and crises (Allen et al., 2002; Roberts-Dobie & Donatelle, 2007) such as: eating disorders (Bardick, Bernes, McCulloch, Witko, Spriddle, & Roest, 2004), suicide (Gibbons & Studer, 2008; King, 2000; King & Smith, 2000), HIV (Carney & Cobia, 2003), attention-deficit/hyperactivity disorder (Schwiebert, Sealander, & Dennison, 2002), social anxiety (Herbert, Crittenden, & Dalrymple, 2004), depression (Auger, 2005), and substance abuse (Burrow-Sanchez, et al., 2008).

In addition, environmental factors in both the school and community can exacerbate students' mental health issues and pose barriers to learning and academic success (Adelman & Taylor, 2007; Cholewa & West-Olatunji, 2008; Erk, 2008; Kaffenberger & Seligman, 2007). While students of families with low income are at greater risk for mental health concerns, often due to environmental stressors; they are less likely to receive appropriate services (Adelman & Taylor; Kress, Erikson, Rayle, & Ford, 2005; Paniagua, 2005; Vera, Buhin, & Shin, 2006; Wolf & Mash, 2006). Income disparity is not the only factor; discrimination against students of color, LGBT youth, and

other non-dominant status individuals also exacts a mental health and academic cost (Cholewa & West-Olatunji; Flaherty & Osher, 2007; Holcomb-McCoy, 2007; McAuliffe, Danner, Grothaus, & Doyle, 2008; McAuliffe, Grothaus, Pare, & Winingger, 2008; Paniagua; Smith & Chen-Hayes, 2004; Vera, et al.). In lieu of all the aforementioned concerns, it's not surprising that school counselors have reported that more training to address student mental health concerns is needed; both in their graduate preparation programs and in their school work settings (Allen, et al., 2002; Herbert et al., 2004; Roberts-Dobie & Donatelle, 2007; Walley, 2009).

Professional school counselors seek to assist all students in achieving academic, career, and personal/social success. Students affected by mental health concerns can manifest academic, emotional, and behavioral difficulties that can compromise their attainment in all three domains. Given these challenges, the purpose of this study was to examine, discover, and illustrate how new school counselors' conceptualize their training process to recognize and respond to student mental health issues. To achieve a rich and deep understanding of the participants' perspectives and experiences in their training process, a grounded theory qualitative design was employed.

Method

Participants

All eight participants in this study met the purposeful sampling criteria that included (a) having graduated from a CACREP counselor education program within the last twelve months and (b) being currently employed as a school counselor in a middle school or high school. School counseling graduates of CACREP programs were specified due to the consistency of the accreditation standards, including 700 hours of field

experience and similar course requirements. In addition, recent school counseling graduates were specified to minimize the influence of post graduate experience. Finally, middle and high school counselors were sought because it is during adolescence that individuals are at greater risk than any other stage for school failure, violent behavior, and social and emotional difficulties (Wolfe & Mash, 2006).

Each of the participants was female. Five identified themselves as European-American, two were African-American, and one was Latina-American. The average age of the participants was 32 years old; the age range was 25-42 years old. Participant's range of experience either working with children and adolescents and/or working in mental health prior to entering their graduate training program was 0-15 years. The participants were graduates of three different counselor education programs. All participants stated that their programs required 48 credit hours for degree completion and each of them stated that their program also required three school counseling courses, including a course pertaining to counseling and development of children and adolescents, and one course covering testing and assessment. Two participants took two elective courses related to counseling and development of children and adolescents in addition to the required courses and one participant indicated that she took an elective course covering diagnosis and treatment.

Procedures

To gain access to research or archival sites, a researcher seeks the approval of gatekeepers (Creswell, 2008). Counselor educators at universities in a southeastern state were contacted to gain access to recent graduates. Due to the Family Educational Rights and Privacy Act (FERPA) regulations, an introduction letter was submitted to the faculty

at the selected institutions, and the faculty forwarded the letter to recent school counseling graduates. The new school counselors were asked to contact the first author if they were interested in participating. Each participant then completed a consent form and a demographic inventory prior to the first interview. Each participant was interviewed twice individually and each received two reflection questions after the second interview. The interview sessions lasted approximately 30-60 minutes and were audio taped and transcribed for the purpose of data analysis. Participants' e-mailed responses to the two reflective questions and the responses were printed for the same purpose. In addition, a document review of the content of required and elective courses at each of the three universities was completed to ascertain content covering adolescent mental health issues. My observations of the participants' verbal and non-verbal communication as well as my personal thoughts, ideas, feelings, and impressions were recorded in a reflective journal.

Data Collection

School counselors' descriptions of their conceptualizations of their training process were elicited by open ended questions that initially were broad and general in accordance with grounded theory methodology (Creswell, 2006). Initial interview queries included the following: (a) "Describe for me your school counseling training." (b) Tell me what comes to mind when I mention "adolescent mental health issues." (c) "During your training, which content courses, if any, trained you to address adolescent mental health issues?" (d) "What were the major events or benchmarks in during your training that contributed to your level of readiness?" (e) "Who were the significant individuals in your counseling program that contributed to your training?" (f) "How were you involved in your training with respect to addressing adolescent mental health

issues?”(g) “What, if any, were the positive aspects of your training?” (h) “What, if any, were the negative aspects of your training?” (i) “As you reflect on your training and you are now in your school counseling setting, what things do you think, if anything, were needed in your school counselor training?” and (j) “What would you consider are the essential components for being able to address adolescent mental health concerns?” The questions for the second interview with each participant were shaped by the data presented in the first interview. The goal was to obtain more detailed information and to both clarify data collected during the initial interview and to potentially reveal new findings. In addition, two reflective questions were sent to participants via e-mail once the follow up interviews were completed in order for the participants to respond to questions freely without my involvement or probes.

Data Analysis

In grounded theory, data is systematically gathered and analyzed. The theory evolves through a continuous interplay between analysis and data collection (Strauss & Corbin, 2008). Grounded theory procedures are designed to gather data and analyze it with the aim of constructing a theoretical explanation of a phenomenon experienced by the participants. (Denzin & Lincoln, 2000). Researchers initiate an area of study and allow for the emergence of themes and theoretical constructs that will enhance understanding and provide a guide for action (Strauss & Corbin, 2008).

Data analysis was conducted simultaneously with data collection (Gay & Airasian, 2008). The purpose of the data analysis was to progressively narrow the focus to allow key themes of the participants’ data to emerge. This was done by analyzing, categorizing, and interpreting information derived from transcripts until no new

information provided insight into the category (Creswell, 2006; Strauss & Corbin, 2008).

In order to identify themes from each round of interviews, open, axial, and selective coding were utilized after each interview. Open coding involved reading and re-reading the transcripts in order to separate and organize the data into discrete parts that were identified, labeled, and categorized into themes. Quotes that highlighted the thematic response to the research question were selected. In addition, consensus coding was utilized with the aid of two trained doctoral level counseling students. Extensive discussions with my peer debriefer also assisted in theme clarification and validation.

Axial coding was then used to relate the categories to each other using a combination of inductive and deductive reasoning. The emphasis was on finding causal relationships and fitting the themes into a frame. This was followed by selective coding to choose one category as the core category, and “integrate categories in the axial coding model” (Creswell, 2008). The essential idea was to develop a single storyline or theory around which everything else is draped. Selective coding connected the categories to provide a clearer clarification and explanation of the main themes throughout the data.

The three main categories that emerged during data analysis were pre-graduate training, graduate training, and post-graduate training. Each category included descriptive properties that provided depth to the theory about the school counselors’ conceptualizations of their training process to recognize and respond to adolescent mental health issues. Verification of these findings was accomplished through the use of triangulation procedures including: the researcher’s reflexive journaling, member checks, consensus coding, and document reviews. In addition, the peer debriefer reviewed the findings to further establish the trustworthiness and dependability of the results.

Findings

Pre-Graduate Training

All of the participants discussed gaining knowledge about recognizing and responding to adolescent mental health issues during their work/volunteer experiences and/or undergraduate studies prior to entering their graduate counseling training program. Two properties emerged as a result of the data analysis. These were confirmed during the consensus coding and also via member checks and extensive discussions with the peer debriefer.

Education. Seven participants discussed the importance of their undergraduate degree program for their training in recognizing and responding to adolescent mental health issues. Several benefits were identified, particularly the coursework content covering child and adolescent development, families, and available resources. Participant 001 stated “I’m very grateful for my psychology background... I feel like I gained significantly from having the psychology courses. Specifically because I did take a lot on child development and adolescence.” Participant 002 stated “Just having the background in the child psychology and the child psychopathology gave me, and abnormal psychology, just gave me more of an understanding of typical, you know, psychological disorders, or typical you know, just clinical issues that may come up with children and adolescents, where I don’t know if I hadn’t had that background in my undergrad work, I’m not sure that I would know as much as I do now, not that I know everything, but you know, I don’t think I would know as much as I do now about typical disorders of childhood and adolescence.” Examples of courses considered beneficial were abnormal psychology, family and law, and child psychopathology. Three of the participants had an

undergraduate major in psychology, two majored in human services with a psychology minor, one had a sociology major, one studied special education, and one had majored in residential leisure.

Work and/or Volunteer Experience. The work and/or volunteer experience that six of the participants obtained prior to their graduate degree program was identified as important to them in their training to recognize and respond to adolescent mental health issues. These participants had “hands on” experience working with adolescents to resolve problems. These encounters not only helped these participants relate and understand adolescents, it also helped them become aware of the challenges that some adolescents experience. Participant 008 stated “the only thing that kind of saved me is because I was a special ed teacher and that kind of helped me... having that background with mental health”. A majority of the participants were able to obtain firsthand knowledge about intervening with and providing resources for adolescents during these work and/or volunteer experiences prior to the commencement of their graduate training.

Graduate Training

The second category that the coding of the data produced was the effects of graduate school training on the participants’ ability to recognize and respond to adolescents’ mental health issues. Based upon the participants’ responses, the category “graduate training,” as seen in *figure 1*, was divided into two sub-categories labeled benefits and deficits. All of the participants identified that benefits of their graduate training experience for gaining knowledge about adolescent mental health were the coursework and experiential learning opportunities. Five of the participants also identified the limited coverage of adolescent mental health issues in their coursework as a deficit

that hindered their training process recognize and respond to adolescent mental health issues.

Coursework. All of the participants discussed the courses they took throughout their academic training and they all stated that these assisted with training process in recognizing and responding to adolescent mental health issues. Interviewee 003 stated, “Once I got down to the higher classes, like the actual school counseling classes, we learned the different things that school counselors do....I mean we did touch on things like mental health issues in our program..... then I guess in individual classes we touched on some of those issues too.” Specific classes that the participants identified as contributing to their level of readiness included the Theories, Lifespan Development, Counseling Skills, Assessment, and the specialized school counselor courses. Also, two participants indicated that taking classes alongside classmates in the mental health or community counseling specialty area was helpful.

Experiential Learning. All of the participants also indicated that the experiential learning components of their graduate training were beneficial in enhancing their readiness to recognize and respond to adolescent mental health issues. This property featured a range of participants’ responses that fit in one of two subcategories: experiences prescribed by the graduate program or self-initiated learning.

Learning in the graduate program included interactions with peers and faculty and field experiences, such as internship and practicum. Participant 005 stated, “During my internship, it was an eye opener the different needs that the students had. On the high school level it was more...these students came in for some actual counseling or with some concerns that they had, personal concerns.” Participant 006 echoed these thoughts and

added the dimension of learning from peers “my practicum experience, the internship experience... just some of the things I would see in the school, talking with my supervisor, talking with other students about this, I think that that would probably be I guess the class that gave me the most information... I think that really being kind of in the trenches was where I learned the most. I worked with so many students who were, you know, diagnosed as being bipolar or there were students were diagnosed as Asperger’s or things like that”. The internship and practicum experiences provided an opportunity for the participants to perform, under supervision, a variety of counseling activities that involved recognizing or responding to adolescent mental health issues.

Four participants revealed obtaining benefits from self-initiated learning involving educational experiences that they arranged or participated in on their own during their graduate program, such as attending workshops or conferences and/or doing additional research or reading. Accessing additional training and professional development to obtain experience and knowledge was illustrated by participant 006 who shared “I think that my professional organization and going to conferences and things like that, I think that a lot of that I got from my training as well. When I was working with a student who might have... bipolar, I did my own research because I didn’t really feel like I did know a whole lot about mental illness or anything like that. So I did my own books and goals.

Limited Content. While all of the participants in this study stated that there were courses that contributed to their ability to recognize and respond to adolescent mental health issues, five of the participants also revealed that there was limited content regarding mental health issues for adolescents. A representative comment illustrating this perceived deficit in course content during graduate training was made by participant 003,

“training at the graduate level was more...preparing for the basics...but none of them [courses] really focused on mental health...” Participant 006 shared “....As I think back to my classes. I really don’t know that any of my courses actually prepared me to recognize and respond to mental health issues.”

Post-Graduate Training

The final category that emerged from the data resulted from seven participants discussing their post-graduate training experiences. The data also revealed the subcategories of experiential learning, which enhanced the participants’ ability to recognize and respond to adolescent mental health issues, and two factors which impeded their training process, policies/procedures and role expectations.

Experiential Learning. Five participants indicated that the experiential learning they obtained working as a professional school counselor was a benefit in their training process to recognize and respond to adolescent mental health issues. These participants indicated that they learned from on the job experiences and/or self-initiated learning. For two of the participants, learning from educational opportunities associated with their job included components such as peer mentoring, illustrated by the following comment from participant 008, “...It’s actually on-the-job training. I don’t have a lot of materials. Because if I go to the seasoned counselors, they are more familiar and they know“. In addition, self-initiated learning once again involved attending workshops and conferences and research and reading on their own in order to enhance their competence addressing adolescent mental health issues. Participant 002 stated “...In order to feel comfortable I bought the book, and I started reading. And just did a little extra research...and I continue to do that now. If there’s something I don’t feel that I know enough about to

work with somebody, or to really help them with, I do more research absolutely. So, I still – you know, read and look into it. You know. Try to learn as much as I can...”

Impediments. Six of the participants shared that there were impediments in their post-graduate training process that hindered their ability to recognize and respond to adolescent mental health issues. The data produced two properties for this category: roles/expectations and policies/procedures. Three of the participants identified administrators and other school stakeholders perceptions of school counselor roles and their subsequent expectations interfered with their training process. A representative comment illustrating this perceived impediment was made by participant 005, who stated “...we had a dance this past Saturday and going into it, it was my first dance as a chaperone and I was talking with an administrator about what it would be like, and they said, you know, the students might have sex at the dance. And he said, yes, the students will definitely have sex at the dance and there’s nothing we can do about it. I would like the chance to break it up and offer to talk with the students about appropriate ways to display their affections, and in the school setting you could be fired so fast for that...” In addition, three of the participants stated that policies and procedures deterred their ability to recognize and respond to adolescent mental health issues. Participant 002 stated “.... I mean we don’t have the time. Our caseloads are far too big for us to be able to do an hour long session on a weekly basis we need to be able to recognize something that could that maybe we need to refer out to someone else”. Participant 001 shared an additional policy/procedure that was perceived as an impediment to their training process to recognize and respond to adolescent mental health issues; “we can’t suggest or tell people that they need to get psychiatric help... Only twice have I had to refer, and actually tell

the parents that they have to go for psychiatric treatment before returning to school.

That's the thing I have to get OK'd from the principal before I told the parent".

Discussion

Although several researchers have examined school counselors' knowledge about various issues (Bardick et al., 2004; Burrow-Sanchez et al., 2008; Carney & Cobia, 2003; Herbert et al., 2004; King & Smith, 2000; Roberts-Dobie & Donatelle, 2007; Schwiebert, et al., 2002) there appears to be a gap in the literature concerning professional school counselors' perceptions about their training process for recognizing and responding to adolescent mental health issues. This study sheds some light on this topic. There has been a tendency in previous writings on school counselor training to focus solely on school counselors' graduate or post graduate experiences. One of the themes that emerged from this study highlighted the importance of undergraduate studies and work/volunteer experience prior to entering the graduate counseling program for new school counselors' ability to address adolescent mental health issues (and, for a majority of the participants here, these experiences also influenced their decision to enter the counseling field).

The data also demonstrated that the benefits of their graduate training coursework were balanced by the limited exposure to information about adolescent mental health they experienced. The participants seemed confident that they received solid training in counseling and developmental basics but a majority expressed a wish for additional content about adolescent mental health in the graduate counseling program. As has been previously posited (CACREP, 2009; Crespi & Butler, 2005) the experiential aspects of the graduate program were seen as significant. This not only included the field experience

prescribed by their graduate programs but also confirmed the value of ongoing professional development and self-initiated learning (ASCA, 2005; Clark & Horton-Parker, 2002; Gysbers & Henderson, 2006; Paisley & Benshoff, 1996).

The participants recognized that it would be highly unlikely that graduate training could expose and prepare students for all the situations they will encounter. The participants noted that additional school specific knowledge about recognizing and responding to adolescent mental health issues has been learned on the job. They have also utilized experiential learning in this component of their training process, such as learning from others (e.g., peer mentors), attending workshops and conferences, and reading/researching on their own. The impediments these participants identified echoed what previous literature has posited, namely that policy/procedures and roles/expectations have sometimes functioned as an impediment to their training to address adolescent mental health issues.

Implications

School counselors are expected to “specifically address the needs of every student, particularly students of culturally diverse, low social-economic status and other underserved or underperforming populations” (ASCA, 2005, p. 77). To effectively attend to this formidable but vital task, engaging in ongoing professional development seems essential (Clark & Horton-Parker, 2002; Gysbers & Henderson, 2006). Salient to the topic investigated in this study, given the value of pre-graduate program experiences and coursework, these factors can be encouraged and favored in graduate counseling program admissions policies. In addition, based on themes that emerged in this study, enhanced exposure to adolescent mental health issues throughout graduate study seems merited, as

does requiring an expanded amount of appropriate field work throughout the course of study at all three school levels- elementary, middle/junior high, and high school. Including training that addresses environmental influences on adolescent mental health, during the graduate program and beyond, with an eye toward advocating and collaborating to ameliorate conditions in the school and community that exacerbate mental health concerns would also appear to be profitable (Adelman & Taylor, 2007; Cholewa & West-Olatunji; Flaherty & Osher, 2007; Holcomb-McCoy, 2007; Kress, Erikson, Rayle, & Ford, 2005; McAuliffe, Danner, Grothaus, & Doyle, 2008; McAuliffe, Grothaus, Pare, & Wininger, 2008; Paniagua, 2005; Smith & Chen-Hayes, 2004; Vera, Buhin, & Shin, 2006)

An additional promising venue for enhancing professional knowledge and skill in addressing adolescent mental health concerns in a culturally appropriate fashion is professional supervision (Ancis & Ladany, 2001; Bernard & Goodyear, 2009; Gysbers & Henderson, 2006; Lambie & Williamson, 2004; Martinez & Holloway, 1997; Wood & Rayle, 2006), The absence of clinical supervision has been linked with eroded professional identity for school counselors, less effective job performance, and reduced skill levels (Bernard & Goodyear; Grothaus, 2007; Gysbers & Henderson; Herlihy, Gray, & McCollum, 2002). A number of venues for providing supervision for school counselors have been outlined in the literature, such as: training some school counselors in a district to be clinical supervisors and providing time and encouragement for their colleagues to participate; arranging with local university faculty or mental health professionals for the provision of group supervision; e-mail or web-based supervision;

and training school counselors to effectively conduct peer supervision (Magnuson, Norem, & Bradley, 2001).

School counselors can also lead the efforts to prevent and respond to adolescent mental health issues through educating students and school and community stakeholders on the topic, engaging in advocacy, collaborating with school and community partners, and by working for systemic change to ensure equitable policies and access to needed resources (ASCA, 2005). This effort could be complimented by school counselor advocacy for a reduction of their non-counseling roles and duties to allow more time to effectively engage in prevention efforts and also to address students' current mental health issues. A touted tool to produce compelling evidence for this cause is the use of disaggregated data to document positive progress toward school improvement goals (Stone & Dahir, 2006). In addition, educating school and community stakeholders about appropriate school counselor roles can be complimented by the provision of culturally appropriate information regarding mental health issues and resources.

With the increasing incidence of student mental health needs and the promising evaluation data from school-based mental health efforts (Center for School Mental Health, 2009; Weist, et al., 2007); collaboration with community resources appears to be key avenue to pursue (Bemak, Murphy, & Kaffenberger, 2005; Brown, Dahlbeck, & Sparkman-Barnes, 2006; Kaffenberger & Seligman, 2007; Stone & Dahir, 2006). Collaboration can reduce redundant programs and efforts and also increase efficacy in outcomes and in use of limited resources. Although difficult, it is also imperative to collectively address the "barriers that impede students' success and collaborate to impact the conditions necessary for all students to be successful in their academic, career, social,

emotional, and personal development... challenging the rules and regulations that deny students access” (Stone & Dahir, 2006, p.121). Being an active advocate in the school’s community for student mental health and the environmental conditions that support this is a positive and essential step, as is advocating for accessible and equitable mental health services via the local, state, and federal legislatures (Ratts, DeKruyf, & Chen-Hayes, 2008; Vera, et al., 2006).

Limitations and Future Research

Limitations related to researcher bias were hopefully mitigated by the use of consensus coding, member checks, a reflexive journal, and extensive discussions with a peer debriefer. . Selection of participations was limited to those who graduated from CACREP-accredited counselor education programs within the southeastern region of Virginia. The sample size was small and not indicative of the larger population of school counselors from CACREP-accredited program across the United States. In addition, while the sampling population was diverse in many ways, there were no males included in the sample. All of these factors can be limits on the transferability of the findings from this study. A detailed description of participant selection in the methods section could assist in understanding the context for the findings. The initial decision to limit the sample to school counselors who had completed their graduate counseling training program in the past year was a result of my initial focus on their conceptualizations of their graduate program training to address adolescent mental health concerns. However, as the themes and categories unfolded, it became apparent that almost all of the participants perceived that they had obtained valued training not only during their graduate program but also prior to their graduate studies and after completing their

graduate program. A richer or different conceptualization of the three themes/categories found in this study may have been the result if professional school counselors with a wider range of years on the job were accessed.

Further qualitative studies could expand the generalizability of this study by including school counselors beyond the state of Virginia, using a sample more representative of the demographics of school counselors in the U.S., and choosing school counselors who have more years of working experience. Future research could also identify school counselors who successfully recognize and respond to children and adolescent mental health concerns and develop a model of how these professional school counselors obtained the training needed to be successful in this area. Research examining successful collaborations between school counselors and community mental health providers could be of value to the school counseling field. Additional research addressing ways to infuse culturally alert practices into prevention and response efforts with adolescent mental health concerns would be welcome, as would research examining ways professional school counselors could assist in alleviating the environmental factors which cause or contribute to mental health concerns in students.

Conclusion

The findings in this study suggest that school counselors' training process for recognizing and responding to adolescent mental health concerns is ongoing, even in the face of limited coverage in graduate training programs and obstacles imbued in daily practice. Given the increasing number of adolescents affected by mental health issues and the deleterious effects these issues may have on students' academic success, school counselors are charged with sounding the call to heed the needs of these students and to

remove barriers to learning by effectively responding to student mental health needs.

Because most adolescents spend a significant amount of time in school and recognizing the troubling reality of limited accessibility of mental health resources in many communities, school counselors are situated to play a vital role in promoting mental healthiness and assisting with the amelioration of existing mental health concerns.

Although this is an arduous task and the path is littered with obstacles, the cost to our students and our society for our failure to attend to these needs is even more dear.

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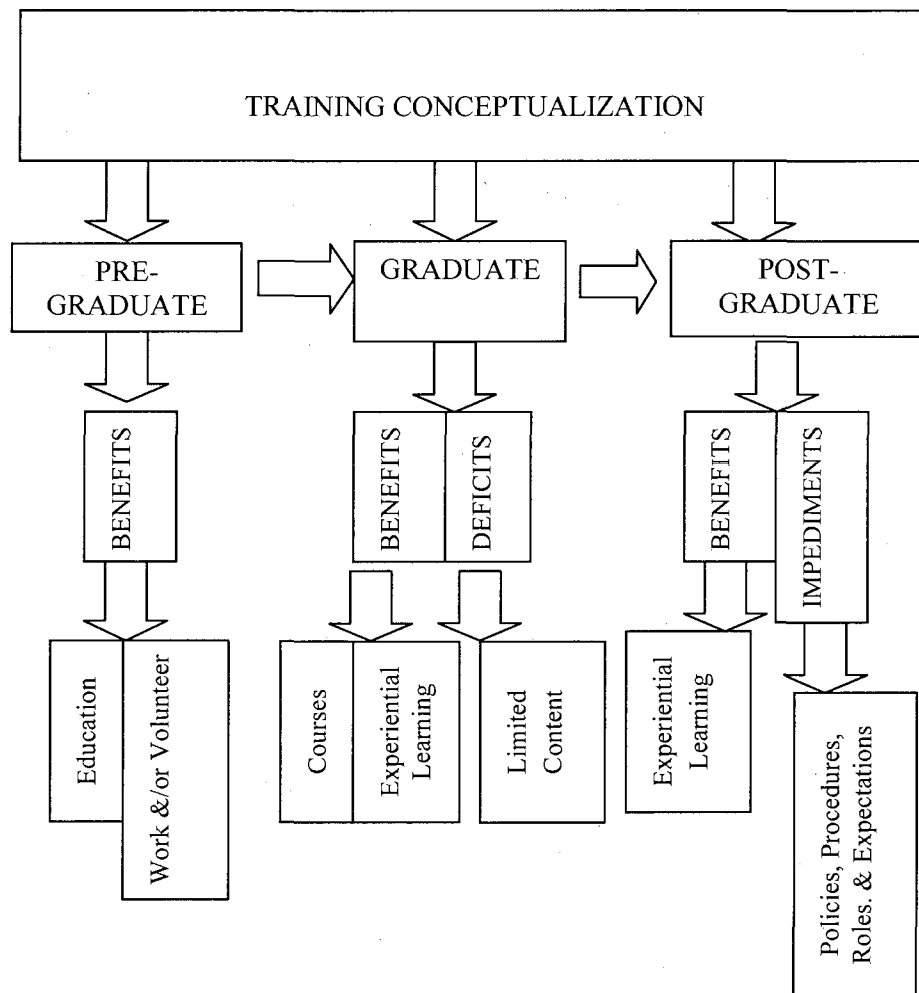
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Figure 1. Training Conceptualization



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APPENDICES

APPENDIX A

HUMAN SUBJECT APPLICATION AND APPROVAL

OLD DOMINION UNIVERSITY

APPLICATION FOR EXEMPT RESEARCH

Note: For research projects regulated by or supported by the Federal Government, submit 10 copies of this application to the Institutional Review Board. Otherwise, submit to your college human subjects committee.

<p>Responsible Project Investigator (RPI)</p> <p>The RPI must be a member of ODU faculty or staff who will serve as the project supervisor and be held accountable for all aspects of the project. Students cannot be listed as RPIs.</p>		
First Name: Tim	Middle Initial:	Last Name: Grothaus
Telephone: 757-683-3007	Fax Number: 757-683-5756	E-mail: tgrothau@odu.edu
Office Address: Darden College of Education, ED 110		
City: Norfolk	State: VA	Zip: 23529
Department: Educational Leadership and Counseling		College: Darden College of Education
Complete Title of Research Project: Recent School Counseling Graduates' Perceptions of their Preparedness to Recognize and Respond to Adolescent Mental Health Issues		Code Name (One word): Adolescents
<p>Investigators</p> <p>Individuals who are directly responsible for any of the following: the project's design, implementation, consent process, data collection, and data analysis. If more investigators exist than lines provided, please attach a separate list.</p>		

First Name: Cynthia	Middle Initial: T	Last Name: Walley
Telephone: 757-683-6132	Fax Number: 757-683-5756	Email: cwalley@odu.edu
Office Address: 250-1 Education Bldg. Old Dominion University		
City: Norfolk	State: VA	Zip: 23503
Affiliation: <input type="checkbox"/> Faculty <input checked="" type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Staff <input type="checkbox"/> Other _____		
First Name:	Middle Initial:	Last Name:
Telephone:	Fax Number:	Email:
Office Address:		
City:	State:	Zip:
Affiliation: <input type="checkbox"/> Faculty <input type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Staff <input type="checkbox"/> Other _____		
List additional investigators on attachment and check here:		
Type of Research		
<p>1. This study is being conducted as part of (check all that apply):</p> <p><input type="checkbox"/> Faculty Research <input type="checkbox"/> Non-Thesis Graduate Student Research</p> <p><input checked="" type="checkbox"/> Doctoral Dissertation Project <input type="checkbox"/> Honors or Individual Problems</p> <p><input type="checkbox"/> Masters Thesis <input type="checkbox"/> Other _____</p>		
Funding		

2. Is this research project externally funded or contracted for by an agency or institution which is independent of the university? Remember, if the project receives ANY federal support, then the project CANNOT be reviewed by a College Committee and MUST be reviewed by the University's Institutional Review Board (IRB).

Yes (If yes, indicate the granting or contracting agency and provide identifying information.)

No

Agency Name:

Mailing Address:

Point of Contact:

Telephone:

Research Dates

3a. Date you wish to start research (MM/DD/YY) 11 / 15 / 2008

3b. Date you wish to end research (MM/DD/YY) 4 / 15 / 2009

Human Subjects Review

4. Has this project been reviewed by any other committee (university, governmental, private sector) for the protection of human research participants?

Yes

No

4a. If yes, is ODU conducting the primary review?

Yes

No (If no go to 4b)

4b. Who is conducting the primary review?

5. Attach a description of the following items:

Description of the Proposed Study

Research Protocol

References

Any Letters, Flyers, Questionnaires, etc. which will be distributed to the study

subjects or other study participants

NA If the research is part of a research proposal submitted for federal, state or external funding, submit a copy of the FULL proposal

Note: The description should be in sufficient detail to allow the Human Subjects Review Committee to determine if the study can be classified as EXEMPT under Federal Regulations 45CFR46.101(b).

Exemption categories

6. Identify which of the 6 federal exemption categories below applies to your research proposal and explain

why the proposed research meets the category. Federal law 45 CFR 46.101(b) identifies the following EXEMPT categories. Check all that apply and provide comments.

SPECIAL NOTE: The exemptions at 45 CFR 46.101(b) do not apply to research involving prisoners, fetuses, pregnant women, or human in vitro fertilization. The exemption at 45 CFR 46.101(b)(2), for research involving survey or interview procedures or observation of public behavior, does not apply to research with children, except for research involving observations of public behavior when the investigator(s) do not participate in the activities being observed.

 (6.1) Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

Comments:

 X (6.2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) Information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; AND (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Comments:

The study will include participant responses to a personal information questionnaire, which includes demographic information and questions pertaining to their graduate education and professional experience (counselor type, race/ethnicity, gender, etc.) See appendix D. It will also include participant responses to a series of face to face questions (appendix E). Participants' identity and confidentiality will be safeguarded through out the process. They will not be identified by name and all responses will be coded and

analyzed. Pseudonyms will be used instead of the participants' name to protect their identity.

____ (6.3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (b)(2) of this section, if:

(i) The human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

Comments:

____ (6.4) Research, involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

Comments:

____ (6.5) Does not apply to the university setting; do not use it

____ (6.6) Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

Comments:

PLEASE NOTE:

1. You may begin research when the College Committee or Institutional Review Board gives notice of its approval.

You MUST inform the College Committee or Institutional Review Board of ANY changes in method or procedure that may conceivably alter the exempt status of the project.

Responsible Project Investigator (Must be original signature)Date

From: Grothaus, Timothy J.
Sent: Wednesday, November 19, 2008 2:30 PM
To: Walley, Cynthia T.
Subject: FW: Exempt Status for Grothaus-Walley

From: Gomez, Edwin
Sent: Wednesday, November 19, 2008 1:20 PM
To: Grothaus, Timothy J.
Cc: Hager, Jane; Hays, Danica G.; Watson, Silvana R.; Gomez, Edwin; Tomovic, Cynthia L.
Subject: Exempt Status for Grothaus-Walley

Tim,

Your proposal submission titled, "Recent School Counseling Graduates' Perceptions of their Preparedness to Recognize and Respond to Adolescent Mental Health Issues " has been deemed EXEMPT by the Human Subjects Research Committee.

Description of Proposed Study & Research Protocol

Study Title: Recent School Counseling Graduates' Perceptions of their Preparedness to Recognize and Respond to Adolescent Mental Health Issues

Primary Purpose: This study will examine recent school counseling graduates' perceptions of their preparedness to recognize and respond to adolescent mental health issues in schools. The professional literature suggest that many issues may impede students' normal development and functioning, with one in five children and adolescents experiencing major difficulties, and one in ten having a diagnosable disorder that cause significant degree of impairment. Existing literature on this topic is limited. To explore this, a qualitative design with grounded theory procedures will be utilized. This study will interview recent school counseling graduates to examine their perceptions about their graduate educational process to prepare them to recognize and respond to adolescent mental health issues.

Research Design

Research regarding recent school counseling graduates preparedness to recognize and respond to adolescent mental health issues is limited in the professional literature. Thus, if a researcher is interested in explaining and understanding a particular phenomenon but there is little research in that area, it merits a qualitative approach (Creswell, 2003). In grounded theory, data is systematically gathered and analyzed. Therefore, the theory evolves through a continuous interplay between analysis and data collection (Strauss & Corbin, 2008). Moreover, grounded theory procedures are designed to gather information and construct a theoretical explanation of a phenomenon resulting from the experiences of those being studied (Denzin & Lincoln, 2000). Therefore, researchers initiate the area of study and allow for the emergence of themes and theoretical constructs that are likely to offer insight, enhance understanding, and provide a meaningful guide to action (Strauss & Corbin, 2008). Since I am interested in gaining insight concerning school counseling recent graduates' ability to recognize and respond to adolescent mental health issues, grounded theory procedures appear appropriate for to this research.

Role of the Researcher

My role is crucial in qualitative inquiry, as I will serve as the main instrument for data collection and analysis. Creswell (1998) suggests that it is essential that I recognize and state biases, values, and judgments at the onset of this investigation and throughout the entire process of this research. Therefore, it is imperative that I am aware of my biases and monitor my own ideas and assumptions in order to allow for the emergence of research participants' perceptions of their experiences.

Selection of Participants

A purposeful sampling procedure will be used in this study, which will allow me to choose participants who have some interest in the proposed research. Between ten to fifteen professional school counselors who are currently working in a middle or high school and who have graduated from a CACREP accredited counselor education program within the last nine months will be selected for this study. I specified school counseling graduates of CACREP programs due to the consistency of the accreditation standards including 700 hours of field experience and similar course content.

Data Collection

Data collection procedures utilized in the study will include: (a) individual participant interviews; (b) researcher's observations; (c) document reviews. Two rounds of individual interviews will be utilized as the primary source of data collection. Interviews will consist of one 20-45 minute semi-structured session in person, (Appendix E), one follow-up interview conducted via telephone, and two reflective questions sent by e-mail (Appendix F). Interviews will be audio taped and transcribed, and reflective questions conducted via e-mail will be printed. Once all of the initial interviews are complete, they will be transcribed and analyzed. The transcriptions of the interviews will be analyzed to elicit themes and concepts and will take place between each round of interviews in order to narrow and focus interview questions as well as elicit new themes and confirm existing themes derived from the data.

Data Confidentiality and Participant Identity Protection

The face to face and telephone interviews will be audio taped and transcribed by a professional transcriptionist for data analysis. All audiotapes will be erased upon completion and verification of transcripts. The two reflective questions will be printed out for analysis purposes, and the contact information will be deleted for purposes of confidentiality. Pseudonyms will be used through out the process and participant names and all affiliations will be kept confidential at all times. The signed consent forms, audiotapes, interview transcripts, and any other materials related to this project will maintained in a secure and confidential lockbox and kept by Cynthia Walley, Project Director.

Data Analysis

The purpose of data analysis is to progressively narrow the focus of the data to allow key themes of the participants' data to emerge. In order to reduce and interpret information derived from transcripts, the following procedures are needed (a) data reduction, (b) data display, and (c) conclusion drawing and verification. (Miles and Huberman, 1994;

Strauss & Corbin, 2008). Reanalyzing and categorizing data will be done until “the new information does not further provide insight into the category” (Creswell, 1998, p. 151).

Trustworthiness

In qualitative research, the soundness of research is evaluated by its trustworthiness as opposed to reliability and validity, which are used in quantitative research. Denzin and Lincoln (2000) included four criteria to represent trustworthiness of the research: credibility, transferability, dependability, and confirmability. Trustworthiness will be maintained by using member checks, external auditor, peer debriefer, and reflexive journal.

Strategies to Contain Sensitivity

According to Glesne (1999), strategies will be used to detect subjectivity that might skew, shape, or distort data. My personal and professional experiences give me the opportunity to have an understanding of the dynamics of adolescent mental health issues and the dynamics of counselor education programs and internships as I attempt to be aware and balance potential biases. In addition to stating my biases at the onset of this investigation, I will also utilize strategies that include keeping a reflexive journal, peer debriefing, member checking, and an external auditor.

Reflexive Journal

Spall (1998) describes the reflexive journal as a record for the researcher’s reflections. Throughout the entire process of data collection and analysis, I will keep a detailed journal containing my ideas and activities pertaining to this study. In order to monitor my personal perspectives and values, I will share this journal with the peer debriefer, methodologist and chair of my dissertation committee, as appropriate.

Peer Debriefing

Peer debriefing supports the credibility of the data and contributes to the conformability of the interpretations and findings as being honest and believable (Spall, 1998). In debriefing, an impartial peer and I will carry out extensive discussions regarding the findings and progress of this investigation. I will ask the peer debriefer to review findings in an effort to establish trustworthiness and dependability of the results.

Member Checks

Member checks will involve sharing interview transcripts, analytical thoughts, and interpretations with the participants in this study to make sure that ideas are represented accurately (Glesne, 1999; Strauss & Corbin, 2008). By using member checks, participants will have an opportunity to clarify their experiences and point out any misinterpretations of their perceptions and experiences. In this study, member checks will involve e-mail messages containing preliminary findings after each round of interviews, a brief summary at the beginning of follow up interview, and a presentation of the results of data analysis. At the end of this investigation, members will be asked to clarify information and determine if findings adequately capture the essence of their perceptions.

APPENDIX B
CONSENT FORM

CONSENT FORM

1. Title of Research Study

A Grounded Theory of School Counselors Conceptualization of Their Training regarding Adolescent Mental Health Issues

2. Project Director

Cynthia Walley, Doctoral Candidate, Department of Educational Leadership and Counseling, Old Dominion University, Norfolk, VA 23529, Telephone (757) 683-6132, Email address: cwalley@odu.edu. I am under the supervision of Dr. Tim Grothaus, Assistant Professor and coordinator of the school counseling program, (757)-683-3007. Email address: tgrothau@odu.edu.

3. Purpose of the Research

There is a paucity of research regarding master's level school counselors' conceptualization of their training regarding recognizing and responding to adolescent mental health issues. The purpose of this study is to develop a grounded theory which will illuminate new school counselors' conceptualization of their process of gaining knowledge in recognizing and responding to adolescent mental health issues. More specifically, the purpose is two-fold: (a) develop a theory of the training process for school counselors regarding adolescent mental health issues; and (b) identify salient components of a school counseling training curriculum regarding adolescent mental health issues.

4. Procedures for the Research

Participants will voluntarily participate in two interviews. The initial interview will take place face to face and will last 30-60 minutes. The other interview will be conducted via telephone. In addition, two reflective questions will be sent e-mail after the two interviews. The face to face and telephone interviews will be audio taped and transcribed for data analysis. All audiotapes will be erased upon completion and verification of transcripts. The two reflective questions will be printed out for analysis purposes, and the contact information will be deleted for purposes of confidentiality.

5. Potential Risks of Discomforts

Due to the nature of this research, there are no identifiable risks to participants. However, my role as a researcher demands the protection and safety of participants. Therefore, I will explore any concerns you might have about the disclosure of professional personal information related to the topic at hand. All aspects of participation are voluntary, and participants may choose to conclude the interview at any time. If you would like to discuss these or other potential discomforts, you may contact my supervisor, Dr. Grothaus or me.

6. Potential Benefits to You or Others

The results of this research could be used to enhance the process of training of school counselors since this research will contribute to a theoretical model to improve training for school counselors who work with adolescents.

7. Alternative Procedures

There are no alternative procedures. Your participation is voluntary, and you may withdraw consent and terminate participation at any time without consequence.

8. Protection of Confidentiality

Your name and all affiliations will be kept confidential at all times. Pseudonyms will be given for participants, so your name will not be identified on the audiotapes. A professional transcriptionist will transcribe all audiotapes, and after the transcription and verification, all tapes will be erased. The signed consent forms, audiotapes, interview transcripts, and any other materials related to this project will be maintained in a secure and confidential lockbox and kept by Cynthia Walley, Project Director.

9. Voluntary Participation: Your participation in this study is completely voluntary. You have the right to withdraw from the study at any time without penalty. Throughout the interviews, you have the right to answer or not answer any question that is asked. Even if you decide to participate and then change your mind, you may withdraw from the study, and any comments you made will not be used and destroyed. If you want to withdraw from the study, just let me know at any time.

10. Signatures

I have been fully informed of the above-described procedure with its possible benefits and risks, and I have given permission of participation in this study.

_____	_____	_____
Participants Signature	Date	Name of Participant (Print)
_____	_____	_____
Project Director Signature	Date	Name of Project Director (Print)

APPENDIX C
INTRODUCTION LETTER

Dear Colleague:

I am a doctoral candidate in the Department of Educational Leadership and Counseling at Old Dominion University, and I would appreciate your help with an important research project that may help school counselors. My study will examine how master's level school counselors conceptualize their training process regarding recognizing and responding to adolescent mental health issues? This is an area of need in the profession and since there has been limited research focused in this area; it is unclear whether school counseling graduates received adequate training in this area. Thus, I hope to interview school counselors who are currently employed in a middle or high school setting to learn about the training they have received specific to recognizing and responding to adolescent mental health issues. Information gleaned from this study may eventually be used to assist counselor educators in preparing school counseling students to recognize and respond to adolescents who are dealing with mental health issues.

The time commitment asked of you is approximately 2 -3 hours total spread over a few weeks. You will be asked to participate in two individual interviews. The initial face to face interview will be 30-60 minutes, while the follow-up interview will be conducted via telephone. These interviews will be followed by an e-mail with two reflective questions for your response. Although I anticipate no harm will come to you, some participants may experience slight emotional distress if recalling unpleasant or stress inducing experiences. The potential benefits of this study include assisting counselor educators in thinking about the process they use to train students to recognize and respond to adolescent mental health issues and greater participant awareness about this important area.

If you are willing to take part in this study, please sign the enclosed consent form to indicate that you voluntarily consent to take part in this investigation. Then complete the short demographic survey that is attached to this document and return both items to me via email (cwalley@odu.edu) or fax (757-683-5562). Once I receive your consent and the demographics survey, I will contact you to schedule our initial interview. If I have not received a response from you within two weeks, I will contact you via e-mail or phone. This project was approved by Human Subjects Review Committee of the Darden College of Education at Old Dominion University. You are welcome to contact me if you have any questions or concerns regarding this project. Thank you very much for your time and consideration.

Respectfully,

Cynthia T. Walley MEd, LAPC, NCC
Doctoral Candidate
Old Dominion University
Office (757) 683-6132
Email: cwalley@odu.edu

Tim Grothaus, Ph.D., NCC, NCSC, ACS
Assistant Professor and School Counseling Coordinator
Dissertation Committee Chair
Old Dominion University
Office (757) 683-6007
Email: tgrothau@odu.edu

APPENDIX D
DEMOGRAPHIC INVENTORY

Demographic Inventory

1. Pseudonym _____

2. Gender: Male Female 3. Age: _____

4. Ethnic /Racial Background:
 - African-American Native American Biracial/Multiracial
 - Latino (a)/Hispanic Asian-American Pacific Islander
 - Arab-American European-American Other, please specify _____

5. Advanced Degree: M.S. Ed.S. Doctorate Other, Please list _____

6. Membership in Professional Organizations: ACA ASCA
 State Counseling Association State School Counseling Association
 Other _____

7. Certifications/credentials: State School Counseling Certificate/License
 NCC NCSC Licensed Professional Counselor (or equivalent)
 Other, (please list) _____

8. Prior to graduating, how many years of experience working with children and adolescents did you have? _____ If you had experience, please place a check next to the settings in which you had this experience.
 - School Community Agency Private Practice
 - University
 - Other, please specify _____

9. What was your final credit hour total upon graduating from your program?

10. During your master's program, did you complete more graduate level courses than were required for your master's degree? Yes No

11. What was your primary reason for pursuing a master's degree in school counseling?

12. How many courses pertaining to counseling and development of children and adolescence were required in your master's degree program?

13. How many courses pertaining to diagnosis and assessment were required by your master's degree program?

14. How many elective courses pertaining to counseling and development of children and adolescence did you complete?

15. How many elective courses pertaining to diagnosis and assessment did you complete?

APPENDIX E

INITIAL INDIVIDUAL INTERVIEW AND REFLECTIVE QUESTIONS

INITIAL INDIVIDUAL INTERVIEW
Protocol

Project: School Counselor Training

Time of Interview:

Date:

Place:

Interviewer: Cynthia Walley

Interviewee:

Position of interviewee:

The purpose of this grounded theory study is to examine the training process of new school counselors. More specifically, the purpose is two-fold: (a) develop a theory of the training process for school counselors regarding adolescent mental health issues; and (b) identify salient components of a school counseling training curriculum regarding adolescent mental health issues.

Introductory remarks will include the following:

Confidentiality will be maintained at all times. Pseudonyms will be given for participants, so your name will not be identified on the audiotapes, and after the transcription and verification, all tapes will be erased. The signed consent forms, audiotapes, interview transcripts, and any other materials related to this project will be maintained in a secure and confidential lockbox.

Your participation in this study is completely voluntary. You have the right to withdraw from the study at any time without penalty. Throughout the interviews, you have the right to answer or not answer any question that is asked. Even if you decide to participate and then change your mind, you may withdraw from the study, and any comments you made will not be used and will be destroyed. If you want to withdraw from the study, just let me know at any time.

Describe for me your school counseling experience. (Probes: How long have you worked as a school counselor? Where? Information about that setting? etc.)

1. Describe for me your school counseling training.
2. Tell me what comes to mind when I mention "adolescent mental health issues."
3. During your training, which content courses, if any, trained you to address adolescent mental health issues? In what ways? [Have them give examples.]

4. What were the major events or benchmarks in during your training that contributed to your level of readiness?
5. Who were the significant individuals in your counseling program that contributed to your training?
6. How were you involved in your training with respect to addressing adolescent mental health issues?
7. What, if any, were the positive aspects of your training? [How? In what ways?]
8. What, if any, were the negative aspects of your training? [How? In what ways?]
9. As you reflect on your training and you are now in your school counseling setting, what things do you think, if anything, were needed in your school counselor training?
10. What would you consider are the essential components for being able to address adolescent mental health concerns?
11. What suggestions do you have for school counselor educators regarding training school counselors to work with adolescents?
12. Is there anything else you would like to add?

Thank you for participating in this interview. As stated on your consent form, your name and all affiliations will be kept confidential at all times. Your participation in this study is completely voluntary, and you have the right to withdraw from the study at any time without penalty. Even if you decide to participate and then change your mind, you may withdraw from the study, and any comments you made will not be used and will be destroyed. If you want to withdraw for the study, just let me know at any time.

Within a week, I will provide you with a transcribed copy of this interview. At that time you will have an opportunity to clarify your experiences and point out any misinterpretations of your perceptions and experiences. Following this, a follow-up interview by phone, will be utilized to explore new information derived from the initial interview.

After the follow up interview, two reflective questions will be emailed to you to complete and send back to me.

Again thank you for your participation.

Reflective Questions

- a) How has your view of the role of school counselors in recognizing and responding to adolescent mental health issues changed over time?
- b) What advice would you give someone just entering a school counselor preparation program regarding recognizing and responding to adolescent mental health issues?

VITA

Cynthia Theresa Walley earned a Bachelor of Science degree in psychology in 1998 from Loyola University New Orleans and she earned her Master's degree in community counseling in 2005 from Augusta State University. She is a National Certified Counselor.

Cynthia has worked as a graduate teaching assistant, teaching undergraduate and graduate courses for two and a half years and has been the assistant to the Counseling Admission Coordinator at Old Dominion University for the past year. Prior to this, Cynthia was a supervisor for a children and adolescent mental health agency for a year.

Cynthia is currently the Treasurer for the Delta Omega chapter of Chi Sigma Iota, at Old Dominion University, an academic honor society for the counseling profession. She has presented at local, regional, and national conferences on topics such as play therapy, adolescent mental health, and legal and ethical issues. Additional professional affiliations include the American Counseling Association, Virginia Counseling Association, Association for Counselor Education and Supervision, Southern Association for Counselor Education and Supervision, and the North Atlantic Regional Association for Counselor Education and Supervision.