*Journal of*

# Counseling Research and Practice

**Gloria Dansby-Giles**

*Editor-in-Chief*


**Jeton McClinton**

*Associate Editor*

# JOURNAL OF
# COUNSELING RESEARCH AND PRACTICE

VOLUME 8 | ISSUE 2                                        FALL 2024

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### DR. GLORIA DANSBY-GILES
*Jackson State University*

### ASSOCIATE EDITOR

### DR. JETON MCCLINTON
*Jackson State University*

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### Counselors Helping Counselors: A New Perspective for the Profession

*Gloria Dansby-Giles*
*Jeton McClinton*

The theme for Mississippi Counseling Association (MCA) for the 2024-2025 year has been proclaimed as "Counselors Helping Counselors" by the current President, Mr. Steven Stafford. With this theme, he has charged officers, committee chairs, regions, divisions, interest areas and others to identify how counselors can help other counselors within their role within MCA. This is an unusual theme in that counselors usually spend their time helping others and in particular clients. This concept has been extended further when we provide the number of clients contact hours at the end of the month to our supervisors. In addition, counselor educators, counselor supervisors and administrators may ask for documentation with regard to the number of contact hours spent with advisees and supervisees.

However, the unnoticed and possibly undocumented role of counselors is the number of contact hours that we spend in helping our colleagues, supervisees, supervisors, advisees in counselor training programs, mentoring new professionals, serving in leadership roles in counseling associations, and participating in research studies, etc. In addition to these roles, counselors also serve as consultants, deliver graduate level instruction, advocate for the profession, provide therapy to each other, deliver continuing education hours for certification and licensure renewal, edit and publish newsletters and serve on editorial review boards for journals.

With this charge in mind, the editor of the Journal of Counseling Research and Practice (JCRP) wants to thank the counselors who have submitted articles for publication, the continuing reviewers, the new reviewers and the co-editor of the JCRP for their support and contributions.

The JCRP focuses on promoting the concept of "counselors helping counselors" through the use of research.  Please know that we are continuing to review articles that have been submitted. We continue to ask for your patience and support as we review article submissions.  The current review time has been determined to be 18-36 months.

With research, counselors help counselors by conducting and reading evidence-based practice (EBP) and empirically supported treatments (EST).  While these two terms are often thought to be the same, they are essentially different.  Bertolino (2018) compared several definitions of EBP and pointed to similarities with regard to components of "best evidence or research, clinical expertise and individual patient characteristics (values, needs and choices, etc.)" (p. 28). While The substance Abuse Mental Health Services Administration (SAMHSA, 2023) stated that "evidenced-based practices and programs (EBPs) are interventions that are guided by the best research evidence with practice-based expertise, cultural competence and the values of the persons receiving the services that promote individual or population-level outcomes" (p. 4).  The related term of  EST  has been articulated by Chambliss and Holden (1998) as specific psychological treatments that were found to be effective in controlled research studies with an identified population,  They added that  this approach utilized a randomized controlled trial in two independent studies in order to prove that a specific treatment approach can be deemed effective with an identified disorder  from the Diagnostic and Statistical Manual of Mental Health Conditions (American Psychiatric Association. 2022).  This approach is aligned with a prescriptive medical model in that the treatment approach should be matched with the client's diagnosis and the treatment provided should be  based upon a treatment manual.  This approach has been criticized for its failure to consider the appropriateness and effectiveness with

diverse cultural groups.  Historically, EST has focused little attention on cultural issues and did not report the cultural background of participants who engaged in studies (Marquis et al., 2010).

In response to calls for accountability and effectiveness of treatments, the EBP and EST movements have impacted the delivery of counseling services by focusing attention on the requirements for third party reimbursement, counseling practices and training (Marquis, et al., 2010). While critics have pointed to the limitations of both approaches, counselors are encouraged to explore and research the strengths, contributions and shortcomings and make an informed decision as to how these approaches can impact their clinical practice (Wampold & Imel, 2015). The exploration of both approaches can assist counselors in providing quality services to their clients.

Recommendations that have been offered in response to the limitations of EBP and EST approaches have been to promote research that can inform practice while being aware of the shortcomings and contributions of both approaches.  Other considerations encouraged research such as "quantitative single-case experiments and qualitative intensive since-subject case studies" (Marquis, 2010, p. 404).  These types of studies were more likely to embrace diversity, social justice and wellness themes.  In keeping with the recommendations, the opening article for this issue of the journal addressed a single case design.

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**The Impact of Child Centered Play Therapy Intervention on the**

**Social Emotional Competency of Children Using a Single Case Design**

*Helen T. Maher*
*Elizabeth M. McCarroll*
*Pedro J. Blanco*

## Introduction

**Social-Emotional Regulation**

The degree to which children can regulate their social, emotional, and behavioral experience is consistently associated with adaptive abilities that persist over the lifespan (Eisenberg et al., 2015). Social-emotional regulation supports effective interpersonal relationships, pro-social behaviors, and is instrumental in children fulfilling their social and academic expectations (Gross, 2014). Social-emotional development is guided by intrinsic factors (e.g., individual temperament and social-cognitive development) and extrinsic factors (e.g., environmental and social dynamics), both of which influence social-emotional competency, or maladaptive development (Eisenberg & Suilk, 2012).

Effective social-emotional development is a crucial factor in early childhood as it enables a framework of functionality that pervades all aspects of health and social outcomes over the lifespan. The consequences of maladaptive development are evidenced by social-emotional issues that meet the diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR), (APA, 2022). Research indicates that social-emotional competence develops across several developmental domains suggesting that interventions must support global development, rather than focus on a single presenting issue, or a specific domain. Self-

regulation is a multifaceted construct encompassing multiple interrelated cognitive and emotional development domains. In this paper, self-regulation is defined as emotion related self-regulation, which is the "processes used to manage and change if, when, and how one experiences emotions and emotion related motivational and physiological states, as well as how emotions are expressed behaviorally" (Eisenberg et al., 2007, p. 288).

Over time, children's ability to self-regulate becomes multi-faceted, intentional, and reflects their unique social context, and experiences. Intrinsic factors such as children's temperament, in conjunction with the caregiver relationship, shapes children's perception of their environment as well as their ability to effectively self-regulate (Gross, 2014; Chess & Thomas, 2013). In addition, pro-social behaviors are influenced by socio-cognitive abilities such as language, and social competencies, which allow children to recognize and decode social experiences, enabling socially appropriate responses (Spinrad & Vanschyndel, 2015; Hammond & Brownwell, 2015). Empathy, regarded as a 'core condition' in CCPT practice, is an additional element of social-emotional development that allows children to perceive the emotional distress of others but is shaped by ongoing social experiences and may cause distress in times of excessive sensitivity, or over-arousal (Rogers, 1951).

Extrinsic factors encompass the quality of significant caregiver relationships who model social-emotional regulation, and buffer the effects of stressors (Eisenberg, 2010). Effective caregiver relationships can offset the impact of adverse childhood experiences (ACES) that have the potential to become pervasive over time (Shankoff & Garner, 2012), and also reflect the social-emotional growth associated with the formation of the therapeutic relationship. Maladaptive social-emotional behaviors correlate with externalizing, and internalizing disorders,

which emerge through a myriad of biopsychosocial routes that reflect inhibitory control, emotional competence, and attentional control (Eisenberg et al., 2011). As a result, supporting children identified as "at risk" is a central social focus to offset long term social, academic, and neurobiological deficits that can extend over the lifespan (Shonkoff et al., 2012).

These social-relational factors are especially relevant in school settings given the positive correlation between social disadvantage and academic outcomes (Lacour & Tissongton, 2011). In addition, schools offer the opportunity for children to access psychological assessment and early interventions that support children's well-being, and long-term outcomes (Muro et al., 2015). Research suggests that this is especially crucial for "at risk" populations whereby interventions need to encompass supports for children's social-emotional skills, as well as academic supports (Domitrovich et al., 2017; Lacour et al., 2011). Offering CCPT in school settings is potentially an effective and pre-emptive intervention for "at risk" populations, by supporting children's social-efficacy and pro-social behaviors (Post, 1999; Ray et al.,, 2015).

Play Therapy as a Therapeutic Intervention

Children have a natural propensity to express their needs through play reflecting essential aspects of their social, emotional, and cognitive development. As a result, the value of utilizing play-based interventions to scaffold children's social-emotional needs is empirically supported (Lillard et al., 2012; Lin & Bratton, 2015). A range of studies have explored the effectiveness of child-centered play therapy (CCPT) in addressing a range of internalizing and externalizing disorders, as well as its applicability in different settings and for diverse populations (Lin et al., 2015; Blalock, 2016; Taylor, 2016, Ray et al., 2015). Research on effective interventions for "at risk" populations suggested CCPT offers a symbolic outlet through which trauma can be

expressed in an environment that is child-directed (Bratton et al., 2013; Swan & Ray, 2014). The

utilization of CCPT school settings is supported by a meta-analysis by Ray et al., (2015) which

supported the efficacy of play therapy in meeting the individual and diverse needs of school

children, as well as moderating teacher-child relationship stress. Finally, research indicates

CCPT positively supports children's academic outcomes, as well anxiety associated with

academic testing (Blanco et al., 2017; Blanco et al., 2015)

**Purpose of the Study**

The purpose of this study is to ascertain the impact of a CCPT intervention on the social-

emotional competency of a group of 5 third grade children deemed "at risk". The use of a single

case research design (SCRD) captures the nature, trajectory, and individual aspects of children's

social-emotional experience as it unfolds throughout the play therapy intervention (Ray et al.,

2010). This approach addresses current questions within the field of play therapy as to how

therapeutic change is understood, as well as identifying empirical methodologies that support

CCPT as an evidenced based approach (Baggerly & Bratton, 2010; Phillips, 2010). An additional

goal of this study is to add to the existing body of literature that specifically demonstrates that

CCPT effectively supports the social-emotional development of children.

**Method**

**Participants**

For this study, 5 third-grade students were recruited from a Title I school located in the

southwestern United States. Title I schools are state selected when a significant percentage of

students qualify for reduced, or free school lunch. The school counselor identified students as

being "at risk" socially or academically as per ISD criteria, with 3 of the 5 students meeting the

criteria for both social and academic "at risk". The school counselor also engaged with the student's teachers to ascertain their willingness to permit students to attend both CCPT sessions. Written informed consent was obtained according to Institutional review Board (IRB) guidelines. In keeping with the inclusion criteria for this study, children were 8 years old at the beginning of the study. In addition, it was confirmed that participants were receiving no other form of psychological or therapeutic intervention, such as play therapy or additional forms of professional counseling.

*Participant 1*: Anna was a female student who met the ISD criteria for social and academic "at risk". Anna appeared physically healthy and presented as a highly energetic, animated participant over the course of the semester. According to teacher and school counselor reports Anna had difficulty remaining on task. This was evidenced by her behavior in the playroom with earlier play sessions marked by a frenetic quality but demonstrated greater focus as the semester progressed, evident by her focus on creating art. Anna created elaborate art projects and demonstrated highly imaginative and creative ways in which she could demonstrate mastery. Symbolic play also demonstrated Anna's need for social recognition and a desire for positive feedback.

*Participant 2*: Mark was a male student who met the ISD criteria for social and academic "at risk". Mark presented initially with a vigilant manner but became more engaging and relational as the semester progressed and was eager to share information about his "family."  In week 8 a "make up" session was required as Mark was placed in in-school suspension for physically harming another student. Although his teacher reported that Mark displayed poor social skills with peers, within the playroom Mark was interactive and frequently included the

therapist in his "science projects." Creativity and mastery were ongoing themes whereby Mark would create collaborative challenges, and games, which he and the therapist could create together.

*Participant 3*: Jamie was a male student who met the ISD criteria for academic "at risk." Jamie appeared considerably smaller than his peers and presented as energetic and engaging. Jamie creating consistent and collaborative play scenes throughout the semester that conveyed a need for mastery and success but demonstrated elements of social intractability in his desire to follow his own needs regardless of the social outcomes.

*Participant 4*: John was a male student who met the ISD criteria for academic and social "at risk." Presenting as a tall, physically healthy boy, he was enthusiastic and sociable throughout the semester. John expressed a lot of collaborative relational play using tools, sand tray, and the kitchen/shop that appeared to represent industry or a desire to nurture others. John was expressive and mostly cheerful except for one session when he was tearful as he had been reprimanded prior to his session for behavioral issues.

*Participant 5*: Adam was a male student who met the ISD criteria for academic and social "at risk." He had limited contact with his father due to reports of domestic violence. Teacher reports indicated that Adam struggled socially with classmates and required supervision and support with academic tasks. Adam appeared in good health but at times presented in a slightly disheveled manner. Initial engagement with therapist was minimal but as the sessions progressed interactions became more frequent and friendly as he narrated his play with themes of power and control apparent. Towards the latter part of the intervention, Adam interacted verbally

on a regular basis as well as sharing experiences external to the playroom, such as the fact that he had "two friends".

## Instrument

The Social Emotional Assets and Resilience Scale (SEARS) is a strength-based, cross informant instrument that measures the social emotional competency of children and adolescents from 5 to 18 years old (Merrell, 2011). The SEARS-C is a self-report form designed to be completed by children in grades 3-6. The SEARS-C comprises of 35 items, which uses a Likert type scale format (never, sometimes, often, always). A total score reflects children global social-emotional competence and resilience by assessing constructs considered integral to social emotional competency: self-regulation, responsibility, social competence, and empathy (Merrell, 2011). Reliability of SEARS-C is considered moderate to high, and validity is considered high with a Cronbach's alpha of .92. Higher percentiles indicate greater levels of social-emotional competency and lover percentiles indicate greater levels of deficits.

## Procedures

Having obtained consent for the study the researchers utilized a single case research design to gather data in three phases over a 14-week period: 3-week baseline, 8-week intervention, 3-week follow-up phase. Participants attended weekly play therapy sessions which were 30 minutes in duration and were delivered according to CCPT practice and guidelines (Landreth, 2012). The play therapy intervention was delivered by a PhD student who holds a master's in counseling in addition to training in CCPT. On a second occasion each week, the SEARS-C was completed. Efforts were made to follow a standard procedure in completing assessments.

## Single Case Design

A single case research design allows a repeated and systematic collection of data to ascertain causality of meaningful change between an active independent variable and the dependent variable (Smith, 2012). In a single case research design the participants act as their own control in a within-subject rather than a between- subject design (Smith, 2012). Comparisons are then made between the phases, or time periods, during which the independent variable is delivered. This research approach offers advantages over traditional pre/post research designs when researchers wish to capture real life experience, and nuanced holistic growth and that occurs over time (Lenz, 2015; Smith, 2012). This is ever more important given the need to deliver evidence-based, and effective therapeutic interventions, at a time when resources are increasingly limited (Lenz, 2015). A single case research design offers the opportunity to capture individual participant change or analyze an aggregate of results. In addition, its tolerance for small sample sizes supports the evaluation of treatment interventions in settings such as schools where recruiting large samples may not be realistic.

Single case research design meets American Counseling Association (ACA) and Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards for rigorous research design recognizing that experimental designs may not be suitable in research sites associated with the delivery of clinical interventions. The proficiency of a single case research design has long been promoted in the broader field of play therapy research in addressing a wide range of social-emotional issues (Dillman Taylor & Meany-Walen, 2015; Meany-Walen et al.,2015) with increasing focus on its value in evaluating CCPT interventions (Balch & Ray, 2015).

## Data Analysis

Following the 14-week study data was analyzed in several ways to determine individual and group change. Visual analysis was conducted to identify individual change by examining the statistical mean of individual participant T-scores over the course of the baseline, intervention, and follow up phases. A qualitative style review of the SEARS-C scores was completed by visually examining the overall pattern of change as well as noting changes in tier placement. Changes in tier placement have the capacity to demonstrate an increase, or decrease, in children's social-emotional competency (Merrell, 2011).

A Friedman test was completed in IBM SPSS. The Friedman test is a non-parametric alternative to a one-way ANOVA with repeated measures. This test is used to establish between group differences when the dependent variable has violated normal assumptions. Data was then analyzed in IBM SPSS using a Polynomial trend analysis to establish movement in participant median scores over the 14-week study. A Polynomial trend analysis enables an understanding of trend changes in data sets that do not adhere to a linear trend. Individual scores were then analyzed as a group in graph form using MS Excel. Changes in both group trends and progress were analyzed in conjunction with the outcomes of both the Friedman test, and Polynomial trend analysis.

## Results

### Participant 1

Anna engaged eagerly and decisively in play therapy and appeared to enjoy the individual attention play therapy offered, frequently sharing her desire to attend., The initial frenetic quality of sessions subsided over time as Anna displayed a more focused and calm presentation. Anna's

choice of toys and play scenes reflected themes of nurture and a need to 'take charge'. Over time, there was greater focus on art projects with demonstrably increased attention and self-regulation. Changes in Anna's presentation were reflected in clinical understanding of play behaviors and SEARS-C scores over the 14-week study.

A visual analysis of the SEARS-C (see Figure 1) indicated changes in scores over the course of the study, particularly from baseline to midpoint. At the mid-point of the study, Anna self-reported greater numbers of lower scores on a variety of questions until the follow-up stage when an upward trajectory becomes apparent. From the midpoint of the study, individual items scored *never* or *sometimes* display aspects of social-emotional experiences that reflected relational struggles. Frequent negative scores were applied to relational questions such as "I like to talk to lots of different people," These questions reflect teacher reports of Anna's struggles with peer relationships. Issues relating to self-efficacy were reflected in negative responses towards questions such as "I can handle most things on my own," Struggles with self-efficacy may also correlate with Anna's reported poor social competencies and academic outcomes.

Changes from the midpoint reflect group changes that are potentially linked to the growth of the therapeutic relationship and efficacy of the CCPT intervention. It is possible the combined effect allowed Anna to authentically express her self-efficacy and relational experiences. Anna's relational play behaviors allowed her to engage in more pro-social ways by allowing her to gain skills that in time may transfer to her social relationships.

**Figure 1**

*Participant 1*
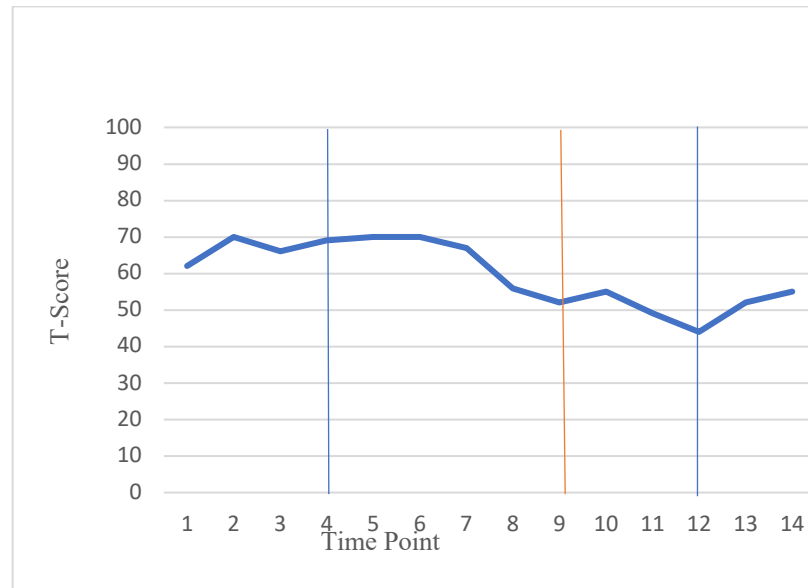


**Participant 2**

Mark initially presented himself as reserved and somewhat vigilant but became more relational and collaborative over the course of the 14-week study. Mark was enthusiastic and focused during sessions as well as expressing his enjoyment at being in the playroom. Although his teacher reported that Mark struggled to engage effectively with his peers, he was relational and engaging with the therapist and appeared to enjoy the individual attention that the play sessions offered. Mark's play behaviors were focused on mastery and nurturing toys, and he enjoyed the opportunity to demonstrate mastery including the therapist in play scenes and sharing details of his life.

Like the group outcomes Mark's individual scores decreased towards the midpoint of the intervention, which may relate to the increased authenticity of his responses (see Figure 2).

Increases in scores after Week 8 may reflect the benefit of the intervention and the developing therapeutic relationship. Decreased scores at Week 12 are likely related to Mark's Day suspension. Scores during the follow up stage indicate a slight rise, but as the study concluded on Week 14, there was no further opportunity to support potential growth. Mark's responses highlight his social-emotional experiences. Relational issues were indicated by frequent negative answers to questions such as "people think I am fun to be with," and "other kids respect me." Mark's inability to self-regulate was highlighted by negative responses to behavioral questions such as "I think before I act," Mark was clearly upset at the culmination of the play intervention and voiced regret he could not continue sessions. Given Mark's teacher-, and self-reported regulation and relational issues there is strong indication that a longer intervention stage would have offered greater social-emotional support and influenced final outcome data.

**Figure 2**

*Participant 2*
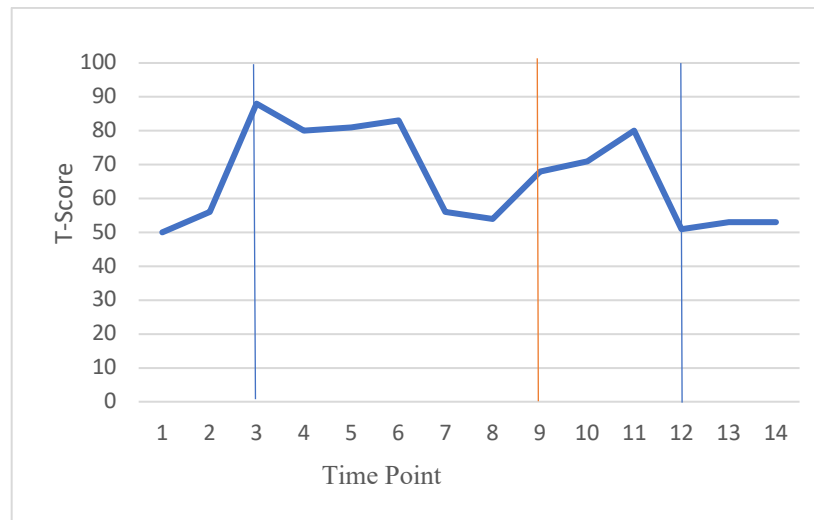
**Participant 3**

Jamie presented as an energetic boy, eager to attend, and frequently engaged in collaborative play sessions. Jamie included the therapist in play sessions by creating elaborate games and instructing the therapist on the "rules". Over the course of the intervention Jamie recreated similar play scenes that demonstrated a possible a desire for mastery, as well as a need for power and control. Assessment scores did not indicate a distinct pattern of change over the course of the intervention (see Figure 3). The rapport between Jamie and the therapist established quickly and continued throughout the intervention, this might have influenced the lack of variation in assessment outcomes.

The frequency of *never* or *sometimes* responses over the course of the study highlighted aspects of Jamie's social-emotional expression, "it is easy for me to tell people how I feel," "I can name lots of different feelings." In addition, responses reflected his struggle to understand the feelings of others, "I understand how other people feel," and self-efficacy in response to social challenges, "I know how to calm down when I am upset," These responses reflect the behaviors displayed in session that speak to Jamie's need for mastery, and control. Despite the formation of an early, and collaborative therapeutic relationship measurable social-emotional change was not demonstrated which may relate to the length of the intervention, or the sensitivity of the SEARS-C to accurately capture social-emotional change.

**Figure 3**

*Participant 3*
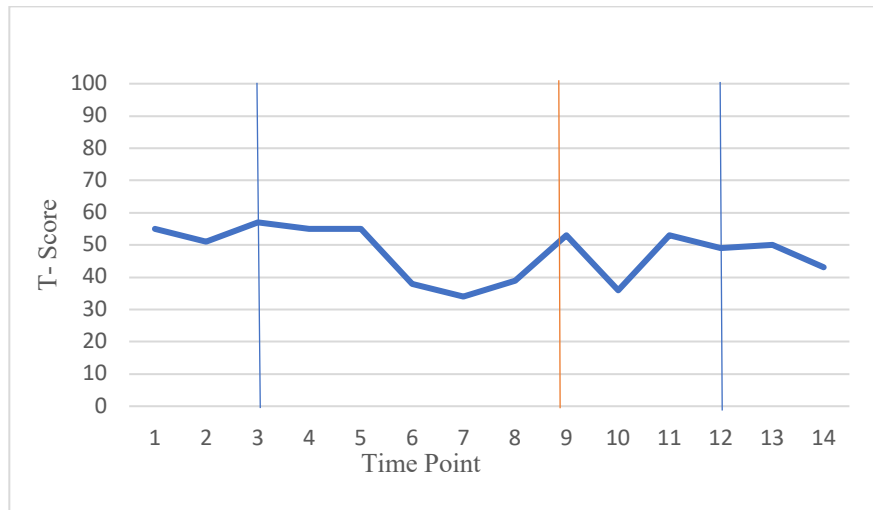


**Participant 4**

Teacher's reports indicated that John required behavioral support within the classroom but in session presented as affable and enthusiastic. He quickly established a rapport with the therapist which extended consistently over the course of the study. However, he did present in an emotional state during three of the assessment meetings. On week 2 and 3, he appeared very subdued but did not elaborate as to the reason why. On week 4, he had been placed in another classroom due to behavioral issues. In this meeting he was visibly upset and though he completed the assessment it is likely that the experiences prior to these assessments were influential. In keeping with group outcomes there is a change noted in assessment scores from Week 8, with scores at their lowest point before increasing again.

Although John engaged in a variety of play behaviors much of his play was thematically nurturing with a desire for control. There was a sense of industry throughout his play sessions

and a desire to utilize his time in session to the maximum. He collaborated with the therapist frequently and expressed pride in his accomplishments. Responses to assessment questions appeared to become more authentic as the intervention progressed (see Figure 4). Although individual questions do not offer statistical understanding, they do offer a glimpse into John's individual social-emotional needs and possible struggles. Negative responses to questions such as "I am good at understanding what other people think" reflect relational needs. Possible self-efficacy issues were highlighted by negative responses to questions such as "I am good at solving problems," and "I can handle most things on my own." Despite John's engaging presentation these responses possibly reflect his presentation in wider social settings, especially the classroom environment.

**Figure 4**

*Participant 4*
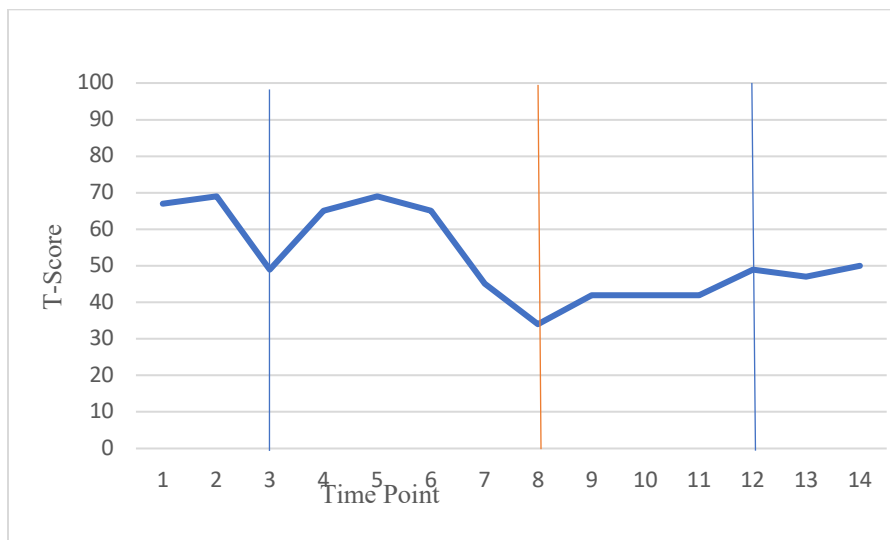
**Participant 5**

Teacher reports indicated that Adam struggled to engage with peers in socially effective ways while he also required significant academic supports. Adam had limited contact with his father due to issues of domestic violence. Initial presentation in sessions suggested Adam was reserved, cautious, and softly spoken. Early play behaviors involved solitary sand tray play, with little communication or collaboration with the therapist. By the midpoint of the play therapy intervention Adam became more communicative about his play scenes which appeared to reflect themes of power and nurture, possibly indicating his experiences of domestic violence. More open and expressive communication along with increased collaboration indicated increasing trust and comfort in the therapeutic setting. This comfort possibly mirrored Adam's social experiences as he shared information about important peer friendships.

Reducing scores from Week 3 to 8 align with the advancement of the therapeutic relationship (see Figure 5) with responses from Week 8 (mid-point of the intervention) possibly offering more accurate insight into his social-emotional competencies. Frequent negative responses suggest several themes. Relational themes were reflected in responses such as "I make friends easily," and "I like to talk to lots of different people" as well as how he is perceived by others: "others see me as a leader" and "other kids respect me." Finally, responses such as "it is easy for me to tell people how I feel" and "I can handle most things on my own" possibly reflect Adam's perception of how he understands emotions, his level of self-efficacy in dealing with challenge, as well as how the relational support of play therapy might support social-emotional competency.

**Figure 5**

*Participant 5*
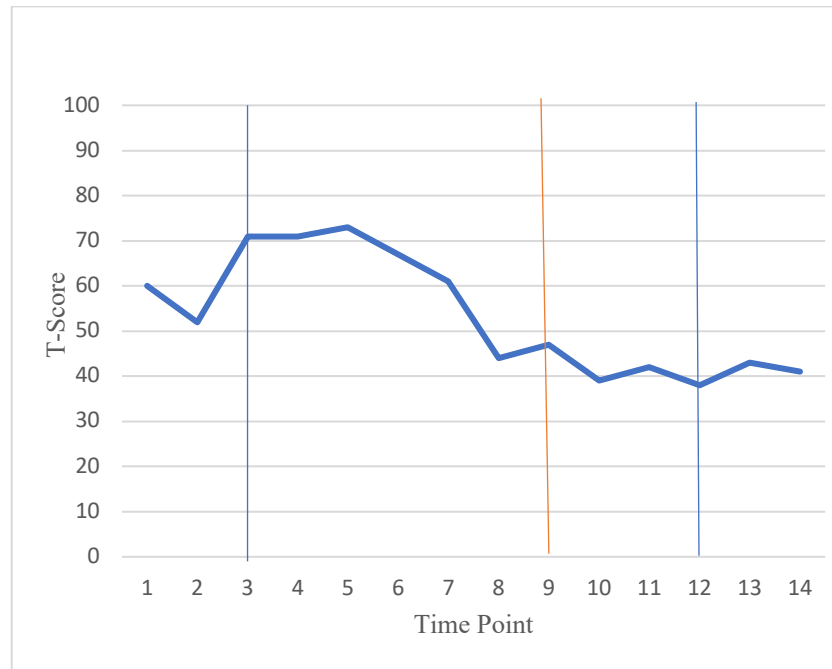


**Group Outcome**

Although the individual outcomes represent unique individual contexts and experiences, responses do align with both theory and previous research. Participant's negative responses (*never* or *sometimes*) predominately centered on social-relational abilities, self-efficacy, as well as self-regulation when facing challenges, and problem solving. Previous research suggests "at risk" groups are vulnerable to maladaptive social-emotional development and although exemplary this group response aligns with this research as well as social emotional development theory. Individual participant results also offer an understanding of potential social-emotional and therapeutic supports.

To further explore group change, a Friedman test was conducted which indicated a significant difference in participant scores across time points, $X^2$ (13) = 39.06, $p < .001$. This implies that from the baseline to intervention, and the completion of the follow-up stage, there were significant group changes (see Figure 7). In addition, a Polynomial trend analysis (see Figure 6) was conducted to establish the direction of this movement in participant median scores. The cubic solution was the best fit for this data $F(3, 2) = 9.48$, $p = .003$, $R^2 = .74$, indicating significant changes in scores across time. These results indicate that group trends show both increases and decreases over the course of the study. However, the timing of these variations offers an understanding as to value of a single case design as an effective research method in clinical research as well and speaks to how school-based programs are planned and implemented, to ensure the effectiveness of clinical interventions for "at risk" populations.

**Figure 6**

*Polynomial trend analysis*
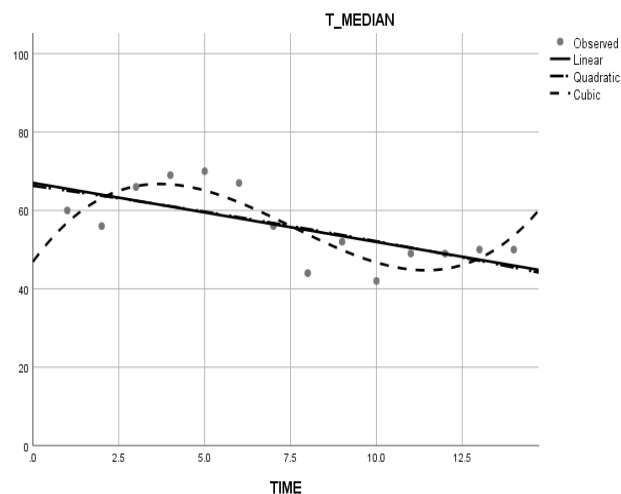
In addition to the qualitative and quantitative analysis described above, a graph was formed to highlight group changes in participant T-scores over the course of the study. The graph indicates visual trends that prompt questions about the duration and quality of play therapy interventions. Group trend changes are noted from the mid-point of the intervention which may relate to the therapeutic relationship, recognized as a supportive base through which children can initiate emotional and behavioral change (Landreth, 2012). Trend changes also motivate questions about the duration of the intervention, which suggest that a longer intervention phase was necessary. Although previous research indicates the value of both short and long-term interventions (Blanco, Ray & Holliman, 2012; Ray, 2008) this outcome suggests the need for further study. This is particularly crucial in school settings where "at risk" populations are most vulnerable to maladaptive functioning yet therapeutic interventions must compete with academic expectations and scheduling.

It was noted that baseline scores for all participants were high throughout the baseline phase placing the participants in Tier 1 in relation to the normative group. This prompts questions about length of the baseline given all the participants in this study were identified by school administration as meeting the criteria for being "at risk". It suggests the need to create a stable baseline prior to the commencement of the intervention phase to accurately capture the social-emotional presentation of participants. The possible effect of a self-report bias raises questions as to how social-emotional competencies can be measured, given the potential influence of social desirability. The pattern of scores from baseline through intervention stage, to follow-up stage suggests the therapeutic relationship facilitated more authentic responsiveness from participants.

**Figure 7**

*Participants group outcome*
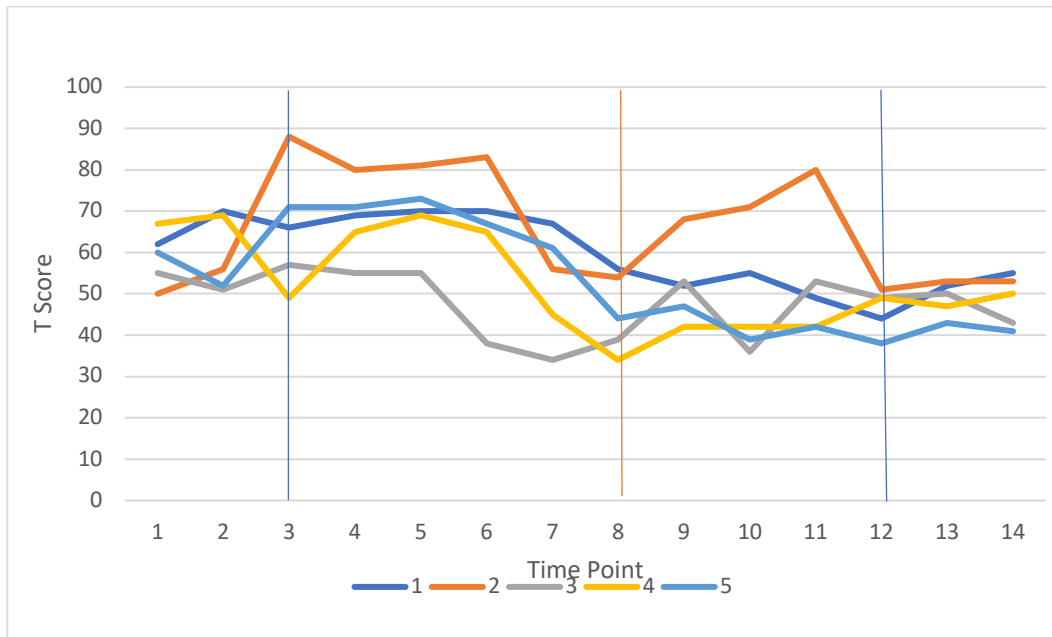


**Discussion**

This study sought to examine the effect of a CCPT intervention on the social-emotional competency of a group of "at risk" third grade children using a single case research design. Individual outcomes were mixed given the nature of change varied between participants. However, over the course of the study significant group changes across time points offer insights from both a research and clinical perspective. Visual analysis highlights changes from the midpoint of the intervention and at the culmination of the intervention, which was supported by the polynomial trend analysis.

These outcomes raise questions as to how social desirability influences self-report bias when children are asked to rate, or report on, their social-emotional experiences. Although participants with a range of maladaptive social-emotional abilities that impacted their academic and social outcomes were identified by teachers all five participants scored within tier 1 of the SEARS-C until Week 6, when one participant scored in tier 2. From Week 6, there were some drops in tier placement, but these were not distinctly patterned. In brief, although participant's social and academic struggles were apparent in the classroom environment, their self-report measures did not accurately reflect these deficits.

Social-desirability bias potentially reflects the natural power differential present in adult-child relationships. This phenomenon is especially pertinent in school settings where children are socialized to defer to adults (Logan et al.2008) which has the potential to confound outcomes, or the relationships between variables (Van de Mortel, 2008). In contrast studies suggest that children from ages of 6 to 7 years can offer a consistent account of their health and wellbeing (Riley, 2004). By offering children opportunities to share their unique perspective on their health experiences subsequent interventions can meet the goal of child-centered approaches, which places the child at the center of treatment planning (Landreth, 2012; Sturgess et al., 2002). If initial scores are attributable to self-report bias, then changing scores potentially reflect the developing therapeutic relationship. This aligns with CCPT theory highlighted by Landreth (2012) who states, "the relationship is the therapy; it is not preparation for therapy or behavioral change" (p. 82). The therapeutic relationship facilitates children's authentic and significant self-expression, either verbally or non-verbally, through their play behaviors. If group changes are reflective of the therapeutic relationship, then the reducing scores signify the development of

trust within the therapeutic relationship, as well as participant's increasing ability to authentically express their social-emotional needs. These points of therapeutic change are reflected in individual participants as well as group changes and validate the elementary role of the therapeutic relationship in CCPT theory and practice (Landreth, 2012).

The increasing group trend evident in the latter weeks of the intervention phase supports the effectiveness of the CCPT intervention but raises the questions about the duration of therapeutic interventions, as to what time-period effectively promotes and sustains measurable social-emotional growth. All school-based investigation challenges researchers to balance the needs of school schedules, standard research protocols, while providing effective therapeutic interventions for participants (Ray et al., 2015). Academic constraints and participant's schedules dictated that the intervention was a weekly 30-minutes session, with participants completing the SEARS-C during a separate 15-minute meeting post intervention. This study raises crucial questions as to how therapeutic interventions are scheduled to ensure the efficacy of therapeutic interventions within the needs of academic scheduling.

Previous CCPT studies support its effectiveness as a long-term or intensive short-term intervention that can address a range of presenting issues, within variety of settings. Several studies support the effectiveness of longer-term interventions but also indicate that clinical change emerges over the course of the intervention (Muro et al., 2006; Ray, 2008; Blanco et al., 2012). In contrast a number of studies support the continued effectiveness of CCPT when delivered as a shorter, or intensive intervention (Ritzi et al., 2017; Wicks et al., 2018; Ray et al., 2009). These studies support the use of CCPT as an effective intervention for "at risk" groups but also as an appropriate treatment modality when environmental constraints require a flexible

intervention schedule (Ray et al., 2015). This is particularly salient factor in school settings when academic scheduling is a primary focus, and therapeutic interventions must be adapted accordingly. In keeping with CCPT theory Landreth (2012) suggested that scheduling should always align with children's individual and progressive needs as they are expressed over the course of the intervention.

In relation to this study, group changes suggested that effective change was occurring but also indicates the intervention was possibly terminated prematurely. The outcomes of this study challenge researchers to consider how the effectiveness of sessions can be maximized while remaining cognizant of school schedule constraints and academic needs of participants. In this school setting, extending the duration of the sessions was not possible due to semester length but rearranging how measurement and intervention sessions were delivered may have facilitated an additional CCPT session within each week. In relation to the outcome, increasing intervention sessions would have accelerated participant progress over the 8-week intervention. This is an important factor to consider in future studies, particularly with "at risk" populations in school setting.

### Limitations and Suggestions for Further Study

This study seeks to inform future research while also recognizing that potential limitations may have influenced or impeded study outcomes. The potential self-report bias noted about infers that baseline data did not capture an accurate picture of participant's social-emotional experiences. This suggests that in future research consideration is given to this self-report factor with "at risk" populations. When utilizing a single case research design, researchers must consider the duration of baseline, and subsequent phases, which may alter the overall

design of the study as well as raise implications as to how studies are conducted in school settings. Given the complexity of social-emotional development and issues of self-reporting, auxiliary information in the form of teacher and parent reports would enable deeper understanding. In addition, additional qualitative data would offer insight into the nuances of participant's social-emotional development, and their unique perspective within the therapeutic process.

For "at risk" populations this study supports the use of CCPT as an effective intervention that scaffolds social-emotional competencies. In addition, it highlights the social-relational challenges that this population experience such as the recognition, naming, and understanding of emotions, as well as self-efficacy deficits in relation to self-regulation and problem solving. The outcome of this study offers insight into the type of social-emotional learning supports that would best serve an "at risk" population. Social-emotional deficits create compounding issues, particularly in "at risk" populations, suggesting it is crucial that developmentally appropriate interventions that are both timely and effective, are readily obtainable. Within the playroom children have opportunity to develop adaptive social-emotional skills such as effortful control, social-emotional awareness, and socially adaptive behaviors that in time transfers to everyday life (Landreth, 2012). Further study of the role that play therapy plays in this process serves to support its efficacy as a constructive therapeutic intervention for children's developing social-emotional competency.

## Conclusion

This study supports the efficacy of CCPT as a therapeutic intervention that meets the social-emotional needs of children deemed "at risk". Despite the mixed results in individual outcomes,

it offers insight into the variety of social-emotional challenges experienced by this population, such as emotional expression and self-regulation. Group outcomes highlight the potential effect of self-report bias but also offers insight into the value of the therapeutic relationship, which enabled more authentic responses and greater understanding of these children's social-emotional needs. Group outcomes also underline the need for clinicians to consider the duration of interventions, particularly for "at risk" populations who may require more time to form a trusting relationship and direct their play experiences in ways that meet their needs effectively.  This study supports the use of a single case research design in CCPT research to capture the nature, and quality, of clinical change. It also offers flexibility in environments, such as education settings, where scheduling constraints may impact therapeutic and research planning. As suggested by this study, the ongoing delivery of evidence-based interventions is crucial to understand and support the social-emotional needs of children deemed "at risk."

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**Supporting Latin(x), Black and Native American/Indigenous Student Mental Health Needs**

**Through MACCs and Counseling Center Collaboration**

*Tanupreet Suri*
*Desa Karye Daniel*
*Kristopher Goodrich*

**Abstract**

This article shares findings from a focus group of cultural center directors on the mental health needs of college students of color at an R1 university in the American Southwest. Themes found within the focus group include barriers and gaps, personal wellness, programming, and cultural relevance. Implications of findings are discussed on how college counseling centers conceptualize their work with college students of color and collaborate with MACCs to provide mental health services.

**Keywords**

College students of color, mental health, college counseling, focus groups, collaboration, research university.

According to the Center for Collegiate Mental Health (2020), approximately 62.7% of college students are currently experiencing anxiety, depression, or relationship problems, while up to 30% of students attending counseling at a university counseling center will present with severe mental health concerns (major depressive disorder, eating disorder, suicidal ideation, etc.). Moreover, 94% of counseling directors reported an increase in severe psychological problems on their university campus where 8% of their student population could not remain enrolled due to impairment (Gallagher, 2015). Brunner et al. (2014) suggested that university counseling centers were well positioned and equipped to create strong collaborative relationships with other departments on campus such as: health services, career services, disability services, and others for managing crises. The collaborative efforts allowed for the different centers to aid in retention and recruitment efforts at the university and reducing overall liability risks by addressing the mental health needs of the students through joint programming.

Students of color remain unlikely to seek counseling services due to the "double stigma" associated with their racial identities and the shame of receiving counseling (Hayes et al., 2011, p. 106). Most universities have, however, created multicultural affairs and cultural centers (MACCs) where students from underrepresented racial/ethnic groups (Black, Native American/Indigenous, Latinx, Asian, and more) as well as women and LGBTQ+ persons who have been disenfranchised can receive programming, leadership development, and advisement (Kodama & Laylo, 2017). Ultimately, MACCs are designed to meet the needs of students who share common cultures, customs, and challenges in a community environment, and are often expected to remain engaged through programming with the needs of their student population given the ever-changing climate on a university campus (Kodama & Laylo, 2017). However, it is

unclear what current connections exist between MACCs and university counseling centers on most campuses. Understanding these students' unique diversity needs and mental health needs would require knowledge of both counseling services and student services within the university system. Research suggests an underutilization of counseling services is often determined by the extent in which the university counseling center can meet the mental health needs of students of color (Hayes et al., 2011).

College students of color are likely to experience microaggressions, racial slights, and discrimination, and try to cope with these experiences while achieving in school (Sue et al., 2019). Their experiences with microaggressions led to reports of heightened distress, family concerns, social anxiety, and a decrease in college performance as academic achievement is the primary focus within university settings (Torres-Harding et al., 2020). Furthermore, students of color, when interacting with university faculty and staff, report experiencing tokenism and racial battle fatigue (suffering from mental, emotional and physical strain often leading to psychological symptoms) and have more negative academic in-class experiences than their White counterparts (Fetter & Thompson, 2023; Hubain et al., 2016; Smith et al., 2011). These factors can ultimately lead to students of color experiencing minority stress, which is associated with poorer mental health outcomes (Cokley et al., 2013; Hubain et al., 2016). Predicted poorer mental health outcomes included greater loneliness, depression, current suicidal ideation, and past suicide attempts (Smith et al., 2014; Hubain et al., 2016). Building a relationship with MACCs is one way for university counseling centers to reach students of color who are often unwilling to seek traditional counseling services given the stigma seeking psychological help (Pérez-Rojas et al., 2017; Wong & Jackson, 2023).

**The Role of Cultural Centers at Universities**

Multiple scholars (i.e., Chugani et al., 2020; Kalkbrenner et al. 2016) have reported that student affairs administrators spend considerable time attending to distressed students with high levels of depression, self-injurious behavior, substance abuse, and other mental health issues. To address the rise of mental health concerns, higher education professionals are creating interdisciplinary collaborations with college counseling and health centers (Brunner et al., 2014; Kalkbrenner et al., 2016; Prince, 2015). According to Schwitzer et al. (2016, 2018), students who utilize counseling services report better overall mental health and fewer academic difficulties than students who do not. While approximately 60% - 80% of students with mental health symptoms might not seek services (Schwitzer et al., 2018), students who receive counseling from the university counseling center are less likely to complete suicide compared to students who do not (Pérez-Rojas et al., 2017). For counseling center staff, understanding current cultural and societal factors that influence students of color improves the mental health of students (Pérez-Rojas et al., 2017). Counseling centers and student affairs administrators play an important role in retention efforts helping students meet their personal and academic goals (Ehronstrom et al., 2022; Prince, 2015).

The learning environments for college students of color can be enhanced and shaped by the higher education institution. There is evidence that culturally engaging college campuses are positively correlated with students' sense of belonging (Luedke, 2017; Museus et al., 2018). College counseling centers collaborations with MACCs may offer culturally responsive services to students of color that address some of the following areas highlighted by Museus et al. (2014) in their culturally engaging campus environments (CECE) model: *culturally relevant knowledge*

– the extent to which students have opportunities to share and discuss cultural identity, *cultural community service* – opportunities for students to engage in positive community building, *culturally validating environments* – the value campuses place on students' identities and cultural backgrounds, and *cultural responsiveness* – how campus support systems respond to culturally diverse students' needs effectively. By building community and sharing resources with MACCs, counseling centers can attend to the cultural and mental health needs of students (Lockard et al., 2019).

**Conceptual Framework**

Our goals with this study were to understand the experiences of how students of color are utilizing mental health services on college campuses as well as the perspectives of the MACC directors on this utilization (or lack thereof), hence, our selection of qualitative methods to explore. As our goal was multifaceted, we decided on using two frameworks for the design and process of the study (Larkin et al., 2018). This included conceptualizing our work through the lens of both Case Study (Stake, 1995; Merriam, 2009) and Interpretative Phenomenological Analysis (IPA; Pietkiewicz & Smith, 2014). As we developed our study, we knew our focus would be on a specific community (students of color) within a particular context (one college campus), thus lending itself well to the case study format. Case study is intended for exploring the complexity of the topic and pulls "naturalistic, holistic, ethnographic, phenomenological, and biographic research methods" together (Stake, 1995, p. xi–xii). With the multifaceted nature of our study, we wanted to include an additional analytical framework to capture the essence of what our participants shared with us. IPA lays the foundation for a structured analytical process to follow and provides step-by-step guidelines. The following are the steps: reading and re-

reading, initial noting, developing emergent themes, searching for connections across emergent themes, moving to the next case, looking for patterns across cases, taking interpretations to deeper levels (Smith et al., 2021). Utilizing both case study and IPA together created a more robust study even though we had a small participant group (*n=3*). The case study framework highlights this study is context based and the intent is not to generalize, and IPA ensured rigor of the analysis through following a step-by-step guide.

**Purpose Statement**

The goals of this research were to understand how needs of students of color may be better served by university providers and to explore MACC directors' perceptions of mental health on campus. Our research question was: what are the perceptions of MACC directors surrounding the experiences of college students of color with university counseling centers? We solicited MACC directors' feedback in a focus group to better understand the phenomenon of mental health services for students of color on a university campus.

## Methods

**Participants**

An important part of multicultural center communities are the community elders who have cultural insights and understandings of the needs of their student population. The participants included three multicultural center directors representing the African-American, Latinx, and Native American/Indigenous communities. The focus group addressed mental health services within the cultural centers from the perspectives of their directors. Three directors participated in this study and held the identities of the cultural center they represented. All three participants self-identified as female and ranged from 6 to 22 years of experience with their

center at the time of this study. We chose only MACC directors for this focus group and intentionally did not include the counseling center on campus. Through our anecdotal experiences with students of color, we were aware of the lack of safety and comfort they felt towards the campus counseling centers. To keep the focus solely on the experiences of students of color and their mental health needs, we made the decision to include only MACCs. Both directors and students of color were invited to participate; however, only the MACC directors volunteered.

## Instrumentation

A semi-structured interview protocol was developed using current multicultural counseling and focus group literature (i.e., Center for Collegiate Mental Health, 2020; Elwood & Martin, 2000; Hubain et al., 2016; Luke & Goodrich, 2019; Morrow & Smith, 2000; Shavers Moore, 2019). The protocol "allowed the researchers to engage in real-time" conversations that "obtained in-depth personal accounts of the phenomena" (Miller et al., 2018, p. 245) with the MACC directors. To establish trustworthiness, the protocol questions were reviewed in multiple rounds by the researchers to ensure that researchers' biases did not impact the interview process. Researchers used the literature as grounding and utilized researcher positionality statements as references to ensure all interview questions spanned the composite range of questions based on extant literature while attending to any implicit or explicit preconceptions they may have held about the study.

## Research Team

The research team included three members self-identified as: an African-American female, an Asian-American female, and a White, gay-identifying male. All three had previous

experience with qualitative research, as well as lived experiences utilizing, volunteering, and/or working at cultural centers. The first and second author facilitated the focus group interview, while the third author reserved himself to serve as an independent auditor of the data. Prior to engaging with the study, the authors discussed their positionalities and shared their biases (Shavers & Moore, 2019; Seward, 2019). They discussed how they believed they may find disconnections between the MACCs and the university counseling center, and misunderstandings between the two about roles or services provided. They also discussed they might find lack of access to services by students of color, and an under-utilization of counseling services when offered. Each discussed their hopes for the study, which was to obtain greater information from the cultural communities present on campus and how to better serve the mental health needs of students of color. Each also discussed their beliefs about the underutilization of counseling services for this population, which was assumed to be connected to cultural variables, the specific context of the university where the research took place, as well as potential historical issues between the MACCs and the counseling center that impacted the referrals MACCs may have made to counseling services. The authors journaled their biases and attempted to bracket this when writing interview protocols and analyzing the data. However, as the data was analyzed, the authors also interrogated their findings with their previously discussed biases to ensure the findings only reflected the data obtained by participants and not based on authors' preconceptions.

**Context**

The study took place at a research 1 (Carnegie classified very high research activity), flagship university in the Southwest, which has concurrent designations as a Hispanic Serving

Institution (HSI), as well as Community Engagement. The institutional demographics reflected the demographics of the state where it was situated, which included a large percentage of Hispanic students (~50%), as well as approximately 10% Native American/Indigenous student population. About 35% of the campus population in any given year identifies as White.

**Procedure**

Following institutional review board (IRB) approval, the researchers solicited MACC directors for participation in the focus group research. The MACC directors were recruited for participation in the study via email invitations. A focus group was utilized as the mechanism for research as scholars have noted that this research technique has been underutilized in counseling and holds promise for applied group research strategies (Luke & Goodrich, 2019). In the original IRB, the researchers had asked for access to a MACC Director, along with a student at the respective center, to gain insights from a range of perspectives within MACCs on a single university campus. Although the MACC directors asked several students if they were interested in participating, ultimately no students volunteered for the focus group. The focus group met in a secure conference room located within one of the MACCs and was familiar to all the directors. This was completed to honor a request by the participants, and ensure they felt comfortable in the research space. By inviting the researchers into the MACC space, the directors were able to maintain their power, communicate the importance of mental health within their communities, and were more willing to share their identities (Elwood & Martin, 2000). This was made clear both in the level of disclosures by participants about mental health within their student community on campus, as well as through participants' own disclosures during the focus group that being in this space allowed them to be themselves and share openly.

The first two researchers facilitated the group, which lasted 90 minutes and was audio-recorded for later transcription. Following transcription, the first two researchers reviewed the transcript and recording to check for accuracy. As part of agreements with the participating directors, no pseudonyms were used; rather, all participants were referred to as Speaker #. Speakers #1 and #2 were both the first and second researchers who facilitated the focus group. Speakers #3, #4, and #5 were the participants.

**Data Analysis**

IPA (Pietkiewicz & Smith, 2014) was selected as the qualitative method of data analysis. IPA is an approach to psychological qualitative research with an idiographic focus, which aims to offer insights into how a given person, in a given context, makes sense of a given phenomenon. IPA is also conducive to a smaller number of participants in research as this allows for researchers to fully engage themselves with each participant and/or group. Deeper engagement with the participants and data has the capacity to produce richer results (Smith et al., 2021). The researchers used the step-by-step guidelines provided by IPA: reading and re-reading, initial noting, developing emergent themes, searching for connections across emergent themes, moving to the next case, looking for patterns across cases, taking interpretations to deeper levels (Smith et al., 2021)

The researchers then used the following stages of IPA to aid in their analysis. First, the focus group was transcribed, and two of the researchers immersed themselves into listening to the recording and reading and re-reading the transcriptions. The same two researchers then employed notetaking to describe essential profiles, consider what was said, how it was said, and if the audio needed to be reviewed again to make meaning of the experiences. To increase

trustworthiness and credibility, a third researcher explored the data provided by the first two researchers and reviewed it to see if their own experiences aligned with the interpretation of the first two researchers (Seward, 2019; Morrow & Smith, 2000). Once themes were identified in the first consensus meeting, all three researchers individually explored those themes for grounding subthemes. Following this work, all three researchers came together for a second consensus meeting to classify subthemes by bracketing any biases regarding the phenomenon to ensure the research was facilitated in a way that was both equitable and true for the research participants (Miller et al., 2018; Pietkiewicz & Smith, 2014). Patterns were explored between themes and subthemes across different participants, and clusters were created between similar conceptual references while researchers attempted to make sense of the phenomenon under study. The research team came together to discuss these ideas to consensus, and the final findings were established (Miller et al., 2018). Utilization of researcher journals, having the third author as auditor, and consultation sessions between all three authors about data analysis and theme development provided additional transparency and credibility to the data analysis and theme development process. Once final coding and theme building were complete, all findings were shared back with MACC directors (member checking) to review for consistency of the written findings with their own experience (Shavers & Moore, 2019). Researchers made all requested changes so that the findings were consistent with participant experiences.

## Findings

Four major themes were found within the data: barriers and gaps, personal wellness, programming, and cultural relevance. The major theme of barriers and gaps included subthemes of access, apprehension, and financial challenges. The major theme of personal wellness

included a subtheme of self-medication. In the next few sections, thick textual descriptions describe the experiences of the MACCs directors creating an understanding of their experiences within their centers, with their students, and the counseling center's services.

**Barriers and Gaps**

Barriers and gaps are defined as those obstacles that appeared to stand in the way of culturally engaged counseling work at the university. Participant responses appeared to center on the subthemes of access, apprehension, and financial challenges.

**Access**

Participants spoke about multiple ways in which access was a concern for students in receiving culturally appropriate mental health care. Availability of counselors was one issue that was raised. For example, Speaker 4 noted "I think…counseling services themselves have been understaffed, even [counselor's name] who's a bilingual therapist, he's got so many people on his plate that it's hard to get him."

Speaker 3 noted how difficult it is to get counselors of color from the counseling center to visit the MACCs. They shared,

> After we met the counselor this summer then we got excited, 'Okay let's start to
> introduce the counselor to our students and let's have them come to the center,' and it has
> not gone well, because we've said things like, 'okay, so we want to highlight you, we
> want to…' First, they responded, 'Well, I have just asked [director] if I could have hours
> over there.' There were just all of these other excuses, and we still haven't heard back,
> and we're going on two months now with no real responses…On the one hand, you'll tell
> us you're committed, but your actions and your behavior are completely contradictory to

that. I don't want to say we've given up, but we're at the stage where we're like, 'yes, whatever.'

Speaker 4 also noted that sometimes the psychoeducation provided by the counseling center did not resonate with what students within the MACCs wanted. They shared, "I guess that specific programming is happening from [counseling center], but we need more specific to communities of color." They went on to note, "I understand the need to provide information to all students, but it gets to that point where it's so sterile and so generic, that it then doesn't connect with our communities of color…In its wanting to be inclusive, it actually excludes our communities."

The process of successfully referring students to counseling was another issue addressed by participants. Speaker 4 noted,

> Getting us to have students go to [counseling center] is a lot, but then we've been able to work with more students that want to meet at [MACC] and they're able to meet at [MACC] and then connect with other services…I think it's not as simple as saying 'I have a situation right now that I should walk into [counselor's] office to talk and take care of this situation right now.' It's still this long process of knowledge, walking over to [counseling center] or let's find another place.

Speaker 4 also noted the confusion about the process of engaging with counseling services. They noted "I don't think I actually understand anymore how students navigate that system just from what students tell me." Once they are in the system, not all students could be served due to challenges of availability and time restrictions. As noted by Speaker 5, counseling services

needed to be available for longer periods of time for college students, especially after 5pm for students who work.

**Apprehension**

Participants discussed apprehension the students have and their concerns with engaging services, or a message that they shouldn't engage with the counseling center. As noted by Speaker 3, "I think it takes a lot for students to…I think they have more comfort in disclosing or sharing things that are going on with them, but when you suggest or when I suggest it or my students have suggested a connection with [counseling center], there is an immediate apprehension to do so." Speaker 5 contextualized this comment by sharing reactions students had with a group attempted at their MACC. They noted "We tried a new anxiety group last year and it just wasn't successful." Although the students feel more comfortable with MACCs, there is still apprehension towards engaging in services that are related to mental health even if they are being organized by the MACCs.

Speaker 3 went on to note that once there, students do not feel at home in the counseling facility. They noted,

> I also feel…aside from the stigma, I think that still exists, particularly in many Native communities as well too. To suggest to a student that they would disclose in an environment that can often be seen as sterile and not for them, cold, not welcoming, is just not something that they're enthusiastic about, and particularly when they're in crisis. It's been a challenge.

They described walking students to the counseling center was similar to "turning them over to the wolves" because "the environment too can be intimidating."

**Financial Challenges**

The last access concern noted by participants was financial challenges. As the counseling center allowed triage services and the first two sessions for free, but afterwards began billing students for sessions that followed (either through health insurance or private pay), not all were able to access services. Speaker 4 noted, "we have students that can't participate in activities we have, because they are working two, three jobs." They went on to note,

> I think that's also some things where they hear in orientation and in other places. 'You get two free sessions, but you pay for your student fees all semester.' I think what ends up happening too is that internalization of like, 'well, yes, I can go there but its only two sessions. What am I going to do in the long term?' That also doesn't give for that stability or that sense of 'I actually have a resource that will help me do something long term.'

**Personal Wellness**

Each of the participants discussed personal wellness and changing the narrative around wellness for students of color. Some discussed the need for a greater messaging campaign to demonstrate to students the importance of mental health. Participant responses appeared to center on different ideas of what personal wellness means to students and the subtheme of self-medication. Speaker 3 described and noted the importance of investing in the self for students,

> I think that it's just about how we also just talk about the importance in making yourself a priority and your personal wellness and wellbeing. I'm not saying you can't have hundred-dollar shoes, but just shifting that and how do we help students understand that you're worth it. That kind of messaging…. I think we don't help students understand how valuable they are and it's okay to invest in yourself in those ways.

Speaker 5 noted the differences between students' concepts of personal wellness, and the need to have support for challenging concerns that may not rise to the level of mental health issues. Although they stopped short of saying the need for education, Speaker 5 noted the need to inform students of "the difference between positive stress and negative stress and then depression and not just because you have papers coming up and you're [in] college and it's just that doesn't necessarily mean you're depressed, or it could mean that you do have some other things that are going on and you might be depressed and how do we deal with that?"

**Self-Medication**

Another personal wellness issue that came up was self-medication. Participants discussed how frequently they saw students self-medicating with different substances to cope with the issues they were facing, some without awareness. As Speaker 4 noted "I don't know what to call it. More conversations, more education in terms of the use of alcohol and drugs as a substitute for dealing with whatever the issue is." They went on to note,

> It's like there needs to be some real, strong programming around getting to the core of
> being healthy and then the things that take away from…it could be food, it could be
> unhealthy relationships. There's a whole lot of things that I can see that students do as a
> way to cope…using their credit card and spending money or going shopping.

**Programming**

Each of the participants discussed the need to reduce the amount of stigma focused on mental health programming. As noted by Speaker 3, students often say "I don't want to be seen as the kid that has… (diagnosable mental health concern)." Each discussed different strategies they have used for programming in their own centers, which included painting, indigenous craft

nights, etc. As noted by Speaker 3 "a benefit is that…it does positively impact mental health, or the mental health outlook or mental wellness of students but that is not what we advertise it as. It's more of a cultural programming kind of thing."

Speaker 5 shared ways to infuse mental health issues into current cultural programming. They noted "I don't know maybe we can add aspects of mindfulness in other areas in programming, so it doesn't feel like 'I'm going to mindfulness programming versus, I'm going to a [MACC] meeting.'" They described "over the last 10 minutes we did this little practice of mindfulness so it's small, real practical ways that we're putting students every day to do." Speaker 4 agreed and said, "For me, it's more about flexibility, about how do you infuse mindfulness in the way that [speaker 5] said or create an opportunity or recognize what's happening that semester and how to utilize that as a vehicle." Speaker 3 at first thought this could be deceptive but later agreed and used a personal story of their mother hiding vegetables in their meals for them during their childhood to ensure their health. The participants also discussed programming to build community and make counseling services more approachable. They noted that once students were made aware of counselors and saw them in their communities, that sometimes led to buy-in for students because the counselors were then recognizable and seen as being part of the community.

**Cultural Relevance**

The last major theme discussed by participants was the cultural relevance of services. Participants highlighted the lack of counselors of color, and those who identified as bilingual. Speaker 4 noted that in some religions, such as Catholicism, some students didn't see counseling as culturally relevant to them. Speaker 3 noted "it's the cultural piece and students feeling

comfortable with that and seeing someone that looks like them." They later noted "there's been a couple of occasions where it's them not being able to connect [to counseling services] and so then students just immediately tap out, and that's just not something they'll ever go back to."

Another issue raised by participants was the lack of authentic relationships they felt with the counseling center and other services on campus. Speaker 3 discussed "I have been here long enough to have experienced this thing, where whenever a department or an initiative on campus needs color, they come to us." The discussion then shifted to MACCs feeling that they were responsible to produce students of color and take care of business when it was necessary to demonstrate some form of diversity on campus, often in artificial ways. They went on to note,

> We need to have these formal parameters and those kinds of things, but then also help
>
> demonstrate to a student that they matter, they're the focus, we'll help that kind of…it' is
>
> a feeling too. Beyond just messaging, it's a feeling.

Speaker 5 added that sometimes it was necessary "to come in like as an ally and just be quiet. I think we sometimes…have experienced the savior complex...and it just feeling like this is not going to be good."

Speaker 4 discussed ways in which their center was working with students of color from their given communities to produce new mental health practitioners, so that they could more authentically serve their communities. They noted,

> That's more of a statewide kind of need and more serving our students in terms of career
>
> path not necessarily in their own mental health and well-being but in terms of increasing
>
> communities of color in those professions because we recognize that there's a lack…it's
>
> a partnership with community organization.

**Discussion**

This article explored the perceptions of MACC directors to better understand the experiences of students of color and how they decide if they wish to utilize college counseling services for their mental health needs. The findings of this study found that barriers and gaps, personal wellness, programming, and cultural relevance were believed to be influencing factors in how or if students of color made the decision to seek mental health care on campus. Each of these findings will be reviewed considering existing literature in this area.

Previous literature (e.g., Brunner et al., 2014; Kalkbrenner et al., 2016; Lockard et al., 2019; Pérez-Rojas et al., 2017; Schwitzer et al., 2016, 2018) has demonstrated the needs of college students for mental health services, although students of color have often been cited as underutilizing these services. Hayes et al. (2011) argued that the underutilization of services by this population is often due to the extent the university counseling center can meet the mental health needs of students of color, as well as how connected these services are to the students needing care. Our study reinforced these experiences of students of color by demonstrating the numerous forms of gaps and barriers which are present on most college campuses for students to utilize these services (Schwitzer et al., 2016, 2018). This included access to services due to timing, availability and space, apprehension about mental health services, as well as financial barriers that stand in the way of students seeking out care. As a marginalized group, students of color already face many challenges; adding financial barriers to accessing mental health services on campus is a form of classism. Affordability and access gaps create a massive barrier in continuing services when students only get access to triage and 2 sessions, leading to a huge dropout rate for counseling right at the beginning of care. Additionally, as noted by Hayes et al.

(2011), it was unclear how university counseling services could be offered in a culturally relevant way, and programming to students did not often take the cultural concerns and perceptions into account when they were implemented.

Specific issues to students of color, such as oppression and discrimination, negative academic experiences, and minority stress (Cokley et al., 2013; McQueen et al., 2023), and the mental health outcomes associated with this (Smith et al., 2014) were not considered when college counseling centers created and implemented a comprehensive mental health program on campus. This did not build a relationship between students and the university counseling center, which scholars such as Smith et al. (2014) have noted is fundamental for students of color to seek traditional counseling services. This spoke to students' reported apprehension to seek out services, and the apprehension of MACC directors in referring students to the counseling center. Creating greater linkages and communication channels between MACCs and college counseling centers appeared important in this study to better support the appropriate referrals of students of color into college counseling settings.

Knowing that students of color tend to engage in counseling services at a lower level compared to their counterparts, it is not surprising that different levels of personal wellness were found for this student community, and high levels of self-medication, such as with alcohol and other drugs, was noted as a concern with students of color attending MACCs. This finding corroborates previous findings about specific areas of concern and the need for services on college campuses (Center for Collegiate Mental Health, 2020) while ensuring appropriate work is implemented to ensure counseling services are culturally appropriate and accessible to this community.

Finally, financial challenges as they related to access and the seeking of services were noted by participants in this study, but are explored in a limited way in previous research (Conrada et al., 2020). This may be a context-specific finding, as counseling services for the university under study requires students to utilize their insurance and pay a co-pay or self-pay for their care after the first 2 sessions. However, as this becomes more common at other university mental health settings, it is important to consider the communities of students that might require care, and how cost of services serve as a barrier for different communities to access treatment.

**Implications for College Counselors**

As an increase of awareness and training of the Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2015) are embedded into the counseling profession, we share ways of how the counseling field can support college counselors in becoming more culturally responsive to the needs of students of color on campus. Along with being culturally responsive, counselors are tasked with being advocates in the field and for those they work with; this advocacy can take the form of college counselors and centers creating partnerships and collaborations with MACCs to reach the students that need services. We highlight clinical, teaching and research implications from this study for counselors and counselor educators.

**Clinical Implications**

For communities of color, the stigma of seeking psychological or mental health services prevents many students from seeking much needed services (Pérez-Rojas et al., 2017, Smith et al., 2014). Continued stress and mental health symptoms in communities of color are expected to continue to rise over the next few years (Conrada et al., 2020). Conrada et al. (2020) argued

students might experience last minute transportation and housing issues, higher food insecurity, and financial loss due to academic aid being cut or loss of their academic jobs when universities switched to online formats. However, for MACC's and university counseling centers this is an opportunity to create partnerships between these services to increase engagement (Kalkbrenner et al., 2016), reduce mental health stigma (Pérez-Rojas et al., 2017), and increase mental health services (Schwitzer et al., 2018) with students through online formats while keeping them connected. If university revenue continues to decrease (Friga, 2020) while the request for mental health services continues to rise (Pérez-Rojas et al., 2017), the importance of university partnerships and collaborations will contribute to student of color academic success and retention. College clinicians could collaborate to support more culturally relevant programming, either at or in consultation with MACCs to ensure students both have better access to services, as well as greater connections between the cultural centers and counseling community. Psychoeducation needs to be grounded in the needs of specific student communities, and careful attention should be paid to timing of services (such as for working students), level of fee-based versus free or low-cost care, placement of service providers and, a greater normalization of use of services (either through psychoeducation or open discussions about need and utility of services for different populations of students).

**Teaching Implications**

Multicultural Counseling Competencies have been taught in counseling programs for over 25 years. In more recent years, a revised MSJCC (Ratts et al., 2015) version of these competencies have been put in place for counselors to utilize in evaluating their own perceptions on how they work with diverse communities. Counselor educators are called upon to infuse the

MSJCC across all counseling courses. The ethical codes on teaching and MSJCC particularly encourage diversity (ACA, 2014; Ratts et al., 2015). The ACA code of ethics specifically states, "Counselor educators infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional Counselors" (Section F, p. 14, ACA, 2014). With this call to action, having a nuanced understanding of varying cultural realities through graduate training for counselors is imperative.

A few examples of implementing MSJCC into course work include: 1) creating dialogue in the classroom that emphasizes examining the lived realities of current college students of color and the emerging adulthood developmental stage, 2) having case studies that reflect the current reality of the diversity of higher education populations to explore as a group in the classroom, as well as ways that persons in practice might more intentionally intervene to provide culturally relevant services, 3) having journals as assignments that provide opportunity for students to explore their own multiple intersectional identities and experiences, which impact how they work with others, and 4) providing students opportunities for collaborative work with the campus community through service learning. Pedagogical strategies with intention must be considered when implementing MSJCC throughout the curriculum to enhance counselor training (Celinska & Swazo, 2016).

**Research Implications**

The current study explored the perceptions of MACC directors in why students of color may or may not have utilized the services of the university counseling centers. Although this is a first step in understanding the needs and gaps within a community, additional research is needed. From a student of color perspective, it would be intriguing to hear their perceptions about why or

why they haven't utilized college counseling services. This could either be with current or former students, as it may be easier for someone to retrospectively explore why they did or did not utilize services when needed as a college student, without revealing current need for care. It would also be useful to know, from a qualitative sense, what students of color did to receive the help they may have needed in college: from whom or where services were obtained, or if there was an ongoing and unserved need while at university. Additionally, it would be important to hear college students' perceptions of what mental health is and what it means to them, and how they would know if they required services or not for their care. Finally, there is an opportunity for researchers conducting this work in the future to write about their own experiences conducting this type of work and provide their own reflections about their experiences hearing and being part of the process. It may be powerful to understand the impact of engaging in such research, and how this stimulates further advocacy, action, and future research plans.

**Limitations**

Limitations for our research include only including participants from one university, a Hispanic Serving University in the Southwest region of the USA. This study worked with three university cultural centers where the study was conducted. The researchers recognize how this recruitment method is limiting as some students of color who fit the criteria may not be able to participate due to not using cultural center services. However, it was an interesting finding that student workers, who were not going to be asked about their own mental health care but asked about the needs of students of color in general, were not interested in participating in this study. The researchers believe this may be connected to the larger issues raised in this study, as mental health may be seen as not culturally relevant or appropriate to discuss for persons from different

diverse backgrounds. Finally, this qualitative study has a small sample size, and the findings are specific to these MACCs. From reviews of previous literature, we believe our findings are consistent with other research in this area, although future quantitative studies in this area would be helpful to add knowledge in this important area.

## Conclusion

This study found the barriers and gaps including access, apprehension, and financial challenges, personal wellness concerns, programming issues and importance of cultural relevance present on university campuses for students of color to engage in mental health services. Comprehensive mental health programming needs to better respond to these issues to build stronger relationships with students of color to increase help seeking behavior. This requires a concerted effort from higher education administrators to create partnerships and collaborations between the university counseling centers and MACCs. College counselors are in a unique position to activate their advocacy efforts on campuses, make themselves more visible and accessible to the student community, and create relationships with the MACCs. Intentional collaborations with MACCs can support this work to bolster engagement to serve the needs of all college students for greater wellness.

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**Examining Public Perceptions of School Discipline Reform and the Role of School Counselors**

*Amanda Winburn*
*Diana Camilo*
*Jill Cabrera*

**Abstract**

The purpose of this quantitative study was to examine perceptions of adults in the United States regarding school discipline reform and the role of school counselors. Six research questions guided the inquiry of participants' perceptions, understanding, and experiences. For this research, 1020 participants, both parents and non-parents, responded to an electronic survey with 22 items. According to the results, 73% of respondents believe school discipline should be reformed in some way. Thirty percent of participants indicated access to mental health care is an issue for K-12 students, while 52% indicated access was not a problem and 18% were unsure. However, 70% of respondents favored hiring additional school counselors over school resource officers. Findings have implications for reform of school discipline policies and practices which focus on interventions for rehabilitative or non-punitive forms of addressing inappropriate behaviors as well as social-emotional skills and mental health.

*Keywords:* school discipline, mental health, school counselors

Historically, school discipline practices have criminalized student behavior and have been racially disproportionate which ultimately negatively impacts students' mental health and academic learning. Data from the U.S. Department of Education show that African American students, who represent 16% of overall student enrollment in US public schools, make up more than a quarter of students referred to law enforcement from schools and 31% of those arrested for school related incidents (CRDC, 2014). African American students are also three times more likely to be suspended and expelled than their White peers for similar discipline infraction. Students with disabilities also face increased risk of discipline. Recently, we have witnessed a shift in society demands for equity and social justice. Pressure is mounting for policymakers to reduce the use of punitive discipline and to address concerns of racial inequities in school discipline (U.S. Department of Justice & U.S. Department of Education, 2017). Without information about the public's perceptions, awareness, and knowledge of current policies, reform of school discipline policy is difficult.

## Discipline in K-12 Settings

Within the past decade, school discipline practices and policies in K-12 school settings have been explored, specifically the existing disparities within racial, gender, school settings, and grades (Skiba, 2015). As Skiba et al. (2014) state, educational opportunities and outcomes have been linked to school discipline policies. Thus, the term and construct "school to prison nexus" has been used to explain the policies and practices within the K-12 setting that not only exposed students to the juvenile system early in their lives but increased the probability of negative life outcomes (Burris, 2012; Hernandez et. al., 2021; Kim, 2003; Love, 2019; Skiba, 2014). The school-to-prison nexus is often shaped by policies such as Zero Tolerance or "no excuses"

teaching and exclusionary practices such as out-of-school suspension and expulsion (Burris, 2012; Skiba et al, 2014). In their review of empirical studies published between 1990 and 2017, Welsh and Little (2018) found that student behavior, student characteristics, and school-level variables contributed to disciplinary outcomes. Simply put, exclusionary disciplinary actions were directly related to students' behavior and/or attitudes. The authors also found that race was the most significant predictor of out of school suspension, regardless of student behavior.

As scholars and advocates state, these practices and policies systematically target Black and Brown students, resulting in the "pushout" (Kim, 2003) or "spirit murdering" (Love, 2019) of these students. In fact, since the 1970s the rate of suspension and expulsions of K-12 students in the U.S. increased from 3.7 (1.7 million students) to 6.6% (over 3 million students) (Losen & Gillespie, 2012). According to the first ever analysis of school discipline records by Civil Rights Project at UCLA (Losen, et al., 2016), Black students and those with disabilities were suspended at a higher rate than White and non-disabled students. The report highlights the extent to which charter schools fail students, specifically due to their inability to respond to the growing concerns by researchers and the general public.

Available scholarship and empirical analysis emphasize the need for school discipline reform and the adoption of effective and equitable practices (Skiba et al., 2014). Although initially intended to improve school climate, harsh school disciplinary practices have significantly impacted the reduction of student engagement, achievement, and dropout rates (Losen et al, 2016; Love, 2019; Skiba et al., 2014). Thus, reforming school discipline practices requires students to learn in environments where their safety, emotional well-being, and mental health needs are considered. School discipline reform requires schools to consider school climate

(ASCA, 2016), educational and educational opportunities available for students (Skiba et al., 2014), the rate of academic loss (Raffaele Mendez, 2003), district-wide dropout rates (Balfanz et al., 2014), and the systems to support student mental health needs (Community Action Network, 2010). Most critical is to examine these factors within the elementary and middle school grades. According to Raffaele Mendez (2013), the number of out-of-school suspensions between the fourth and fifth grade was the strongest predictor of suspension rates in middle school and beyond. Balfanz et al., (2014) also note that even one suspension in ninth grade increase dropout risk from 16% to 32%. Moreover, two suspensions increased dropout risk to 43%. According to Black (2014), states "have an affirmative obligation to reform [school] discipline policy and improve disciplinary environments" (p. 9).

According to Welsh and Little (2018), discipline reforms aimed at increasing student attendance and counteract noted disparities primarily focus on program and/or policy-based interventions. Program based interventions include those that seek to improve school culture and equip school staff in behavior and discipline management. Policy based interventions focus on dismantling the policies and practices that inform how school systems respond to student misconduct. For school counselors, the use of restorative-justice and trauma-informed practices can foster positive school environments, leading to an increase in academic achievement and improved social-emotional coping skills (ASCA, 2016).

### Mental Health in Schools

Children come to schools having experienced crisis and undiagnosed mental health-related issues with traumatic life histories or other problems that may lead to behavioral issues, poor educational outcomes, and school failure (Larson et al., 2017). For example, stress,

bullying, family problems, anxiety, learning disabilities, alcohol and substance abuse, and self-injurious behaviors (NASP, 2021). Also, of concern is the number of students that do not qualify for school-based services due to mental health-related issues that do not meet diagnosable criteria for mental health disorders (NASP, 2015).

Because schools are considered an ideal environment where children can receive prevention and intervention services, and they offer access to caring adults and consistent connections to service providers, school-based health services (SBHCs) have been promoted since the early part of the 21st century (Allison, 2007; Guo et al., 2008; Larson et al., 2017; NASP, 2021). School-Based Health Centers (SBHCs) offer health and mental health services to children and adolescents from elementary to high schools with a focus on providing easily accessible preventive care targeting the biopsychosocial stressors children face (Brown & Bolen, 2003). Initially, school-based health centers were established to serve high schools in urban settings, providing health care and pregnancy prevention for youth in marginalized and disadvantaged communities (Brown & Bolen, 2003). According to the School-Based Health Alliance (n.d), fewer discipline issues, course failures, and absences were reported by students served by SBHCs. SBHCs are critical in addressing barriers to accessing mental health services such as noncompliance, stigmas, and limited resources (Guo, 2008). Studies also show that when mental health services are offered in schools, students are more likely to access not only mental health services, but other school based-services and a primary care physician (Kaplan et al., 1999).

SBHCs have also helped to curtail the overrepresentation of children with mental health disorders in detention centers (Guo, 2008), especially after national and state advocacy

organizations called for the U.S. Congress to respond to the gap in services. Mental health

services and interventions in schools are also provided through school-wide prevention and

interventions frameworks like Positive Behavior Intervention and Supports (PBIS), Response to

Intervention (RTI), and/or Multi-Tiered Systems of Support (MTSS). Due to public and

legislative initiatives, mental health wellness for youth was announced as part of a national

agenda during the 2013 National Conference on Mental Health (Whitte, 2015). The agenda

focused on increasing mental health training and interventions in K-12 schools, primarily

through a tiered intervention approach (Kern et al., 2017). While initially offered as part of

special education best practices (Sink, 2016), tiered models have extended their reach to support

academic success and learning while promoting mental health (Macklem, 2014). As a culturally

responsive and evidence-based framework, MTSS helps to improve the learning and

social/emotional functioning of all students (Sink, 2016). Tiered models allow for prevention and

intervention-oriented services to be offered at all levels. Tier 1 services are accessed by all

students and focus on social emotional learning, awareness, skill instruction and prevention (i.e.

anti-bullying programs). Tier 2 services are provided for students at risk for mental health,

behavioral, and/or academic issues (Macklem, 2014). Interventions include small groups or time-

limited sessions to address topics such as grief, anxiety, or building successful coping strategies

(Kern, 2017). Tier 3 are designed to support serious and ongoing emotional, behavioral, /or

students with  an identified mental health diagnosis (Macklem, 2014; Kern 2017; Sink, 2016).

Tiered models also highlight the expectation for teachers and school-based service

providers to be knowledgeable about mental health and demonstrate the effective use of mental

health practices (Whitte, 2015). According to Kern et al. (2017), practices like referral data

review and universal screening are essential to identifying students at-risk and most importantly to close the gap of the 8-10 years that intervention is provided after symptoms of mental illness first appear. Because mental health concerns often exist concurrent with academic deficits (Whitte, 2015), it is suggested that behavior and academic screening data are integrated when identifying students at-risk.

### Role of School Counselors Supporting Behaviors

School counselors are key in recognizing and responding to situations that impede students' academic success and for supporting school programs such as School-Wide Positive Behavior Supports. Because school counselors are able to work with students who receive discipline referrals, they are positioned to identify appropriate interventions (ASCA, 2019b). School counselors work to maintain strength-based relationships with students (ASCA, 2019a). Specifically, through the promotion of a safe and supportive school environment and the implementation of wellness interventions. These include peer support, mentorship, conflict resolution and other pro-social programs. Through small-group and/or classroom lessons, they contribute to the establishment of appropriate classroom management strategies.

At a systemic level, school counselors consult and provide professional development regarding classroom management and most importantly, the use of discipline strategies that embody trauma-sensitive approaches (ASCA, 2019b). Through culturally sustaining classroom management strategies, school counselors develop an awareness of inequitable practices and policies that discriminate against minoritized students (Chae et al., 2022), specifically unjust discipline practices. School counselors also advocate for objective and equitable disciplinary practices. This can include reviewing and identifying student data in order to showcase how

student groups may be represented and advocating for the implementation of strength-based interventions. According to Chae et al., (2022), school counselors can also encourage school staff to engage in dialogue, seek feedback, problem identification, brainstorm solutions, and adopt culturally sustaining practices that support all students. As Hunt (1952) stated, "discipline should be based upon an understanding of the individual rather than upon the mechanical manipulation of punishments designated for specific offenses" (p.41). Thus, how and why students are disciplined should consider factors individual to the student and within the context the existing unique needs. For example, the mental health needs and/or previously experienced trauma for which the triggers or coping behaviors may be perceived as disciplinary issues.

School Counselors Role in Disrupting Punitive Discipline Practices

According to Love (2019), "spirit murdering" refers to the discipline practices and policies in schools that are informed by racist, unfair, and dehumanizing approaches. Such practices and policies rob students of their humanity and dignity, and long-term causing psychological and spiritual injury. Because the U.S. school system has historically, and continues to perpetuate systems of oppression, the American School Counselor Association (2021) calls for school counselors to support anti-racist professional practices and policies. Thus, school counselors advocate for the change of punitive practices that address student behavior through a discipline lens. School counselors are trained to examine student data and provide interventions to address the disproportionality of minority students who are suspended, referred, and/or expelled (ASCA, 2019a). Hernandez et al. (2021) also state that school counselors must go beyond focusing on student behavior and advocate in various spaces to dismantle racialized disciplinary practices impacting minoritized students. As noted in available literature (Atkins &

Oglesby, 2019; Holcomb-McCoy, 2022; Hernandez et al., 2021) the expectation of school administrators for school counselors to serve as disciplinarians undermines their role in the collaboration and establishment of policies that encourage the appropriate use of trauma-sensitive approaches and fostering of a safe school environment.

Disrupting punitive discipline practices requires school counselors to advocate for best practices for schoolwide discipline and promote wellness, lead prevention efforts to create safe and supportive school environments (ASCA, 2019b), implement restorative practices (Hernandez et al. (2021), and engage anti-racist counseling in school and communities (Atkins & Oglesby, 2019; Holcomb-McCoy, 2022). Atkins and Oglesby (2019) outline how through a culturally responsive approach, school counselors can address the bias in disciplinary practices. School counselors must: 1) reflect on their own personal biases and how they are reflected within their own programs; 2) maintain professional knowledge of students' cultures, inform school staff of changes that concur within the community, and facilitate the cultural awareness of staff. 3) utilize data for systemic change; and 4) intentionally engage with stakeholders and school-level leaders through the decision-making process.

## Purpose of the Study

The purpose of this quantitative study was to examine perceptions of adults in the United States regarding school discipline reform and the role of school counselors. Data from a national survey was collected to examine public perceptions on school discipline reform. Data was also collected concerning the public's awareness and knowledge of professional school counselor's role in supporting children in reforming and changing behaviors. Participants were also surveyed

regarding their perceptions of how minoritized children or children with disabilities experience school discipline.

## Methods

### Research Questions

1. To what extent do participants perceive that school discipline should be reformed?

2. To what extent do participants perceive access to mental health services for students to be an issue?

3. To what extent do participants understand the roles and responsibilities of the professional school counselor?

4. To what extent do participants believe that school counselors should be involved in school discipline?

5. To what extent does personal experience with school discipline influence perceptions of school discipline reform?

6. To what extent does personal experience influence perception of how school discipline is experienced by students of color or students with disabilities?

### Instrumentation

Participants were asked to indicate their age, gender, education level and ethnicity. They were also asked to provide information regarding the region of the United States where they currently live, such as the northeast or west. Participants were also asked about their household income level, and whether or not they had children and if their children were currently enrolled in school (Pre-K-12). These items are specified in Table 1.

**Table 1**

*Questionnaire Items Related to Demographics*

<u>Demographic Information</u>

- Gender

- Age

- Ethnicity

<u>Education and Income</u>

- Highest level of education

- Level of income

<u>Residency & Household</u>

- What region of the United States do you currently reside?

- Are you a parent or caretaker for a child(ren) 18 or younger?

- If so, is that child of school age (Pre-K -12th grade)?

## School Discipline Survey

To determine participants' perceptions of school discipline and the role of professional school counselors to support behavior change, researchers utilized a self-created survey with 22 items to ask questions regarding their agreement. Items assessed respondents' perceptions or awareness using a Likert scale ranging from Strongly Disagree to Strongly Agree. On such items, participants were not required to answer and could decline. Therefore, items reported do reflect some variance based upon survey participation.

## Recruitment and Data Collection Procedures

Study procedures were approved by a university IRB located in the southeast region of the United States of America. This study is based on original data collection. An online Qualtrics survey, disseminated through the Lucid platform, was used to gather information from participants ages 18 years old or older. As a result of the survey solicitation, a national sample of 1020 completed responses were received. The sampling method was not purposeful, and was open to anyone living in the United States of America and 18 years of age or older. Individuals who did not meet that criteria were excluded from the study. The authors did not provide external incentives for participation.

One thousand and twenty participants submitted a completed survey. However, not all of the participants answered each question. There was a split response rate on male (50%) and female participants (49.5%), however the typical participant was Caucasian (70%), and between the ages of 25 to 34 (30%). See Table 2 for further demographic information on participants.

**Table 2**

*Demographic Characteristics of the Sample*

| Gender | | | Age | | | Ethnicity | | |
|---|---|---|---|---|---|---|---|---|
| Sex | n | % | Age | N | % | Ethnicity | N | % |
| Female | 505 | 49.5 | 18—24 | 212 | 21 | White/Caucasian | 695 | 70 |
| Male | 515 | 50.0 | 25-34 | 305 | 30 | Asian American | 36 | 3 |
| Total | 1020 | 100 | 35-44 | 204 | 20 | African American | 112 | 11 |
| | | | 45-54 | 180 | 18 | Hispanic/Latino | 120 | 12 |
| | | | 55-64 | 49 | 5 | Native American | 0 | 0 |
| | | | 65+ | 56 | 6 | Other/No Response | 43 | |
| | | | Total | 1006 | 100 | Total | 1006 | 100 |

The survey asked respondents questions regarding their education and current gross income. The majority of participants (32%) reported having a college degree. A college degree was defined in the survey as either a 2-year (associate's) or 4-year (bachelors) degree. Most (38%) identified as currently receiving a gross income of less than $35,000 a year. Thirty nine

percent of participants stated they currently reside in the southern region of the United State of

America. Complete educational demographics are provided in Table 3

**Table 3**

*Education and Residency*

| Income Level | | | Education | | | Region | | |
|---|---|---|---|---|---|---|---|---|
| Income | n | % | Level | n | % | Setting | n | % |
| Under 35 | 374 | 38 | High School | 262 | 26 | Northeast | 227 | 22 |
| 35-50 | 117 | 12 | Some College | 200 | 20 | Midwest | 195 | 19 |
| 51-75 | 148 | 15 | College Degree | 302 | 32 | South | 394 | 39 |
| 76-100 | 102 | 10 | Advanced Degree | 228 | 22 | West | 204 | 20 |
| 100 or more | 239 | 25 | Total | 992 | | | | |
| Total | 980 | 100 | 100 | | | Total | 1020 | 100 |

The survey also gathers information regarding participants status as a parent or caretaker

of a child 18 years of age or younger.  According to the survey 66% (n=667) reported having a

child(ren) in their home and providing care for them. Of those, 373 (56%) reported having kids

in Pre-K-12th grade or school aged children. Complete demographics below.

**Table 4**

*Parent Status and School Age*

| Parent Status | | | School | | |
|---|---|---|---|---|---|
| Parent/Non-Parent | n | % | School Age | n | % |
| Child/Children | 667 | 66 | Child/Children in School | 373 | 56 |
| No Child/Children | 341 | 34 | No Child/Children in School | 290 | 44 |
| Total | 1008 | 100 | Total | 663 | 100 |

**Results**

The first research question concerned the degree to which the public perceives that school

discipline should be reformed. According to participants, the majority (73%) stated that yes, they

felt that school discipline should be reformed in some way.  Ten percent of participants stated

that they were unsure, and 7 % said that no, they did not feel that school discipline should be

reformed.  The second research question, examined to what extent does the public perceive

student access to mental health services to be an issue.  According to participants, the majority

(52%) said that access to mental health was not a problem, 18% said that they were unsure, and

30% said that yes, access to mental health was an issue for K-12 students. During the Covid-19 pandemic, which included following social distancing and school closures, there has certainly been an increase in mental health problems in children and adolescents, who were already at a higher risk for developing mental health issues compared to adult populations (Meherali, et al, 2021). During times of uncertainty, especially since the onset of Covid-19, a focus on mental and emotional well-being is essential to help navigate difficult situations in a healthy way.

The third research question polled the extent of knowledge participants had around the roles and responsibilities of the professional school counselor. The survey sought to have participants identify roles and responsibilities of school counselors according to those established by the American School Counseling Association (2019). Survey choices included appropriate and inappropriate responsibilities. The roles included: administrative duties, individual student counseling, punishment, student advocacy, post-secondary counseling, academic advising, and lastly participants could select that they were unsure. According to ASCA (2019), inappropriate duties for a professional school counselor would be administrative duties and punishing students. Results indicated that the majority of participants correctly identified professional school counselor roles, however, approximately 1/3 of participants identified responsibilities that are not associated with professional responsibilities. See below for full results in Table 5.

**Table 5**

*Perceived Responsibilities*

| Professional Role | Percentage |
|---|---|
| Administrative Duties | 32.7 |
| Counseling | 75.7 |
| Punishment | 35.5 |
| Advocacy | 60.1 |
| Post-Secondary Planning | 68.2 |
| Academic Advising | 64.5 |
| Unsure | 4 |
| Total | 1018 |

The fourth research question, expanded upon research question three. To what extent does the public believe that school counselors should be involved in school discipline to support in reforming and changing behaviors? Thirty-four percent of participants felt that school counselors should be directly involved in school discipline to support in reforming and changing behaviors. However, when asked how school funds should be used to support student behavior, participants were asked if they would rather school districts hire additional school counselors or school resource officers. An overwhelming majority (70%) stated school counselors.

For research question five, we examine to what extent personal experience with school discipline influences perceptions of school discipline reform. Results indicate that most participants (74%) believe school discipline needs to be reformed with those who perceived they experienced unfair school discipline practices, are most likely (81%), while those that believe they did not experience unfair school discipline were slightly below the average at 72%. A chi-square test of significance indicates there is a significant relationship between perceptions of experienced unfair school discipline and views on the need for school discipline reform. Therefore, participants who believed they experienced unfair school discipline are statistically more likely to support policies or initiatives that reform student discipline practices. $x^2 = 37.89$, p $< .001$

**Table 6**

*Experience and School Discipline*

| School Reform | No | Maybe | Yes | Total |
|---|---|---|---|---|
| No | 8.11 (37) | 8.55 (10) | 4.79 (21) | 6.73 (68) |
| Maybe | 20.18 (92) | 36.75 (43) | 14.16 (62) | 19.49 (197) |
| Yes | 71.71 (327) | 54.70 (64) | 81.05 (355) | 73.79 (746) |
| n | 456 | 117 | 438 | 1,011 |

For research question six, we examine to what extent personal experience with school discipline influences perceptions of how students of color or students with a disability experience school discipline. To make this determination, researchers utilized a chi square analysis to

further examine the relationship between variables. Results indicated that personal experience with school discipline is significantly associated with how participants perceive students of color or students with disabilities experience school discipline. Participants who perceived they experienced unfair school discipline practices, are most likely (83%) to believe that students with a disability were more likely to experience school discipline, while those that did not experience unfair school discipline were below at 64%. See table 7 for full results. In regards to students of color, participants who stated they experienced unfair school discipline practices are most likely (73%), while those that they believe they did not experience unfair school discipline were significantly below at 48%. See table 8 for full results. Analysis for both variables (students with disabilities and students of color) reflect a strong statistically significant relationship between those participants who stated they received unfair school discipline and how they perceive students with disabilities and students of color to experience school discipline. (Students with Disabilities: $x^2$ = 102.58, p <.001) (Students of Color: $x^2$ = 100.21, p < .001)

**Table 7**

*Experience and Students with Disabilities*

| Disabilities Impact | No | Maybe | Yes | Total |
|---|---|---|---|---|
| No | 14.48 (65) | 13.91 (16) | 4.35 (19) | 9.99 (100) |
| Maybe | 21.16 (95) | 45.22 (52) | 12.13 (53) | 19.98 (200) |
| Yes | 64.37 (289) | 40.87 (47) | 83.52 (365) | 70.03 (701) |
| N | 449 | 115 | 437 | 1,001 |

**Table 8**

*Experience and Students of Color*

| Student of Color Impact | No | Maybe | Yes | Total |
|---|---|---|---|---|
| No | 23.25 (106) | 12.07 (14) | 10.45 (46) | 16.40 (166) |
| Maybe | 27.85 (127) | 49.14 (57) | 15.68 (69) | 25.00 (253) |
| Yes | 48.90 (223) | 38.79 (45) | 73.86 (325) | 58.60 (593) |
| N | 456 | 116 | 440 | 1,012 |

**Discussion**

**Perceptions of School Discipline and MH Services Results**

According to participants, the majority (73%) stated that yes, they felt that school discipline should be reformed in some way. These results support professional literature that echoes the consequence of unfair and inequitable school discipline practices currently in place in the United States. While school discipline is intended to protect students and facilitate positive behavior changes, research has revealed serious unintended consequences of formal school disciplinary sanctions (Peguero & Bracy, 2015). Secondly, we examined to what extent does the public perceive access to mental health services for students to be an issue. Results indicate that the majority (52%) said that access to mental health was not a problem, 18% said that they were unsure, and 30% said that yes access to mental health was an issue for K-12 students. These results are troublesome, since we know that children and adolescents are one of the most underserved populations when it comes to mental health services (Atkins et al, 2010). Mental health issues for adolescents in the United States are outpacing existing services (Marsh & Mathur, 2020). Schools and community agencies cannot keep up, the growth of mental health problems for students has created a gap between those who need mental health services and the ability to provide adequate services (Bowden et al., 2020). Therefore, it must be questioned, whether or not the public is aware of such resource shortages in regards to mental health services. Unless you are personally seeking out these services for yourself or a loved one, you may not realize how difficult it is to access care, especially if you are uninsured or live in an area with limited access.

### Perceptions of Professional School Counselors Results

Participants were questioned about the extent of knowledge they have around the roles and responsibilities of the professional school counselors according to ASCA. Results indicated that the majority of participants correctly identified professional school counselor roles, however, 1/3 of participants identified responsibilities that are not associated with professional responsibilities. Role confusion and ambiguity unfortunately plagues the school counseling profession (Gulliver et al., 2010). Professionally, school counselors can play a key role in recognizing and responding to behavior situations that impede students' success and for supporting school programs such as School-Wide Positive Behavior Supports. These results reflect the fact that the profession needs to further educate the public on appropriate tasks and roles of the professional school counselor. To further expand upon these results, we asked participants to what extent do they believe that school counselors should be involved in school discipline to support in reforming and changing behaviors? Thirty four percent of participants felt that school counselors should be directly involved in school discipline. When asked how school funds should be used to support student behavior, participants were asked if they would rather school districts hire additional school counselors or school resource officers, an overwhelming majority (70%) stated school counselors. So, while participants didn't overwhelmingly support school counselor's direct involvement with school discipline, they did support an increase in the staffing of school counselors versus additional school resource officers to support and aid student behaviors. These results reflect the fact that oftentimes when discussing day-to-day student behavior schools are perceived to be under staffed, under-resourced and students are over-criminalized (Weisburst, 2018).

## Perceptions of Student Experiences

Participants were questioned about the extent personal experience with school discipline influenced perceptions of school discipline reform. Results indicated that those who perceived they experienced unfair school discipline practices, are most likely (81%), to believe that school discipline needs to be reformed. When looking at the literature on school discipline, it is often the student's voices who are left, the lived experiences of those repeatedly punished has largely been marginalized. According to Carter Andrews and Gutwein (2020), a majority of students who had recently experienced disciplinary actions, felt as if they had been disciplined for no clear reason, were persistently targeted by a teacher, or witnessed students of colors being subjected to targeting. Which clarifies that the lived experiences is supported by existing research that indicates that school discipline practices are often inequitable based upon race, class, and gender (Hines-Datiri & Carter Andrews, 2017).

Furthermore, participant responses were analyzed to see to what extent personal experience with school discipline influences perceptions of how students of color or students with a disability experience school discipline. Findings suggest that personal experience with school discipline is significantly associated with how participants perceive students of color or students with disabilities experience school discipline. Participants who perceived they experienced unfair school discipline practices, are most likely (83%) to believe that students with a disability were more likely to experience school discipline. In regards to students of color, those same recipients of unfair discipline were more likely (73%) to believe that race influenced unfair discipline practices. On the flip side of this issue, the research aligns with these findings, Way et al. (2007) found that students' positive perceptions of school social environments are

associated with fewer emotional and behavioral problems. Therefore, the fewer issues a student contends within their K-12 experience the more likely they are to perceive their school climate to be supportive, fair, and equitable. Based upon our findings, it seems that the lived experience with student discipline influences one's perception of school discipline and creates a greater awareness to others unfair or inequitable treatment.

## Professional Implications

### School Leaders and Policymakers

After nearly four decades of research on school discipline, policies that include exclusionary practices have been shown over and over again to fail to achieve their intended purpose (Skiba, 2014). Our study indicates that the public perceives these shortcomings and believes that reform should take place. Further, these types of disciplinary practices affect minority and disabled students more than other students (Skiba & Losen, 2015). Literature shows that administrator and teacher perceptions in different aspects of education show that bias is indeed a factor in perceptions and practice (Rizzuto, 2017). Again, our study indicates that the public perceives these shortcomings and believes that reform should take place. Awareness does not seem to be the issue; these shortcomings are well documented in the literature and the public seems to want changes in educational policies concerning student discipline. Alternatives to exclusionary practices should be further considered, adoption of policies that focus on rehabilitation, interventions to develop social-emotional skills and relationship development are also non-punitive forms of targeting unwanted behaviors.

The *Every Student Succeeds Act,* 20 U.S.C. ch. 28 § 1001 *et seq.* 20 U.S.C. ch. 70 (2015) outlined several objectives specific to student discipline. These objectives moved to stop the

abuse of suspensions and expulsions that causes students to miss instructional time by removing them from their educational environment (Gregory & Fergus, 2017). The Federal Department of Education is responsible for guiding disciplinary guidelines such suspensions and expulsions. The State Departments of Education provides laws that govern the different types of discipline used, how school resources officers are utilized on campuses, how discipline is monitored, and how to provide professional development to faculty and staff (U.S. Department of Education, 2016). According to Tefera et al. (2017) current school discipline policies and procedures are greatly affected by past policies. The key question facing many leaders and policymakers is whether their current procedures "work" and how moving towards more progressive methods could impact their students. Policies and procedures greatly impact how discipline is managed in districts, schools, and classrooms. From zero tolerance to progressive discipline policies, these practices greatly influence the school climate. While policymakers should not inform their decision making solely based on public opinion surveys, there is a growing body of evidence that reports the negative effects of discipline across the country (Eden, 2019). Current and future school stakeholders should analyze current federal and state level policies to ensure that they are in alignment with daily practices to establish a more positive school climate while ensuring that schools are able to maintain order and stability for the safety of all students.

**Professional School Counselors**

An implication for practice from this study is the need for school counselors to continue to define appropriate roles and responsibilities. Results of this study revealed that almost one-third of participants were unsure of the appropriate roles and responsibilities of school counselors. Further education within the educational community and all its stakeholders is

needed to clarify the professional responsibilities of all school counselors. In addition, educating school and community stakeholders about the training and roles of professional school counselors can be accompanied by the provision of exclusionary discipline practices that impact students on a daily basis.

According to ASCA (2019), counselors are called to assume leadership roles and responsibilities in prevention and equitable practices for all students, therefore school counselors can advocate for systemic change to support initiatives that would support alternatives to exclusionary practices. Under the ASCA National Model, it would be seen as an appropriate duty to participate in initiatives that focus on student rehabilitation, interventions to develop social-emotional skills and relationship development which as mentioned earlier are non-punitive forms of targeting unwanted behaviors.

## Conclusion

In light of the literature previously shared it is not hard to see how there is a perceived need to reform school discipline to help students feel safe and treated fairly within the educational setting. To summarize, we did find that there is public support to reform school discipline, and to incorporate school counselors to support student behavior. To extend these efforts, we found overwhelming support to not only incorporate school counselors, but to use public funds to hire additional school counselors to attend to the behavioral and emotional needs of students. Perceptions polled indicated that there are clear issues that should be addressed. However, policymakers and educators should further consider how public perceptions, and support could influence initiatives and changes within the educational system to positively impact student behavior and support school wide initiatives within their local communities.

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