

2022

Predictors of Time Spent Counseling: Counselors' Professional Identity, Counseling Competencies, and Principal Relationship

Lori P. Barthel
Walden University

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Walden University

College of Social and Behavioral Sciences

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Review Committee

Dr. Ithuriel Gale, Committee Chairperson, Counselor Education and Supervision Faculty

Dr. Kelly Dardis, Committee Member, Counselor Education and Supervision Faculty

Dr. Marilyn Haight, University Reviewer, Counselor Education and Supervision Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
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Abstract

Predictors of Time Spent Counseling: Counselors' Professional Identity, Counseling
Competencies, and Principal Relationship

by

Lori P. Barthel

MEd, University of New Orleans, 2006

BA, University of New Orleans, 2003

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Counselor Education and Supervision

Walden University

March 2022

Abstract

This quantitative study was an inquiry into whether Louisiana school counselors' perceptions of their professional identity, quality of principal-school counselor relationships, and confidence level (self-efficacy) of providing school-based mental health services (SBMHS) including counseling skills, addressing student issues, and working with students who have a Diagnostic and Statistical Manual diagnosis influence the frequency of counseling services provided to K-12 students. The theoretical lenses were the leader-member exchange theory and social cognitive theory. The hypotheses were that Louisiana school counselors ($N=147$) who identify as mental health providers working in a K-12 school setting with higher ratings of relationship quality with their principals and higher confidence in SBMHS and subscales will predict greater frequencies in providing actual and preferred counseling services to students. Results of multiple linear regression analysis showed that all predictors significantly predicted actual and preferred school counseling services, and those school counselors with strong professional identities as mental health providers reported a stronger relationship quality with their principal and higher self-efficacy in SBMHS that led to more direct counseling services for students. This study promotes social change through helping stakeholders to understand the influence of school counselor educational and governmental policy changes and counseling services provided to students with mental health needs within the Louisiana K-12 school system.

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Dedication

I dedicate this dissertation to the loves of my life for always being the perfect constellation of guiding stars so that I have never lost my way.

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Chapter 1: Introduction to the Study

Roughly 80% of youth in the United States (US) have unmet mental health needs (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019), raising concerns among parents, administrators, school counselors, and local, state, and federal agencies. Behavioral and socioemotional problems affect youth mental health, academic performance, psychosocial development, disciplinary actions, and future health risks (Auerbach et al., 2019; Doll, 2019; Hines, 2020; Lambie et al., 2019; Powers et al., 2016; World Health Organization [WHO], 2021). The need to address student's mental health issues is further emphasized, with suicide being the second leading cause of death among adolescents (Centers for Disease Control and Prevention [CDC], 2021a) and continual occurrences in school gun violence (e.g., Austin-East Magnet High School, Watson Chapel Junior High, and Sandy Hook Elementary).

In response to student mental health concerns, government policies such as the Every Student Succeeds Act (ESSA) and School Safety Act (SSA) were developed for elementary and secondary school settings to meet mental health needs of students since their psychosocial development is most influential in school where they spend a vast majority of their time (Biolcati et al., 2018; Donohue et al., 2015; Lambie et al., 2019; Moon et al., 2017). As a result, over the last decade, school counselors have been challenged to offer more school based mental health counseling services. This has caused a shift in terms of their professional identity, education and training, and skills involving addressing students' mental health.

The shift in school counselors' professional identity has perpetuated disparities in mental health services due to changes in educational policies, role ambiguity, comprehensive school counseling programs, and differing expectations among stakeholders. Generally, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) defines the school counselor identity through educational and training standards, but state education systems define educational certification standards and state professional counseling licensure boards define mental health licensure law standards, while state and district school systems and principals determine counselors' roles at the school level (DeKruyf et al., 2013). In order to address role ambiguity and provide direction for school counselors' professional identity, state-specific models of practice (e.g., Louisiana State Comprehensive Guidance and Counseling Model (2010) and the American School Counselor Association [ASCA] National Model (2021) have been formed. However, school counselors' evolving professional identity coupled with roles in K-12 schools, training and abilities, and relationships with school principals continue to pose challenges in terms of providing school-based mental health counseling services to students in need (Lambie & Williamson, 2004; Lambie et al., 2019; Lauterbach et al., 2018).

At this point in time, the state of Louisiana exemplifies how school counselors have different training and professional identities. In 2013, to further address school counselors' professional identities and abilities in terms of addressing student mental health issues, Louisiana changed school counselor state certification requirements so that school counselors must hold a license for professional counseling or be provisionally

licensed. However, school counselors who were certified before the passage of the 2013 law were considered grandfathered in and did not have to meet new professional counseling licensure requirements. Consequently, Louisiana school counselors can hold state certification as either a school counselor without mental health licensure or with mental health licensure.

As possibly the only accessible mental health provider in the K-12 school setting with training in mental health and educational systems, school counselors are often the first line of defense in terms of providing assessment, prevention, and interventions for students with socioemotional, academic, mental, and behavioral health issues (ASCA, 2020; Collins, 2014; DeKruyf et al., 2013; Dollarhide, 2003; Lambie et al., 2019). However, school counselors' ever-evolving role and professional identity (Peterson, 2019) have confused both counselors and educational stakeholders alike about what roles and duties K-12 school counselors should undertake and their degree of ability to provide mental health counseling. Ultimately, state and district school system policies and principals define school counselors' job descriptions, school level expectations, and role activities based on past standards while comprehensive school counseling programs support activities based on school counselors' current educational training and competencies to address student mental health issues (Amatea & Clark, 2005; Brown et al., 2006; Dodson, 2009). School counselors still struggle with defining their role in K-12 schools due to historical identities (e.g., test coordination, discipline, and substitute teaching) that are still perpetuated by school systems and, most notably, by principals

(Amatea & Clark, 2005; Blake, 2020; DeKruyf et al., 2013; Dodson, 2009; Lambie & Williamson, 2004; Zalaquett & Chatters, 2012).

Due to the organization of school systems, principals typically assign roles and tasks to school counselors; principal-school counselor relationship quality intrinsically influences school counselors' perceptions and abilities to implement their training into practice (Cigrand et al., 2015; Clemens et al. 2009; McConnell et al., 2020; Zalaquett & Chatters, 2012). The extent to which school counselors view their abilities to provide mental health counseling and implement counseling services to students may be linked to how they view their professional identity and quality of principal-school counselor relationships. Due to change in educational and governmental policy over the last 9 years that require licensure for renewal of school counselors state certification in Louisiana, this research involved assessing Louisiana school counselors' current perceptions of their professional identity, abilities to provide school-based mental health services (SBMHS), quality of their principal-school counselor relationship, and how these factors influence counseling services to K-12 students. In this chapter, I discuss the background, purpose, research problem, research questions and hypotheses, theoretical frameworks, nature of the study, definitions of terms, scope and delimitations, limitations, and significance of the study.

Background

The professional literature provides support for students with mental health issues to have access to mental health services within the K-12 school setting addressed by the school counselor (Carlson & Kees, 2013; DeKruyf et al., 2013; Hines, 2020; Lambie et

al., 2019). Across the history of public schools in the US, professional school personnel have had evolving roles and duties. However, while entry into public schools in the early 1900s made school counselors relative newcomers, expectations of, along with roles and duties of school counselors, have changed rapidly across 120 years. Much of the change is driven by social policies and educational reforms at a macro level, and how they play out at the micro-level of in schools depends largely on professional relationships between school principals and school counselors and how they perceive school counselor professional identity and abilities to provide mental health counseling (Lambie et al., 2019). Thus, school counselor provision of mental health counseling to K-12 school students occurs in the context of (a) school counselor training and competencies (Lambie et al., 2019), (b) school counselor roles in schools (Carlson & Kees, 2013; DeKruyf et al., 2013; Gruman et al., 2013), and (b) the relationships of school principals and school counselors (Clemens et al., 2009).

School Counselor Competencies and Training

School counselor training begins at the university level with the attainment of a master's degree. Ten out of 12 Louisiana universities that offer a master's degree in clinical mental health counseling and school counseling meet both educational requirements to become a licensed professional counselor (LPC) in the state of Louisiana (Louisiana Revised Statutes, Title 37, Chapter 13, R.S. 37:1101-1123) and standards of the Louisiana State Board of Elementary and Secondary Education (BESE) to become certified school counselors.

School counselors' educational competencies are guided by CACREP. Training of counselors in all specialized fields (such as school counseling, community counseling, substance abuse counseling, and mental health counseling) that graduate from CACREP accredited universities includes the following core competencies: professional counseling orientation and ethical practice, social and cultural diversity, human growth and development, career development, counseling and helping relationships, group counseling and group work, assessment and testing, and research and program evaluation (CACREP, 2016). Training in these eight core competencies is required regardless of counseling specialty; thus, school counselors and clinical mental health counselors are educated in mental health counseling services (Holstun et al., 2019). School counselor training programs have classes that overlap with clinical mental health counseling programs providing counselors with knowledge in terms of trauma, crisis, mental and behavioral disorders, as well as the organizational structure of the school system; therefore, school counselors are trained to provide clinical mental health counseling to students (Collins, 2014; Lambie et al., 2019).

School Counselors' Roles

Historically, school counselors' scope of practice has transitioned from a vocational focus to a clinical focus to a comprehensive focus. The ASCA National Model was an instrument for change in the school counselor professional identity, especially in helping to shape educational and governmental policy in most states, including Louisiana. The ASCA National Model emphasizes that school counselors should be spending 80% or more of their time on direct (e.g., instruction, appraisal and advisement,

and counseling) and indirect services (e.g., consultation, collaboration, and referrals) to help address all students' academic, social/emotional, and developmental needs that in turn influence academic achievement, attendance, and discipline. The perceived duality of school counselors' roles in terms of addressing both mental health and academic needs has led to students' mental health needs being unmet due to other competing job demands and time constraints (Kolbert et al., 2017; Lambie et al. 2019). The ideal student to counselor ratio recommended by the ASCA to improve student achievement and help address student mental health issues is 250:1. Nonetheless, researchers (ASCA, 2019; Carlson & Kees, 2013; Christian & Brown, 2018; DeKruyf et al., 2013) have highlighted that the current national ratio (1:464) is one of the most salient factors preventing students from attaining mental health services in the K-12 school setting, while Louisiana Administrative code (R.S. 17:3005, 2020) specifies a counselor ratio of 1:450. School counselors are overloaded with too many students to service, which diminishes the amount of time spent on direct and indirect counseling activities, such as identifying and responding to students' mental health needs (Lambie et al., 2019; ASCA 2021).

Principal-School Counselor Relationships

School counselors do not work in isolation but with various stakeholders, most notably the school principal. One of the most important relationships is between school principals and school counselors (Cisler & Bruce, 2013). School principals and school counselors are strongly connected at the school level due to how school systems are typically organized. Principals are not only educational leaders, but in most school systems, they supervise and evaluate the work of school counselors. In addition, school

principals usually have the authority to make decisions that define the scope and practice of school counselors; therefore, school counselors' roles and identities within their schools are heavily influenced by principals with whom they work (Ametea & Clark, 2005; Benigno, 2017; Blake, 2020; Clemens et al., 2009; Dollarhide et al., 2007; Havlik et al., 2019; McConnell et al., 2020; Ponec & Brock, 2000).

According to Lashley and Stickl (2016), school principals view issues from an organizational lens, while school counselors examine issues via both mental health and educational systems lenses; hence, the principal-school counselor relationship inherently influences school counselors' identity and abilities to practice what they are trained to do effectively. Chandler et al. (2018) noted that principals might lack appropriate educational training regarding school counselors' scope of practice, and potentially due to lack of knowledge, they inadvertently assign duties based on historical practices. As a result, school counselors' roles and duties can be fundamentally different from school to school, causing confusion (Blake, 2020; Lambie et al., 2019; McConnell et al., 2020; Wingfield et al., 2010). School counselors' professional roles and identity and actual assigned job duties may be at odds since school principals play a noteworthy part in determining how school counselors function in their school setting.

Recent studies (Benigno, 2017; Blake, 2020; Borland, 2020; Carlson & Kees, 2013; Clemens et al., 2009; DeKruyf et al., 2013; Havlik et al., 2018; Lambie et al., 2019; Lane et al., 2020; McConnell et al., 2020; Waalkes et al., 2019; Ruiz et al., 2018) have focused on the (a) relationships between school principals and school counselors, (b) the perceptions of both the school principals and school counselors on the role and

responsibilities of the school counselor within the school, and (c) various influences in providing mental health services to students. Generally, the outcome of research studies (Clemens et al., 2009; Dahir et al., 2011; Finkelstein, 2009) have supported that maintaining a high-quality principal-school counselor relationships can benefit school counselors in terms of advocating for their roles and contribute to principals' knowledge regarding how mental health counseling services connects with academic achievement.

Currently, in Louisiana, having school counselors with different levels of education and credentials working in schools provides an opportunity to examine how this influences their delivery of school-based mental health services to students. Rock and Curry (2021) identified that Louisiana school counselors do have different levels of credentials (e.g., previous teacher, no counseling degree, no previous teaching, masters level counseling degree) and licensure (e.g., no licensure, licensed professional counselor, social worker, and marriage and family therapist). To date, little is known if governmental and educational policy changes in Louisiana influence Louisiana school counselors' professional identity, competencies in terms of addressing mental health, and perceptions of principal-school counselors' relationships on school counselors' role in counseling services to students. I aimed to promote social change by contributing to current literature on if the changes in policies which promote counselors to be trained in mental health influences the frequency of providing counseling services to students as predicted by their perceived (a) professional identities, (b) relationships with their principals, and (c) confidence level in addressing SBMHS including counseling skills, addressing student specific issues, and working with students who have a DSM diagnosis.

This study will provide greater insight regarding efficacy of public policies that have mandated professional mental health licensure for school counselors in Louisiana.

Problem Statement

Starting in the late 1900s and extending the 20 years into the millennia, the school counselors' identity and roles have broadened from addressing students' vocational and educational progress and developmental, social, and emotional concerns to also diagnosable mental health issues. At the macro level, governmental and educational policies continue to be enacted to help students with mental health concerns be more successful in school settings. Legislature and policies have been enacted to change school counselors' educational and certification requirements across states such as California, Virginia, Texas, and Louisiana (e.g., Every Student Succeeds Act [ESSA], 2016; School Safety Act [SSA], 2018; California Assembly Bill 114, 2011; Virginia Senate Bill 1117, 2017; Louisiana School and Student Safety Act No. 716, §1, 2018; Texas Senate Bill 11). In 2013, the Louisiana State Board of Elementary and Secondary Education (BESE) altered school counselors' educational and certification requirements to include licensure by the State Board of Professional Counselors to prepare counselors to meet students' mental health needs. Since requirements have changed, there are still school counselors who are practicing using a lifetime educational certificate and as such are not required to gain professional counselor licensure in Louisiana. Therefore, there may be varying school counselor professional identities between those trained based on previous and current guidelines.

School counselors' evolving professional identities coupled with roles in schools, training and abilities, and relationships with school principals continue to pose challenges in terms of providing SBMHS. It is unknown how much time school counselors spend providing counseling services to students or types of services they provide, or if that amount of time is influenced by perceptions of their professional identity, confidence levels in terms of their abilities to deliver counseling services focused on mental health issues, and relationships with principals. I attempted to observe the full spectrum of school counselors throughout the state of Louisiana from those trained in mental health to those who had little counseling training to examine policy effectiveness at the microlevel.

Purpose of the Study

Due to policy changes in 2013 for education, training, certification, and licensure requirements for Louisiana school counselors, their professional identities are likely to be split between old (educator or guidance counselor using counseling skills) and new professional identities (mental health provider). The purpose of this quantitative correlational study was to examine if Louisiana school counselors' frequency of providing counseling services to students was predicted by their professional identities, relationships with principals, and confidence level (self-efficacy) in addressing SBMHS, including counseling skills, addressing student specific issues, and working with students who have a DSM diagnosis. The predictor variables for this research study were professional identity, principal-school counselor relationship quality, confidence level (self-efficacy) in providing SBMHS, counseling skills, addressing student specific issues, and working with students with DSM diagnosis. The dependent variables were school

counselors' perception of actual counseling activities and preferred counseling activities provided to students.

Research Questions and Hypotheses

RQ1: Does Louisiana school counselors' perceived professional identity (as measured by educator or mental health provider query), principal-school counselor relationship quality (as measured by Leader-member Exchange Seven-Member Version Survey, LMX7m), and confidence level (self-efficacy) in addressing SBMHS (as measured by SBMHS Survey) predict their frequency of providing actual and preferred counseling services to students (as measured by School Counseling Activity Rating Scale (SCARS): Counseling subscale only)?

H01: There is no significant statistical relationship between Louisiana school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) of addressing SBMHS in predicting their frequency of providing actual and preferred counseling services to students.

Ha1: Louisiana school counselors that identify as a mental health provider working in a school setting with higher ratings of relationship quality with their principals and higher confidence in addressing SBMHS will predict greater frequencies in providing counseling services to students.

RQ1a: Does Louisiana school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in counseling skills (as measured by 11 items on SBMHS: Skills subscale only) predict their frequency of providing actual and preferred counseling services to students?

H₀1a: There is no significant statistical relationship between Louisiana school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in counseling skills in predicting their frequency of providing actual and preferred counseling services to students.

H_a1a: Louisiana school counselors that identify as a mental health provider working in a school setting with higher ratings of relationship quality with their principals and higher confidence in counseling skills will predict greater frequencies in providing counseling services to students.

RQ1b: Does Louisiana school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level in working with students with DSM diagnosis (as measured by 15 items on SBMHS Survey: Diagnosis subscale only) predict their frequency of providing actual and preferred counseling services to students?

H₀1b: There is no significant statistical relationship between Louisiana school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level in working with students with DSM diagnosis in predicting their frequency of providing actual and preferred counseling services to students.

H_a1b: Louisiana school counselors that identify as a mental health provider working in a school setting with higher ratings of relationship quality with their principals and higher confidence level (self-efficacy) in working with students with DSM diagnosis will predict greater frequency of providing counseling services to students.

RQ1c: Does Louisiana school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in addressing students' specific issues (as measured by 14 items on SBMHS Survey: Student Issues subscale only), predict their frequency of providing actual and preferred counseling services to students?

H₀1c: Louisiana practicing school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in addressing students' specific issues does not predict their frequency of providing actual and preferred counseling services to students.

H_a1c: Louisiana school counselors that identify as a mental health provider working in a school setting with higher ratings of relationship quality with their principals and higher confidence level (self-efficacy) in addressing students' specific issues will predict greater frequency of providing counseling services to students.

Theoretical Framework

The theoretical frameworks that guided this study were the social cognitive theory (SCT) and leader-member exchange (LMX) theory. The SCT was used to address school counselors' self-efficacy and professional identity while the LMX was used to address principal-school counselor relationships.

Social cognitive theory explains that a person's behavior is learned through observations and interactions with others (Bandura, 1986) and that the key role in the maintenance of behavior is self-efficacy (Schiele et al., 2014). The SCT's main construct is self-efficacy, which represents an individual's level of confidence in terms of their

abilities to perform a task successfully (Bandura, 1986; Cinotti & Springer, 2016). Counselor self-efficacy (CSE) is individual level of confidence in ability to effectively counsel. Social desirability, work environment, supervisor characteristics, and quality of supervision influence counselor self-efficacy (Larson et al., 1992; Larson & Daniels, 1998). According to Lambie et al. (2019) most school counselors lack clinical supervision and only receive administrative supervision from principals regarding assigned duties, therefore, their perceived self-efficacy in providing mental health counseling services to students may be lower. Therefore, school counselors' self-efficacy in counseling both issues typical to school children, and also issues associated with DSM diagnoses, merits consideration in examination the extent of time school counselors spend in delivery of mental health services in the schools. Additionally, school counselor educational and training standards have changed in Louisiana, leaving the possibility that school counselors may have varying professional identities that influence their self-efficacy or confidence level in SMBHS (including counseling skills, addressing student issues, and working with students who have DSM diagnosis).

The LMX lens, which postulates that there are differences in terms of quality of relationships between principals and school counselors, and this relationship dramatically influences how subordinates' roles are delineated within the organizational system (Graen & Uhl-Bien, 1991; 1995; Clemens et al. 2009). Graen and Uhl-Bien (1995) characterized working relationships as based on both individuals' evaluation of each other's professional capabilities and behaviors that are based on "trust, respect, and mutual obligation" (p. 237). Clemens et al. (2009) said superior-subordinate relationship

quality influences how school counselors' roles are defined within the school system. As principals heavily influence the duties and roles assigned to school counselors, good understanding and strong alliances between principals and school counselors are key to counselors' provision of student mental health services. LMX theory supports the framework for this study in that the most salient relationships are between schools' principals (leaders) and school counselors. LMX theory has been applied to the educational setting on a limited basis (Curry & Devoss, 2009). For example, Clemens et al. (2009) reported that when school counselors perceived a stronger, positive quality relationship with their principals, the more likely their school counseling activities would match counselors' ideal role and professional identity. Consequently, when principals and school counselors do not agree on the role and function of school counselors, or they have poor working relationships, school counselors are often assigned noncounseling responsibilities, leading to role confusion, higher stress, and lower job satisfaction (Clemens et al., 2009; Zalaquett & Chatters, 2012). School counselors and principals must have high-quality working relationships and understand relationships between other organizational members within the school system. Therefore, school counselors and relationships with their principal should be examined since it effects school counselors' professional identity and roles within the system (Blake, 2020; Clemens et al., 2009). These theoretical constructs will be more detailed in the literature review.

Nature of the Study

I examined if Louisiana school counselors' current perceptions of their professional identity, confidence in addressing student mental health concerns, and

principal-school counselor relationships predict the frequency of school counselors' engagement in specific types of counseling services. I used a quantitative research inquiry with a nonexperimental correlational survey research design. A correlational approach was suitable for this research which did not involve manipulating any variables. I collected data from a single point in time and used a multivariate analysis to examine potential relationships between variables (Creswell & Creswell, 2018; Frankfort-Nachmias & Leon-Guerrero, 2010; Groves et al., 2011). I examined the predictor variables of professional identity, principal-school counselor relationships, and self-efficacy in providing SBMHS influence on actual and preferred counseling services provided to students. I collected data by using survey research methodology to examine school counselors throughout the State of Louisiana. Potential participants were contacted via email through (a) memberships in Louisiana Counselor Association/Louisiana School Counselor Association (LCA/LSCA), (b) the Louisiana Department of Education (LDOE) school counselor contact list from 2017, and (c) by creating a list of current school counselors working in the state of Louisiana and crosschecking it with the LDOE list to delete duplicates. Data from 222 school counselors was collected. A minimum of 119 responses was needed for the survey based on a 95% confidence level and a 5% margin of error with three predictors. I focused on a unique understanding of the current school counselor perceptions of their identities and roles in mental health counseling along with principal relationships and frequency of counseling activities. There were five parts to this survey:

- Leader-member Exchange Seven- Member Version Survey, (Clemens, 2008; Clemens et al., 2009)
- School Based Mental Health Services Survey (Carlson & Kees, 2013)
- School Counselor Activity Rating Scale: Counseling subscale only Scarborough (2005)
- school counselor professional identity (DeKruyf et al., 2013; Paisley et al., 2007), and
- demographics.

The data were analyzed using multiple linear regressions (MLR) and other basic descriptive statistics (see Appendix A).

Definitions

The following list of definitions are terms used throughout the study.

American School Counselor Association (ASCA) National Model: A Framework for School Counselling Programs: Defined as a national comprehensive school counseling program that ties into a school's academic mission and influences positive outcomes on student achievement, attendance, and discipline. The model is data-driven, delivered systematically to all students, based on a developmentally appropriate curriculum, and aimed to close achievement and opportunity gaps (ASCA, 2019).

Comprehensive School Counseling Models/Programs: Systematic and state-specific or national programs designed to support all students' academic achievement that is integrated into the school's mission (Gysbers, 2010).

Counselor Professional Identity: How counselors define who they are, what they do, and how they are educated and trained, along with how they are different from other helping professions (Emerson, 2010; Rollins, 2012; Woo, 2013; Woo et al., 2017). According to Woo (2013), professional identity is defined as the “knowledge of the profession and its philosophy, expertise required of its members of the profession, understanding of members’ professional roles, attitudes towards the profession and oneself, engagement behaviors expected of its members and interactions with other professionals” (p. 9). Researchers acknowledged that school counselors had two varying views regarding their professional identity, whether as a mental health provider working in a school setting or an educator using counseling skills (guidance counselor) (DeKruyf et al., 2013; Paisley et al., 2007; Person et al., 2020).

Mental health: “Mental health includes a person’s emotional, psychological, and social well-being that effects how they think, feel, and act. It also determines how people handle stress, relate to others, and make choices. Contributing factors are (a) biological, (b) life experiences, and (c) family history of mental health problems” (U.S. Department of Health and Human Services [DHHS], 2020, Mental Health section).

Mental health counseling: As per the Louisiana LPC Board of Examiners, mental health counseling services “means rendering or offering prevention, assessment, diagnosis, and treatment, which includes psychotherapy, of mental, emotional, behavioral, and addiction disorders to individuals, groups, organizations, or the general public by a licensed professional counselor, that is consistent with his professional training as prescribed by R.S. 37:1107(A)(6), by a provisional licensed professional

counselor, that is consistent with the requirements as prescribed by R.S. 37:1107(F), and code of ethics/behavior involving the application of principles, methods, or procedures of the mental health counseling profession” (Louisiana Administrative Code tit. 46 § LX-503).

Principal- school counselor relationship: Principal-school counselor relationship is defined in accord with LMX theory. The relationship between a superior and subordinate is characterized by trust, respect, and mutual obligation (Graen & Uhl-Bein, 1995). For this research, the quality of the relationship as perceived by the school counselor will represent the quality of the relationship’s characteristics.

School-Based Mental Health Services: comprised of confidence level in counseling skills, working with students with DSM diagnoses, and student issues as described in the School-Based Mental Health Survey.

School Counseling Activities: School counselor activities is defined as encompassing the components of counseling activities as it aligns with the ASCA National Model.

School Counselor: According to the Louisiana State Board of Elementary and Secondary Education (BESE, 2013; 2020), there are two types of school counselors: certified school guidance counselors who are not licensed as LPCs by the Licensed Professional Counselors Board of Examiners and cannot render mental health counseling services to the public (R.S. 37:1107) and certified school counselors who are licensed as professional or provisionally licensed counselors by the Board of Examiners and can render mental health counseling services to the public (R.S. 37:1107).

Assumptions

There are assumptions in this research involving self-reporting and accuracy of instruments. They include the following:

1. School counselors can accurately self-report on their (a) professional identity, (b) principal relationship, (c) confidence level in addressing school-based mental health services (skills, student issues, and DSM diagnosis), and (d) can accurately identify the time spent in counseling activities per the instructions of the instruments.
2. School counselors who participate in the study are willing to participate and answering online survey items for data collection.
3. School counselors do have students who present with diagnosable mental health concerns.

Scope and Delimitations

The focus of this research study was the influence of the school counselors' perceived (a) professional identity, (b) confidence level in addressing mental health services (counseling skills, working with students with DSM diagnosis, and student issues), and (c) principal-school counselor relationship has on the school counselors' actual and preferred frequency of school counseling activities.

Delimitations for this research study include the following:

1. This study does not include what Louisiana school counselors do when they identify diagnosable mental health issues.

2. This study does not include what actions Louisiana school counselor take to advocate for their professional identity and role
3. This study does not include stakeholders' (e.g., parent, principal, or teacher) perception of the school counselor's role and identity.
4. This study does not include principals' perceptions of their relationships with school counselors.

Limitations

A potential barrier for collecting data includes was gaining an adequate sample size since I was recruiting a convenience sample through asking several professional networks and organizations to advertise the survey. Convenience sampling is a nonprobability sample when data gathering from one or more pre-identified groups based on their convenience and availability, yet it is appropriate as I seek to study a specific population (Creswell & Creswell 2018). The findings of this study do involve self-report measures, and school counselors may answer in a socially desirable manner, as well as be less accurate in reporting their own competencies, the actual relationship with their principal, and use of their time. Anonymity is one way to reduce social bias. Threats to external validity may be the sampling, which is limited to a specific geographical location, the state of Louisiana, which can affect generalizability.

Significance

This quantitative research study involves promoting social change by providing current information regarding the influence of governmental and educational policy, specifically supporting school counselors in terms of advocating for their mental health

identity and roles in addressing mental health needs of students within the school system. Social change implications also contribute to the current literature on the influence of the principal-school counselor relationship and how the principal shapes the counselor's identity and role. In addition, through the examination of school counselors' confidence level of addressing the mental health needs of students can support more training, along with the growing need for more professional school counselors to specifically address the mental health needs of students in the school setting. Furthermore, positive social change implications include knowledge for educational system leaders, school leaders, educators, and stakeholders searching for improvement to existing services within the school system.

Summary

In this quantitative research study, I examined school counselors' perceptions of their professional identity, comfort levels in addressing students' mental health concerns and principal relationships, and how these factors influence actual and preferred counseling services for students. As students' psychological and emotional needs increase, causing schools to address their mental health, school counselor identities and roles continue to adapt. Additionally, there is a societal demand for schools and school counselors to meet mental health needs of students due to lack of community mental health resources and lack of follow-through by families for various reasons (DeKruyf et al., 2013; Perfect & Morris, 2011). The results of this study include important implications for understanding if principal-school counselor relationships, school counselor identity, and ability to provide mental health services to students influences

counseling services provided. This study promotes social change through supportive efforts in increasing the need to advocate for the continued movement for professional school counselors to provide mental health services to students.

In Chapter 2, I provide an overview of literature related to the LMX theory and SCT, mental health needs of students, history of school counseling, professional identity roles of school counselors, professional counseling associations, ethical and educational standards, and school counselor state certifications and licensure.

Chapter 2: Literature Review

Introduction

School counselors have struggled with several barriers that continue to hinder their efforts to define their roles per their current professional identity, including historical practices, expectations of principals, the perception that school counselors' can address all student issues (e.g., comprehensive programs) while being assigned an overwhelming amount of non-counseling activities (e.g., fair share, administrative, and clerical) and high caseloads of students to service (Bardhoshi et al., 2014; Berger, 2013). Although the counseling profession is attempting to unify the professional identity of all counselors regardless of sub-specialty (e.g., community, mental health, and school) and governmental agencies are setting policies and laws to assist in addressing the growing mental health needs of students in order to define the school counselor roles and identities when providing mental health services to students, individual school counselors still struggle to define their mental health roles within the 21st century school systems (e.g., worksite and districts). Through the lens of the LMX theory and SCT, I address how mental health counseling is a new development in the history of counseling and describe how professional associations, accrediting bodies, and state governmental organizations influenced the development of school counselors' professional identities and roles. I address descriptive research involving school counselors' confidence with school counseling activities and roles as mental health counselors in the school setting.

Literature Search Strategy

The review of literature for this research included a systematic search for relevant peer-reviewed articles and dissertations written from between 2015 and 2020 using in the following databases: SAGE Journals, PsycINFO, Academic Search Complete, ERIC, ScholarWorks, Dissertations and Theses @ Walden University, ProQuest Dissertations and Theses Global, and Thoreau multi-database search. I used the Internet to access several professional organizations' websites, such as the ASCA, LSCA, BESE, CACREP, NAMI, and ACA. My search keywords were *school mental health provider*, *professional school counselor*, *mental health needs of youth*, *school counselor professional role and identity*, *principal or administrative perceptions*, *leader membership exchange theory*, and *social cognitive theory*.

Analysis of professional literature generated articles on schools addressing mental health, school counselor roles, and training in terms of addressing mental health and school counselors and administrative perceptions of the roles and identities of school counselors. Literature on principal-school counselor relationships and perceptions of school counselor identities and confidence levels involving providing mental health services to students appears to be limited. None have looked explicitly at school counselors' professional identities, influence of principal-school counselor relationship, addressing student mental health needs, and the current frequency of counseling activities.

Theoretical Foundations

LMX Theory

The LMX theoretical framework has been applied to numerous settings and involves evaluating superior-subordinate relationships and the influence that relationship quality has on individuals, groups, or organizations (Graen & Uhl-Bien, 1995; Paglis & Green, 2002). Graen and Uhl-Bien (1995) characterized working relationships as involving both individual evaluations of professional capabilities and behaviors that are based on "trust, respect, and mutual obligation" (p. 237). There have been several research studies that apply LMX theory to educational settings to understand student-teacher relationships (Mosley et al., 2014), peer leaders-student academic performance (Peterson & Aikens, 2017), and principal-school counselor relationships (Clemens, 2008; Clemens et al., 2009; Odegard-Koester & Watkins, 2019; Ruiz et al., 2019; Waalkes et al., 2019). An effective principal-school counselor relationship is defined as trust and mutual respect (Dollarhide et al., 2007; Meyers, 2005; Wesley, 2001; Zalaquett, 2005). The quality of working relationships is positively correlated with job performance and satisfaction, task completion, and motivation that contributes to a positive working environment (Martin et al., 2015). Clemens et al. (2009) added that the superior-subordinate relationship quality could define principal-school counselor relationships and influence how school counselors' roles are defined within the system. Engaging in positive and high-quality working relationships with stakeholders specifically, principals can help counselors to establish clear roles, identities, and job responsibilities through professional advocacy while supporting best practices in servicing student mental health

needs (Blake, 2020; Havlik et al., 2018; McConnell et al., 2020). The LMX theory allows for the consideration of how the working relationships between principals and school counselors might influence school counselors' roles and counseling services provided within the K-12 school setting.

The LMX theory was developed from the role and social exchange theories (Graen, 1976). Role theory is a process by which work roles are defined and grounded in the belief that the person that dictates the roles is the leader; thereby, the leader is the authority figure that defines the roles for all members (Kantz & Kahn, 1966). Communications between leaders and members involving assigned roles are considered role expectations, while role expectations that are delineated by leader and understood by member are called received roles (Kantz & Kahn, 1966). For example, if the leader (principal) communicates to the member (school counselor) that they are expected to be in classrooms frequently (Clemens, 2008). However, monitored behavior is when the member communicates with the leader, and the leader clarifies expectations to all classes twice a month (Clemens, 2008). The expectations of behavior that the leader understands connect to the members' identity within the environment (Biddle, 1986).

The social exchange theory's basic premise is that one person in a relationship offers something to the other person with an expectation of a return at a future time, with mutually beneficial exchanges (Homans, 1974). For example, a school counselor can request a specific resource that the school principal may agree to provide, while later requesting and expecting the school counselor to do a job duty outside the scope and practice of counseling (Clemens, 2008). According to Paglis and Green (2002), resources

exchanged do not have to be only concrete. The LMX theorist Graen (1976) expanded role theory to include social exchange theory to conceive role development process as role-taking (leader to member communication), role making (leader and member collaborate to define member role), and role routinization (agreed upon social exchanges between leader and member). The role-making stage is the most significant between the leader and member due to its influence on the roles ascribed to the member within the setting. Dansereau et al. (1975) contributed to the construct by adding negotiating between the member and leader called negotiating latitude, whereby the member can influence their role (low negotiating latitude generates no influence and high negotiating latitude generates leader support of the member). The LMX social exchanges help define member roles and outcomes of the relationship quality using negotiating latitude (trust, mutual respect, and obligation) as a piece of the members' perception when measuring the relationship quality (Graen and Uhl-Bien, 1995; Paglis & Green, 2002). Therefore, there is an interplay between principals and school counselors that directly influences their role, identity, and job expectations.

Role definition is multifaceted and can be expressed as counselor identity within school settings, how school counselors spend their time (e.g., counseling practices), job clarity, and program delivery models. School counselors may be perceived as educators that can perform administrative duties such as assist in discipline and coordinate testing, or they may be perceived as mental health providers providing social, emotional, and behavioral interventions and services to students while implementing preventative programs (Clemens et al., 2009). Principals usually decide what a school counselor's role

and scope of practice will be within the school setting (Zalaquett & Chatters, 2012), but when principals' and school counselors' relationship quality differ on role expectations, there is likely role confusion and identity conflict. Role ambiguity can cause stress and decrease job tasks, especially when job expectations do not match the reality of the professional identity that many different authorities influence (Culbreth et al., 2005; Maslach et al., 2001; Rizzo et al. 1970). The many different hierarchical groups that influence school counselor role and identity are (a) educational training standards, (b) state licensure boards, (c) state educational boards, (d) school system policies, and (e) administrators. Therefore, role conflict can occur when there are different role expectations between a principal and a school counselor, and the quality of the relationship will either help to resolve the problem or challenge the identity of the school counselor to adapt to the current expectations of the authority (principal) within the work environment (Biddle, 1986). A discrepancy between what school counselors actually do and prefer to do is an essential area of study related to the role definition of school counselors (Scarborough & Culbreth, 2008), while role definition continues to be an essential topic of concern between historical models and current best practices in addressing mental health needs of students (Amatea & Clark, 2005; Blake, 2020; Borland, 2020; Dollarhide et al., 2007; Havlik et al., 2018; Nebe 2010; Ponec & Brock, 2000). Through this lens, the organizational and member outcomes of interest in this study are the influence of the quality of the relationship between the school counselor and principal and the role that school counselors assume due to the frequency and type of counseling services provided to students within the school setting.

SCT

Self-efficacy is a construct that represents the strength of a person's beliefs in their ability to perform tasks and cope with stress in various settings successfully and is a major component of the SCT (Bandura, 1989). According to Bandura (1986; 2012), the SCT is cyclical, having three influences (a) self, (b) behavior or role that they engage in, and (c) their environment. Through this lens, the concept of self-efficacy applies to school counselors' perceptions of their ability and confidence level in addressing the mental health concerns of students based on the interactions within the environment. Furthermore, the amount of support received via the relationship with immediate supervisors, namely principals, influences counselor self-efficacy beliefs in their ability to perform certain behaviors within the school setting (Cinotti & Springer, 2016). Several studies have investigated school counselors' self-efficacy and found that those who advocated for their professional roles and identity had higher perceived levels of self-efficacy, which was influenced by the appropriateness of duties assigned (Barnes; 2004; Studer & Oberman, 2006; Sutton & Fall, 1995). When supervisory relationships (e.g., principal-school counselor) are not in agreement on the appropriate role and function of school counselor activities, then role confusion and conflict occur; thus, self-efficacy decreases (Borland, 2020; Cervoni & DeLucia-Waack, 2011; Moyer, 2011; Pyne 2011; Cinotti & Springer, 2016). Several studies have examined the influence of self-efficacy among counselors in training (masters and doctoral), school counselors, and supervision of school counselors (Cinotti & Springer, 2016; Hayden et al., 2015; Lambie & Vaccaro, 2011; Mullen & Lambie, 2016; Schiele et al., 2014). School counselor self-efficacy in

perceived confidence level in providing mental health counseling services to students is a salient factor to help further understand the degree to which professional identity and principal-school counselor relationship influence counseling services provided to youth with mental health needs in the school setting.

Literature Review

Mental Health Needs of Students

Mental health involves individual wellness promotion; social, emotional, and behavioral health; the ability to cope with everyday stresses of life; academic achievement, and to be able to positively contribute to the community throughout life (National Association of School Psychologists [NASP], 2021; WHO, 2021). There is a growing need for mental health services among youth, causing increasing concern in the US. According to the National Alliance on Mental Illness (NAMI, 2021), one in six U.S. youth ages 6-17 experience a mental health disorder. The CDC (2021b) reports that 1 in 6 U.S. children ages 2-8 has a diagnosable mental, behavioral, or developmental disorder with the most diagnosed youth mental health disorders as (a) attention deficit disorder, (b) anxiety, and (c) behavior disorders (e.g., oppositional defiant disorder, conduct disorder). Other examples of significant mental health issues for children include stress, home-life issues, bullying, learning disabilities, suicide or self-injurious behaviors, and substance use. However, early detection, intervention, treatment, and access to health care providers can increase future success in social/emotional development, behavioral health, education, and adulthood (NASP, 2021). With the increase in the youth suicide rate and school violence, youth mental health has become a priority in national and state

policies, focused on early prevention strategies to treat the mental health needs of youth, yet most youths do not receive the services or treatment that they need (Kaffenberger & O'Rorke-Trigiani, 2013; Peabody et al., 2018; Sanchez et al., 2018; Whitney and Peterson, 2019; Well et al. 2010).

The Federal Safety Commission on School Safety (2018) recommended that school counselors care for students' unmet mental health needs. Professional literature has continued to discuss the importance of addressing student mental health concerns in the school setting since youth spend a majority of their time in the school environment and are more accessible for early intervention and treatment. Currently, it is estimated that 70-80% of students only receive school mental health services in schools (Atkins et al., 2017; Moon et al., 2017; Peabody et al., 2018). It is important to research how the mental health needs of students are being addressed in the school setting since school counselors are the primary providers in the school systems. There is little research addressing school counselors' perception of their self-efficacy in addressing student mental health concerns since there have been changes to the educational training and state certification standards of the school counseling profession and evolving professional identity from an educator using counseling skills to a trained mental health professional working in the school setting (Paisley et al., 2007; DeKruyf et al., 2013).

History of School Counseling

For over 100 years, the school counselor's role and identity have fluctuated and lacked clarity among counselors and educational stakeholders. The influence of societal changes, political reform, and educational reform have shifted the identity and role of the

school counselor away from vocational guidance and towards academic, social, emotional, and cognitive development; thereby adding school-based mental health counseling (Gysbers, 2010; Paisley & McMahon, 2001). Due to the continual shift in school counseling responsibilities, there are differing expectations held by school-level stakeholders, school systems, counseling programs, counseling associations, and state boards of education (Montier-Leitner et al., 2006).

The origin of school counseling is rooted in vocational guidance. Throughout the 1900s, the aim of vocational guidance was to (a) support people in finding employment, (b) help students find a purpose by connecting their education to future employment, and (c) socially change methods to control the conditions of child labor in the employment industry (Gysbers, 2010). The first school guidance counselors were mainly teachers or administrators with no counseling training until several shifts transpired making school counseling a priority, including federal legislation (e.g., Vocational Education Act of 1946; the National Defense Education Act (NDEA) of 1958), the formation of associations (e.g., The National Vocational Guidance Association (1913) and the ASCA, 1953), and the emerging of standardization and educational training of counselors (e.g., CACREP) (Gladding, 2013). School counselors were initially found only in high schools with their primary purpose to engage students in career counseling and advance academics in the United States (Foster, 2010; Gyspers, 2001). School counseling was viewed as a priority.

Even though the federal legislature began funding training for counselors and ASCA provided a professional identity rooted in student achievement, it was not until the

1970s (era of social justice and civil rights movements) that student enrollment declined, causing many counselors to perform non-counseling tasks (Lambie & Williamson, 2004). Blake (2020) found that high school counselors today are still receiving multiple non-counseling duties that negatively affect their ability to serve students' needs. The most recent shift in school counseling occurred in the 1990s and 2000s to more of a comprehensive focus on academic accountability standards that are data-driven, proving school counselor effectiveness towards the academic achievement (Lauterbach et al., 2018), thereby limiting the school counselor's ability to address mental health needs of students (Christian & Brown, 2018). ASCA (Adopted in 2009; revised in 2015, 2020) acknowledged that school counselors need to identify and address mental health services needs for all students and is most likely the only mental health provider available; yet, continues to root the school counseling profession in an all-inclusive programmatic method limiting school counselor availability to address mental health needs of students (Lambie et al., 2019). Currently, the school counseling profession continues to be a topic of debate between practitioners, policymakers, and scholars as to how school counselors can best serve students under a unified professional counseling identity and drive the school counseling profession forward to counsel both educational and mental health needs (Brown et al., 2006; Christian & Brown, 2018; Emerson, 2010; Lambie et al., 2019; Persons et al., 2020; Woo, 2013). The school counseling profession continues to evolve, causing continued questioning of the professional identity of the school counselor. In retrospect, school counseling continues to move towards a more clinical role and away from the administrative and clerical tasks previously performed.

Professional Identity and Role of the School Counselor

Professional identity comprises many different concepts and constructs such as personal values, self-concepts, attributes, personal and professional experiences, pride in one's profession, and an active participant in the profession (Karkouti, 2014; Pittman & Foubert, 2016). Woo (2013) defined professional counselor identity as "knowledge of the profession and its philosophy, expertise required of its members of the profession, understanding of members' professional roles, attitudes towards the profession and oneself, engagement behaviors expected of its members and interactions with other professionals (p. 9). A solid professional identity is essential to the success of the counseling profession (Remley & Herlihy, 2010); hence, the most significant issue is to create universal standards by which there is a clear focus and role regardless of sub-specialty to reinforce the professional counselor identity (Burns & Cruikshanks, 2018; Persons et al., 2020; Woo, 2013). Therefore, having a solid sense of understanding one's professional identity rooted in education, training, and professional membership helps define the roles expected of self and others within the school setting. Cinotti (2014) stated that school counselors are faced with advocating for their professional identity to administrators that expect them to perform roles outside their assumed counselor professional identity due to historical practices and lack of knowledge.

The implementation of state-specific models of practice such as the Louisiana State Comprehensive Guidance and Counseling Model (Louisiana Department of Education, 2010), which is based on parts of the ASCA National Model: A Framework for School Counseling Programs, was intended to provide direction to all stakeholders in

defining responsibilities for the school counselor's role at the governmental level, thereby influencing the school counselors' job description. ASCA National Model Executive Summary (2021) states that school counselors should spend 80% of their time providing direct and indirect services to students (e.g., instruction, advisement, counseling, consultation, collaboration, and referrals), while the remaining 20% spent on program planning and school support activities (e.g., data, action/lesson plans, annual administrative conference, use of time, calendars, and advisory council). Lenares-Solomon et al. (2019) discusses how the comprehensive school model is somewhat confusing because it intends for school counselor to service as many students as possible, but it also limits long-term mental health counseling to students causing role ambiguity.

Researchers (Bardhoshi et al., 2014; Benigno, 2017; Blake, 2020; Goodman-Scott, 2014; Havlik et al., 2018; Lane et al., 2020; Moyer, 2011; Ruiz et al., 2018) have investigated administrator and school counselor perceptions of the school counselor role, which continues to bring light to role-ambiguity with emphasis on the assignment of non-counseling activities, high student to counselor ratios, and lack of counseling supervision of clinical skills. Several studies used Scarborough's (2005) School Counselor Activity Rating Scale (SCARS) to assess the discrepancies between actual and preferred practices of school counselors along with the frequency that school counselors perform certain activities, reporting that not as much time is being spent on counseling and administrative activities were still being performed (Bardhoshi et al., 2014; Buchanan, 2011; Scarborough and Culbreth, 2008; Ruiz et al. 2019; Vaughn et al., 2007). The most salient qualitative response noted in Bardhoshi et al.'s (2014) study was that school counselor

professional identity and role as suggested by ASCA due to their agreement with No Child Left Behind (NCLB) initiative caused school counselors to be quasi-administrators and data collectors instead of doing what they are trained to do, which is counseling. Rock and Curry (2021) described that Louisiana school counselors more often stated that the school principal did not understand the role and assigned duties outside the purview of school counseling (e.g., inappropriate roles such as testing coordinator or school building committee chair) as described in the ASCA National Model.

School counselors are required to adhere to the state legislature, educational authority, state certification and licensure law, ethical standards, and specifics required by school systems and administrative overview. Despite changes in policy and standards, professional expectations and identity become unclear when a school counselor's time and priorities are set and managed by administrators who have little to no training or education regarding the appropriate role of the school counselor (Dollarhide et al., 2007). Therefore, administrators, specifically principals, contribute to school counselors' role in the mental health services they can provide within the school setting (Benigno, 2017; Blake, 2020; Clemens et al., 2008; DeKruyf et al., 2013; Havlick et al., 2018).

The professional identity of the school counselor continues to be controversial based on historical contexts (Clark, 2014), causing challenges in meeting the unmet mental health needs of students in the 21st century. School counselors began with a lack of (a) unified professional associations, (b) uniformed educational and training standards, (c) clearly defined job description, and (d) cohesive state to state school board certification and licensure standards, making it difficult to clearly define the school

counselors' professional identity and role (Schmidt & Ciechalski, 2001). Currently, professional counseling associations and ethical standards are still divided on the identity of school counselors as either being an educator or a trained mental health professional (ASCA, 2021; ACA, 2021). Today's school counselors continue to struggle to define their professional identity and role based on historical practices and school administrators' lack of knowledge, thus supports the need to address the professional school counselor identity and role in counseling students with mental health needs

Professional Associations and Ethical Standards

The two leading professional associations that define the school counselor are the ASCA and ACA. The ASCA defines the school counselor as a certified/licensed educator, while the ACA states that they are trained mental health professionals. School counselors have varying views regarding their professional identity, either as an educator using counseling skills or a mental health provider working in a school setting. In contrast, both identities are supported by counseling associations perpetuating confusion among counselors and stakeholders (Foster, 2010). Researchers argued that the educator identity outweighs the mental health identity of the professional school counseling role (Gysbers, 2010; Reiner & Hernandez, 2013), yet several scholars have criticized the educator first identity stating that school counselors are the primary clinician to address student mental health issues (ACA, 2020; Bauer et al. 2004; Brown et al., 2003; Lambie et al., 2019; Paisley et al., 2007). Researchers have called for a joint and unified counseling professional identity including all subspecialties (e.g., community, school,

addiction) that would help limit professional identity confusion (Mellin et al., 2011; Person et al., 2020; Rollins, 2012).

Furthermore, both associations provide specific ethical codes, which may cause further confusion. For instance, ASCA promotes Ethical Standards for School Counselors (adopted in 1984; revised 1992, 1998, 2004, 2010, 2016), which are only recommendations while the ACA Code of Ethics (2014) is not merely a suggestion but defined practices that professional counselors must abide especially if licensed in their state to practice mental health counseling. Many state licensure boards have adopted the ACA Code of Ethics (2014) for rules and regulation of ethical practice (ACA, 2016). While there has been an attempt to unify the counseling professional identity based on the mere definition of counseling between the various counseling organizations, ASCA withheld from the agreement, causing a continued fracture between school counselor identity within the unification of counseling professional identity (Kaplan et al., 2014; Persons et al., 2020).

CACREP

Another contributor to the professional school counselor identity is CACREP. CACREP sets forth guidelines for the training of counselors in the United States regardless of subspecialty. However, the program delivery may differ across university settings, not all university counseling programs are CACREP accredited (Foster, 2010), and not all state departments of education require a CACREP accredited masters-level degree for certification as a school counselor. Persons et al., (2020) revealed that graduates of CACREP accredited counseling programs have a higher professional

identity level than those who graduated from non-CACREP accredited university programs.

The training of counselors in all sub-specialized fields that graduate from CACREP accredited university programs requires educational content in the following CACREP (2016) core professional counseling identity competencies: (a) professional counseling orientation and ethical practice, (b) social and cultural diversity, (c) human growth and development, (d) career development, (e) counseling and helping relationships, (f) group counseling and group work, (g) assessment and testing, and (h) research and program evaluation. CACREP Section 5 standards are divided into sub-specialties: (a) addiction counseling, (b) career counseling, (c) clinical mental health counseling, (d) clinical rehabilitation counseling, (e) college counseling and student affairs, (f) marriage, couple, and family counseling, (g) school counseling, and (h) rehabilitation counseling; thereby defining different standards for each sub-specialization. School counselors training programs have classes that overlap with the clinical mental health counseling programs providing counselors with knowledge in trauma, crisis, mental and behavioral disorders, psychopharmacology, signs and symptoms of substance abuse, and organizational structure of the school systems; thus, school counselors are educated in mental health counseling services (Holstun et al., 2019; Lambie et al., 2019). However, one central point of contention is that the clinical mental health program specifies training of the diagnostic process, including the use of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Disease (ICD) while school counseling training program does not (CACREP, 2016;

Hines, 2020). Therefore, university program delivery may vary depending upon each state's school counselor certification and/or licensure criteria. Currently, only two out of the 12 Louisiana universities that offer a school counseling program (all CACREP accredited) have a school counseling only track without the ability to gain state mental health licensure, but they offer a dual degree program option for the school counselor to gain licensure.

School Counselor State Certification and Licensure

Each state department of education governs and requires different educational requirements for school counselor certification and/or licensure. For purposes of this study, only the Louisiana requirements are considered. Louisiana State Board of Elementary and Secondary Education (BESE) changed its standards in 2013 from requiring a master's degree from a regionally accredited university containing specific courses to (a) a master's degree with practicum and internship hours from a CACREP accredited counseling program (BESE, 2020) and (b) a mental health license regulated by the Licensed Professional Counselor Board of Examiners (LPC Board of Examiners, 2015). Therefore, any Louisiana counselors applying for the state department of education school counselor certification after 2013 must have attended a training program that prepares school counselors as mental health counselors to appropriately service students' mental health needs in the school setting.

A counseling program graduate must apply for a provisional license before attaining a Louisiana mental health license from the Louisiana Licensed Professional Counselors Board of Examiners (LPC Board of Examiners; 2015, 2019). The licensure

law regulated by the Department of Health and Hospitals along with the LPC Board of Examiners requires applicants for the provisionally licensed professional counselors (PLPC) license to complete a 60-credit hour graduate professional mental health counseling degree program from a regionally-accredited institution of higher education, obtain a board-approved supervisor and practice setting, and pass either the National Counselor Examination (NCE) or the National Clinical Mental Health Counseling Examination (NCMHCE). The applicant must have at least one graduate-level 3-hour credit course in each of the eight content areas: (a) counseling and psychotherapy theories of personality; (b) human growth and development; (c) strategies for facilitating development over the lifespan; (d) abnormal behavior; (e) techniques of counseling and psychotherapy; (f) group dynamics, processes, and counseling/psychotherapy; (g) lifestyle and career development; and (h) appraisal of individuals; (i) ethics and professional orientation.

The most significant of these is the content area of abnormal behavior in that it must entail training in emotional and mental disorders experienced by persons of all ages, characteristics of emotional and mental disorders utilized within the United States health care system, the most recent edition of the DSM, and common medications to treat disorders (R.S. 37:1101-1123). For school counselors in Louisiana to gain state licensure and Louisiana State Board of Elementary and Secondary Education (BESE, 2013; 2020) certification, they must be trained in mental health and school systems. Therefore, since the educational and training standards, requirements for state certification, and licensure to practice as a school counselor in Louisiana have shifted over the past 9 years, school

counselors will practice as educators using counseling skills or mental health professionals working in a school setting. The advancement and inconsistency of the school counselor educational training and certification requirements to practice mental health counseling in a school setting has caused challenges to professional counselor identity and misperception among stakeholders causing varying expectations and role confusion (Cinotti, 2014). As such, Louisiana school counselors' professional identity may be split between old and new education, training, certification, and licensure requirements, as well as holding two varying views regarding their professional identity. Since counseling associations and stakeholders still support both identities, confusion about roles may still exist in practice. Therefore, perceived professional identity will be defined as either an educator who does counseling (guidance counselor) or a mental health provider that works in a school setting (Bauer et al., 2004; DeKruyf et al., 2013; Paisley et al., 2007; Weber, 2004).

Studies Related to School Counselor Identity and Role in Mental Health in Schools

Carlson and Kees' (2013) Study

Carlson and Kees (2013) examined the comfort level of school counselors in addressing the mental health needs of their students and the school counselor's relationship with school-based mental health providers. They modified the School-Based Mental Health Services Survey to explore the school counselors confidence level in addressing mental health needs of students within the school setting with confidence in (a) counseling skills, (b) addressing student-specific issues, and (c) working with DSM diagnosis (developed by A.D. Waliski & A. Barthel; adapted and published by Carlson &

Kees, 2013). They found that school counselors are most confident in consultation with parents, teachers, and administration, collaboration/teamwork, and ethical practice but the least confident in using the DSM to diagnose client issues, engage in family counseling or treatment planning. School counselors were the most comfortable addressing academic concerns, relationship concerns, and stress management, while they are least comfortable addressing spirituality, addiction and substance use, and immigration concerns. School counselors indicated that they had the most confidence in working with DSM diagnosis of anxiety, disorders primarily diagnosed in children, and cognitive disorders while having the least comfort in addressing factitious disorders, sleep disorders, schizophrenia, and other psychotic disorders.

Carlson and Kees (2013) found that school counselors appreciated having a school-based therapist to consult with regarding the mental health needs of students and able to refer students for therapy. "Eighty-eight percent of survey participants reported that they do not have enough time to provide needed services to the students they service because of the demands placed upon them" by the non-counseling duties assigned to them within the school setting (Carlson & Kees, 2013, p. 219).

Hines (2020) Study

Hines' (2020) examined (a) the frequency school counselors encountered students displaying mental health and substance abuse problems, (b) school counselors' comfort level in recognizing mental health and substance use problems, and (c) if school counselors' developmental phases influenced their comfort level in addressing mental health and substance use problems. In this study, the population targeted was only

Virginia school counselors due to the passing of state legislature that required professional licensure and endorsement as a school counselor to have mental health training and support in specific issues such as youth suicide, trauma, substance abuse, and violence. Hines used the Carlson and Kees (2013) School-Based Mental Health Services Survey along with other demographic questions specific to Virginia and school counselor development. They found no significant difference in comfort levels as school counselors progressed from novice, experienced, and senior level of development. Results reported that Virginia school counselors had the greatest comfort level in the counseling skills: (a) collaboration/teamwork; (b) consultation with parents, teachers, and administrators; and (c) individual counseling. The lowest level of comfort reported in counseling skills was (a) using DSM to diagnose, (b) treating and assessment, and (c) family counseling. Virginia counselors reported the greatest level of comfort in addressing the following student issues (a) academic concerns, (b) stress management, and (c) relationship concerns. They also reported the lowest level of comfort in addressing (a) immigration concerns, (b) addiction and substance use, and (c) spirituality. However, Hines did identify that a majority of school counselors felt that their training and education prepared them to address mental health or substance use concerns of PK-12 students.

Hines (2020) included a question at the end of the survey asking if school counselor believe that they would like additional training in recognition of mental health disorders and three themes emerged (a) in-depth mental health training, (b) preventing and addressing substance abuse with the best way to approach helping students and families, and (c) areas where additional training was still needed. The most salient

responses reported school counselors as being used as more of data managers, case managers for special education students' educational plans, and not being seen or used as actual mental health professionals, especially when students cannot access outside community care providers (Hines, 2020).

Lambie, Haugen, Borland, and Campbell (2019)

Lambie et al. (2019) reviewed the increasing mental health needs of youth in the United States and discussed policy and practice implications for school counselors' role in addressing student mental health needs. As trained mental health providers, the authors suggested that school counselors provide mental health services in schools since they are currently working in the school setting. They supported DeKruyf et al. (2013) study that promoted school counselors as key mental health providers and educational leaders while disagreeing with the intended school counselor role promoted by ASCA as insufficient in meeting the growing mental health needs of youth. They further reported that school counselors are possibly the only professionals in the school setting with mental health education and training and preparation in school counseling organizations. Lambie et al. noted that school counselors might not have time to adequately support the mental health needs of students because of limitations set by ASCA, educational state policies, and confusion among stakeholders on the appropriate role and priorities of a school counselor. Therefore, they recommended the following steps (a) changing educational policy to align with a focus on school counselors' role in mental health rather than administrative duties, (b) increase availability and practice of clinical supervision to school counselors, (c) decrease caseloads by limiting the number of students per

counselor so they can have the opportunity to meet student's needs, and (d) advocating with stakeholders including administrators, state educational departments, and counseling associations for alignment with a mental health role.

Summary and Conclusion

School counselors' evolving professional identity coupled with roles in schools, training and abilities, and relationships with school principals continue to pose challenges in providing SBMHS to students in need (Lambie & Williamson, 2004; Lambie et al., 2019; Lauterbauch et al., 2018). Students' increasing mental health needs is a significant issue facing the 21st century. Current professional literature indicates that school counselors are split between varying identities that are still perpetuated by historical practices and lack of unified professional associations that continue to contribute to unmet mental health care needs for youth. Even though there have been changes to educational and training standards of school counselors and public policies to address societal needs of youth mental health in the school setting, school counselors' professional identities and roles continues to vary. Yet, we do not know the degree of effectiveness that public policy impacts the school counselor's professional identity, relationship with their principal, and perceived self-efficacy in mental health services influence the frequency of actual counseling activities provided within the Louisiana school system.

Chapter 3: Research Method

Introduction

There is substantial evidence from professional literature suggesting that school counselors have found it challenging to enact the role of mental health professional in schools due to the history of school counselors, influencers on their professional identity such as professional associations, accrediting bodies, and governmental organizations, and local stakeholders' understanding of their roles, particularly principals. Nevertheless, little is known about school counselors' perceptions of their mental health provider identity and relationships with principals and the direct influence these have on school counselor roles and responsibilities.

This research study involved using the survey methodology to answer questions regarding school counselors' frequency of providing counseling services to students as predicted by perceptions of their professional identity, confidence level or abilities to deliver counseling services focused on mental health issues, and relationships with principals. This study involved surveying school counselors in elementary, middle, and high schools throughout the state of Louisiana. Measurement instruments for this study include the LMX7m Survey (Clemens, 2008; Clemens et al., 2009), SBMHS Survey (Carlson & Kees, 2013), SCARS: Counseling subscale only (Scarborough, 2005), school counselor professional identity query (DeKruyf et al., 2013; Paisley et al., 2007), and demographics. A pilot study was implemented to test practicality of recruitment, administration, and data collection for conducting this survey. This chapter includes the

research design, population of interest, sampling strategy, data collection, and data analysis.

Research Design and Rationale

In 2013, the Louisiana government passed and BESE adopted that counselors in a school setting meet the following requirements:

- Completion of a standards-based master's degree program in counseling from a regionally accredited college or university approved by the CACREP.
- Complete practicum (100 contact hours) and internship (600 contact hours) from a CACREP-accredited program with a minimum of 600 contact hours in a school setting.
- Passage of the PRAXIS examination for professional school counselors (0421 or 5421).
- After July 2013 for renewal of certification, provide verification of current LPC license (Louisiana Administrative Code tit. 28 § CXXXI-405).

In turn, requirements for LPC licensure by the Louisiana State Board of Professional Counselors is regulated by the Mental Health Counseling License Act (La. R.S. § 37:1107), which suggests that. As LPCs, school counselors must be prepared to address students' mental health issues. The implementation of the Louisiana Administrative Code proposes that Louisiana counselors are prepared to address mental health issues and can provide support as mental health counselors in school settings, yet there are still principals who remain unaware of school counselors' competencies in terms of

supporting student mental health (Amatea & Clark, 2005; Brown et al., 2006; Carlson & Kees, 2013; DeKruyf et al., 2013; Lane et al., 2020). I examined Louisiana school counselors' perceptions of their professional identity, principal relationships, confidence levels in addressing mental health concerns, and frequency of counseling services provided.

There have been previous studies examining the school counselor professional identity, principal-school counselor relationship, the job activities of the school counselor, and school-based mental health services provided by the school counselor; however, none of these studies are specific to Louisiana. The state of Louisiana exemplifies how school counselors can have varying professional identities since they changed educational and training requirements to further address student mental health concerns. This study includes information involving Louisiana school counselors and their current job perceptions as they relate to their relationships with school principals and confidence level in providing SBMHS to students. Data from this survey is relevant for stimulating social change in Louisiana as it is significant for understanding current perceptions of Louisiana school counselors' professional identity, principal relationships, and competencies in providing mental health services, as they influence their job responsibilities.

This quantitative research study involved incorporating a nonexperimental correlational survey research design. The variables in this research study include perceived professional identity, school counselor ratings of principal relationships, perceptions of self-efficacy involving school based mental health services (including

counseling skills, addressing student issues, and working with students who have DSM diagnoses), and (c) reports of counseling activities. The need for examining these variables is due to the continual increase of students' mental health concerns across the nation and the ever-changing role of school counselors.

In this study, I used the quantitative correlational research design to investigate best options to obtain data reflecting current perceptions of school counselors in Louisiana schools. Using the survey research methodology allowed me to collect more than qualitative research design and enabled collection of data from a sample to describe a specific population (Creswell & Creswell, 2018). The research design is correlational due to the goal of determining the relationship among the specified variables of Louisiana school counselors without manipulation of the variables.

Previous research has examined the school counselor's perception of ability in addressing student's mental health needs, job duties and identity, and influence of the principal-school counselor relationship, yet none have focused on Louisiana. The framework for this study focused on the Louisiana school counselor perception of their principal relationship, confidence level in addressing student mental health issues, and counseling activities. This study is unique as it focuses only on the state of Louisiana since educational and governmental policy on school counselors' state certification and licensure requirements changed. At this point, school counselors have different training and professional identities, confidence levels in addressing mental health issues, and frequencies of engaging in specific types of counseling activities with varying

relationships with principals. This survey serves as a baseline for Louisiana school counselors' current perceptions and role in addressing mental health needs of students.

Research Methodology

Population

Louisiana school counselors were examined due to governmental and educational policy changes along with the rise in mental health needs of students. Louisiana school counselors were the target population due to the desire to have data specific to Louisiana school counselor's relationship with principals, ability to address mental health needs of students, and current role in counseling activities in the State of Louisiana.

Sampling and Sampling Procedures

A nonprobability method of convenience sampling was utilized and is appropriate as I gathered data from as many Louisiana school counselors as possible. Contact information was obtained through active membership in LSCA, LCA, LCA/LSCA organization's professional community webpages, and LDOE, and school counselor newsletter distribution list. The sampling strategy was to email an invitation to the survey to every counselor in Louisiana who is an active member. LCA does not release the membership list. Therefore, I could not compare email addresses listed in LCA/LSCA membership with the LDOE distribution list to ensure duplicate surveys are not sent out or filled out more than once by each participant, I provided a statement in the email invitation and upon entry to the survey to please respond only once. I expected that persons completing the survey will be school counselors working in elementary, middle,

and high schools throughout Louisiana who volunteered to participate in the online survey.

Power Analysis

According to the LCA, there are 727 active members of LSCA. I conducted a G*Power (Version 3.1.9.2) a priori analysis for an F test for a linear multiple regression to calculate the minimum required sample size. I used 5% margin of error and a 95% confidence level with a medium effect size which resulted in sample size of 119(n).

Procedures for Recruitment, Participation, and Data Collection

Recruitment

The initial procedure for obtaining the sample consisted of contacting the individual associations and state department of education for contact information, assess whether they are willing to send my survey to their registered members on my behalf, and request the cost for contact information. I am a member of LCA and LSCA as well as an active certified school counselor for LDOE. On the my behalf, the LCA has agreed to deliver the email survey study to all members of both the LSCA and LCA. LDOE provided me with the most recent school counselor newsletter distribution email list. Additionally, the invitational e-mail was inserted on the LCA and LSCA community webpages that provided a brief description of the survey, a request and a link to complete the survey, a confidentiality statement, the researcher's and chair's contact information, and an option to forward the survey to non-LCA or LSCA members who are working in the Louisiana K-12 school settings.

Participation

The inclusion criteria and initial questions of the survey were that all participants need to be currently working as a school counselor or guidance counselor in the elementary, middle, and/or high schools in Louisiana, have only one school, and assigned duties/activities by the principal. The responses could be *yes* or *no*. If the participant selects “*yes*” to all three inclusion criteria, then the participant continued to the remainder of the survey questions. If participant selects “*no*” on any of the three inclusion criteria, then the survey ended and thanked them for their participation.

Data Collection

Emails to all possible Louisiana school counselors was sent from my Walden University email address with the invitational e-mail. The invitational email provided a brief description of the survey purpose, informed consent, the researcher's contact information, a Qualtrics link to access the survey, and an option to forward the survey to non-LSCA or LCA members working in school settings. Another strategy implemented was to enter my study on the LCA/LSCA organization's professional community webpages. All email invitations and webpage posts encompassed the following information: (a) introduction, (b) informed consent, (c) electronic link to the survey, and (d) how to contact the researcher.

Before submitting the completed the survey, participants again were reminded to submit response to the survey only once. When participants completed the entire survey, they were provided a brief note thanking them for their time and were exited from the

survey. There was no debriefing. A total of three follow up emails were sent after the initial email to respondents to achieve my suggested sample size (n=119).

Pilot Study

Prior to the initial email being delivered to Louisiana school counselors, a pilot study was conducted to discover any potential issues while testing for practicality of conducting this larger research study. The pilot study included the LMX7m Survey, SBMHS Survey, SCARS: Counseling subscale only, school counselor professional identity query, and demographics. This pilot study was reviewed by my dissertation committee prior to being distributed for not only question completeness, but relevancy and accuracy of questions and format. The pilot study was distributed to 15 participants, which according to Andrews et al. (2003) is typical for a proposed study. The participants included 3 Louisiana school counselors from the elementary, middle and high schools, while the remaining 12 were friends and family.

Instrumentation and Operationalization of Constructs

The LMX7m Survey was used to assess school counselors' perceptions of their principal-school counselor relationships (developed by Graen & Uhl-Bien, 1995; adapted and published by Paglis & Green, 2002; adapted and published by Clemens et al., 2009). The LMX7m use a five-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*) which reflects changes made by Paglis and Green to the original LMX(m) scale (Graen & Uhl-Bien). A higher mean score on the LMX7m measure indicates a higher level of relationship quality. According to Paglis and Green, the Cronbach's Alpha for the LMX7m is .92. Clemens et al. with permission from Paglis and Green changed the

original language “employee” to “school counselor” as this is more standard language used in a school setting. A pilot study regarding this change yielded a reliability estimate of $\alpha = .92$, which was consistent with the estimate from Paglis and Green’s (2002) study (Clemens et al. 2009). Permission to use the survey in this study was granted by the lead authors of the LMX7m Survey (Clemens, personal communication, December 11, 2020; Paglis, personal communication, December 28, 2020; see Appendix C).

The instrument, SBMHS Survey is a self-report survey intended to explore the school counselor’s self-efficacy in addressing mental health needs of students within the school setting (adapted and published by Carlson & Kees, 2013). Permission to use the survey in this study was granted by the lead author of the SBMHS (Carlson, personal communication, December 4, 2020; see Appendix B). This measurement addressed the following variables:

- School counselors perceived confidence level (self-efficacy) in providing SBMHS as measured by the total mean score of the SBMHS Survey
- School counselors perceived confidence level (self-efficacy) in SBMHS counseling skills, as measured by the SBMHS Survey: Skills subscale only
- School counselors perceived confidence level (self-efficacy) in SBMHS for addressing student specific issues as measured by the SBMHS Survey: Student Issues subscale only

- School counselors perceived confidence level (self-efficacy) in SBMHS for working with students with DSM diagnosis as measured by the SBMHS Survey: Diagnosis subscale only (SBMHS)

The original version used a 100-point scale on 40-items in three scales: (a) Skills Scale (11 items), (b) Student Issues Scale (14 items), and (c) Diagnosis Scale (15 Items). The adapted and modified version by Carlson and Kees consists of 17 questions with 5 of those questions containing multiple items to select from. The higher the response rating the higher the confidence level per response. A composite level score for each of the three scales was calculated utilizing the average score. The reported Cronbach's Alpha internal reliability for the three scales is "(a) Skills Scale (.84), (b) Student Issues Scale (.93), and (c) Diagnosis Scale (.95)" (Carlson & Kees, 2013, p. 214). Permission to use the instrument was granted by the lead author (Carlson, personal communication, December 4, 2020).

The SCARS developed by Scarborough (2005) measures the actual and preferred job duties of school counselors. The SCARS contain five subscales: (a) counseling activities, (b) consultation activities, (c) curriculum activities, (d) coordination activities, and (e) other activities. Each subscale contains two domains: (a) frequency of actually (actual) doing an activity and (b) the frequency to which school counselor would prefer (preferred) to do an activity (Buchanan, 2011; Vaughn et al., 2007). There are 48 items that make up the items of the SCARS instrument with 38 of the items aligning with the ASCA National Model (Scarborough, 2005). The last 10 of the items are activities that school counselors often engage in but are not in alignment with the ASCA National

Model. The self-report frequency measures on a five-point Likert scale from 1 (*I never do this activity/I would prefer to never to this activity*) to 5 (*I routinely do this/I would prefer to routinely do this*). The composite score for each subscale was calculated along with calculating an overall score for all items within each domain. The Cronbach's Alpha for the five scales and two domains is (a) .85 actual and .83 preferred for the counseling activities, (b) .75 actual and .77 preferred for consultation activities, (c) .93 actual and .90 preferred for the curriculum activities, (d) .84 actual and .85 preferred for the coordination activities, and (e) .53 actual and .58 preferred in the other activities.

Adaptation to the SCARS Instrument

This study was only interested in frequency of counseling services provided by the school counselor and obtained permission to alter it for the purposes of this study. Therefore, the counseling subscale was the only scale used in this research inquiry to measure the outcome variables outcome variables of (a) the school counselors' perception of actual counseling activities provided to students and (b) the school counselors' perception of preferred counseling activities provided to students. Additionally, this study used Qualtrics so a web-based version of the SCARS: Counseling subscale was created.

Demographics

Some of the demographic questions from the SBMHS Survey was unnecessary and removed since they were not relevant to this research study. Demographic information and survey questions specific to Louisiana school counselors was added to this survey. Items such as (a) education (CACREP accredited program), (b) licensure, (c)

LDOE certification, (d) length of time in the profession, (d) age, (e) ethnicity, (f) gender, (g) grade levels currently work with, and (h) school location.

Data Analysis Plan

The Statistical Package for Social Science (SPSS, Version 27) software was used to analyze the data. The dataset for this study included one dependent variable (school counseling activities) and three predictors: (a) professional identity, (b) school counselor-principal relationship and (c) ability to provide school-based mental health counseling. Data was cleaned and checked for missing values prior to analyzing. It was anticipated that there will be few outliers and missing data was normalized to the mean whenever possible. Multiple linear regression (MLR) analysis was utilized to analyze data collected for the online surveys sent to Louisiana school counselors. MLR analysis was appropriate as it allowed me to examine the frequency of school counseling activities (actual or preferred) explained by their perceived professional identity, relationship with their principal, and self-efficacy in addressing students' mental health concerns. This data analysis was applied to answer the research questions:

RQ1: Does Louisiana school counselors' perceived professional identity (as measured by educator or mental health provider query), principal-school counselor relationship quality (as measured by LMX7m), and confidence level (self-efficacy) in addressing SBMHS (as measured by SBMHS Survey) predict their frequency of providing actual and preferred counseling services to students (as measured by SCARS: Counseling subscale only)?

H₀₁: There is no significant statistical relationship between Louisiana school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) of addressing SBMHS in predicting their frequency of providing actual and preferred counseling services to students.

H_{a1}: Louisiana school counselors that identify as a mental health provider working in a school setting with higher ratings of relationship quality with their principals and higher confidence in addressing SBMHS will predict greater frequencies in providing counseling services to students.

RQ1a: Does Louisiana school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in counseling skills (as measured by 11 items on SBMHS: Skills subscale only) predict their frequency of providing actual and preferred counseling services to students?

H_{01a}: There is no significant statistical relationship between Louisiana school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in counseling skills in predicting their frequency of providing actual and preferred counseling services to students.

H_{a1a}: Louisiana school counselors that identify as a mental health provider working in a school setting with higher ratings of relationship quality with their principals and higher confidence in counseling skills will predict greater frequencies in providing counseling services to students.

RQ1b: Does Louisiana school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level in working with

students with DSM diagnosis (as measured by 15 items on SBMHS Survey: Diagnosis subscale only) predict their frequency of providing actual and preferred counseling services to students?

H₀1b: There is no significant statistical relationship between Louisiana school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level in working with students with DSM diagnosis in predicting their frequency of providing actual and preferred counseling services to students.

H_a1b: Louisiana school counselors that identify as a mental health provider working in a school setting with higher ratings of relationship quality with their principals and higher confidence level (self-efficacy) in working with students with DSM diagnosis will predict greater frequency of providing counseling services to students.

RQ1c: Does Louisiana school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in addressing students' specific issues (as measured by 14 items on SBMHS Survey: Student Issues subscale only), predict their frequency of providing actual and preferred counseling services to students?

H₀1c: Louisiana practicing school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in addressing students' specific issues does not predict their frequency of providing actual and preferred counseling services to students.

H_a1c: Louisiana school counselors that identify as a mental health provider working in a school setting with higher ratings of relationship quality with their

principals and higher confidence level (self-efficacy) in addressing students' specific issues will predict greater frequency of providing counseling services to students.

Threats to Validity

This research study utilized non-experimental, correlational survey research design with several potential concerns to validity including (a) timing of the study (external validity), (b) self-report nature of the study (internal validity), and (c) instrument measures (construct validity). The leading concern is if the sample (respondents to the survey) will be large enough to minimize error and be representative of the population intended to measure. To alleviate this threat, I am going to use total population sampling.

Ethical Procedures

This online survey gathered self-reported data from Louisiana school counselors who are currently working as school counselors in the State of Louisiana. The school counselor, as a voluntary participant, was notified and given the option to participate or not participate along with the consent prior to completing the survey. There is no expectation of harm regarding participants completion of the survey. Once the Institutional Review Board granted approval for the study (approval number is 10-08-21-0978297), I proceeded in sending the survey invitations to the sample population. Ethical concerns were addressed in the initial contact email including an approved explanation of the research purpose, their rights, security procedures and confidentiality, informed consent and completely voluntary. To protect the identity of participants, all response submissions were anonymous. All completed online questionnaires were password

protected on a secure desktop. The data will be deleted from the computer when the study is completed and securely stored following Walden University IRB requirements.

Summary and Conclusions

A survey of Louisiana school counselors was conducted through outreach to active membership in the LSCA, the LCA, and LSCA organization's professional community webpage. This survey focused on Louisiana school counselors' perceptions of their professional identity, relationship with their principal, their confidence level in addressing mental health needs of students, and counseling activities (actual and preferred). This survey was voluntary in nature and considered a snapshot in time to understand current perceptions of Louisiana school counselors. The results will be distributed to stakeholders including LDOE and individual school districts with a potential to affect social change within the school systems in the state of Louisiana dependent upon the results obtained. This study can potentially educate stakeholders (e.g., LDOE, principals, and school districts) on the existing effectiveness of policy changes, historical and current practices of the school counselors role, along with encouraging discussions on how to utilize the school counselor role and time more effectively to address school-based mental health services of students in need, decreasing youth's unmet mental health needs.

This chapter provided detailed information regarding the research design, methodology, analytic procedures, and addressed validity and ethical procedures related to this study. In the following chapter, I will present the results of the tested hypotheses and research questions for this study.

Chapter 4: Results

Introduction

School counselors are often the first and only trained professionals to provide SBMHS to students (Lambie et al., 2019). The continual rise in students' unmet mental health problems such as suicide, school violence, anxiety, depression which has led schools to become accountable through changes in governmental and educational policies, thereby leaving school counselors to service students' mental health needs. This study involved employing survey research methods to consider if governmental and educational policy changes in Louisiana influence school counselors' perceptions of their professional identity, quality of principal relationships, and self-efficacy in addressing mental health services influences frequency of counseling services they provide to students.

Research questions and hypotheses were:

RQ1: Does Louisiana school counselors' perceived professional identity (as measured by educator or mental health provider query), principal-school counselor relationship quality (as measured by LMX7m), and confidence level (self-efficacy) in addressing SBMHS (as measured by SBMHS Survey) predict their frequency of providing actual and preferred counseling services to students (as measured by SCARS: Counseling subscale only)?

H01: There is no significant statistical relationship between Louisiana school counselors' perceived professional identity, principal-school counselor relationship

quality, and confidence level (self-efficacy) of addressing SBMHS in predicting their frequency of providing actual and preferred counseling services to students.

H_{a1}: Louisiana school counselors that identify as a mental health provider working in a school setting with higher ratings of relationship quality with their principals and higher confidence in addressing SBMHS will predict greater frequencies in providing counseling services to students.

RQ1a: Does Louisiana school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in counseling skills (as measured by 11 items on SBMHS: Skills subscale only) predict their frequency of providing actual and preferred counseling services to students?

H_{01a}: There is no significant statistical relationship between Louisiana school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in counseling skills in predicting their frequency of providing actual and preferred counseling services to students.

H_{a1a}: Louisiana school counselors that identify as a mental health provider working in a school setting with higher ratings of relationship quality with their principals and higher confidence in counseling skills will predict greater frequencies in providing counseling services to students.

RQ1b: Does Louisiana school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level in working with students with DSM diagnosis (as measured by 15 items on SBMHS Survey: Diagnosis

subscale only) predict their frequency of providing actual and preferred counseling services to students?

H₀1b: There is no significant statistical relationship between Louisiana school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level in working with students with DSM diagnosis in predicting their frequency of providing actual and preferred counseling services to students.

H_a1b: Louisiana school counselors that identify as a mental health provider working in a school setting with higher ratings of relationship quality with their principals and higher confidence level (self-efficacy) in working with students with DSM diagnosis will predict greater frequency of providing counseling services to students.

RQ1c: Does Louisiana school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in addressing students' specific issues (as measured by 14 items on SBMHS Survey: Student Issues subscale only), predict their frequency of providing actual and preferred counseling services to students?

H₀1c: Louisiana practicing school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in addressing students' specific issues does not predict their frequency of providing actual and preferred counseling services to students.

H_a1c: Louisiana school counselors that identify as a mental health provider working in a school setting with higher ratings of relationship quality with their

principals and higher confidence level (self-efficacy) in addressing students' specific issues will predict greater frequency of providing counseling services to students.

In this chapter, I examine the pilot study and survey instruments, data collection, sample, data analysis, and interpretations of data analysis to answer research questions. Also, I include other findings from data.

Pilot Study

Institutional Review Board (IRB) approval was received on October 8, 2021, prior to any data collection. I conducted a pilot study to discover any potential issues and/or deficiencies in the research instruments with data collection while testing for the practicality of conducting this larger research study. The most salient factor was to ensure that the survey items accurately addressed the research questions, the questions were clearly understood, and to discover any potential issues with the survey data collected. For the pilot study, I sent out the survey link to friends and family, including three Louisiana school counselors from the elementary, middle, and high schools, requesting (a) participation and completion of the survey and (b) any feedback. Of the respondents, 15 participants completed the survey in its entirety, providing usable data. Two of the 15 respondents commented on a spelling error, which was corrected. Data was checked for missing values in which the mean scoring total of some instruments was shown to be missing hence corrected. After the scoring components were fixed in Qualtrics, I ran a 500 stimulated respondents test to check for the accuracy of corrections. Finally, I cleaned and uploaded usable data into SPSS and ran a multiple regression analysis on

various variables. The pilot study confirmed that the survey instrument was appropriate to gather usable data to address the research questions accurately.

Data Collection

Data collection for this non-experimental correlational survey research study happened over a 34-day timeframe from Monday, October 11, 2021, until Saturday, November 13, 2021. The survey consisted of 28 questions and took participants approximately 18 minutes to complete. All physical data was stored securely on a password protected computer in a password protected file to which only the primary investigator had access.

Sample

Louisiana school counselors were the population of interest. The original research plan was followed as I did enter my study on LCA/LSCA organization's professional community webpages, sent an email invitation (approximately 727 school counselors) to LCA/LCSA to forward my research study to all members (approximately 2336 counselors) via email blast to both LCA/LSCA on my behalf, and emailed all possible Louisiana school counselors using the LDOE counselor newsletter distribution email list via my Walden University student email address. I also allowed for participants the option to forward the survey email invitation to school counselors who are working in Louisiana school settings.

The LDOE distribution list had not been updated since 2017, causing a high rate of undeliverable emails. Therefore, email addresses for school counselors were obtained from the school websites or by calling the elementary, middle, or high schools listed for

each parish in Louisiana and compared to the LDOE list to remove duplicates. There was a total of 1370 Louisiana school counselor emails collected. I sent an initial email with two reminder emails for all recorded on the updated LDOE list, and LCA/LCSA sent out two emails on my behalf. All email invitations and community posts included: (a) introduction to the study, (b) participant criteria, (c) an electronic link to the survey, and (d) how to contact the researcher. Once the research participant clicked on the Qualtrics link, they were immediately provided with IRB approval information and informed consent to complete the survey. At the start of the survey, three criteria questions screened school counselors to continue completing the survey. Participants who did not identify as (a) current school counselors working in the elementary, middle/junior high, or high schools in Louisiana, (b) work at only one school, and (c) assigned duties/activities by the principal, were immediately directed to the end of the survey and did not have the opportunity to provide data.

Response Rate

Of the school counselors offered the opportunity to respond to the data collection, 222 responded, with 147 providing usable data, yielding a 66% response rate. Aligning with the initial power analysis, the suggested sample size of 119(n) to obtain a 95% confidence level with a 5% margin of error for the sample responses were likely to represent the population of Louisiana school counselors. The demographics captured closely align with Rock and Curry's (2021) study on Louisiana school counselors.

Data Screening

Prior to data analysis, I cleaned the data, checked for missing values, and tested statistical assumptions for the Multiple Linear Regression. A Missing Value Analysis in SPSS was conducted to determine the distribution and percentage of missing data. For this review, only the main constructs were examined (professional identity, principal-school counselor relationship quality, the confidence level in addressing school-based mental health services, and counseling services to students). Out of the 147 surveys, the data found to be missing was only 1.4%; therefore, no variables were removed. Missing values were replaced using mean of values imputation on an item-by-item basis for only the dependent variable (actual and preferred). This values replacement method was chosen over case exclusion, preserving the variability in the data and sample size.

Results

Data collection took place in the fall of 2021 and utilized Qualtrics.com online platform. The survey consisted of 18 demographics questions plus one question about their perceived professional identity and three instruments including (a) Leader-Member Exchange Seven-Member Version Survey (LMX7m) (developed by Graen & Uhl-Bien, 1995; adapted and published by Paglis & Green, 2002; adapted and published by Clemens et al., 2009), (b) School-Based Mental Health Survey (SBMHS) (adapted and published by Carlson & Kees, 2013), and the (c) School Counselor Activity Rating Scale (SCARS) developed by Scarborough (2005). The following section examines the descriptive statistics of the demographics and professional identity of the respondents, the reliability of the instruments utilized, and the statistical analysis.

Demographics

All usable data were included in the following analysis whether the 147 respondents finished the survey completely or not. The participants (N=147) reported gender consisted of 7 males (4.8%) and 140 females (95.2%). Of the 147 respondents, 1 (0.7%) American Indian/Alaska Native, 1 (0.7%) Hispanic or Latino, 48 (32.7%) Black American or African American, and 97 (66%) White. The reported average age was 44.07 years ($SD=9.586$, $Range=25$ to 70) and the average years of experience as a school counselor was 11.2908 years ($SD=7.14113$, $Range=$ Less than 1 to 32). Age and average years of experience were placed into groups for clarity of reporting. Since new educational and training standards, requirements for state certification, and licensure to practice as a school counselor in Louisiana was amended in 2013, this investigation revealed that 102 (70.3%) of the respondents received their certification from the LDOE prior to 2013 and 43 (29.7%) received their certification from the LDOE after 2013. Table 1 represents the demographic statistics of the sample.

Table 1*Demographics of Participants*

	n	%	M	SD
<u>Gender*</u>				
Male	7	4.8		
Female	140	95.2		
<u>Race/Ethnicity*</u>				
American Indian/Alaska Native	1	0.7		
Hispanic or Latino	1	0.7		
Black American/African American	48	32.7		
White	97	66		
<u>Age*</u>				
25-35 years old	28	19.0	44.07	9.586
36-45 years old	58	39.5		
46-55 years old	45	30.6		
56-65 years old	13	9		
66-70 years old	3	2		
<u>Years of experience as a school counselor *</u>				
Less than 1 year	2		11.2908	7.14113
Between 1-10	75			
Between 11-20	53			
Between 21-30	15			
Between 31-40	2			
<u>Year obtained school counselor certification from Louisiana State Department of Education (n=145)</u>				
Prior to 2013	102	70.3		
After 2013	43	29.7		

*N=147

Counselor Competencies and Training

Louisiana school counselors who participated in the survey were asked whether they graduated from CACREP accredited program ($N = 146$). The participants indicated (a) yes, they graduated from a CACREP school ($n=114$, 78.1%), (b) no they did not graduate from a CACREP school ($n = 16$, 11%), and (c) unsure if they graduated from a CACREP accredited program ($n = 16$, 11%). Of the participants ($N = 146$), 48 (32.9%) noted that they earned a Master of Arts/Master of Science degree, 67 (45.9%) earned a

master's degree in education, two (1.4%) Doctor of Education, seven (4.8%) Doctor of Philosophy, and 22 (15.1%) reported other educational attainments including 1 National Board Certification, 7 masters plus 30, 1 DSW, 2 MSW, 5 Ed.S, 1 currently working on Ed.D, 1 specialist, 1 MA+MBA, 1 MHS, 1 working on PhD, and 1 earned 3 masters degrees. Concerning licensure status (N=143), 35 (24.5%) reported attainment of Licensed Professional Counselor (LPC), 13 (9.1%) Licensed Professional Counselor-Supervisor (LPC-S), 14 (9.8%) Provisional Licensed Professional Counselor (PLPC), 66 (46.2%) not licensed in the state of Louisiana to practice mental health counseling, and 15 (10.5%) reported Other Licensure with 10 reporting certifications or degree type earned instead of not licensed to practice mental health counseling, 4 Licensed Master Social Worker and 1 Licensed Clinical Social Worker. Certifications earned was reported as 60 (44.4%) of respondents (n=135) having National Counselor Certification (NCC), 31 (24.2%) of participants (n=128) having National School Counselor Certification (NCSC), 0 of participants (n=147) identified as not having Certified Clinical Mental Health Counselor Certification (CCMHC), and 5 reported Other as 1 Certified Telehealth Counselor, 1 Registered Play Therapist (RPT), 1 LDOE school counselor certified, 1 teacher/supervisor/superintendent/principal, and 1 professional school counselor. Counseling Membership to a professional organizations, 71 (51.8%) of participants (n=137) indicated they were members of ASCA, 88 (63.8%) of participants (n=138) indicated they were members of LSCA, 93 (65.5%) of respondents (n=142) reported that they were members of LCA, 20 (15.5%) of participants (n=129) reported being members of ACA, while 10 (12%) of participants (n=83) stated that they were not members of any

professional organization. Table 2 shows the descriptive statistics of respondents' levels of educational training, licensure, certification, and professional membership statistics.

Table 2

Participant Descriptive Statistics: Levels of Training, Licensure, Certification, and Professional Membership

	n	%
<u>CACREP Accredited Program (n=146)</u>		
Yes	114	78.1
No	16	11
Unsure	16	11
<u>Highest Level of Education (n=146)</u>		
MA.MS	48	32.9
M.Ed.	67	45.9
EdD	2	1.4
PhD	7	4.8
Other*	22	15.1
<u>Licensure (n=143)</u>		
LPC	35	24.5
LPC-S	13	9.1
PLPC	14	9.8
Not Licensed in state of Louisiana to practice mental health counseling	66	46.2
Other**	15	10.5
<u>Certifications Attained</u>		
NCC (n=135)	60	44.4
NCSC (n=128)	31	24.2
CCMHC (n=147)	0	0
Other(n=52) ***	5	9.6
<u>Current Member of Professional Organization</u>		
ASCA (n=137)	71	51.8
LSCA (n=138)	88	63.8
LCA (n=142)	93	65.5
ACA (n=129)	20	15.5
Not a member of any professional organization (n=83)	10	12

*Note: Highest Level of Education: the "Other" responses included 1 National Board Certification as educational level, 7 Masters plus 30, 1 DSW, 2 MSW, 5 Ed.S, 1 currently working on Ed.D, 1 Specialist, 1 MA+MBA, 1 MHS, 1 working on PhD, and 1 earned 3 masters.

**Note: Licensure: the "Other" responses included 10 reporting certifications or degree type earned instead of not licensed in state of Louisiana to practice mental health counseling, and 4 LMSW and 1 LCSW.

***Note: Certifications: the "Other" responses included 1 Certified Telehealth Counselor, 1 Registered Play Therapist, 1 ancillary life school counselor certification, 1 teacher, supervisor, superintendent, principal, and 1 professional school counselor.

School Characteristics

Additional school characteristics examined were (a) school level, (b) school setting, (c) how many students were assigned to their current caseload, and (d) percentage of students served that have a mental health diagnosis. Louisiana school counselors reported the following work settings: (a) elementary schools (n=63, 46%), (b) middle/junior high (n=47, 34.8%), and (c) high schools (n=67, 50.4%). Louisiana school counselors may respond to more than one school level due to working at a school that encompasses all grade levels or a combination of grade levels. The respondents reported the following school settings: (a) rural (n=66, 45.2%), (b) suburban (n=44, 30.1%), and (c) urban (n=36, 24.7%). Of the 147 respondents, they reported the following student caseloads ($M=360.51$, $SD=183.021$). For exploratory analysis, only this variable was transformed to categorical (1) under 250 (n= 40, 27.2%) and (2) above 250 (n=107, 72.8%), following ASCA (2021) student to counselor ratio (1:250) caseload recommendation to improve student achievement and help address student mental health issues. Finally, Louisiana school counselors (N=143) were asked what percentage of students that they serve have a mental health diagnosis ($M=20.1694$, $SD=17.27588$) and, for clarity, were placed into groups for reporting. Table 3 represents the demographic statistics of the respondent's school characteristics.

Table 3*Descriptive Statistics of School Characteristics*

	n	%	M	SD
<u>School Level*</u>				
Elementary (n=137)	63	46		
Middle/Junior High (n=135)	47	34.8		
High School (n=133)	67	50.4		
<u>School Setting (n=146)</u>				
Rural	66	45.2		
Suburban	44	30.1		
Urban	36	24.7		
<u>How many students are assigned to current caseload? (n=147)</u>			360.51	183.021
Under 250	40	27.2		
Above 250	107	72.8		
<u>What percentage (0-100%) of students served have a mental health diagnosis? (n=143)</u>			20.1694	17.27588
0-25%	112	78.3		
26-50%	25	17.5		
51-75%	4	2.8		
76-100%	2	1.4		

*Note: School Level: school counselors may respond to more than one level due to working at one school that encompasses all grade levels or combination of grade levels.

Professional Identity

Previous researchers (DeKruyf et al., 2013; Paisley et al., 2007; Person et al., 2020) have found that school counselors regarded their professional identity as mental health providers working in a school setting or an educator using counseling skills (guidance counselor). For this study, the professional identity question asked, “*Which professional identity do you identify with (choose only one)?*” by which respondents (n=145) reported the following: (a) mental health counselor working in a school setting

(n=28, 19.3%) and (b) educator working in a school setting (guidance counselor) (n=117, 79.6%).

Instrumentation

The LMX7m was used to assess school counselors' perceptions of their principal-school counselor relationship quality (developed by Graen & Uhl-Bien, 1995; adapted and published by Paglis & Green, 2002; adapted and published by Clemens et al., 2009). The LMX7m uses a five-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*) and has a total of seven questions. A higher mean score on the LMX7m measure indicates a higher level of relationship quality ($M= 26.73$, $SD=7.527$). The LMX7m exhibited strong internal consistency reliability with a Cronbach's α of .945.

The SBMHS is a self-report survey intended to explore the school counselors' self-efficacy in addressing the mental health needs of students within the school setting (adapted and published by Carlson & Kees, 2013). The original version used a 100-point scale on 40-items in three scales: (a) Skills Scale (11 items), (b) Student Issues Scale (14 items), and (c) Diagnosis Scale (15 Items). The SBMHS scale (*all 40 items*) exhibited good internal consistency reliability with a Cronbach's α of .965. Independently, each subscale returned an adequate internal reliability coefficient (a) counseling skills had a Cronbach's α of .825, (b) working with students with a DSM diagnosis had a Cronbach's α of .948, and (c) student issues had a Cronbach's α of .925. See Appendix E Table E1-E3 for descriptive statistics for all three subscales.

The SCARS (Scarborough, 2005) is a self-report measure that consists of 48-items with two scales to examine the frequency that the school counselor (a) actually

completes an activity and (b) prefers to complete the activity. The SCARS contain five subscales: (a) counseling activities, (b) consultation activities, (c) curriculum activities, (d) coordination activities, and (e) other activities. Responses are given on a five-point Likert scale from 1 (*I never do this activity/I would prefer to never do this activity*) to 5 (*I routinely do this/I would prefer to routinely do this*). This research inquiry was only interested in the frequency of counseling services to students; thus, I only used the Counseling Activities subscale. The Cronbach's α for the Counseling Activities subscales two domains was (a) .770 for the actual activities performed ($M=27.71$, $SD=5.054$) and .689 for the preferred activities ($M=30.49$, $SD=4.345$).

Data Analysis

I used SPSS software to analyze the data. To answer the research questions, MLR was employed, and the following section presents the resulting data analysis from evaluating statistical assumptions, the statistical analysis findings, and the post-hoc analysis performed.

Statistical Assumptions

Prior to performing MLR, I checked assumptions. The first two assumptions, (a) a continuous dependent variable and (b) two or more predictors that are either continuous or categorical for MLR, were met. The other six assumptions, (a) independence of observations, (b) linearity, (c) homoscedasticity of residuals, (d) multicollinearity, (e) no significant outliers, and (f) independence of the normality of the residuals, were tested through SPSS and reported in the following section.

I examined the data to (a) detect outliers using casewise diagnostics and studentized deleted residuals, (b) checked for leverage points, and (c) checked for influential points by reviewing Cook's distance. Casewise diagnostics found two cases greater than +3 (3.111 and 3.112), but I retained the cases since they were not extreme. An inspection of the studentized deleted residuals found no other cases +3 or -3. An assessment of leverage values revealed that all cases were less than 0.2 and considered safe. Then, upon examination of the ordered values for Cook's distance, it was determined that no cases were influential.

Next, I checked for independence and normality. There was an independence of residuals as assessed by the Durbin-Watson statistic ($1.5 < d < 2.5$). Upon visual inspection of the histogram, it showed a normal bell curve, indicating that the standardized residuals appear to be approximately normally distributed. Assessment of the normal P-P plot, all points were reasonably aligned along the diagonal line suggesting no major deviations from normality. The normal Q-Q plot showed residuals to be normally distributed. The scatterplot revealed standardized residuals to be somewhat of a linear relationship. There was homoscedasticity, as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. Finally, to assess for multicollinearity, I reviewed the Tolerance/VIF values in the coefficient box. All the tolerance levels were greater than 0.1 with VIF less than 10, providing evidence that no multicollinearity was present in this data.

Statistical Analysis

This research study investigated the predictive relationship of professional identity, principal-school counselor relationship quality, school-based mental health services, and counseling services to students. Additionally, this study explored the relationship between demographic factors to professional identity, principal-school counselor relationship quality, school-based mental health services, and counseling services to students. To test the research questions, MLR was utilized. This section presents the results of the statistical analysis.

RQ1

Does practicing school counselors' perceived professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in addressing SBMHS predict their frequency of providing counseling services to students?

Actual Counseling Services

A multiple regression was run using actual counseling services to students as the dependent variable and professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in providing school based mental health counseling services as independent variables to test the hypothesis. As noted, all assumptions have been met with the Durbin-Watson score of 1.940. This indicated that the predictor variables were not correlated; therefore, they could independently predict the value of the dependent variable.

Overall the multiple regression model statistically significantly predicted actual counseling services provided to students, $F(3, 141) = 4.679$, $p < 0.05$, R^2 of .071.

However, only one variable, confidence level (self-efficacy) in SBMHS, produced a medium correlation and as a significant predictor of actual counseling services provided to students, $\beta = .296, p < .001$. I hypothesized that principal-school counselor relationship quality would further predict actual counseling practice, yet the analysis showed a weak relationship and not a significant predictor, $\beta = .047, p > .05$. Further, while professional identity showed no evidence of a relationship and was not statistically significant ($\beta = .006, p > .05$), it showed a value of slope coefficient as .069, which means that predicted actual counseling services provided to students by mental health provider working in a school setting is .069 greater than predicted for an educator working in a school setting (guidance counselor). For every one-unit increase in principal-school counselor relationship quality is shown to have a .031 increase in actual counseling activities. For every one-unit increase in SBMHS is shown to have a .002 increase in actual counseling activities. The effect size ($R^2 = .071, f^2 = .0764$) indicates that 7.6% of the respondent's actual counseling services is explained by the combination of the 3 independent variables and small effect size. Table 4 presents the regression coefficients and standard errors.

Table 4*Multiple Regression Results for RQ1 Actual Counseling Activities*

Actual Counseling	<i>B</i>	95% CI for <i>B</i>		<i>B</i>	β	<i>R</i> ²
		<i>LL</i>	<i>UL</i>			
Model						.071
Constant	20.697	15.619	25.774	2.568		
LMX7m	.031	-.075	.138	.054	.047	
SBMHS	.002	.001	.003	.001	.296*	
Professional Identity	.069	-1.965	2.103	1.029	.006	

Note. Model = “Enter” method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = confidence interval; *LL* = lower limit; *UL* = upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; *R*² = coefficient of determination.

**p* < .001.

Preferred Counseling Services

A multiple regression was run to predict preferred counseling services to students from professional identity, principal-school counselor quality relationship, and confidence level (self-efficacy) in providing school based mental health counseling services. As noted, all assumptions have been met with the Durbin-Watson score of 2.079. This indicated that the predictor variables were not correlated; therefore, they could independently predict the value of the dependent variable.

Overall the multiple regression model statistically significantly predicted preferred counseling services to students, $F(3, 141) = 6.504$, $p < 0.001$, R^2 of .103. However, only one independent variable, confidence level (self-efficacy) in providing SBMHS, produced a medium correlation and added statistically significantly to the

prediction of preferred counseling services provided to students, $\beta = .298, p < .001$. I hypothesized that principal-school counselor quality relationship would further predict preferred counseling practice, yet the analysis showed a small negative correlation and non-significant, $\beta = -.129, p > .05$. Furthermore, the principal-school counselor quality relationship exhibited a weak negative correlation, $\beta = -.074, p > .05$, thus implying an inverse relationship. Meaning, the higher principal-school counselor relationship quality, there is a decrease in preferred counseling activities. Further, while professional identity showed a weak correlation and non-significant ($\beta = .096, p > .05$), it showed a value of slope coefficient as 1.043, which means that predicted preferred counseling services provided to students by mental health providers working in a school setting is 1.043 greater than predicted for an educator working in school setting (guidance counselor). For every one-unit increase in SBMHS is shown to have a .002 increase in preferred counseling activities. The effect size ($R^2 = .103, f^2 = .115$) indicates that 10.3% of the respondent's preferred counseling services is explained by a combination of the three independent variables and small effect size. Table 5 presents the regression coefficients and standard errors.

Table 5*Multiple Regression Results for RQ1 Preferred Counseling Activities*

Prefer Counseling	<i>B</i>	95% CI for <i>B</i>		<i>SE B</i>	β	<i>R</i> ²
		<i>LL</i>	<i>UL</i>			
Model						.103
Constant	25.881	21.561	30.201	2.185		
LMX7m	-.047	-.165	.017	.046	-.129	
SBMHS	.002	.001	.003	.001	.298*	
Professional Identity	1.043	-.688	2.774	.875	.096	

Note. Model = “Enter” method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = confidence interval; *LL* = lower limit; *UL* = upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; *R*² = coefficient of determination.

**p* < .001.

RQ1a

Does practicing school counselors’ perceived professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in counseling skills predict their frequency of providing counseling services to students?

Actual Counseling Services

A multiple regression was run using actual counseling services to students as the dependent variable and professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in counseling skills as independent variables to test the hypothesis. As noted, all assumptions have been met with the Durbin-Watson

score of 1.939. This indicated that the predictor variables were not correlated; therefore, they could independently predict the value of the dependent variable.

Overall the multiple regression model statistically significantly predicted actual counseling services provided to students, $F(3, 141) = 8.451, p < 0.001, R^2$ of .134. However, only one variable, comfort level (self-efficacy) in counseling skills, produced a moderate relationship and as a significant predictor of actual counseling services provided to students, $\beta = .387, p < .001$. Further, while professional identity was not statistically significant ($\beta = -.005, p = .951$), it exhibited a negative coefficient, thus implying an inverse relationship with the dependent variable. Meaning, the increase in actual counseling services provided to students, the less likely school counselors are to identify as a mental health provider working in a school setting. For every one-unit increase in principal-school counselor relationship quality is shown to have a .030 increase in actual counseling activities. For every one-unit increase in counseling skills is shown to have a .012 increase in actual counseling activities. The effect size ($R^2 = .134, f^2 = .155$) indicates that 13.4% of the respondent's actual counseling services is explained by the combination of the 3 independent variables and small effect size. Table 6 presents the regression coefficients and standard errors.

Table 6*Multiple Regression Results for RQ1a: Actual Counseling Activities*

Actual Counseling	<i>B</i>	95% CI for <i>B</i>		<i>B</i>	β	<i>R</i> ²
		<i>LL</i>	<i>UL</i>			
Model						.134
Constant	17.576	12.323	22.828	2.657		
LMX7m	.030	-.074	.133	.052	.045	
Counseling Skills	.012	.007	.017	.002	.387*	
Professional Identity	-.061	-2.026	1.904	.994	-.005	

Note. Model = “Enter” method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = confidence interval; *LL* = lower limit; *UL* = upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; *R*² = coefficient of determination.

**p* < .001.

Preferred Counseling Services

A multiple regression was run to predict preferred counseling services to students from professional identity, principal-school counselor quality relationship, and confidence level (self-efficacy) in counseling skills as independent variables to test the hypothesis. As noted, all assumptions have been met with the Durbin-Watson score of 1.042. This indicated that the predictor variables were not correlated; therefore, they could independently predict the value of the dependent variable.

Overall the multiple regression model statistically significantly predicted preferred counseling services to students, $F(3, 141) = 5.767$, $p = 0.001$, R^2 of .090. However, only one independent variable, confidence level (self-efficacy) in counseling skills, produced a small relationship adding statistically significantly to the prediction of

preferred counseling services provided to students, $\beta = .276, p = .001$. I hypothesized that principal-school counselor relationship quality would further predict preferred counseling practice, yet the analysis showed a non-significant and small association, $\beta = -.128, p > .05$. Furthermore, the principal-school counselor relationship quality exhibited a negative coefficient, $\beta = -.073, p > .05$, thus implying an inverse relationship. Meaning, the higher principal-school counselor relationship quality, there will be a decrease in preferred counseling activities. Further, while professional identity was not statistically significant, it showed a value of slope coefficient as 1.042, which means that predicted preferred counseling services provided to students by mental health providers working in a school setting is 1.042 greater than predicted for an educator working in a school setting (guidance counselor). For every one-unit increase in counseling skills is shown to have a .007 increase in preferred counseling activities. The effect size ($R^2 = .090, f^2 = .099$) indicates that 9% of the respondent's preferred counseling services is explained by combination of the 3 independent variables and small effect size. Table 7 presents the regression coefficients and standard errors.

Table 7*Multiple Regression Results for RQ1a Preferred Counseling Activities*

Prefer Counseling	<i>B</i>	95% CI for <i>B</i>		<i>SE B</i>	β	<i>R</i> ²
		<i>LL</i>	<i>UL</i>			
Model						.090
Constant	25.342	21.561	30.201	2.358		
LMX7m	-.073	-.165	.017	.046	-.128	
Counseling Skills	.007	.001	.003	.002	.276*	
Professional Identity	1.042	-.688	2.774	.882	.096	

Note. Model = “Enter” method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = confidence interval; *LL* = lower limit; *UL* = upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; *R*² = coefficient of determination.

**p* = .001.

RQ1b

Does practicing school counselors’ perceived professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in working with students with DSM diagnosis predict the frequency of providing counseling services to students?

Actual Counseling Services

A multiple regression was run using actual counseling services to students as the dependent variable and professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in working with students with DSM Diagnosis as independent variables to test the hypothesis. As noted, all assumptions have been met with the Durbin-Watson score of 1.912. This indicated that the predictor

variables were not correlated; therefore, they could independently predict the value of the dependent variable.

Overall the multiple regression model marginally statistically significantly predicted actual counseling services provided to students, $F(3, 141) = 2.092$, $p = 0.104$, R^2 of .022. However, only one variable, confidence level (self-efficacy) in working with students with DSM Diagnosis, showed a small association and as a significant predictor of actual counseling services provided to students, $\beta = .198$, $p < 0.05$. I hypothesized that quality of principal-school counselor relationship would further predict actual counseling services, but the analysis showed that it was not a significant predictor, $\beta = .036$, $p > .05$. Further, while professional identity was not statistically significant ($\beta = .015$, $p = .858$), it showed a value of slope coefficient as .189, which means that predicted actual counseling services provided to students by mental health providers working in a school setting is .189 greater than predicted for an educator working in a school setting (guidance counselor). For every one-unit increase in DSM Diagnosis is shown to have a .003 increase in actual counseling activities. The effect size ($R^2 = .022$, $f^2 = .0225$) indicates that 2.2% of the respondent's counseling services is explained by a combination of the 3 independent variables. Table 8 presents the regression coefficients and standard errors.

Table 8*Multiple Regression Results for RQ1b Actual Counseling Activities*

Actual Counseling	<i>B</i>	95% CI for <i>B</i>		<i>B</i>	β	<i>R</i> ²
		<i>LL</i>	<i>UL</i>			
Model						.022
Constant	24.118	19.551	28.685	2.310		
LMX7m	.036	-.073	.146	.055	.055	
DSM Diagnosis	.003	.000	.005	.001	.198*	
Professional Identity	.189	-2.026	1.904	1.055	.015	

Note. Model = “Enter” method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = confidence interval; *LL* = lower limit; *UL* = upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; *R*² = coefficient of determination.

**p* < .05.

Preferred Counseling Services

A multiple regression was run to predict preferred counseling services to students from professional identity, principal-school counselor quality relationship, and confidence level (self-efficacy) in working with students with DSM diagnosis as independent variables to test the hypothesis. As noted, all assumptions have been met with the Durbin-Watson score of 2.033. This indicated that the predictor variables were not correlated; therefore, they could independently predict the value of the dependent variable.

Overall the multiple regression model statistically significantly predicted preferred counseling services to students, $F(3, 141) = 4.957$, $p < 0.05$, R^2 of .076.

However, only one independent variable, confidence level (self-efficacy) in working with

students with DSM diagnosis, produced a small correlation and added statistically significantly to the prediction of preferred counseling services provided to students, $\beta = .249, p < .05$. I hypothesized that principal-school counselor relationship quality would further predict preferred counseling practice, yet the analysis showed a weak relationship that was non-significant, $\beta = -.123, p = .133$. Furthermore, the principal-school counselor relationship quality exhibited a negative coefficient, thus implying an inverse relationship. Meaning, the higher principal-school counselor relationship quality, there will be a decrease in preferred counseling activities. Further, while professional identity produced a small association but not statistically significant, $\beta = .102, p < .05$, it showed a value of slope coefficient as 1.105, which means that predicted preferred counseling services provided to students by mental health providers working in a school setting is 1.105 greater than predicted for an educator working in a school setting (guidance counselor). For every one-unit increase in working with student with DSM diagnosis is shown to have a .003 increase in preferred counseling activities. The effect size ($R^2 = .090, f^2 = .099$) indicates that 9% of the respondent's preferred counseling services is explained by a combination of the 3 independent variables and small effect size. Table 9 presents the regression coefficients and standard errors.

Table 9*Multiple Regression Results for RQ1b Preferred Counseling Activities*

Prefer Counseling	<i>B</i>	95% CI for <i>B</i>		<i>SE B</i>	β	<i>R</i> ²
		<i>LL</i>	<i>UL</i>			
Model						.076
Constant	28.412	24.569	32.255	1.944		
LMX7m	-.070	-.163	.022	.047	-.123	
DSM Diagnosis	.007	.001	.005	.002	.249*	
Professional Identity	1.105	-.650	2.861	.888	.102	

Note. Model = “Enter” method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = confidence interval; *LL* = lower limit; *UL* = upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; *R*₂ = coefficient of determination.

**p* < .05.

RQ1c

Does practicing school counselors’ perceived professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in addressing students’ specific issues predict the frequency of providing counseling services to students?

Actual Counseling Services

A multiple regression was run using actual counseling services to students as the dependent variable and professional identity, principal-school counselor relationship quality, and confidence level (self-efficacy) in addressing students’ specific issues as independent variables to test the hypothesis. As noted, all assumptions have been met with the Durbin-Watson score of 1.949. This indicated that the predictor variables were

not correlated; therefore, they could independently predict the value of the dependent variable.

Overall the multiple regression model statistically significantly predicted actual counseling services provided to students, $F(3, 141) = 4.363, p < 0.05, R^2$ of .065. However, only one variable, comfort level (self-efficacy) in addressing student issues showed a medium association and as a significant predictor of actual counseling services provided to students, $\beta = .286, p = .001$. I hypothesized that principal-school counselor relationship quality would further predict actual counseling services, yet the analysis showed that it was not a significant predictor, $\beta = .043, p > .05$. Further, while professional identity was not statistically significant ($\beta = .013, p > .05$), it showed a value of slope coefficient as .164, which means that predicted actual counseling services provided to students by mental health providers working in a school setting is .164 greater than predicted for an educator working in a school setting (guidance counselor). For every one-unit increase in student issues is shown to have a .007 increase in actual counseling activities. The effect size ($R^2 = .065, f^2 = .070$) indicates that 6.5% of the respondent's counseling services is explained by a combination of the 3 independent variables. Table 10 presents the regression coefficients and standard errors.

Table 10*Multiple Regression Results for RQ1c Actual Counseling Activities*

Actual Counseling	<i>B</i>	95% CI for <i>B</i>		<i>B</i>	β	<i>R</i> ²
		<i>LL</i>	<i>UL</i>			
Model						.065
Constant	19.626	14.099	25.154	2.796		
LMX7m	.028	-.079	.136	.054	.043	
Student Issues	.007	.003	.011	.002	.286*	
Professional Identity	-1.873	2.201	1.904	1.030	.013	

Note. Model = “Enter” method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = confidence interval; *LL* = lower limit; *UL* = upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; *R*² = coefficient of determination.

**p* = .001.

Preferred Counseling Services

A multiple regression was run to predict preferred counseling services to students from professional identity, principal-school counselor quality relationship, and confidence level (self-efficacy) in addressing students’ specific issues as independent variables to test the hypothesis. As noted, all assumptions have been met with the Durbin-Watson score of 2.033. This indicated that the predictor variables were not correlated; therefore, they could independently predict the value of the dependent variable.

Overall the multiple regression model statistically significantly predicted preferred counseling services to students, $F(3, 141) = 6.251, p < 0.05, R^2$ of .099. However, only one independent variable, confidence level (self-efficacy) in addressing students’ specific issues, added statistically significantly to the prediction of preferred counseling services provided to students, $\beta = .290, p < .001$ with a moderate association.

I hypothesized that principal-school counselor relationship quality would further predict preferred counseling practice, yet the analysis showed a weak relationship that was not significant, $\beta = -.134$, $p = .099$. Furthermore, the principal-school counselor relationship quality exhibited a negative coefficient, thus implying an inverse relationship. Meaning, the higher principal-school counselor relationship quality, there will be a decrease in preferred counseling activities. Further, while professional identity was not statistically significant, it showed a value of slope coefficient as 1.124, which means that predicted preferred counseling services provided to students by mental health providers working in a school setting is 1.124 greater than predicted for an educator working in a school setting (guidance counselor). For every one-unit increase in students' specific issues is shown to have a .006 increase in preferred counseling activities. Table 11 presents the regression coefficients and standard errors.

Table 11*Multiple Regression Results for RQ1c Preferred Counseling Activities*

Prefer Counseling	<i>B</i>	95% CI for <i>B</i>		<i>SE B</i>	β	<i>R</i> ²
		<i>LL</i>	<i>UL</i>			
Model						.099
Constant	24.897	20.197	29.597	2.377		
LMX7m	-.077	-.168	.015	.046	-.134	
Student Issues	.006	.003	.009	.002	.290*	
Professional Identity	1.124	-.608	2.856	.876	.104	

Note. Model = “Enter” method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = confidence interval; *LL* = lower limit; *UL* = upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; *R*² = coefficient of determination.

**p* < .001.

Post Hoc Analysis

To further explore data, I utilized (a) MLR (b) independent t-test, (c) Chi-square test of independence, (d) loglinear analysis, (e) Pearson’s product correlation, (f) Spearman’s correlation, and (g) one-way ANOVA. Before running all analyses, I checked for assumptions, and all were met. The data transformed includes (a) licensure (combine the *LPC*, *LPC-S*, and *PLPC* into one variable and not licensed to practice mental health counseling with other as the second variable), (b) race and ethnicity (racially diverse and white), and (c) caseload (under 250 and over 250). I chose not to transform the school setting, school level, age, years of experience, and percentage of students served with mental health diagnosis.

During the main analysis, I found that SBMHS and subscales (counseling skills, working with students with DSM diagnosis, and student specific issues) significantly

statistically predicted actual and preferred school counseling services. Furthermore, principal-school counselor relationship quality showed an inverse relationship in all regressions for preferred counseling services to students while professional identity showed an inverse relationship in the multiple regressions for SBMHS subscales only in predicting actual counseling services to students. Meaning, there will be a decrease in preferred counseling activities with a higher reported principal-school counselor relationship quality, and that a school counselor who identifies as an educator using counseling skills (guidance counselor) will provide actual counseling services less than a school counselor who identifies as mental health provider working in a school setting.

This led me to find a discrepancy score between the actual and preferred counseling services by taking the absolute value of the result of the actual score minus the subscale prefer score (Scarborough and Culbreth, 2008). I assessed all MLR assumptions, and all were met except upon inspection of studentized residuals two cases showed greater than +3, so the outliers were removed. No other outliers were detected, so the total number of observations remained at 143. MLR was performed using the variables of professional identity, principal-school counselor relationship quality, and school-based mental health services as the independent variables and the counseling services discrepancy score as the dependent variable.

The overall multiple regression model statistically significantly predicted the discrepancy between actual and preferred counseling services to students, $F(3, 139) = 4.910, p < 0.05, R^2$ of .076. However, only one variable, principal school counselor relationship quality added statistically significantly to the prediction of the discrepancy

between actual and preferred counseling services provided to students, $\beta = -.310, p < .001$ with a moderate association. Furthermore, the principal-school counselor relationship quality exhibited a negative coefficient, thus implying an inverse relationship. As relationship quality increases, the discrepancy between actual and preferred counseling services decreases. Also, while professional identity was not statistically significant ($\beta = -.080, p > .05$), it exhibited a negative coefficient; thus, implying an inverse relationship with the dependent variable. Thus, as the difference between actual and preferred counseling services provided to students decreases, then the more likely the school counselor will identify as a mental health provider working in a school setting. Furthermore, unlike the original model, SBMHS did not statistically significantly add to the prediction, $\beta = .069, p > .05$. Table 12 presents the regression coefficients and standard errors.

Table 12

Multiple Regression Results for Post hoc Discrepancy Scores

SCARS Discrepancy Scores	<i>B</i>	95% CI for <i>B</i>		<i>SE B</i>	β	<i>R</i> ²
		<i>LL</i>	<i>UL</i>			
Model						.076
Constant	8.059	4.288	11.830	1.907		
LMX7m	-.150	-.299	-.072	.040	-.310*	
SBMHS	.000	-.001	.001	.000	.069	
Professional Identity	-.747	-2.272	.778	.771	-.080	

Note. Model = “Enter” method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = confidence interval; *LL* = lower limit; *UL* = upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; *R*² = coefficient of determination.

* $p < .001$.

Exploratory Research Question 1

What is the association between school counselors' reported year of LDOE certification, licensure, and professional identity?

A chi-square test for association was conducted between perceived professional identity and the reported year the school counselor obtained LDOE certification. All expected cell frequencies were greater than five. There was a statistically significant association between professional identity and year obtained LDOE certification, $\chi^2(1) = 7.510$, $p = .006$. There was a small association, $\phi = 0.229$, $p = .006$. School counselors who identified as an educator working in a school setting (guidance counselors) indicated that they received their certification from the LDOE prior to 2013 were 87% and dropped to 67.4% after 2013. School counselors who identified as mental health providers working in a school setting went up from 13% (before 2013) to 32% (after 2013). Table 13 and Figure 1 presents the results of the association.

Table 13

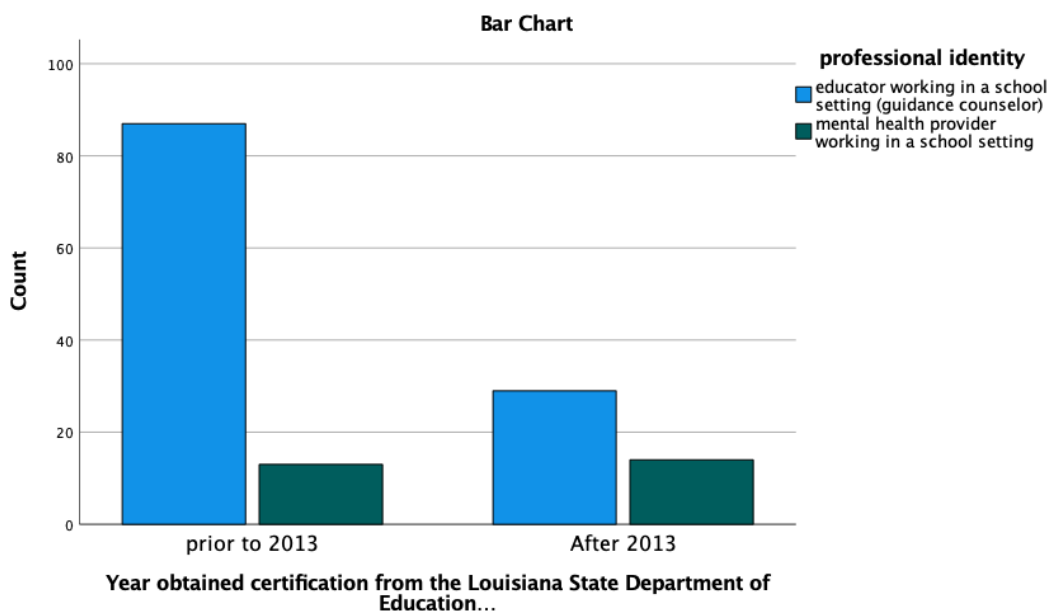
Professional Identity and Year of Certification from LDOE as a School Counselor

	N	%
Mental health counselor working in a school setting	100	
Prior 2013	13	13.0
After 2013	14	32.6
Educator working in school setting (guidance counselor)	43	
Prior 2013	87	87.0
After 2013	29	67.4

Note: $N=143$. Chi-square Test $p=.006$

Figure 1

Professional Identity and Year of Certification from LDOE as a School Counselor



A chi-square test for association was conducted between perceived professional identity and licensure. All expected cell frequencies were greater than five. There was a statistically significant association between professional identity and licensure, $\chi^2(1) = 14.337$, $p = .000$. A Fisher's Exact Test was conducted, and there was a statistically significant association, $p = .000$. There was a medium association, $\phi = -0.319$, $p = .000$. Sixty-four percent of school counselors identified as educators working in a school setting (guidance counselors) reported that they are not licensed, and 35.4% are licensed. While school counselors that identified as mental health providers working in a school setting reported 75% licensed and 25% unlicensed. Table 14 presents the results of the association.

Table 14*Professional Identity and Licensure*

	N	%
Mental health provider working in a school setting	28	
LPC, LPC-S, PLPC	21	75
Not Licensed	7	25
Educator working in school setting (guidance counselor)	113	
LPC, LPC-S, PLPC	40	35.4
Not Licensed	73	64.6

Note: $N=141$ Chi-square Test $p=.000$

Loglinear analysis was used to understand the associations between professional identity, licensure, and the reported year the school counselor obtained LDOE certification. The assumptions were met. An unsaturated model was chosen using a hierarchical loglinear model selection procedure with a backward elimination stepwise procedure. This produced a model that included all main effects and two two-way associations of reported year obtain certification*professional identity and professional identity*licensure. The likelihood ratio goodness of fit test indicated that the model was a good fit to the observed data, $\chi^2(2) = 1.123, p = .570$. Table 15 and 16 reports the partial associations and parameter estimates.

Table 15*Partial Associations for Professional Identity, Year of LDOE Certification, and Licensure*

Effect	Partial Association χ^2 (df=2)	Sig.
Year obtained LDOE certification	22.369	.000
Professional identity*Licensure	11.027	.001
Professional Identity	55.830	.000
Licensure	2.605	.107

Note: Sig.= p-value

Table 16*Parameter Estimates for the Hierarchical Model*

Parameter	Estimate	Z	Sig.
Constant	1.289	3.063	.002
[Year of LDOE Certification=prior to 2013]	-.074	-.192	.847
[Professional identity=Educator]	1.601	3.431	.001
[Licensure=LPC, LPC-S, PLPC]	1.050	2.391	.017
[Year of LDOE Certification=prior to 2013] *[professional identity=Educator]	1.173	2.649	.008
[Professional identity=Educator] *[Licensure=LPC, LPC-S, PLPC]	-1.638	-3.402	.001

Note: z=Estimate/Standard Error; Sig.=p-value

Exploratory Research Question 2

What is the effect of the school counselors' reported demographics variables on their level of confidence (self-efficacy) in SBMHS?

An independent t-test was conducted to check if the dichotomous demographic variables of (a) gender, (b) race/ethnicity, (c) caseload, and (d) licensure were associated with differences in the school counselors' SBMHS total scores. Results found that there was a statistically significant difference in counselor level of confidence (self-efficacy) in SBMHS scores between racially diverse (N=50) and white (N=97), with racially diverse (M=2862.68, SD=703.647) scoring higher than white (M=2608.38, SD=607.163). There was a homogeneity of variances as assessed by Levene's test for equality of variances ($p=.236$). The racially diverse score was 254.3, 95% CI [33.6, 475] higher for racially diverse than white confidence in counseling skills. The other demographic groups of gender, caseload, and licensure did not show a statistically significant difference in scores.

A one-way between-groups analysis of variance was conducted to explore the influence of school settings on confidence in SBMHS. The results revealed that there was not a statistically significant difference in SBMHS total scores, $F(2, 143) = 1.208, p > .05$, between rural (M=2792.97, SD=628.3), suburban (M=2633.4, SD=681.3), and urban (M=2617.5, SD=636.65).

A Pearson's product correlation was utilized to explore the relationship between school counselors' age, years of experience, % of students with a DSM diagnosis they service, and SBMHS total scores. Results indicated that none of the variables of school counselors' age, years of experience, % of students that serve have a DSM diagnosis did not show a statistically significant relationship with SBMHS total scores.

A Spearman's rank-order correlation was employed to identify relationships between level of education, CACREP accredited program, professional memberships, licensure, certifications, and SBMHS total scores. There is a statistically significant inverse relationship between SBMHS scores and CACREP accredited program ($r = -.195$, $p = .018$) and ACA membership ($r = -.181$, $p = .041$). Then, another correlation analysis with school level and school setting was performed. Results indicated no statistically significant relationship between school level or school setting and SBMHS scores.

A MLR was then performed based off the variables identified as having a statistically significant difference or relationship to school counselors perceived level of confidence in SBMHS. SBMHS total score was the dependent variable while race/ethnicity, CACREP accredited program and ACA membership were the independent variables. The MLR model suggested that race/ethnicity ($\beta = -.124$, $p = .156$), CACREP accredited program ($\beta = -.188$, $p = .033$), and ACA membership ($\beta = -.194$, $p = .026$) were statistically significant predictors perceived level of confidence in SBMHS, $F(3,124) = 4.379$, $p = .006$, $R^2 = .074$. All three variables show a negative coefficient, thus indicating an inverse relationship on self-efficacy.

Exploratory Research Question 3

What is the effect of the school counselors' reported demographics variables on their principal-school counselor relationship quality (LMX7m)?

An independent t-test was conducted to check if the dichotomous demographic variables of (a) gender, (b) race/ethnicity, (c) caseload, and (d) licensure were associated with differences in the school counselors' reported principal-school counselor

relationship quality. Results found that there was a statistically significant difference in principal-school counselor relationship quality scores between licensed counselors (N=62) and unlicensed (N=81), with licensed (M=24.69, SD=7.931) scoring higher than unlicensed (M=28.17, SD=7.017). There was a homogeneity of variances as assessed by Levene's test for equality of variances ($p=.165$). The licensed score was -3.479 , 95% CI $[-5.957, -1.002]$, higher for licensed than unlicensed difference in principal-school counselor relationship quality scores. The other demographic groups of gender, race/ethnicity, and caseload did not show a statistically significant difference in scores.

A one-way between-groups analysis of variance was conducted to explore the influence of school setting on principal-school counselor relationship quality scores. The results revealed that there were not a statistically significant difference in principal-school counselor relationship quality scores, $F(2, 143) = .723$, $p > .05$, between rural (M=27.58, SD=7.561), suburban (M=26.64, SD=6.895), and urban (M=25.75, SD=7.893).

A Pearson's product correlation was utilized to explore the relationship between school counselors' age, years of experience, % of students with a DSM diagnosis they service, and principal-school counselor relationship quality scores. Results indicated that none of the variables of school counselors' years of experience and % of students that serve have a DSM diagnosis did not show a statistically significant relationship with principal-school counselor relationship quality scores. While school counselors' reported age did have a statistically significant positive correlation with principal-school counselor relationship quality scores, $r^2 = .181$, $p = .029$.

A Spearman's rank-order correlation was used to identify relationships between level of education, CACREP accredited program, professional memberships, licensure, certifications, and principal-school counselor relationship quality scores. A statistically significant inverse relationship between principal-school counselor relationship quality scores and not a member of a professional organization ($r = -.322$, $p = .003$) was reported. Plus, a statistically significant relationship between principal-school counselor relationship quality scores, ACA membership ($r = -.176$, $p = .047$) and licensure ($r = -.192$, $p = .021$) A final Spearman's correlation analysis was performed with principal-school counselor relationship quality scores, school level and school setting. Results indicated no statistically significant relationship between school level or school setting and SBMHS scores.

A MLR was performed based on the variables identified as having a statistically significant difference or relationship to principal-school counselor relationship quality scores. Principal-school counselor relationship quality scores were the dependent variable, while licensure, age, non-membership in a professional organization, and ACA membership were the independent variables. The MLR model suggested that all independent variables statistically significantly predict LMX7m scores $F(4, 76) = 2.815$, $p = .031$, $R^2 = .083$. However, only one variable, a non-member of a professional organization, showed a negative coefficient and as a significant predictor of principal-school counselor relationship quality scores, $\beta = -.266$, $p = .018$.

Exploratory Research Question 4

What is the effect of the school counselors' reported demographics variables on the actual counseling activity scores, preferred counseling activity scores, and discrepancy scores (SCARS Counseling subscale only)?

An independent t-tests were conducted to check if the dichotomous demographic variables of (a) gender, (b) race/ethnicity, (c) caseload, and (d) licensure were associated with differences in the school counselors reported (1) actual, (2) preferred, and (3) discrepancy scores of counseling activities. Results for actual counseling activities scores found a statistically significant difference between licensed (N=62) and unlicensed (N=81) counselors. There was a homogeneity of variances as assessed by Levene's test for equality of variances ($p=.966$). Licensed score was -1.687 , 95% CI $[-3.359, -.015]$, $p=.048$. The other demographic groups of gender, race/ethnicity, and caseload did not show a statistically significant difference in actual counseling activities scores. Results for preferred counseling activities scores found no statistically significant difference between all demographic groups tested. Also, there were no statistically significant differences between discrepancy score and all demographic variables.

A one-way between-groups analysis of variance was conducted to explore the influence of school setting (a) urban, (b) suburban, and (c) rural with school counselors reported (1) actual, (2) preferred, and (3) discrepancy scores of counseling activities. The results revealed that there was not a statistically significant difference in any of the models.

A Pearson's product correlation was utilized to explore the relationship between school counselors' age, years of experience, % of students with a DSM diagnosis that they service, and school counselors reported actual, preferred, and discrepancy scores of counseling activities. The actual counseling activities reported a statistically significant positive relationship with only one variable, % of students with a DSM diagnosis that they service, $r^2=.252$, $p=.002$. The preferred counseling activities reported a statistically significant positive relationship with only one variable, % of students with a DSM diagnosis that they service, $r^2=.230$, $p=.006$. Results indicated that none of the variables for the discrepancy score showed a statistically significant relationship.

A Spearman's rank-order correlation was used to identify relationships between level of education, CACREP accredited program, professional memberships, licensure, certifications, and school counselors reported actual, preferred, and discrepancy scores of counseling activities. Results indicated no statistically significant relationship between any of the variables and actual counseling activities reported. A statistically significant inverse relationship was reported between preferred counseling activities scores and NCSC ($r=-.181$, $p=.041$). Results indicated a statistically significant relationship between discrepancy scores and ACA membership ($r=.189$, $p=.032$).

A final Spearman's correlation analysis was performed with actual, preferred, and discrepancy scores of counseling activities, school level, and school setting. A statistically significant negative relationship was reported between actual counseling services ($r=-.237$, $p=.005$) and preferred counseling services ($r=-.191$, $p=.026$) at the elementary school level. Results indicated that the discrepancy score of counseling

activities showed a negative statistically significant relationship with middle/junior high ($r = -.215, p = .012$).

Three separate MLR were conducted based on the variables identified as having a statistically significant difference or relationship to actual, preferred, and discrepancy scores of counseling activities. Actual counseling activities were the dependent variable, while licensure and % of students' service with mental health diagnosis were the independent variables. The MLR model suggested that all independent variables statistically significantly predict actual counseling services $F(2, 136) = 7.436, p = .001, R^2 = .085$. However, both independent variables, licensure ($\beta = .266, p = .001$) and % of students service with mental health diagnosis ($\beta = .193, p = .020$) were significant predictors of actual counseling activities.

Preferred counseling activities were the dependent variable, while elementary level, NCSC, and % of students' service with mental health diagnosis were the independent variables. The MLR model suggested that all independent variables statistically significantly predict preferred counseling services $F(3, 112) = 4.671, p = .004, R^2 = .087$. However, only two independent variables, elementary level ($\beta = -.200, p = .031$) and % of students service with mental health diagnosis ($\beta = .191, p = .037$) were significant predictors of preferred counseling activities with elementary having an inverse relationship.

Discrepancy scores of counseling activities were the dependent variable, while ACA and middle/junior high were the independent variables. The MLR model suggested that it was a statistically significantly model $F(2, 119) = 4.160, p = .018, R^2 = .050$.

However, only one independent variable, ACA membership ($\beta = .213$, $p = .018$), was a significant predictor of the discrepancy score of counseling activities.

Summary

Louisiana school counselors participated in a survey to examine the frequency of counseling services provided to students regarding their perceived (a) professional identity, (b) relationship quality with their principal, and (c) self-efficacy in school-based mental health services. A total of 222 Louisiana school counselors responded, with 147 of those completing the survey.

It was hypothesized that practicing school counselors who identify as a mental health provider working in a school setting with higher ratings of relationship quality with their principals and higher confidence level (self-efficacy) in SBMHS will predict the greater frequency of providing counseling services to students. Multiple linear regression (MLR) analysis was used to test the hypothesis. Overall, the model was statistically significant in predicting actual and preferred school counseling services provided to students. Additionally, SBMHS subscales (counseling skills, DSM diagnosis, and student issues) individually statistically significantly predicted actual and preferred school counseling services provided to students. Therefore, the higher confidence (self-efficacy) in SBMHS, the higher frequency in both actual and preferred counseling services provided to students.

This survey also provided that the principal-school counselor relationship quality did not add to the predictor; however, all regressions for preferred counseling services to students showed an inverse relationship. Meaning, there will be a decrease in preferred

counseling activities with a higher reported principal-school counselor relationship quality. Furthermore, professional identity did not add to the predictor, but predicting actual counseling services to students in the multiple regressions for subscales only (counseling skills, DSM Diagnosis, and student issues) showed an inverse relationship. Thus, a school counselor that identifies as an educator using counseling skills (guidance counselor) will provide actual counseling services to students less than a school counselor who identifies as a mental health provider working in a school setting.

The post hoc analysis found that as principal-school counselor relationship quality increases, the discrepancy between actual and preferred counseling services decreases. As the difference between actual and preferred counseling services provided to students decreases, the more likely the school counselor will identify as a mental health provider working in a school setting. Furthermore, the exploratory research question 1 finding showed a 20% decrease in school counselors identifying as educators working in a school setting (guidance counselor) and a 19% increase in school counselors identifying as mental health providers working in a school setting since 2013.

This chapter provided detailed information regarding the pilot study and data analysis. In the following chapter, I will present the interpretation of the findings, limitations of the study, recommendations for further research, and implications.

Chapter 5: Conclusion

Introduction

Schools have become accountable to service the rise in students' unmet mental health issues, making school counselors the first available resource for providing school-based mental health counseling services to students. In schools today, students are confronted with increases in occurrences of school gun violence, self-injurious behaviors, substance use, suicide, and child abuse and trauma while attempting to navigate with diagnosable mental, behavioral, and developmental disorders. Mental health problems and lack of support provided to students results in poor school attendance, low academic performance, decreased physical health, reduced emotional and mental development, and consequences that persist into adulthood (Suicide Prevention Resource Center, 2021). Youth mental health has become a priority in national and state policies, focused on early prevention strategies to treat mental health needs of youth within school systems. School counselors have historically faced many changes in their roles, identities as well as educational and mental health training requirements based on societal needs. And, over the last decade, school counselors have been challenged to offer more school-based mental health counseling services, which have caused a shift in their professional identity, education and training, and skills in addressing students' mental health.

I focused on Louisiana school counselors since, at this point in time, they can have different training and professional identities due to governmental and educational policy changes. In 2013, Louisiana changed school counselor state certification requirements so that Louisiana school counselors must attend a CACREP program,

complete practicums (100 contact hours) and internships (600 contact hours) from a CACREP accredited program with at least 600 hours in a school setting, and pass the Professional School Counselor PRAXIS examination. Additionally, when seeking school counselor certification renewal, they must provide verification of current LPC license (Louisiana Administrative Code tit. 28 § CXXXI-405), be a PLPC, or complete 150 hours of continuing learning units (CLUs) over a 5-year time period that are standards-based and follow the ASCA and CACREP. Furthermore, school counselors who were certified before the passage of the 2013 law were considered grandfathered in and did not have to meet new professional counseling licensure requirements, in addition to candidates who were already in the process of working toward certification prior to the 2013 policy change, who were given until June 30, 2017 to complete all coursework under the old guidelines. Consequently, Louisiana school counselors can hold state certification as either school counselors (guidance) without mental health licensure or school counselor with mental health licensure. This suggested a need to examine the influence of governmental and educational policy changes enacted for school counselors in Louisiana since it is unclear if these changes influenced their role in providing counseling services to students due to the rise in student mental health issues.

Additionally, even though social policies and educational reforms at a macro level are the driving force behind changes in school counselor professional identity, it is how they play out at the micro-level of the school that is most influential, and this depends largely on professional relationships between school principals and school counselors. More specifically, principals based on historical practices are typically assigning school

counselors to spend more time on academic or noncounseling duties that lead to significant deficits in time spent meeting mental health needs of students they serve. I used the LMX theory and SCT to explore the influence of school counselor identity, principal-school counselor relationship quality, and self-efficacy in providing school-based mental health services as well as the effect of governmental and educational policies in Louisiana since it is unclear if these changes influenced school counselors' identities and roles in terms of providing counseling services to students.

The purpose of this quantitative correlational study was to examine if Louisiana school counselors' frequency of providing counseling services to students was predicted by their perceived professional identities, relationships with principals, and self-efficacy in providing SBMHS to students, including counseling skills, addressing student specific issues, and working with students who have DSM diagnosis).

I used a quantitative research inquiry with a nonexperimental correlational survey design to examine Louisiana school counselors. School counselors throughout the state of Louisiana were sent invitations to the survey via their email; 222 school counselors responded to the survey, and 147 provided usable data, yielding a 95% confidence level with a 5% margin of error and resulting in an accurate representation of Louisiana school counselors.

Data analysis indicated that school counselors who identify as educators using counseling skills (guidance counselor) provide less actual counseling services to students than those who identify as mental health providers. School counselors with a higher reported principal-school counselor relationship quality have decreased preferred

counseling activities. The higher the self-efficacy in school-based mental health services, the higher frequency of counseling services provided. Further analysis indicated that as the discrepancy between actual and preferred counseling services decreases, the quality of principal-school counselor relationships increases, and school counselors are more likely to identify as mental health providers working in school settings. Therefore, this study extends knowledge those practicing school counselors who identify as mental health providers working in school settings report higher quality principal relationships, and higher levels of confidence in school-based mental health services and higher frequencies of providing counseling services to students.

In this chapter, I discuss the alignment of findings with current literature. Implications for social change for counselors, counselor educators, and stakeholders within the school system and for further research are discussed. Limitations of the study are also addressed.

Interpretation of the Findings

Alignment with the Body of Knowledge in Literature

According to the NAMI (2021b), one in five children between the ages of 13 and 18 have or will have a mental illness, 50% of all cases of mental illness start by age 14, and 20% of youth between 13 and 18 live with a mental health condition. Suicide is the second leading cause of death for individuals between the ages of 10 and 34 (NIMH, 2021) and in 2021 there were at least 168 incidences of school gun violence (Everytown for Gun Safety, 2022). Elford (2019) said only one in five of the 20% of youth who need mental health services receive the mental health support they need. Researchers (Atkins

et al., 2017; Moon et al., 2017; Peabody et al., 2018) supported that 70-80% of students in need of mental health counseling only receive mental health services in schools. Currently, in this study, 80% of Louisiana school counselors reported that 20% of students they serve have a mental health diagnosis, with 47% ($n = 143$) of school counselors licensed to practice mental health counseling in the state. Rock and Curry (2021) found similar findings that 47.5% ($n = 299$) of school counselors surveyed in Louisiana were licensed. School counselors licensed in Louisiana are clearly defined as mental health practitioners who must follow the ACA Code of Ethics. The professional identity of school counselors is comprised of education and training, professional associations, certification and licensure standards, as well as school system job descriptions (Schmidt & Ciechalski, 2001).

Professional Identity

Professional identity is rooted in education, training, and professional membership, which helps define the roles expected of self and others (Karkouti, 2014; Pittman & Foubert, 2016; Woo, 2013). Researchers (Paisley et al., 2007; DeKruyf et al., 2013) have acknowledged that school counselor professional identity has evolved due to this growing need to address student mental health in the school system, with school counselors currently split between identifying as a mental health provider working in a school setting or an educator using counseling skills (guidance counselor). This study supported that Louisiana school counselors are still split between the old and the new professional identity but that since the policy changes have gone into effect in 2013 through 2017, there has been a decrease from 87% to 67.4% in school counselors

identifying as an educator working in a school setting (guidance counselor) and an increase from 13% to 32% in school counselors identifying as mental health providers working in a school setting. This may be due to the governmental and educational policy changes in counselor education and training at the macro-level.

This study supported that perceived professional identity was not individually significant in predicting actual or preferred counseling services yet indicated that Louisiana school counselor who identify as an educator using counseling skills (guidance counselor) will provide less actual counseling services to students than a school counselor who identifies as a mental health provider working in a school setting. Furthermore, this study provided that as the discrepancy between actual and preferred counseling services decreases, Louisiana school counselor is more likely to identify as mental health provider in the school setting. This may indicate that school counselors who perceive themselves to be educators working in a school (guidance counselors) may feel less competent to complete certain job roles such as school based mental health counseling services and more competent in tasks that focus on academics. This aligns with Zyromski et al. (2019) results that school counselors' perceptions of their professional identity influences the perception of their competence.

This may also indicate that the role of the school counselor is changing slowly at the micro-level to meet the mental health needs of the students in the school setting since school counselors who identify as educators using counseling skills may still be performing more non-counseling roles as their perceived title, education and training, professional memberships, and school relationships influence the perception of their

competence to perform duties outside the realm of historical practices (Cinotti, 2014; Zyromshi et al., 2019). Several researchers (Amatea & Clark, 2005; Blake, 2020; DeKruyf et al., 2013; Dodson, 2009; Dollarhide et al., 2007; Lambie & Williamson, 2004; Lambie et al., 2019; Rock & Curry, 2021; Zalaquett & Chatters, 2012) support that school counselors might not have time to adequately support the mental health needs of students because they still struggle with defining their role in schools due to limitations set by ASCA, educational state policies, and historical identities that are still perpetuated by school systems and, most notably, by principals.

LMX Theory and SCT

The LMX theoretical framework was applied to this study to evaluate the principal-school counselor relationship and the influence of the relationship quality on the school counselors' frequency in performing counseling services to students. Researchers (Blake, 2020; Havlik et al., 2018; McConnell et al., 2020) supported that engaging in a positive, high quality working relationship with stakeholders specifically, principals can aid school counselors to establish a clear role, identity, and job responsibilities while supporting school based mental health services. This study found that principal-school counselor relationship quality for preferred counseling services to students showed a negative relationship, suggesting a decrease in preferred counseling activities with a higher reported principal-school counselor relationship quality. Additional post hoc analysis found that the discrepancy between actual and preferred counseling services decreases as relationship quality increases. Clemens et al. (2009) said “the stronger the school counselor perceives their relationship with their principal, the

narrower the discrepancy between how school counselors are currently implementing counseling services and what they believe to be ideal” (p. 7).

Moreover, this study revealed that licensed counselors reported a higher principal relationship quality than unlicensed counselors. This may suggest that licensed school counselors have less identity and role confusion due to higher self-efficacy in their professional role as mental health providers; therefore, they will report higher relationship quality with their principal and perform more ideal counseling services. These findings align with the SCT lens with having three influences (a) self (licensed mental health providers), (b) behavior or role that they engage in (higher self-efficacy in counseling services), and (c) their environment (stronger relationship quality with their principal). Through this lens, the findings of this study align with several studies (Barnes; 2004; Studer & Oberman, 2006; Sutton & Fall, 1995) that found school counselors who advocated for their professional roles and identity had higher perceived levels of self-efficacy, which influenced the appropriateness of duties assigned.

School-Based Mental Health Services

This study used the modified version of the SBMHS to explore the school counselors confidence level (self-efficacy) in addressing mental health needs of students within the school setting with confidence in (a) counseling skills, (b) addressing student-specific issues, and (c) working with DSM diagnosis. Similar to Carlson and Kees (2013), Louisiana school counselors reported the four highest level of confidence with counseling skills as (a) consultations with parents, teachers, and administrators ($M = 93.62$, $SD = 8.471$), (b) collaboration and teamwork ($M = 93.47$, $SD = 9.578$), (c) ethical

practice ($M = 91.36$, $SD = 10.920$), and (d) individual counseling ($M = 85.19$, $SD = 13.450$), while the lowest four reported was (a) counseling research ($M = 65.75$, $SD = 26.916$), (b) treatment planning ($M = 62.07$, $SD = 29.007$), (c) family counseling ($M = 55.12$, $SD = 26.915$), and (d) using the DSM to diagnose client issues ($M = 50.97$, $SD = 32.085$). Borland's (2020) national study also aligned in the first three highest levels of confidence in counseling skills and the lowest three rated. Additionally, this study mirrored Hines's (2020) results for Virginia school counselors in the top and bottom two areas of confidence in counseling skills.

Louisiana school counselors reported the three highest level of confidence with addressing student specific issues as (a) academic concerns ($M = 90.95$, $SD = 13.413$), (b) stress management ($M = 87.35$, $SD = 12.623$), and (c) relationship concerns ($M = 84.49$, $SD = 16.968$), with the two issues rated the lowest reported as (a) immigration concerns ($M = 49.28$, $SD = 27.142$) and (b) addiction/substance abuse ($M = 56.74$, $SD = 26.558$). These results mirrored Carlson and Kees' (2013), Hines (2020) and Borland (2020) results.

Louisiana school counselors reported the four highest level of confidence in working with students with DSM diagnosis as (a) anxiety disorders ($M = 79.94$, $SD = 16.400$), (b) disorders primarily diagnosed in children ($M = 76.81$, $SD = 20.001$), (c) cognitive disorders ($M = 71.70$, $SD = 21.084$), and (d) impulse-control disorders ($M = 69.96$, $SD = 23.775$), with the lowest confidence level in factitious disorders ($M = 46.30$, $SD = 30.380$). These results align with Carlson and Kees' (2013) results in the top four areas where school counselors had the most confidence and least self-confidence. Hines's

(2020) results also aligned with this study for the top three most self-confident and with the last two issues rated the lowest.

However, the result from this study suggests that Louisiana school counselors' confidence levels align with those like school counselors across the nation, possibly due to following the ASCA National Model. The ASCA (2017) defined the school counselor as a certified/licensed educator whose school counselor program promotes consultation, collaboration, and ethical practice as foundation for indirect services, while promoting that a school counselor role in addressing mental health concerns is to provide short term counseling or crisis intervention while supporting referral to other school and community providers for mental health issues such as suicidal ideation, substance abuse, depression, and abuse. This study produced results in line with previous research in that school counselors are not as confident in addressing mental health issues such as addiction/substance use due to academic counseling being rated the highest.

Furthermore, this study showed that school counselors who did not attend a CACREP program or belong to the ACA would present a decrease in their level of confidence in mental health services to students compared to those counselors that did attend a CACREP program and those that belong to the ACA. The ACA (2021) identified school counselors as trained mental health professionals; therefore, if school counselors identify as educators and are required to follow ASCA standards, this is in line with the low level of confidence that school counselors reported with diagnosing and working with students with DSM diagnosis. Additionally, the confidence level may be lower because diagnosing is not within the scope of practice for school counselor role according

to the ASCA National Model, therefore not practiced in their daily counseling role. In line with previous research, this may indicate that school counselors are generally confident in carrying out the skills needed for their assigned role due to the demands placed on them by the setting and adopted policies such as the ASCA National Model, leaving little time to address the growing mental health needs of students (Carlson and Kees, 2013; Christian & Brown, 2018; DeKruyf et al., 2013; Lambie et al., 2019).

At the macro-level, policy changes in Louisiana promote mental health training yet may limit the application of such training due to following all facets of the comprehensive ASCA National Model, which also lists long-term counseling for students with higher mental health needs as inappropriate school counselor task leaving the micro-level continuing to support historical practices. The results of this study aligned with previous researchers (Harris et al., 2019; Mullen & Lambie, 2016) in that the stronger the belief in school counselor self-efficacy in providing mental health counseling services, the stronger the principal relationship and in turn, the more counseling services that will be delivered.

SCARS

The SCARS self-report measure was used to examine the frequency of counseling activities. The school counselor rated the frequency at which they actually perform a counseling activity and the frequency at which they prefer to perform a counseling activity. School counselors top three highest frequency of preferred counseling services included (a) counsel students regarding academic issues ($M = 4.29$, $SD = .836$), (b) counsel with students regarding personal/family concerns ($M = 4.25$, $SD = .826$), and (c)

follow up on individual or group counseling participants ($M = 4.19$, $SD = .931$). The three preferred counseling activities with the lowest frequency rating include (a) conducting small group counseling for students regarding substance abuse issues ($M=2.55$, $SD=1.234$), (b) counseling students regarding crisis/emergency issues ($M=3.42$, $SD=.986$), and (c) provide small group counseling to address relationship/social skills ($M=3.70$, $SD=1.043$). The highest two frequencies and the top two lowest frequencies are comparable to findings by Borland (2020).

In terms of actual counseling services, the three highest activities included (a) counsel students regarding academic issues ($M = 4.32$, $SD = .891$), (b) counsel with students regarding school behavior ($M = 4.12$, $SD = .947$), and (c) counsel with students regarding personal/family concerns ($M = 3.98$, $SD = .925$). The actual counseling with students for school behavior and personal/family aligns with Borland (2020) while all three highest are in alignment with Ruiz et al., (2019). The three actual counseling activities with the least frequency rating included (a) conduct small group counseling for students regarding substance abuse issues ($M=1.60$, $SD=.948$), (b) provide small group counseling to address relationship/social skills ($M=2.56$, $SD=1.309$), and (c) follow-up on individual or group counseling participants ($M=3.49$, $SD=1.257$). Conduct small group counseling for students regarding substance abuse issues and provide small group counseling to address relationship/social skills aligns with Borland (2020) and Ruiz et al., (2019).

This study showed that Louisiana school counselors prefer to counsel students regarding academic, personal/family concerns and follow up with students regarding

these concerns. Nevertheless, school counselors in this study seem to choose individual over group counseling and avoid more serious issues such as crisis/emergency and substance abuse. Additionally, follow-up on individual or group counseling participants was rated as one of the least performed counseling activities while it is rated as one of the topmost preferred counseling activities. Prior research (Bardhoshi et al., 2014; Benigno, 2017; Blake, 2020; Holstun et al., 2019; Lane et al., 2020; McConnell et al., 2020) has shown that the ASCA National Model, administrators' perceptions, and training programs can influence school counselors' role and activities performed within the school setting; therefore, this study may support that counselor may not do the counseling services that they prefer to do based on outside influences.

Summary of Findings

Changes to governmental and educational policy regarding the mental health training of school counselors to address mental health issues seem to be slowly changing, as evidenced by the split professional identity, the reported confidence levels in school-based mental health services, and counseling services provided. In this study, more school counselors were identifying as educators than mental health providers, but there is a downward trend on school counselors identifying as educators and an upward trend on school counselors identifying as mental health providers. Further, school counselors that were licensed reported a more substantial principal-school counselor relationship quality and provided more counseling services. Additionally, a school counselors' level of self-efficacy in school-based mental health services predicted the frequency of counseling services provided to students. This research study confirmed that school counselors are

still not as confident in their ability to address more serious mental health concerns (e.g., mood disorders, substance use/abuse) but highly confident in their ability to consult, collaborate, and address student issues that are more visible in the school setting (e.g., academic issues, anxiety, disorders primarily diagnosed in children, cognitive disorders, etc.). The findings of this research study show that more than half of school counselors in Louisiana are not licensed to practice mental health counseling, identifying as educators, and possibly will never be prepared to address the mental health needs of students. Therefore, even though changes at the macrolevel occurred nine years ago and the shift in education and training ended five years ago, there is still a large gap in professional identity, principal-school counselor relationship quality, and confidence in school based mental health services that demonstrate the need for all school counselors and stakeholders to be afforded the opportunity for future training to address the mental health needs of students.

Limitations of the Study

While precautions were implemented to decrease the threats to the internal and external validity of the study, there are a few limitations that could influence the validity. Threats to internal validity include self-report measures since school counselors may answer in a socially desirable manner, and be less accurate in reporting their own competencies, the actual relationship with their principal, and use of their time. Anonymity was one way to help reduce social bias. Threats to the external validity of this study included a limitation to the generalizability since data collection was limited to a specific geographical location, the state of Louisiana. Furthermore, as correlation

research was utilized to explore the relationships between the variables and predict the effect on one another, I cannot identify the specific cause of counseling frequency since correlation does not represent causality (Lee, 2007). Finally, this study happened in the fall semester of the academic year, which might yield different results than if administered at any other point during the school year. This study took place when the Delta variant of COVID-19 was spreading, which may influence results based on changes in the academic settings to adjust for different environmental learning. This draws concern on whether similar correlations would appear if data collection took place at another time.

Recommendations for Further Research

This research study demonstrated that there is, in fact, a split professional identity, but there is a decline in the old identity and a rise in the new mental health provider identity. Additional research is necessary to assess whether the new identity continues to expand into the school system and if the school counselors' role continues to change with it in addressing student mental health needs. Additionally, this study showed that school counselors who identify as educators working in a school setting (guidance counselors) are less likely to provide more counseling and have a weaker quality relationship with stakeholders. Thus, research exploring the effects of interventions such as professional development opportunities and clinical supervision of school counselors for mental health counseling services and professional identity advocacy efforts for both the school counselor and stakeholders should be considered. Even though this study did not focus on the effect of current counseling interventions provided by school counselors, more

research could be done into what school-based counseling interventions positively influence student mental health services.

The examination of LMX theory's influence on the principal-school counselor relationship, demonstrated that licensed counselors reported a higher principal relationship quality and identified mental health providers perform more ideal counseling services. Endeavors should be made to explore factors that could help support school counselors that identify as educators using counseling skills to increase counseling services in meeting the mental health needs of students. Another area to further expand on this research could be to explore the lived experiences of licensed versus unlicensed counselors, their relationships with stakeholders, and how these factors influence their work in providing school based mental health services.

Implications

Positive Social Change

This study has the potential to initiate advocacy efforts within the school system for school counselors' mental health identity and role in addressing mental health needs of students. The current influence that licensure and mental health professional identity have on the principal-school counselor relationship and counseling services provided at the school level provides a growing need for school counselors to be clinically trained. Additionally, this has the potential to help educate stakeholders on how to best support future counselor development (possibly offering professional development opportunities geared towards mental health counseling services) and utilize the school counselors time in meeting the mental health needs of students. Furthermore, the positive social change

implications include knowledge useful for educational system leaders, school leaders, educators, and stakeholders searching for improvement to existing services within the school system.

Conclusion

The continual increase in student mental health issues has promoted the need for more access to care within the school system, thereby prompting governmental policy changes requiring school counselors to be adequately trained in addressing student mental health needs. The educational and training requirements of school counselors in Louisiana have shifted to help address the rise in mental health needs of students, yet there has been little change from previous research findings in the confidence level (self-efficacy) in providing school based mental health services. The results of this study suggested that school counselors with a strong professional identity as a mental health provider, a higher quality principal relationship, and higher self-efficacy in school-based counseling services do provide more counseling to students. Overall, this study's findings provide implications for all education system stakeholders and contribute to the current body of literature concerning school counselors' professional identity, principal relationships, self-efficacy, and counseling services provided.

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Appendix A: Survey

SURVEY for LOUISIANA SCHOOL COUNSELORS

1. Are you currently working as a school counselor in the State of Louisiana?

- Yes
- No

2. Does your school principal assign your primary school duties/role?

- Yes
- No

3. Do you report to only one school?

- Yes
- No

4. Did you obtain your certification from the Louisiana State Department of Education...

- prior to 2013 or
- after 2013

5. Which professional identity do you identify with (choose only one)

- Educator working in a school setting (guidance counselor)
- Mental health provider working in a school setting

Credentials:

6. Please select your highest level of education completed:

- MA/MS
- M.Ed.

- EdD
- PhD
- Other: _____

7. The counseling program I attended was CACREP accredited:

- Yes
- No
- Unsure

8. Licensure:

- Licensed Professional Counselor
- Licensed Professional Counselor-Supervisor
- Provisional Licensed Professional Counselor
- Not licensed in state of Louisiana to practice mental health counseling
- Other _____

9. What additional certifications do you hold, please select all that apply:

- Nationally Certified Counselor
- Nationally Certified School Counselor
- Nationally Certified Mental Health Counselor
- Other _____

10. Total years of experience as a practicing school counselor _____

Demographics

11. Please specify your current age in years: _____

12. Please specify your gender

- Male
- Female
- Other _____

13. Please specify your Race/Ethnicity:

- American Indian or Alaska Native
- Asian
- Black American or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other_____

14. Current School Setting:

- Rural
- Suburban
- Urban

15. I currently work with the following grade levels (check all that apply)

- Elementary
- Middle/Junior High
- High School

16. How many students are assigned to your current caseload _____?

17. What percentage of students that you serve have a mental health diagnosis?

18. I am a member of the following professional organizations (please select all that apply).

- American School Counselor Association (ASCA)
- Louisiana School Counselor Association (LSCA)
- American Counseling Association (ACA)
- Louisiana Counseling Association (LCA)
- Other: _____
- Not a member of any professional organization

Appendix B: Permission to Use SBMHS Instrument



Carlson,Laurie <Laurie.Carlson@ColoState.EDU>

Wed 6/16/2021 6:03 PM

To: Lori Barthel



Yes, you may publish the instrument in your appendices.

Laurie Carlson, PH.D.
Associate Professor and Chair
Counseling and Career Development Program
Colorado State University
Fort Collins, CO 80523-1588
970-491-6826



Carlson,Laurie <Laurie.Carlson@ColoState.EDU>

Fri 12/4/2020 5:29 PM

To: Lori Barthel



Of course. We administered the survey electronically through Qualtrics. You have my permission to reuse the survey.

LAURIE CARLSON, PhD

Pronouns: she, her, hers

For more information regarding why pronouns are important see:

<https://www.mypronouns.org/what-and-why>






Associate Professor
Counseling and Career Development

P. 970-491-6826
1588 Campus Delivery | Fort Collins, CO 80523-1588

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Appendix C: Permission to Use LMX-7m Instrument

 Elysia Clemens <elysia@coloradolab.org>     ...
 Wed 6/16/2021 2:21 PM
 To: Lori Barthel

Yes you are welcome to include it in your appendix.

Elysia

 Elysia Clemens <elysia@coloradolab.org>     ...
 Fri 12/11/2020 8:49 AM
 To: Lori Barthel

Hi Lori,





You are welcome to use the adapted version. I believe it is in an appendix of my dissertation. Here's a link:

<https://libres.uncg.edu/ir/uncg/f/umi-uncg-1531.pdf>

Warmly,
 Elysia

...

Elysia V. Clemens, PhD, LPC
 Deputy Director/COO
 Colorado Evaluation and Action Lab
 University of Denver
www.ColoradoLab.org

 Dwyer, Laura <lp39@evansville.edu>     ...
 Mon 12/28/2020 10:04 AM
 To: Lori Barthel

Hi Lori,

Sure, that's fine. I assume from your email that you have the instrument itself.

Good luck with your project.

Laura Paglis Dwyer, PhD
 Associate Professor of Management
 Schroeder School of Business Administration
 University of Evansville
 1800 Lincoln Av
 Evansville, IN 47722
lp39@evansville.edu
 (812) 488-1156



Appendix D: Permission to Use SCARS Instrument

SCARS: School Counselor Rating Activity Scale

The School Counselor Activity Rating Scale (SCARS) was developed to aid school counselors in the gathering of data about how school counselors actually spend their time and what job-related activities they would prefer to spend their time doing. Individual activities or the major interventions of a comprehensive developmental school counseling program (Counseling, Consultation, Curriculum, Coordination) may be examined. In addition, "other duties" commonly performed by school counselors may also be assessed. For information on instrument development and validity please see:

Scarborough, J. L. (2005). The School Counselor Activity Rating Scale: An instrument for gathering process data. *Professional School Counseling, 8*, 3. 274-283.

The information obtained on the SCARS can be utilized in a variety of ways including:

- As part of an overall program evaluation report
- As a means to educate constituents about the role and functions of school counselors
- As a method for educating school counselors-in-training about school counseling activities and how to approach differences between "ideal" and "reality"
- To gather data in a research project designed to further understand variables related to school counselor practice or interventions designed to move school counselor practice to be more aligned with best practices

School counseling professionals have used SCARS as they:

- Work to implement comprehensive school counseling programs in school districts
- Conduct research examining teacher perceptions of school counselor effectiveness compared with school counselor performance
- Attempt to advocate for adding a full-time school counseling position
- Fulfill a request by the school administrator to conduct a task analysis
- Conduct research examining the impact of supervision on school counselor self-efficacy and the school counselor's work day
- Prepare to speak to the school board about moving their high school program toward a comprehensive developmental school counseling program
- Collect data to support the revision of a school guidance plan

You are welcome to use the School Counselor Activity Rating Scale. Simply print the 2-page PDF document and copy into a two-sided pamphlet for your convenience. [Download the SCARS by clicking here](#) – the SCARS is available as a two page PDF file, and is designed to be printed on both sides of a single page and folded in half.

Janna Scarborough developed the instrument, and she is interested in hearing about how you use the instrument and any results that you find. She can be contacted at scarboro@etsu.edu.

Appendix E: Descriptive Statistics for SBMHS Subscales

Table E1

Number of Respondents, Means, and Standard Deviations for Confidence Level with Student Specific Issues

	N	M	SD
Academic Concerns	147	90.95	13.413
Stress Management	147	87.35	12.623
Relationship Concerns	147	84.49	16.968
Abuse/Neglect	147	83.47	18.269
Suicidal Concerns	147	83.06	15.773
Divorce and Family Disruption	147	81.84	15.704
Transitions and Post-Secondary Planning	144	80.90	23.021
Grief/Loss	147	80.61	17.171
Concerns Related to Living in Poverty	145	76.34	22.262
Spirituality Concerns	139	76.33	22.430
Multicultural Concerns	146	69.66	23.086
Gender/Sexuality Concerns	145	63.17	25.731
Addiction and Substance Use	138	56.74	26.558
Immigration Concerns	138	49.28	27.142

Table E2

Number of Respondents, Means, and Standard Deviations for Confidence Level in Working with Students with DSM Diagnosis

	N	M	SD
Anxiety Disorders	144	79.94	16.400
Disorders Primarily Diagnosed in Childhood	139	76.81	20.001
Cognitive Disorders	142	71.70	21.084
Impulse-Control Disorders	135	69.96	23.775
Adjustment Disorders	136	69.21	25.918
Mental Disorders Due to General Medical Conditions	142	68.55	22.886
Mood Disorders	143	67.54	25.426
Substance-Related Disorders	137	58.72	26.705
Sexual/Gender Identity Disorders	132	58.18	29.643
Personality Disorders	128	58.01	27.930
Eating Disorders	132	55.76	27.484
Schizophrenia and Other Psychotic Disorders	131	53.12	27.656
Sleep Disorders	124	50.23	28.201
Somatoform Disorders	119	47.68	29.493
Factitious Disorders	117	46.30	30.380

Table E3

Number of Respondents, Means, and Standard Deviations for Confidence Level with Counseling Skills

	N	M	SD
Consultations with parents, teachers, & administrators	147	93.62	8.471
Collaboration/Teamwork	147	93.47	9.578
Ethical Practice	145	91.36	10.920
Individual Counseling	147	85.19	13.450
Testing and Assessment	145	79.67	26.066
Group Counseling	146	73.87	20.134
Program Development & Evaluation	142	66.44	24.502
Counseling Research	138	65.75	26.916
Treatment Planning (Goals & Objectives)	135	62.07	29.007
Family Counseling	138	55.12	26.915
Using the DSM to Diagnose Client Issues	124	50.97	32.085