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Predictors of Student Referrals to School Counselors by School Teachers

Kristina Donovan
Walden University

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Walden University

College of Counselor Education & Supervision

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Kristina A Donovan

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the review committee have been made.

Review Committee

Dr. Melinda Haley, Committee Chairperson, Counselor Education and Supervision
Faculty

Dr. Theodore Remley, Committee Member, Counselor Education and Supervision
Faculty

Dr. Walter Frazier, University Reviewer, Counselor Education and Supervision Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2018

Abstract

Predictors of Student Referrals to School Counselors by School Teachers

by

Kristina A Donovan

MA, Georgian Court University, 2010

BS, University of Phoenix, 2008

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

August 2018

Abstract

A large percent of high school students in New Jersey aged 12 – 17 can benefit from seeing their school counselor. The problem is that without teacher referrals, many students with unidentified mental health disorders may not receive the needed early intervention services. Limited research exists as to which factors may influence a teacher to refer a student to a school counselor. Framed with cognitive behavioral theoretical foundation, a cross sectional survey design study investigated how teachers' perception of school counselors influence teachers' willingness to refer to a school counselor, as measured by the Counselor Rating Form – Short Edition. Using a stratified cluster sampling method, 55 licensed New Jersey school teachers participated in the study. To assess the relationship between the results of the Counselor-Rating Form – Short Edition, and teacher made student referrals linear regression was used. In this study, a simple correlation between the CRF-S score and the number of referrals was found to be significant, $r = .338$, $p = 0.012$. Further, the scores on the CRF-S could be a significant predictor of making a referral, $F(1, 53) = 6.825$, $p = 0.012$, $R^2 = 0.114$. This information could be used to infuse counselor education curriculum designed to increase teacher and school counselor conversations, and ultimately provide information to school counselors that may increase the rate of teacher-made referrals of students to school counseling for mental health services.

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Dedication

This dissertation is dedicated to my husband, Tom, and my two children, Caelan and Blake. I know how much time away from you I have spent in order to fulfill my lifelong dream. I hope that you know that while I did it for me, I also did it for you. Never let anyone tell you that you can't do something: You can do anything you put your mind to. Never forget that.

I also dedicate this dissertation to the wonderful members of my family, and my vibrant, loving friends who have supported me every step of the way. You never wavered in your belief in me, even when at times I did. Thank you for your love and dedication to me, and my dreams.

My last dedication is to Hamilton. My dog and the soundtrack. The soundtrack of my dissertation. The music and story behind it reminded me that it doesn't matter where you come from, the sky is the limit if you persevere. "I'm not throwing away my shot..." (Miranda, 2015).

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Chapter 1: Introduction to the Study

In New Jersey, and throughout the United States, there has been an increase in the need for K-12 public school mental health awareness, education, and services (Shute, 2012). Mental health issues in schools have risen to national concern amid reports of events such as bullying, suicides, and school shootings (Bondü, Cornell, & Scheithauer, 2011; Haan & Mays, 2013; New Jersey Principals and Supervisors Association, 2013; Walley, Grothaus, & Craigen, 2009). Many adolescents in New Jersey have reported feelings of depression and even suicidal ideation (U.S. Department of Health and Human Services, 2013). There is a unique opportunity for school districts to help these students (Shute, 2012).

Adolescents in New Jersey who are attending public school are spending between 5 hours and 9.5 hours per day attending classes at their respective schools (The New Jersey Department of Education, 2014). These hours do not factor in adolescents who participate in before or after school activities or sports. Mahoney, Harris, and Eccles (2006) posited that adolescents typically spend an additional 5 to 20 hours a week in sports, activities, competitions, or tutoring. Therefore, with this amount of time spent in school or school related activities, it is likely that a teacher could be the first adult to notice an outward presentation of symptoms that may indicate a change in the mental health of a student (Shute, 2012). Teachers recognizing that a student needs help and making an appropriate referral may provide the early intervention mental health support some adolescents need (Williams, Horvath, Wei, Van Dorn, & Johnson-Reid, 2007).

In this study I explored the expressed perceptions and attitudes of public school teachers in New Jersey toward the use of school-based counseling services and whether these perceptions and attitudes influenced teachers to make student referrals to school counselors. In this chapter, I discuss the background of teacher's perceptions of school counselors as well as an overview of typical student referrals that teachers make. Further, I state the presenting problem, research questions, theoretical foundation, nature of the study, and significance of the study.

Background of the Study

To better understand when a teacher will make a referral of a student to the school counselor, more investigation is needed regarding teachers' perceptions of the role of the school counselor. As school counseling has had a massive shift from originally being vocationally specific to now being a more holistic social emotional support system, there is confusion among school professionals regarding the work and responsibilities of current school counselors (American School Counseling Association, 2013). Without understanding the differences between modern day school-based counseling services and those offered 50-75 years ago, a teacher may not understand when, how, and why to make a school counseling referral (Shute, 2012).

Clark and Amatea (2004) conducted a study that included 23 teachers in elementary and high schools to examine their perceptions of necessary counseling services. The researchers used a descriptive qualitative grounded theory design, and data were collected through individual interviews using a specific interview protocol. Using constant comparative analysis, the interview data were analyzed and coded. The major

themes that were reported in teacher perceptions of school counselors were the importance of communication and collaboration, valuing the direct services to students, counselor visibility, and counselor knowledge of special students' needs. Through my study, I emphasize the need for communication and teamwork in fostering good teacher/counselor relationships. Further, as discussed in the research below, there is a common theme in the literature for the need of good communication both from the teacher, and from the school counselor.

Joy, Hesson, and Harris (2011) conducted a study with 90 pre-service teachers to investigate their perceptions of the roles and responsibilities of a school counselor. Two open-ended survey questions were provided to participants without any specific prompting. The questions asked what the perception of a typical school counselor's day looked like, and in what areas that the school counselor could be more involved. The data were then coded under perceived knowledge of school counselor responsibilities, education of school counselors, personal experience, contact with a school counselor, and use of school counseling services. An area of note was that again the perception of teachers was that counselors should provide mental health counseling or therapy. Further, 11% of the teacher respondents said they wished providing therapy was an area the counselor was more involved in with students (Joy et al., 2011). The study showed that there was some confusion about the role of a school counselor and areas in which the pre-service teachers would like to see the counselor spend more time.

Reiner, Colbert, and Pérusse (2009) conducted a study to determine what teachers' perceptions were of the school counselor. Teachers were identified randomly

through Market Data Retrieval with a sample size of 1,000 teachers. This sample was stratified by proportion to all teachers in each state to try to have a representative national sample. Instrumentation for the study was a 56-item Likert scale and a demographic questionnaire developed by the authors for the study. In this study, researchers yielded 347 responses that met the population criteria. The researchers' results indicated significant correlations ($p < .01$) between the perception of what school counselors should be doing and what they were actually doing. One of the significant findings of the study was the moderate correlation of teachers' perceptions that counselors should work with one student in a therapeutic, clinical mode ($r = .530$). The results of this study provided important information regarding a teacher's perspective that school counselors should be working with their students in a therapeutic mode, and Reiner et al. (2009) mentioned that this is consistent with other studies. While many studies indicate that the teachers understand that the mental health of a student can be addressed through a referral to the school counselor, the reason for referrals still seems to primarily come from behavioral incidents.

Adams et al. (2007) used a quantitative framework to conduct a linear analysis of the differences between family structure, gender, and race in teachers contacting school counselors. Adams et al. (2007) conducted this study using secondary data from the National Education Longitudinal Study (NELS), examining only teachers making referrals of students in Grades 10 and 12. The dependent variable was the teacher's reason for referral, and the independent variables were gender, race, and family structure. The researchers used survey items from NELS longitudinal data collection, which yielded

a sample of 1,277,484 eligible students. To meet eligibility for the study, students must have reported they were living in intact families. Participation was limited to those students who identified as Black and European American. As this was a longitudinal study, the families were initially screened as intact, but as time progressed many may have become nonintact family structures. The results of the study indicated significant differences in the number of referrals among the three independent variables of gender, race, and family structure ($p < .01$). The researchers' results further indicated an increase in referrals for boys, identified as Black, or those living in a nonintact family structure. Further, the most common reasons for referrals were academic concerns or classroom behavior. Through these findings, the researchers indicated that there might be predictive factors for referrals, related to the characteristics of the students. Moreover, the results were consistent with other findings that indicated academic or behavioral concerns were the main reason for the referrals, rather than mental health concerns. A better understanding of the appropriate role of a school counselor, as well as more education on what a behavioral referral is, versus a mental health referral, may help to increase the appropriate referrals school counselors receive.

Shute (2012) considered the implementation and comingling of psychology and teaching and using this to promote good mental health for students in schools. Citing the high number of students identified through the British Medical Association (2006) who had a mental health problem, Shute posited that psychologists could bring their expertise into school environments by implementing social-emotional programs through teachers. Shute (2012) stressed the importance of using evidenced based practices for this, and how

research psychologists and teachers could customize programs to not only address the mental health problems of the students, but also to determine what works for different groups, and what works for effective delivery by the teacher. This article provided a context of how important teachers are in the identification of mental health concerns and the ability of the teacher to be involved with supporting the mental health of students in different capacities. If teachers are aware of the mental health resources in their district, it is not unlikely that the teachers would feel comfortable making referrals when concerned.

After a rigorous literature search, I found no research that examined specific predictor variables of a teacher making a referral of a student to school-based counseling services as measured by the teacher's perception of the counselor. Therefore, in my study, I addressed this gap by examining to what degree teachers expressed perceptions of the school counselor and his or her role, as evidenced by the results of the Counselor Rating Form - Short Version (See Appendix A), and if these perceptions influenced whether the teachers made referrals to school-based counseling services (See Appendix B). Through this research, I addressed the current gap in the literature of student referrals by teachers to school counselors.

Problem Statement

The New Jersey Department of Education (2014) stated that the average student in public schools spent approximately 5 to 9.5 hours in school per day depending on the school district. Most students attend school 5 days a week, in addition they may take the bus, participate in sports, engage in other extracurricular activities, or just stay after

school to use the library or receive extra help. When looking at these additional events, Mahoney et al. (2006) estimated that an additional 5 to 20 hours were spent in these activities, bringing the total average “school exposure” of a student to 45 hours per week.

Teachers are often the primary person with whom these students have these daily interactions, both inside and outside of the classroom (Williams et al., 2007). In addition to the classroom interactions, teachers have the unique opportunity to see these students daily and are often the first to notice changes in affect, clothing, hygiene, personality, participation, and other early warning indications of a possible mental health concern (Williams et al., 2007). This is crucial information, as the average student spends a significant amount of time with teachers and coaches. Researchers posited that with this amount of time spent together, the teacher or coach could be the first person, over that of even parents or peers, to notice a change in the mental health of that individual (Shute, 2012; Williams et al., 2007). While the research of Shute (2012) and Williams et al., (2007) established that students spend a large amount of their time in school activities, little is known about what influences a teacher to make a referral to school counseling services other than behavioral concerns such as acting out (Bryan, Day-Vines, Griffin, & Moore-Tomas, 2012; Mahoney et al., 2006).

Therefore, the problem is that without these referrals, many students with unidentified mental health disorders may not receive the early intervention services that they need. Teachers are still confused by the role of the school counselor, and there is a relative lack of information regarding whether teachers’ perceptions influence their referrals (Repie, 2005). Therefore, research is needed to find out whether a teacher’s

perception of school counseling services predicts the teacher's propensity to refer to school-based counseling services. Furthermore, the results of this study could potentially inform counselor education programs as to whether there is a relationship between teachers' understanding and opinion of school counselors, and whether teachers make referrals. This information could be used to infuse counselor education curriculum designed to increase teacher and school counselor conversations and ultimately provide information to school counselors that may increase the rate of teacher-made referrals of students to school counseling for mental health services (Shute, 2012).

Purpose of the Study

The purpose of this quantitative research study was to examine to what degree teachers expressed perceptions of the school counselor and their role, as evidenced by the results of the Counselor Rating Form - Short Version, and whether these perceptions predicted whether the teachers make referrals to school-based mental health services.

Research Questions

In this study, I focused on understanding whether there is a relationship between school teachers' perceptions of school counselors, and the likelihood of referring students to school-based counseling services. I investigated whether a relationship existed between these two variables, and further whether certain scores on the Counselor Rating Form - Short Version predicted teachers' referral rate to school counselors. Data consisted of participant responses on the Counselor Rating Form - Short Version and demographic information. I examined the following two research questions:

1. Research Question 1 (RQ1): Is there a relationship between expressed

perceptions of school counselors as measured by the results of the Counselor Rating Form - Short Version and the likelihood of teachers referring students to school counselors as measured by demographic questions one? 1. How many times have you made a student referral to school-based counseling services in the past 12 months?

H₀1: Participant scores on the CRF-S will not be significantly related to teachers' making a student referral to the school counselor.

H_a1: Participant scores on the CRF-S will be significantly related to teachers' making a student referral to the school counselor.

2. Research Question 2 (RQ2) : To what degree do scores on the Counselor Rating Form - Short Version predict teacher referral rates to school counselors?

H₀2: High participant scores on the CRF-S will not significantly predict teacher's student referral rates to the school counselor.

H_a2: High participant scores on the CRF-S will significantly predict teachers' student referral rates to the school counselor.

Theoretical Framework

I used a cognitive behavioral theoretical framework to guide this study. My goal was to increase the knowledge related to teacher-made referrals of students to school counseling services, to provide a foundation for future studies with the intent of increasing the quality of student referrals that a school counselor receives based on a noted concern by a teacher.

The developers of cognitive behavioral theory, primarily Aaron Beck, posited that a combination of biological, environmental, and social factors interact, culminating in psychological distress for some (Sharf, 2012). The basis of cognitive behavioral theory is that thoughts influence feelings, which influence behavior (Sharf, 2012). Beck (2011) found that often these thoughts are automatic thoughts based on a combination of factors, including past experiences. These thoughts trigger a feeling and then the person chooses a behavior (Beck, 2011). To understand referrals of students to school-based counseling services, I used cognitive behavioral theory to explore teacher's perceptions, thoughts, and previous experiences with counselors and how those experiences relate to whether a teacher will make a referral of a student to the school counselor. I discuss the theoretical framework of cognitive behavioral theory in more depth in Chapter 2.

Nature of the Study

I used a quantitative study using a cross sectional survey, as previous researchers have identified that it was the appropriate research design to investigate the relationship of student referrals to school counselors by licensed or certified public-school teachers in New Jersey. According to Gay, Mills, and Airasian (2009) survey research is appropriate, as it uses collecting information to test a hypothesis. I used a cross-sectional design for the survey. Cross sectional surveys are designed to collect the data from the participants at that single point in time (Gay et al., 2009). My use of a cross-sectional survey is supported by research when the study is a stand-alone project and is using data collected about attitudes or beliefs (Gay et al., 2009). My study meets both criteria. Furthermore, Fink (2013) mentioned that cross-sectional surveys are also appropriate for

a researcher who is looking at something current and subsequently wants to change it. This aligns with the purpose of this research, as the goal was to understand teacher referrals to school counselors, and ultimately increase these referrals and increase early mental health intervention in the schools. Lastly, using a survey is a good choice for a dissertation as using an online survey is economical and allows for a quick and easy collection of data for analysis (Creswell, 2009).

Through this study, I examined the relationship between the independent variable of teacher perception as assessed by the Counselor Rating Form - Short Version (Corrigan & Schmidt, 1983) and the dependent variable of how many times a teacher has made a student referral to school counseling services. One additional question was a part of the collection of demographic information. The question was how many times a teacher referred a student to school-based counseling services in the past 12 months. Groves et al. 2009) provided the standard demographic questions such as gender, age, ethnic origin, years teaching, and subject taught, that are typically from the U.S. Census Bureau, so I collected this information as well.

I collected the data using Survey Monkey technology (Survey Monkey, 2017). Upon completion of the data collection, and after I reached a sufficient sample size, I placed the participants' data into SPSS software for statistical analysis (IBM Corporation, 2016). I used a linear regression analysis to assess the relationships and statistical significance of the collected data. Several factors must be met in order for a regression analysis to be the accurate form of analysis (Frankfort-Nachmias & Nachmias, 2008). The first factor that must be met to use a regression is to use a continuous variable. The

additional question in my survey of how many times a teacher referred a student to school-based counseling services in the past 12 months did meet this requirement. Frankfort-Nachmias and Nachmias (2008) explained that number of referrals will then need to be set by the researcher with a real limit to ensure there are boundaries of intervals for scores, which would prevent a teacher from answering they have made one and a half referrals as opposed to one or two. To accomplish this there were boundaries on the scale of measurement that set a lower real limit of .5 below and an upper real limit above of .5 (Frankfort-Nachmias & Nachmias, 2008).

My use of a regression analysis helped to specify the relationship between the two variables, and Frankfort-Nachmias & Nachmais (2008) stated, “Pearson’s r is an interval measure of relationship that reflects the proportional reduction of error when one shifts from the means as a prediction rule to the linear regression equation” (p. 382). Other assumptions of the regression analysis include using a random effects model assumption for bivariate linear regression, as opposed to fixed effects models (Green & Salkind, 2011). The random effects model is more appropriate for nonexperimental studies. The assumptions of this model include that the “X and Y variables are bivariate normally distributed in the population” and that the “cases represent a random sample from the population, and the scores on each variable are independent of other scores on the same variable” (p. 277). Both of these conditions were met in my research study.

Gay et al. (2009) explained that, as part of the regression, my use of a regression analysis provided me with the correlation statistic. The correlation statistic helped me address whether there was a relationship between the results on the CRF-S and whether a

referral was made to school-based school counseling services by a teacher. A correlational design measures the relationship between two variables, and Creswell (2009) explained that quantitative studies often use research questions to find relationships among variables. A correlational design does not measure a predictor, meaning it only looks at the strength of the relationship rather than whether one variable predicts another. Campbell and Stanley (1963) posited that a correlational design is also helpful in disconfirming research questions. Upon completion of a correlation, the researcher could then set up an experimental design to better understand the relationship between the variables.

When working within a correlational design, I have ensured that the design meets the assumptions necessary for the design to be accurate. The assumption of the correlational design that I was looking for was that the variables are linear and do not have multicollinearity (Creswell, 2009; Gay et al., 2009). Multicollinearity means that the variables are so highly correlated that they almost appear as one (Gay et al., 2009). The strengths associated with a correlational design include the ability of the researcher to quickly rule out a possible hypothesis (Campbell & Stanley, 1963). Another strength is that a correlational design is a relatively inexpensive measurement design (Campbell & Stanley, 1963). Weaknesses of a correlational design include the inability of the researcher to fully assess the variables through a pre-and-post-test in controlled environments (Campbell & Stanley, 1963). Furthermore, there is often an assumption that a correlation means a causation, when this is not accurate (Creswell, 2009; Gay et al.,

2009). Without the controlled environment, the researcher is limited in the scope of generalizability and sensitivity with this design (Creswell, 2009).

Definitions

Through the current study, I examined the relationship between perceived perception of school counselors by teachers, and the likelihood of teachers making student mental health referrals to school counselors. In this section, I describe the key terms used in the study.

Adolescent: For the purpose of this study, an adolescent is defined as an individual aged between 12 – 17 years old (U.S. Department of Health and Human Services, 2013).

Mental health: The World Health Organization (2014) defines mental health as overall mental well-being. Further, it is the ability to cope with typical stress, and to lead a productive life.

Referrals: Referrals are operationally defined as any student name given to the school counselor with the purpose of that school counselor to reach out to that student. For the purpose of this study, referrals were when a teacher indicated through a yes or no question whether the teacher had made student referrals to the school counselor based on a concern (Bryans et al., 2012).

School counselors: School counselors are defined as licensed individuals currently working in public schools under the title of school counselor or guidance counselor (American School Counseling Association, 2013). School counselors, in the State of New Jersey, must graduate from a 48-credit master's degree in school counseling

including required counseling graduate study in the areas of theory, counseling, career counseling, testing and evaluation, psychology, sociological foundation, community agencies, statistics, and a supervised practicum and internship (New Jersey Department of Education, 2015b). School counselors may be employed at the elementary, middle, or high school level (New Jersey Department of Education, 2015b).

School teachers: For the purpose of this study, public school teachers are operationally defined as classroom based teachers in public school buildings including elementary, middle, and high schools. School teachers worked for public schools only, not Charter schools. Charter schools are independently run and may have student admission criteria, as well as different teacher credentialing (New Jersey Department of Education, 2014). Teachers in the state of New Jersey are required to hold a certificate; Certificate of Eligibility (CE, or Alternate Route), Certificate of Eligibility with Advanced Standing (CEAS, or Traditional Route), or a Standard Certificate (New Jersey Department of Education, 2015b). Teachers who participated in this study were currently employed in a public-school setting.

Student: For the purpose of this study, a student is defined as an adolescent attending public school (New Jersey Department of Education, 2014).

Teacher perception: Teacher perception is defined as the outside stimuli a teacher internally organizes information into, and feels about the school counselor, as assessed by the results of the Counselor Rating Form - Short Version (Corrigan & Schmidt, 1983).

Assumptions

In this study, I asked teachers to respond to CRF-S survey questions that investigated their expressed perceptions of school counselors. In the demographic section, I asked teachers whether they had referred students to the school counselor in the previous 12 months. Therefore, it is an assumption that the teachers responded to the survey honestly and were forthright in their responses. I did not require any personal identifying information within the survey responses and I did employ anonymity to protect the confidentiality of the participants. It is an assumption that the teachers have a school counselor in their district and that they knew how to contact the school counselor with a student referral. It is an assumption that the teacher had a basic knowledge of school counselors and that they are allowed to make a student referral to the counselor. I acknowledge that it is an assumption that the participants completed the survey of their own free will, as they were notified of their rights to withdraw from participation at any time, and for any reason.

Scope and Delimitations

My emphasis within this study included understanding the expressed perception of school counselors by teachers, and whether this can predict if a student referral was made by teachers to these services. Understanding the connection among these variables could support future research for teacher and school counselor training to increase collaboration and understanding of what may influence a teacher to make a student referral. The New Jersey Department of Education (2016) identifies that there are more students, teachers, and counselors than those in the public-school system; therefore, as a result I can only generalize the outcome of this study to New Jersey public schools.

Aaron Beck was the theorist selected to represent the theoretical framework of cognitive behavioral theory as Aaron Beck originally developed and validated cognitive behavior as a theory, and is widely recognized as the chief researcher in this field (Beck, 2011).

To narrow the focus of this study, I used the following delimitations: I delimited participation in this study to self-identified licensed New Jersey teachers who were employed for at least 12 months, and who were teaching in a classroom within the public-school system in New Jersey public schools, excluding charter schools. Further, I delimited this study to include only licensed teachers with access to the Internet and e-mail. I also delimited my study to the theoretical framework of cognitive theory via Aaron Beck.

Limitations

This research study has inherent limitations. Fink (2013) essentially stated that valid surveys come from valid and reliable instruments. The overall threats I have identified in regard to validity and reliability when using a cross-sectional survey includes the selection of participants, history, maturation, testing, instrumentation, statistical regression, and attrition. Any time a survey is used, there are inherent threats and this are widely accepted, as long as the researcher addresses them such as mentioning that the survey used in this study relies on self-reported information, and was only collected from New Jersey public schools (Fink, 2013). Further, threats to validity include reactive effects of testing but are mostly related to how the participants were selected (Fink, 2013). This is the reason that selection of participants and using appropriate data analysis becomes so important (Fink, 2013). To address this, I am using

a stratified random sampling strategy, which is one of the best ways to obtain a representative sample (Gay et al., 2009). Further, I am using a regression analysis with a random effects model assumption, which is the appropriate model for continuous variables in non-experimental designs (Green & Salkind, 2011).

Another possible limitation is my position as a current, licensed, employed school counselor in the state of New Jersey. To minimize this bias, I chose to conduct a quantitative study rather than qualitative. Further, I have chosen to use a published, validated instrument through survey software to minimize my influence over the submitted responses. Additionally, participants are anonymous and self-reporting which should minimize possible experimenter expectancies (Kazdin, 2003).

Significance

The results of this study are intended to help increase knowledge among education professionals related to whether there is a relationship between teachers' opinions of school counselors and whether the teachers make referrals to school-based counseling services. This may be accomplished through publication of the study. This is important as there has been an increase in national awareness for the need for early mental health identification and intervention, and school personnel can help support this (Shute, 2012). The results of this study are intended to help increase local and national awareness of school-based mental health services, the accessibility and utilization of counseling in schools, and the whether there is any influence that predictors have on teacher referrals for this concern.

Using this information, counselor education programs might have the ability to advocate for the school counseling profession by infusing coursework with curriculum designed to increase conversations between teachers and counselors, as well as provide information as to psycho-educational services that the school counselor can provide to increase student referrals. I plan to publish the results of the study, and to present at local and national conferences to open up these conversations, and the ability of both teacher preparation programs, and school counseling programs to find interdisciplinary approaches to early mental health identifications and interventions.

Summary

My focus for Chapter 1 was to provide an overview of the background of the research problem. To address the national concerns of mental illness at an earlier stage, researchers suggested that school personnel's implementation of preventative, and educational mental health services is a step in the right direction (Alicea et al., 2012). Teachers are a vital component in the early identification of changes in students' attitudes, personality, behaviors, and overall mental health (Repie, 2005). Therefore, it is my purpose for this study to examine to what degree teachers expressed perceptions of their building school counselor(s) influence whether the teacher make referrals to school-based mental health services.

In Chapter 2, I provide a literature review on the theoretical basis for this study, the history of school counseling, the understanding of the role of the school counselor by teachers, and the information that is evidence based about why teachers currently make referrals. Additionally, I describe how my study addresses a gap that currently exists in

this literature and extends the knowledge of research related to student referrals by teachers to school counseling services

Chapter 2: Literature Review

The U.S. Department of Health and Human Services (2013) reported that in New Jersey alone, 29% of adolescents ages 12 – 17 exhibited depressive symptoms, 14% had seriously considered suicide, and 10% had attempted self-harm with the intent of killing themselves in the 12 months prior to the survey. Additionally, one in 10 adolescents do not have medical insurance thereby greatly limiting their access to mental health services (U.S. Department of Health and Human Services, 2013). In New Jersey, and nationally, there has been an increase in awareness of the need for K-12 public school mental health awareness, education, and services (Shute, 2012). Recent events such as bullying, suicides, and school shootings have put mental health services in schools in the hands of policy makers, as reform is being demanded on the part of the public (Bondü, Cornell, & Scheithauer, 2011; Haan & Mays, 2013; New Jersey Principals and Supervisors Association, 2013).

The New Jersey Department of Education (2014) reported that New Jersey high school students average approximately 5 to 9.5 hours in school depending on the district. Mahoney et al. (2006) further estimated that high school students spend between 5 and 20 hours a week in extracurricular activities. Therefore, most students attend school 5 days a week, in addition to this time in class, a student may use school transportation, participate in sports, other extracurricular activities, or just stay after school to use the library or receive extra help. It is not unusual for an adolescent to return home late in the evening (Mahoney et al., 2006).

Given this information, it would not be unlikely that the average high school student is away from their home and in the care of a school professional between 30 – 50 hours a week. This is a significant amount of time, and typically teachers are the primary person that these students have these daily interactions with, both inside and outside of the classroom (Williams, Horvath, Wei, Van Dorn, & Johnson-Reid, 2007). The teacher sees students' day after day, and these teachers are often the first to notice changes in affect, clothing, hygiene, personality, participation, and other early warning indications of a possible mental health concern (Williams et al., 2007). While researchers have established that students spend a large amount of their time in school activities, and that teachers are often the first to notice a concerning change, little is known about what influences a teacher to make a referral to school counseling services other than behavioral concerns such as a student engaging in a behavioral disruption (Bryan, Day-Vines, Griffin, & Moore -Thomas, 2012; Mahoney et al., 2006).

As established, adolescents spend a significant amount of time with school-based personnel with whom they interact in and out of the classroom (Williams et al., 2007). These school professionals have access to students that many other adults may not, so school counselors rely on these referrals to initiate early intervention for adolescents with mental health concerns (Williams et al., 2007). One of the problems is the likelihood that teenagers associate a stigma with mental health, and therefore are unwilling to self-refer, especially in lower socioeconomic districts (Aliciea, Pardo, Conover, Gopalan, & McKay, 2012). However, Turner and Liew (2010) found that a positive experience with services in the past increased the potential for use of services in the future. The teacher

may have had interactions with the school counselor, or school counseling services in the past, and the positive or negative perception gained from this experience may influence whether the teacher is comfortable with these services. Clark and Amatea (2004) found that a teacher's knowledge and experience with school counseling was influential in the use and perception of these services by other teachers, administrators, parents, and students.

The problem is that without these teacher referrals to the school counselor, many students with unidentified mental health disorders may not be receiving the early intervention services that they need. In addition, it has been found that teachers are still confused by the role of the school counselor and there is a relative lack of information regarding whether teachers' perceptions influence their referrals (Repie, 2005). The lack of research regarding teachers' understanding of the role of school counselors, the reason referrals should be made, or what constitutes a mental health referral is a significant gap in the literature that may result in students not receiving the referrals to counseling services that they need (Adams, Benschhoff, & Harrington, 2007; Jackson, 2000). The purpose of this study was to explore high school teachers expressed perceptions of high school counselors' roles and school-based mental health services.

In this chapter, I provide an understanding of the history of school counseling, the possible confusion of services, the individual history of a teacher's relationship with these services, as well as the historical reason for school counseling referrals all help to inform this study. I discuss the literature search strategy, the theoretical foundation that guides this study, and a review of the literature.

Literature Research Strategy

I used the following databases to review the literature for this study: Education Research IC (ERIC), Academic Search Complete, Education Research Complete, Mental Measurement Yearbook, EBSCO, PsycArticles, PsychInfo, ProQuest, Teacher Reference Center, SOCIndex, and Research Starters Education. I used the following search terms: *American School Counselor Association; ASCA; school counselor(s), guidance counselor(s), school counseling, guidance counseling, referral, student referrals, referral predictors, referral rates, teacher, teacher referrals, teacher perception, perception, school counseling services, and guidance counseling services.* Combinations of search terms included: *Teacher(s) and school counseling, teacher(s) and school counselors, teacher(s) and guidance counseling, teacher(s) and guidance counselors, teacher and student referrals, teacher and referral to school counseling, teacher and referral, teacher and referral predictors, teacher and referral rates, school counselor and referral, school counselor and referral rates, school counselor and referral predictors, guidance counselor and referral, guidance counselor and referral rates, guidance counselor and referral predictors, teacher perception and school counseling, teacher perception and school counselors, teacher perception and guidance counseling, teacher perception and guidance counselors, teacher perception and referral, teacher perception and referral rates, teacher perception and referral predictors, perception and school counselor, perception and school counseling services, perception and guidance counselor, perception and guidance counseling services.* In addition to using the library database feature from Walden University, the American Psychological

Association, American Counseling Association, and the American School Counseling Association, I have also used specific journals as a resource. Under these broader associations, there are sectors such as the New Jersey School Counselor Association that provide information specific to the state of study. Through this search process, I was able to identify articles that would inform the key concepts of this study and support the basis for this study. I reviewed articles from 1978 – 2016. It was necessary to search further back than 5 years to review the original studies related to the origins of cognitive behavioral theory, as well as to review early counselor persuasion seminal articles. The articles that pertained to the topic of predictors of student referrals to school counselors by high school teachers are included in the next sections of the literature review.

Theoretical Foundation

When conducting research, the underlying theoretical or conceptual framework is the basis for the underlying concepts that guide the researcher in many of the research decisions (Frankfort-Nachmias & Nachmias, 2008; Halbur & Halbur, 2011). For example, the theoretical basis may be the lens through which the qualitative researcher writes his or her research study or perhaps influence the measure a quantitative researcher uses (Frankfort-Nachmias & Nachmias, 2008). Creswell (2009) emphasized that this theoretical framework is the way that the researcher conceptualizes the research study and the overarching principles that will guide the research as it moves forward.

A strong reason for new research is to contribute to the growing knowledge in and around theory (Frankfort-Nachmias & Nachmias, 2008). Frankfort-Nachmias and Nachmias (2008) also explained how a conceptual foundation of research moves to a

theoretical system, as the researcher starts to relate the components. Frankfort-Nachmias and Nachmias (2008) described how researchers use theory and concepts as the systemic link between empirical and conceptual, by either using a model of theory-then-research or research-then-theory. My dissertation topic follows the model of theory-then-research, building upon a cognitive behavioral framework.

The theoretical basis for this study is rooted in traditional cognitive behavioral theory. Cognitive behavioral theory, as presented by Aaron Beck (2011), stated that a combination of biological, environmental, and social factors interact, culminating in psychological distress for some (Sharf, 2012). Cognitive behavior theorists also posit that there is a relationship between thoughts, feelings, and behaviors (Beck, 2011). Further, cognitive behavioral theorists look for automatic thoughts that inform behaviors (Beck, 2011). In my study, I researched whether a teacher's perception or thoughts of school counselors or school counseling services causes the teacher to make a student referral. To do this, I looked to the work of cognitive behavioral theory.

Aaron Beck was searching for empirical evidence that psychoanalysis was an efficacious treatment for depression in the early 1960s (Beck, 2011). However, Beck found that he was unable to validate psychoanalysis. Beck began testing psychoanalysis by analyzing depressed patients' dreams to see if this would validate Freud's psychoanalytic belief that people that are diagnosed with depression have a deep-rooted need to suffer. When this was not validated through his studies, Beck started to question other fundamental beliefs and assumptions of psychoanalysis, which he had previously held true. As a scientist, Beck sought to find other reasons for depression and through his

research found that distorted thoughts and beliefs were a primary presenting concern for those with depression (Beck, 2011). Through careful observation and experimental research, Beck designed a model known as cognitive theory (Rush & Beck, 1978). When working with his patients, Beck noted common themes among their thinking patterns in that they had strong automatic thoughts that were tied strongly to emotions, and as he started to question the automatic thoughts with the clients, the clients' moods improved. Beck then developed a form of treatment where the therapist helped the patient identify, evaluate, and question their own thoughts related to their depression and not the presentation of whatever problem they were experiencing (Rush & Beck, 1978),

Beck wanted to further validate his observations, so in 1977, he worked with Dr. Rush and conducted a randomized controlled study of patients with depression (Beck, 2011). The results of the study indicated that cognitive behavioral techniques were similar to that of an antidepressant medication. This was groundbreaking work as no other treatment module had produced similar results to that of a medication (Beck, 2011). Beck, Rush, and others replicated this study and even extended it to other populations with similar results (Rush & Beck, 1978). Rush and Beck (1978) used the results of these experiments to fully develop the cognitive model.

The cognitive model was originally designed for depression but has since been found effective with many mental health disorders and other presenting problems (Beck, 2011). Although originally known as the cognitive model, it is now widely regarded as the cognitive behavioral theory model and will be referred to as such from here forward

(Beck, 2011). The cognitive behavioral model includes several aspects, including cognitive triad, schemas, and cognitive errors (Rush & Beck, 1978).

Cognitive Triad

The cognitive triad is the notion that there are three aspects to the depressed (or otherwise diagnosed) patient's cognition (Rush & Beck, 1978). The first area is the view of self, which is where individuals formulate a view of themselves, and through this lens process other information, tying outside events to this internal view. The basis of this part of the triad is that a person has an underlying view of self, such as "I am worthless," and this view of self affects how the person perceives all information related to self, events, and the environment. This is also known as the negative triad (Beck, 2011).

The next piece of the triad is the tendency for a person to interpret outside events negatively, which thereby reinforces the negative view of self. The individual will view situations negatively even when faced with contrary information. The third component is not only interpreting current events negatively, but the individual will also view the future through this negative lens as well. Using the previous example of internal view of self as worthless, the person may view the future as worthless or useless as well. This does not just apply to those that suffer from depression or have a negative view; an individual that has a positive view of self may interpret interactions, their future, and their environment positively as well. According to Beck (2011) these deep-rooted beliefs are developed in early childhood and are therefore enduring and fundamental to that individual's view of self.

Rush and Beck (1979) tied motivational symptoms to these views as well, proposing that the negative view of self, environment, and the future leads individuals to certain behaviors such as avoidance. Further, the interpretation of these events, result in the same emotion as if these events were true. For example, a person who interpreted that they were being slighted, but was not slighted in reality, would still react with the same emotion as if he or she had actually been slighted. The person with such thoughts might then feel as anger or sadness.

Schemas

Schemas are cognitive patterns in which individual's sort, interpret, and conceptualize the vast number of stimuli in everyday situations (Rush & Beck, 1978). Beck (2011) explained that a schema is the mental framework that allows a person to organize all of the information with which they come in to contact. Although individuals may all conceptualize a similar event in different ways, people tend to form their own schemas in similar ways. Meaning, a person has a schema that does not have to apply to just one situation, but rather it is how they sort information in a variety of settings. Further, individuals have rather stable schemas that they are able to then apply to interpret the world around them (Rush & Beck, 1978). Once these schemas are developed, environmental forces trigger a certain schema to be brought to the surface to help the individual interpret the situation. The concept of schema becomes important to this research as a certain schema may be activated within a teacher based on a previous

environmental interaction with referring students to counseling, or perhaps a negative interpretation of the counseling session that the student experienced.

Cognitive Errors

The last piece of the cognitive behavioral model pertains to the errors in cognition that many people experience (Beck, 2011; Rush & Beck, 1979). Some of the common errors in cognition that people universally experience include arbitrary inference, selective abstraction, overgeneralization, magnification and minimization, and personalization (Rush & Beck, 1979). Other typical errors in thinking include all or nothing thinking, catastrophizing, disqualifying or discounting the positive, emotional reasoning, labeling, mental filter, should and must thinking, tunnel vision, and mind reading (Beck, 2011). These common cognitive errors are typically bolstered by a systemic negative bias, in which the individual looks around to confirm rather than dispute their automatic thoughts (Beck, 2011).

Cognitive Behavioral Theory in the Literature

The following researchers used cognitive behavioral theory as the theoretical foundation of their studies. Using a qualitative research study, Ponec and Brock (2000) explored the relationship among elementary school counselors and principals. Four elementary schools were chosen for this study, using a purposive selection strategy. The elementary schools were in a metropolitan Midwestern district. The schools selected had sizes ranging from 350 to 900 students, and diversity in ethnicity, socioeconomics, and geographic location.

From these four schools, four principals, two assistant principals, and five counselors were selected and interviewed. The counselors were European American, female and had a mean age of 42, no age range was given. The principals included two males, and four females with a mean age of 48, no age range was given. Two principals identified as Black, and four identified as European American. The authors used a semistructured interview, as well as shadowing experiences, to address two research questions.

The first question asked what the relationship was between school counselors and administrators who were in exemplary comprehensive school counseling programs, and secondly, how did the relationship support those programs. The findings indicated that the principals and counselors worked as a unit and validated themes of mutual trust, communication, and support. Further, the findings found that the principal's relationship with the school counselor either promoted or hindered the program itself. Strengths of this study included the rich data collected from both the school counselor and the principals, as well as the use of a semistructured interview protocol and the use of triangulation by additionally shadowing participants. Limitations included the small sample size, which may impact generalizability as well as threats to descriptive validity as the study relied on the researcher's description of the events, behaviors, and people. This study's results, primarily the focus on the principal's relationship with the school counselor, are important to this study as they relate to the previously discussed formation of schemas in cognitive behavioral theory. The reviewed study also creates understanding of the implication of social influence by a school official on the view of the school

counselor as the results indicated that the principal, if he or she had a good understanding of the school counselor's role and a positive view of the school counselor, would promote and grow the counseling services.

Turner and Liew (2010) conducted a quantitative study with 41 parents (38 mothers, and three fathers) and their children ($n = 41$) to see if there was a connection between parent's personal use of mental health services and the parent's perception of child mental health services. The children consisted of 20 girls and 21 boys with an age range of three to six years old ($M = 4.3$ years). Seventy-eight percent of the children were White, 12% were Latino, and 10% were those who identified as other. The parent demographic was reported as 81% White, 12% Latino, and 7% as other.

The families were invited to complete a series of self-report questionnaires as well as participate in observational assessments. The research questions were: (1) whether parents that had utilized mental health services would report more "positive help-seeking attitudes, lower level of mental health stigma, and higher level of help-seeking intentions than parents with no previous service use" (p.233), and (2) whether the previous experience was a predictor of the use of the children's mental health services. The measures used for this study were the Behavior Assessment System for Children – 2 (BASC-2) and The Parental Attitudes Toward Psychological Services Inventory (PATPSI). Finally, there was a dichotomous question asking whether the parent had used mental health services in the past, with the response prompts of yes or no.

The results of the study indicated that parental experience with mental health services significantly predicted use of child mental health services, $F(1, 39) = 10.94$, $p =$

.002, $R^2 = .22$, $\beta = .33$. Strengths of this study included the use of a validated instrument which increases reliability, and the researchers using a diverse sample. Limitations included that the results were primarily through parental self-reporting, as well as the small size of the sample.

Young, Vosgerau, and Morewedge (2014) conducted a quantitative experimental study to explore whether observed choices by a participant became a default due to social influence constructs. The researchers were investigating whether social default effects could be observed in the experiment. Young et al. (2014) defined social influence effects as a person's inclination to choose something after witnessing someone else choosing this item. In this experiment, 54 students were randomly assigned to one of three experimental conditions. The students included 28 males, and 26 females with a mean age of 22.61. Further demographics were not provided. The experimental conditions all had participants choose a Korean tea, but the condition itself was manipulated into a control condition, social default private choice condition, and a social default public choice condition. In the control condition participants selected one of two Korean teas in private. In the social default private choice condition, a confederate chose, and then participant chose one of the two teas in private. Finally, in the final social default public choice condition, the confederate did not leave the room.

Results indicated the majority of participants in the social default private choice condition chose the same brand as the confederate, ($X^2(2) = 13.22$, $p < .01$). Yet, in the control condition only 47.6% chose the same. When the confederate stayed in the room, only 16.7% of participants selected the same tea. The researchers posited this result was

based on the fact that the study participant felt embarrassed by selecting the same tea in front of the confederate. This information is important to this study as it indicates that social influence may play a role in personal choice of services. For example, teachers may see other teachers make referrals, and therefore make a referral themselves. The study also relates to the concept of social influence with cognitive behavioral theory, and how the environment may trigger thoughts which result in behaviors (Beck, 2011). Strengths of this study included good construct validity and due to the experimental conditions the ability to test reliability. Limitations included the possibility of subject heterogeneity as students from the university were the participants, as well as the possibility of situational and contextual cues in the experimental environment.

Robinson, Meier, Tamir, Wilkowski, and Ode (2009) conducted three studies to examine the relationship between cognition, behavior, and motivation. The first study included 112 undergraduate students, in which 77 were female and 35 were male. No other demographics were reported. The research question was to see if a relationship existed between behavioral facilitation and approach motivation. The research hypothesis was “if behavioral facilitation is indeed a core aspect of approach motivation, then higher levels of behavioral facilitation, measured implicitly, should predict (a) greater optimism concerning the future, (b) higher perceptions of progress toward important long-term goals, (c) lower levels of anhedonic depression, and (d) higher levels of informant-reported positive affect” (p. 71). The researchers had participants’ complete seven choice RT blocks to assess behavioral facilitation. Robinson et al. (2009)

measured performance based on scoring reaction time. To measure accuracy, errors were penalized with a visual error message.

The results of the study indicated a correlation of higher levels of behavioral facilitation were predictive of optimism concerning the probability of future positive events, $r = .21, p < .05$. The second study was essentially a replication study in which 51 undergraduate students participated: 41 were female and 10 were male. No other demographics were reported. The participants were again asked to participate in the RT block computerized cognitive tasks, but were additionally invited for a second session one week later. In this study, researchers found that a correlation existed. In the third study an additional purpose was added, in which the researchers were looking to see if the behavioral facilitation score would predict states of motivation and positive affect. In this study, 95 students participated (58 female, 37 male). No other demographics were reported. This study replicated the methods previously used but additional questions were asked. The two questions were to what extent (1 = not at all; 6 = extremely), when paged, participants found their situation rewarding ($M = 3.07; SD = 0.88$) or threatening ($M = 1.66, SD = 0.67$). The researchers found that there was a relationship between behavioral facilitation to momentary states of motivation and emotion, $r = .27, p < .01$., however there was no link between negative emotional states in daily life, $r = .08, p < .55$. The implications of this study to my research include the indicated result of behavior motivation being tied to cognition and positive affect. In my study, this is important as teachers who cognitively understand school counseling services and have a positive affect toward services, may be behaviorally motivated to make a referral. Strengths of

this study included the replication study, which helps to support the reliability and validity of the study. Limitations included the possibility of subject heterogeneity as students from the university were the participants, and the possibility of demand characteristics as participation was made a class requirement. Further, participants may have experienced subject roles as the individuals tried to impress their professor.

Cognitive Behavioral Theory Applicability

Cognitive behavioral theory relates to this current study because I wanted to explore teachers' thoughts and perceptions of school counselors and then whether these thoughts and perceptions are related to teachers making a referral for students to use these services. For example, if the teacher has a low perception of school counselors, and the automatic thought is "the school counselor will never be able to help," perhaps this teacher does not make a referral for a troubled student. Further, as was discussed many people have a negativity bias in which the automatic thoughts are not reality tested, but rather ways to confirm the negative thoughts are sought. Therefore, cognitive behavioral theory is a good fit for exploring teacher perceptions and thoughts related to school-based mental health services, and further this theory should also inform the behavioral aspect regarding making the referrals. The research question explored the attitude of the teacher and whether the teacher made a referral to school counseling services.

Literature Review of Key Concepts

In the following section, I focus on key concepts and variables related to this study. One theme that I discuss includes the history of school counseling, since the profession has changed so dramatically from its roots to the present day. Further, I

discuss the role of the contemporary school counselor. This is helpful in understanding the apparent confusion by many teachers of what the school counselor may or may not do. Finally, I have included a section related to the relationship of adolescents to school personnel and the reasons for, and rates of, referrals from these professionals to school-based counseling services.

School Counseling History

While counseling in schools is not a new concept, interweaving educational services and therapy has proven challenging (Cooper, Hough, & Loynd, 2005). The role of school counseling alone has greatly changed from the original vocational focus, to that of a holistic counseling focus of a student's academic, personal, and social needs (American School Counseling Association [ASCA], 2013a). Therefore, it is not unreasonable to expect that other educators may be confused regarding the role of the school counselor. School counselors in school systems were previously used for primarily scheduling and college counseling, the requirement of a counseling master's degree is still within its infancy (American School Counseling Association, 2013).

The concept of school counseling began in the early twentieth century, where a need for vocational counseling and guidance was identified (Bain, 2012). However, it was shortly recognized that this need should be central to the public education system, in the same manner as subjects such as English or Mathematics. At the same time as this reform movement for school counseling began, educators recommended vocational guidance should begin with elementary age children and educators further believed that vocational guidance should be integrated into the mainstream curriculum as well. As a

part of this movement and assessment of school counseling services, it was hinted that perhaps guidance should go beyond vocational counseling, and also touch on subjects such as decision making and even student personal well-being. At the time, school counselors were often based in the classroom and educational guidance started to become more scientifically informed (Sink, 2005).

Sink (2005) noted that it was around this time in history of school counseling that the term guidance counselor started to be replaced by student personnel work. Even in these early years of the profession, there was an understanding that students needed help in many facets of their everyday lives. By the mid-1900's counseling became a very important service for students. Away from the original purpose of vocation, counseling in the schools started to use developmental theory platforms to emphasize the human growth experience, in terms of what was considered normal student development and what needed further support (American School Counseling Association, 2013a; Colangelo & Wood, 2015; Sink, 2005). It was also during this time that school counselors started using clinical methods to help support the whole child (Sink, 2005).

During this time period, three major movements helped set the framework for today's contemporary counselor. The American Personnel and Guidance Association (APGA), now the American Counseling Association (ACA) (2016) updated the qualifications that were necessary to earn a designation and license as a school counselor. The APGA clarified that a counseling degree was necessary and it was not sufficient for certification to just be added on for a teacher to become a school counselor. Additionally, national laws went into effect that provided funding for school counseling

services and finally theoretical advances aligned school counseling to traditional counseling theorists such as Erikson (Baker, 2011; Sink, 2005)

The Role of a School Counselor

Sink (2005), Bain (2012), and American School Counseling Association (2013b) explained that the primary roles of the contemporary school counselor are known as the 3 Cs Plus. The 3 Cs Plus include the role of counseling, consultation, coordination, and plus (which tends to be described as large group classroom guidance services). Much like the mental health counselor, school counselors work confidentially with students in a one-to-one ratio supporting individuals who have a variety of presenting concerns (Bain, 2012). School counselors tend to be limited in their time with students and usually have to work with directive counseling techniques in order to solve immediate problems. A school counselor will still use evidence-based techniques; however, these techniques might need to be adapted to the constraints and appropriateness of a school setting (American School Counseling Association, 2013b).

The contemporary school counselor is expected to hold certain competencies (American School Counseling Association, 2013b; Sink, 2005). The core competency areas include advocacy and leadership, assessment and program evaluation, research skills, consultation, coordination, counseling, developmental theory and practice, educational theory and practice including curriculum development, teaching and classroom management skills, interpersonal communication, multicultural and diversity training, professionalism, understanding of systems theory and practice, and finally, knowledge of technology (American School Counseling Association, 2013b). These

competency areas are supported through the educational program that grants the school counseling degree and certification (American School Counseling Association, 2015).

In addition to competency areas, the school counselor exhibits certain qualities. Constantine and Gainor (2001) discussed the importance of the counselor's ability to empathize. This trait is important in school counseling when trying to address the student's need within the context of a school environment. Furthermore, a comprehensive understanding of multicultural counseling is integral to the role (American School Counselor Association, 2016). The counselor's student caseload may be very diverse and the competent counselor understands the importance of ensuring continual education to support multicultural efficacious counseling practices (American School Counselor Association, 2016). School counselors also need to adhere to the American School Counselor Association's (2016) *Code of Ethics* and standards of practice.

Karatas and Kaya (2015) investigated the perceptions of school administrators on the role of school counselors. A phenomenological research design using a semistructured interview was used in this qualitative study. Thirteen school administrators ($N = 13$) participated in the study, of this sample all were male, and the participants ages were between 36 and 58, no other demographics were included. Karatas and Kaya used descriptive analysis to analyze the data, and their findings revealed some common themes in the perception of the school counselor by the administrator. The common themes included "necessity in educational and teaching activities, the ideal features of a school counselor, having a different status from other

teachers at the school, and changes to be made” (Karatas & Kaya, 2014, p. 192).

Subthemes were revealing in that they indicated that school administrator’s perception of the school counselor were that of a crucial and necessary person in the school, experts in their field, and collaborative and supportive with other members of the school community including teachers.

Carlson and Kees (2013) conducted a study into the school counselor’s perceptions of mental health services in public schools. This study was a web-based survey research strategy. The sample consisted of a distribution list provided by the American School Counselor Association for 1045 members, of which a response rate of 120 or 11% was identified. Of the 120 participants, 112 (93.3%) identified as licensed school counselors, 11 (9.2%) were licensed professional counselors, two (1.7%) were licensed school social workers and two (1.7%) were licensed school psychologists, and one (.8%) was a licensed marriage and family therapist. Nine (8%) of the sampled identified that they work with preschool children, 52 (44%) with elementary children, 47 (39%) with middle school, 35 (29%) with high school adolescents. Respondents’ identified from 2 to 37 years of professional school counseling experience. Other demographics such as age or gender were not provided.

The research questions were: What is the school counselor-reported confidence level in counseling skills? What degree and type of mental health / counseling training is reported by school counselors? What are the self-reported attitudes of school counselors regarding the use of school-based mental health therapists in their work environment? How do school counselors working with school-based therapists characterize their

working relationships with those therapists? Using web based survey methodology, participants were sent The School-based Mental Health Services Survey. The survey instrument had 17 questions encompassing three sub scales. The reliability of the survey was assessed by Cronbach's alphas – Skills Scale ($\alpha = .84$), Student Issues Scale ($\alpha = .93$), and the Diagnosis Scale ($\alpha = .95$) (Carlson & Kees, 2013).

Results of the survey indicated that participants reported a high level of comfort in addressing student issues ($N = 112$) ($M = 77.3$; $SD = 14.7$) However, participants noted that their confidence working with particular DSM diagnoses was lower ($N = 112$) ($M = 53.5$; $SD = 24.6$). The two DSM diagnosis that resulted in higher comfort levels were depression and anxiety, which is crucial to this study as these are two of the most prevalently reported diagnosis by adolescents (U.S. Department of Health and Human Services, 2013). Further, these results support the shift in counselor competency and perception of services from vocational to mental health based. Some limitations do exist in this study as it relied upon self-reporting as well as a smaller response rate due to the use of a web based survey.

The American School Counselor Association National Model

To try and clarify the role of a school counselor, a national model was developed by The American School Counselor Association (ASCA, 2013a). The national model described a comprehensive school counseling program as to provide continuity in expected services throughout the United States. The ASCA model (2013a) set standards for student to counselor ratio (1:250) and that school counseling program delivery focus on 80% direct and indirect services to students and their families. This delivery included

three main domains of counseling: academic, career, and social / emotional (ASCA, 2013a). The role was further detailed in appropriate activities for school counselors. These activities included “providing counseling to students who were tardy or absent, providing counseling to students who have disciplinary problems, providing counseling to students as to appropriate school dress, and providing individual and small-group counseling services to students” (p. 45). Further, providing responsive services was defined by The American School Counseling Association (2013a) and noted the school counselors provide counseling to help students overcome short-term problems. The ASCA (2013a) separated crises response and explained that crisis response “provide(s) support and assistance to students as they navigate critical and emergency situations. A crisis response by the school counselor includes intervention and follow-up to the immediate needs and is designed to prevent the situation from becoming more severe” (p. 86).

School-based Mental Health Services

The National Federation of Families for Children’s Mental Health (2012) has sponsored a mental health awareness week to help inform the community about the importance of mental health awareness, education, and early intervention through school services. Most students spend a good portion of their day in school, or in school related services, which means adults are working with the children and should be aware of the signs of mental illness.

Many children would benefit from the majority of their mental health services provided through the school where they attend. Hill, Ohmstede, and Mims (2012) found

that mental health in the schools in Nebraska provided students both prevention and intervention services. When looking at the mental health services, there was variability in what services were needed but individual and group counseling were consistently mentioned. In addition, these researchers found that school counselors were identified as the key provider of mental health services to students; however, it was also noted that there was not a comprehensive mental health continuum of services in schools.

Hill et al. (2012) used survey research methodology, with the purpose to identify mental health services in the schools, how they were provided, and the level of satisfaction of the services. Hill et al. (2012) used the following research questions:

[If these are directly from the source, this list must include a citation with a page number.]

1. To what extent are mental health services needed in the schools?
2. To what extent are mental health services provided in the schools?
3. To what extent are the schools satisfied with their mental health services?
4. Who are meeting the mental health needs within the schools?
5. If there are no mental health services being provided, why?
6. Are the mental health services ratings (need, provision, satisfaction) related to the number of students served?
7. Is there a difference in mental health ratings (need, provision, satisfaction) among administration, school counselors, and school psychologists?

Participants included 80 principals, 80 school psychologists, and 80 school counselors who were randomly selected using a computerized random selection program

from the online directory of the Nebraska Department of Education (Hill et al., 2012). No other demographics were included. The researchers received a response rate of 25 administrators, 31 school psychologists, and six school counselors. An online survey was created using Qualtrics. Each survey was sent to the administrator, school counselor, and school psychologist in the school district. Every survey was coded so the researcher could match the individuals to their school. Overall, 25.8% of the surveys were returned and analyzed. The results of the surveys indicated the perception of the need for mental health services in these school differed significantly $F(5, 305) = 5.25, p < .05$. However, the report for services needed included individual therapy, group therapy, bully prevention, drug and alcohol prevention, crisis prevention, and suicide prevention and education. Additional findings indicated that school counselors provided the majority of these services in schools with 54.72% providing the individual counseling, 67.92% providing the group therapy, 62.26% providing bully prevention, 49.06% providing the drug and alcohol prevention, 43.40% providing crisis prevention, and 54.72% providing the suicide prevention. These percentages indicated in this study support the need of teacher-made student referrals to the appropriate party, school counselors.

Aliciea et al. (2012) discussed the gap in mental health services within schools, the need for early intervention programs, and the propensity for teens to not seek treatment, especially in lower socio-economic areas. Aliciea et al. (2012) developed Step-Up, a high school-based mental health model to target inner city youth. Using a qualitative clinical case study write up, Aliciea et al. (2012) presented preliminary data through a clinical case study of a student where Step-Up was implemented. There is still a large

gap between the understood mental health concerns of students and the availability and accessibility of mental health services within schools. Hence, the Step-Up model was developed using Social Action Theory, Asset Theory, and Positive Youth Development approach to try and help with this problem (Aliciea et al., 2012). It is imperative that these services are promoted and the students themselves are engaged in the process. The first clinical illustration was provided discussing a 17-year-old Latina adolescent that was referred to the first cohort of Step-Up. Through this program, the participant was assessed as experiencing post-traumatic stress disorder. The program utilized a holistic approach to the adolescents struggle and engaged the school, therapist, and parents in the recovery process. Clinical observations were provided that indicated a positive experience with the program. Aliciea et al. (2012) suggested mental health programs are most effective across various means including home, community, and schools.

Turner and Liew (2010) looked at the relationship of the parents and their use of mental health services and found an increase in help-seeking attitudes and lower stigmatization of mental health services when parents had experience with counseling services in their past. A quantitative research strategy was employed. The two primary research questions were: “(a) parents with previous experience using mental health service will report significantly more positive help-seeking attitudes, lower level of mental health stigma, and higher level of help-seeking intentions than parents with no previous service use and (b) parent’s previous experience will predict parents previous use of child mental health services” (Turner & Liew, 2010, p. 233).

Forty-one parents and their children (20 girls and 21 boys, mean age = 4.33 years, $SD = 1.30$) participated in this study. The demographics of the child participants were 78% White, 12% Hispanic American, and 10% as other, the demographics of the parents were 81% White, 12% Hispanic American, and 7% as other. Limitations to the sample included a slight over representation of Non-Hispanic Whites, and individuals with a graduate degree. The study used the Behavior Assessment System for Children -2 (BASC-2) and the Parental Attitudes Toward Psychological Services Inventory (PATPSI) (Turner & Liew, 2010).

Results indicated that there was a significant difference in parental attitudes toward child mental health as indicated in Wilks's $F(3, 37) = 3.35, p < .05$ with parents who had previous experience reporting positive help-seeking attitudes. Also, a linear regression was used and it indicated that parental use of mental health services in the past significantly predicted future child use of services $F(1, 39) = 10.94, p = .002, R^2 = .22, \beta = .33$. Therefore, it is not unlikely that the early introduction of mental health services in schools would help school faculty and families develop a healthy understanding of mental illness and even provide families the experience and knowledge necessary to seek services when necessary (Turner & Liew, 2010). Further, it is equally likely that a teacher's positive experience may also predict future child use and there are very few studies that explore this aspect.

Shute (2012) explained that schools are a natural place for promoting mental health programs and building social-emotional education throughout the curriculum. Hanley, Sefi, and Lennie (2011) found that students who engaged in practice based

school counseling sessions showed marked improvement in their overall wellbeing. However, Shute (2012) acknowledged some barriers to implementation of these programs including teachers feeling their access to mental health information was limited, and the inability of teachers and administrators to work together toward program development. What was not mentioned, but is clearly a factor in schools, is the money associated with implementing a new program in a school (Shute, 2012).

Need of Services

Recent events have catapulted school-based mental health services to a national platform (New Jersey Principals and Supervisors Association, 2013). The U.S. Department of Health and Human Services (2013) reported that in New Jersey alone, among adolescents aged 12 – 17, 29% exhibited depressive symptoms in the 12 months prior to the study. Furthermore, the study revealed that 14% of the adolescents surveyed had seriously considered suicide and 10% had attempted self-harm with the intent of killing themselves in the 12 months prior to the survey. These are startling facts that need to be addressed; especially when it is considered that one in 10 adolescents do not have health insurance; thereby, greatly limiting their access to mental health services within the community (U.S. Department of Health and Human Services, 2013).

One of the problems is the gap in mental health services within schools, and the propensity of teenagers not seeking treatment for mental health, especially in lower socio-economic districts (Aliciea et al., 2012). Turner and Liew (2010) found that a positive experience with counseling services in the past increased the use in the future. Therefore, positive experiences of students with school counseling appointments might

help foster a better relationship between students and school counselors and lower the stigma associated with mental health services and help seeking. Further, early introduction of positive mental health services in schools should increase understanding around mental health and hopefully increase the use of school-based services.

As mentioned, teachers are often with adolescents for a significant portion of their day and in seeing these individuals every day, teachers are often the first to notice a change or shift in personality, behavior, or overall mental health. Although the focus of education is to meet the academic needs of students, the classroom teacher is a fantastic resource for the early intervention of mental health changes. Unfortunately, teachers often feel their access to mental health information is limited (Shute, 2012). Moreover, although there is clearly a positive perception for the need for school-based mental health services, much of the research still focuses on academic achievement without taking in to consideration additional barriers to learning such as mental illness (Khanam & Bukhari, 2015; Repie, 2005).

Low (2015) conducted a qualitative study on school counseling in Singapore to explore teacher's thoughts and perceptions. Low (2015) used a qualitative semistructured interview to gather information related to the teacher's perceptions. Low (2015) used a chain referral sampling method and interviewed six teachers, of who four were currently teaching and two were inactive at the time of the study but had five to eight years' experience as teachers. The participants had spent a mean of 7.3 years as teachers, and were between the age of 30 and 49 years old at the time of the study. The semistructured interviews discussed seven areas. According to Low (2015) "the seven areas were (1)

presenting issues which led to counseling referrals; (2) the school counselor's understanding of community resources; (3) the counselor's role in school programs; (4) the relationship between school counselors and parents or families; (5) school counseling's positioning in schools; (6) the desire for school counselors to know the school context; and (7) confidentiality issues concerning information gathered during counseling sessions" (p. 21).

Data was examined using thematic analysis to see patterns in the responses (Low, 2015). The results of the qualitative analysis indicated that overall teachers welcomed the presence of school counseling, with certain sub-themes that the author noted were important to the perceptions of the teachers. One of the sub-themes was "teachers generally saw the inclusion of a counseling service in schools as helping them in their work. Another theme was the teachers' desire for school counselors to share information with them so that they were able to work in collaboration with each other" (p. 21). This is important in this study as it indicates that teachers generally see the need for school counseling, but desire more information so they can work collaboratively.

Beesley (2004) suggested that more research is needed regarding how to build relationships and collaboration between teachers and school counselors in order to meet the mental health needs of students. However, while it is important to build this collaboration, much of it relies on the perception of the teacher, regarding the counselor (Reiner, Colbert, & Perusse, 2009). Reiner et al. (2009) conducted a national study looking at how teachers viewed school counselor's participation in appropriate activities. One of the significant findings of this study was that teachers felt that school counselors

should engage in more one on one counseling with students in a clinical mode, which is not aligned with current American School Counseling Association standards. However, perhaps these standards should be re-evaluated (Reiner et al., 2009).

Reiner et al. (2009) conducted a quantitative survey study to examine the following research questions: “To what extent do teachers agree that school counselors should engage in appropriate responsibilities and inappropriate activities as defined by ASCA? To what extent do teachers believe that school counselors are engaging in appropriate responsibilities and inappropriate activities as defined by AMCA?” (p. 326). High school teachers throughout the United States for a designated same size ($N = 1000$). The majority of participants were female ($n = 247$; 71.2%) and 94 were male (27.1%), while 6 (1.7%) did not identify gender. The teachers reported experience from less than 1 year ($n = 51$, 14.7%) to over 20 years ($n = 161$; 46.4%).

A 56 item Likert-type and demographic questionnaire was mailed to participants. Of the 1,000 questionnaires mailed, 78 were undeliverable, and 416 were returned and completed (44.2%). The final eligible participants were 347. Using correlational analysis, it was found that there were significant correlations ($p < .01$) between what teachers thought counselors were doing, and what they reported they were actually believed to be doing. However, it was noted that teachers believed counselors should work with students one on one in a therapeutic model, and this was not occurring ($r = 0.530$). Reiner et al. (2009) mentioned that high school teachers would be supportive of school counselors providing this service, as teachers felt this was an area of importance.

Joy, Hesson, and Harris (2011) stressed the importance of pre-service training teachers about the role of the school counselor and the various school counseling services that can be provided. Pre-service teachers noted that they gained most of their own knowledge about the role of school counselors through their own direct involvement with the counselor, either through internships, or through their own personal interactions when they were a student. It was not evident that comprehensive counseling services were taught to the incoming teachers, nor a clear overview of the school counselor, and services that can be provided in the school setting (Joy et al., 2011).

Another problem that has been identified is the view that school counseling is not integrated into the overall school structure (Cooper et al., 2005). Lam and Hui (2010) identified that many teachers feel their main priority is to teach the academic discipline, rather than be involved in the child's social and personal development. Yet, studies consistently support that a child is unable to learn when under mental duress (Reback, 2010; Repie, 2005; Shute, 2012) Teachers have been found to have a tremendous impact on the utilization of school counseling services; therefore, more time should be spent investigating how to increase this knowledge and use (Joy et al., 2011).

Types of Referrals

While it is important to decipher whether a teacher will make a mental health referral when concerned about a student, it is also important to understand what behaviors or reasons underlie why the teachers are making the referral. Little and McLennon (2010) conducted a study that surveyed 353 student mental health referrals made by teachers and found that the largest referral reason was hyperactivity-inattention. Little

and McLennon used a quantitative research design. Data was used from a database containing all new referrals for mental health problems at a school mental health program serving all elementary schools in the Calgary, Alberta Canada area (Little & McLennon, 2010). The data ranged from children referrals in kindergarten to grade 10 from September 2006 to June 2009. Out of the 361 children referrals, complete data was available for 353 (97.8%). Of this sample, the majority were male ($N = 278$; 79.2%). No other demographics were reported. Identifiable information was removed before analysis.

The data that was extracted included a Strengths and Difficulties Questionnaire for each child, as well as rating concerns about learning, speech and language, and fine and gross motor skills. A chi-square test of independence was performed to examine the relationship of referrals and hyperactivity-inattention, with the results stratified male and female. These results were stratified by gender and within the males indicated that Hyperactivity-inattention was the most frequently symptom cluster for both the male sample of 278 ($n = 221$; 79.5%) and the female sample of 78 ($n = 51$; 68%) children, although significantly higher for males ($p < .05$).

This supports the findings of Bryan et al. (2012), which indicated that often teachers refer for behavioral difficulties. Bryan et al. (2012) conducted a quantitative research study using data from a national longitudinal data set. The sample was $N = 4,607$ English class 10th graders, and $N = 4,981$ Math class 10th graders. Of the 4,607 English students, 48.2% were female and 51.8% were male; with respect to race/ethnicity, 66.4% were White, 14.0% Hispanic, 12.5% Black, 3.3% Asian, and 3.8%

multiracial. Regarding English teachers, 75% were female and 25% were male; with respect to race/ethnicity, more than 88% were White, 5.7% Black, 1.1% Asian, 2.9% Hispanic, and 1.5% multiracial. English teachers referred 14.7% of their students to the school counselor for disruptive behavior” (Bryan et al., 2012, p. 181). “Of the 4,981 math students, 47.5% were female and 52.5% were male; with respect to race/ethnicity, 65.7% were White, 13.6% Hispanic, 13.9% Black/Black, 2.8% Asian, and 3.9% multiracial. Approximately 52.9% of math teachers were female and 47.1% were male; with respect to race/ethnicity, 86.5% were White, 5.3% Black, 2.4% Asian, 4.3% Hispanic, and 1.5% multiracial. Math teachers referred 13.8% of their students to the school counselor for disruptive behavior” (Bryan et al., 2012, p. 181).

The dependent variables were the disruptive behavior referrals, with dichotomous responses of yes or no. Therefore, this data was analyzed using a logistical regression. The independent variables included gender, race, and previous referrals for disruptive behavior. Results indicated student’s gender was a predictor for teacher referrals in both English and math classes ($p < .01$). Race was a predictor of teacher referrals in English classes, with Black students having 71% greater odds (OR = 1.71) of being referred than did White students. This was not indicated in math. The most germane result to this study was the amount a student had previously been referred and the odds of being referred again (OR = 1.45). While reoccurring behavioral difficulties may stem from an unrecognized mental health disorder, there are equally as many unrecognized mental health disorders that do not present primarily in disruptive behavior but may require equal or even more attention by a professional (Bryan et al., 2012; Little & McLennon,

2010). Adding another complexity to teacher-made behavioral referrals is the over representation of minority students within the school discipline cycle (Bryan et al., 2012).

Clemens (2007) suggested that school counselors spend additional time consulting with teachers to try and address classroom behavioral issues, so that these are not the sole basis for a referral. Clemens (2007) using a qualitative single case study found that while some teachers may seek consultation when they feel stress related to a student, some may not. Therefore, it is imperative that school counselors encourage teachers to communicate their needs as well. Kaya, Macit, and Siyez (2012) presented that school counselors' proactive collaboration with parents and teachers could help to inform all stakeholders regarding appropriate referrals, as well as to help educate individuals about ways that mental health concerns may present in students outside of behavioral distractions.

Perception of School Counselors and Making Referrals

Another facet of making a referral may be the perception of school counselors by teachers. The American School Counselor Association National Model (2013b) outlined appropriate school counselor activities, including counseling, were expected to take 80% of a school counselor's day. However, there may be variance in how individuals view school counselors and ultimately refer students to these services (Clemens, 2017; Joy et al., 2011). Clark and Amatea (2004) reported that teachers' perceptions of the school counselor could influence the greater stakeholder's perception of school counseling.

Clark and Amatea (2004) found that teachers' knowledge and experience with school counseling was influential in the use and perception of these services by other

teachers, administrators, parents, and students. These researchers used a descriptive qualitative grounded theory design with teachers in elementary, middle, and high school. Their three research questions were “(1) What do classroom teachers perceive to be the counseling and guidance needs of their school and how might these needs be addressed by the school counselor(s), (2) What types of services do teachers perceive that school counselors engage in and what activities would they like them to engage in, and (3) What do teachers report as helpful strategies that counselors might use to deliver such services” (Clark & Amatea, 2004, p.133).

Twenty-three teachers employed by schools in the Southeast United States participated in the study. Twelve were elementary level, six were at the middle school, and six were at the high school level. The range of teaching experience was from 2 to 20 or more years. Other demographics were not provided. Data was collected through 45 minute interviews using an interview protocol. All identifiable data on a respondent was screened to ensure privacy and confidentiality. Using a constant comparative analysis, the interviews were transcribed and analyzed. Emerging from the analysis were common themes of the importance of communication and collaboration, value of direct services to the students such as individual and small group counseling, counselor visibility and school-wide involvement, and knowledge about special student’s needs (Clark & Amatea, 2004). It was suggested from this research that building positive relationships with teachers was crucial to the teacher wanting to collaborate with the counselor.

Through a qualitative semistructured interview research design, Khansa (2015) explored teachers’ perceptions toward school counselors in private schools in Lebanon.

One hundred teachers from private elementary, intermediate, secondary, and high schools were interviewed. No other demographic information was provided for the sample. Participating teachers were selected randomly, and no incentives were offered to participate. According to Khansa (2015) the answers to the interview questions were analyzed using constant comparative analysis. The analysis indicated key themes including solving problems, collaboration and support, referral, disadvantages of school counseling, and counseling. The teachers reported understanding the basic roles of the school counselor, but stated that the teachers felt they needed further training. The analysis also revealed that the teacher identified that the teacher was an important source of referrals to the school counselor, but may not make referrals due to the cultural component of family first in Arab nations (Khansa, 2015). Another theme that emerged was that teachers with longer teaching experience had very different and negative perceptions of school counselors and that teachers did not want to refer students to these services. According to Khansa (2015) this may be due to the newer nature of school counseling in Arab countries, and therefore a fundamental lack of understanding. Khansa (2015) further noted the importance for school counselor and teacher cooperation to help improve counseling in schools.

Powers and Boes (2013) noted the lack of studies related to teacher perceptions of school counselors. They conducted a mixed method approach to study teachers' perceptions of school counseling programs and the professional school counselor, as they noted that teachers are important stakeholders in school counseling teams (Powers & Boes, 2013). The action research study was conducted at a "rural high school in

Northwest Georgia comprised of 1050 students, 68 certified teachers, and 2 professional school counselors” (Powers & Boes, 2013, p.4). All certified teachers who held an interest in expressing their perception of the school counselor were able to participate. The survey was disseminated in each teacher’s mailbox. The researchers developed a 4-point Likert scale survey that rated nine questions on the expectations of the school counselor, followed by four questions that focused on needs assessments, and the final questions asked about teachers’ perceptions related to school counselor task importance. The researchers collected demographics and also provided participant with section where they could make optional comments. Out of the 68 surveys they distributed ($n = 28$) were returned which yielded a 41% response rate. The majority of the respondents ($n = 12$; 42%) reported they had between six to 15 years of teaching experience. Some of the teachers did not answer all the survey questions.

Results of the mixed methods study rated the highest in frequency for expectations of the school counselor as assisting students with academic planning (68%); collaborating with teachers to identify and solve student needs related to student problems and concerns (50%); assisting the principal with identifying and resolving student needs, issues, and problems (42%); assisting students with academic needs (68%); and, assisting students with personal / social development (39%). Teachers rated the school counselor’s task of counseling students for career and academic planning as the most important task (78%). The results for the local school needs assessment, participants listed student advisement as something teachers definitely wanted school counselors to provide (50%). Powers and Boes (2013) stated that their localized results

indicated that teachers responded positively and perceived that the school counselor was vital to the school's success. Further these researchers posited that the teachers' perceptions were crucial to endorsing the school's counseling program.

Summary

Researchers have suggested that schools' implementation of preventative and educational mental health services to address the national concerns of mental illness at an earlier stage is a step in the right direction (Alicea et al., 2012). Further, there is a large gap in many educational professionals' understanding of the mental health needs of students, and the availability and accessibility of these services in schools (Alicea et al., 2012). The U.S. Department of Health and Human Services (2013) identified that as many as a quarter of those aged 12 – 17 in New Jersey identified with depressive symptoms. This information, coupled with the number of hours' students in the K – 12 educational system spend in school or school related activities, provides educational professionals with an opportunity to serve this population (Clemons, 2007; Kya et al., 2007; Rebeck, 2010; Shute, 2012). Teachers are a vital component in the early identification of changes in students' attitudes, personality, behaviors, and overall mental health (Repie, 2005). The research, however, is limited in regard to understanding the referrals that teachers make to school counselors (Adams et al., 2007; Jackson, 2000; Joy et al., 2011; Repie, 2005). Most of the current research focuses on the inappropriate referrals based on disruptive behaviors not on other factors that may predict why a teacher would make a referral to school counseling services. This is a significant gap in the literature that needs further investigation.

As indicated previously, researchers have posited that a teacher's previous experience with school counseling services, may relate to whether that teacher would make future referrals, and further the perception extends to other key school personnel and their propensity for making a referral (Clark & Amatea, 2004; Shute, 2012). As identified in the gap in the literature, information related to receiving referrals from teachers to the school counselor is worth further investigation. While there are studies that link a parent's previous experience with school counseling and the likelihood of using help seeking for their child (Turner & Liew, 2010), through this study I seek to see if this applies to teachers as well. Through this current study, I assessed the relationship between a teacher's perception of the school counselor, as assessed by the Counselor Rating Form - Short Version, and whether that teacher has made referrals of students to the school counselor in the previous 12 months. A cognitive behavioral framework of thoughts influencing feelings and subsequent behaviors (Beck, 2011; Knappy & Beck, 2008) underlies this research.

Within this chapter, I established the theoretical framework that guides this research, as well as discussed key variables including the history of school counseling, the role of the contemporary school counselor, school counseling services, student and teacher relationships, understanding of the role of a school counselor, types of referrals, and perceptions of school counselor that were assessed in the study. I start Chapter 3 with an introduction to the study, and rationale for the research design, followed by the methodology, population, sampling and sampling strategy, procedures, participation, data

collection, instrumentation and operationalization of terms, data analysis plan, threats to validity and reliability, ethical considerations, and a summary.

Chapter 3: Research Method

The purpose of this study was to investigate teacher-made student referrals to school counselors in public schools in New Jersey. In Chapter 3, I explain the quantitative research design used for this research study, as well as the rationale for using a quantitative design. Further, I discuss the specific research design, the variables I am choosing to explore, my research questions, and my hypotheses. Additionally, I discuss the population for the study, the sampling and sampling procedures, as well as the procedures for recruitment, participation, and data collection. Finally, I close with a description of the instrumentation, threats to validity, and ethical procedures.

Research Design and Rationale

I identified that a quantitative study using a cross sectional survey was the appropriate research design to investigate predictors of student referrals to school counselors by licensed or certified public-school teachers. According to Gay, Mills, and Airasian (2009), survey research is appropriate in studies that collect information to test a hypothesis. Using an online survey is a good choice for a dissertation as using an online survey is economical and allows for a quick and easy collection of data for analysis (Creswell, 2009). The purpose of a survey is to “describe, compare, or explain individual and societal knowledge, feelings, values, preferences, and behavior” (Fink, 2013, p. 2). When employing rigorous scientific measures, a survey should capture information from a sample that is generalizable to the greater stated population, which is why the sample and design are so important (Creswell, 2009; Fink, 2013).

For this study, I used a cross-sectional design, which allowed me to collect data from the participants at a single point of time (Gay et al., 2009). For this study, the use of a cross-sectional survey is supported as Gay et al. (2009) stated that this design is appropriate when the study is an independent project and using data collected about attitudes or beliefs. Furthermore, Fink (2013) concluded that cross-sectional surveys are appropriate for a researcher who is examining something current and subsequently wants to change it. This aligns with the purpose of this research study, as the goal is to understand teacher referrals to school counselors, and ultimately to increase these referrals and increase early mental health intervention in the schools.

Methodology

In the methodology section, I explain my population, sample and sampling procedures, and the data collection strategy. Further, I discuss instrumentation and operationalization of the variables, concluding with the data analysis process.

Population

I defined the population as all licensed classroom-based teachers currently working in public New Jersey schools. All licensed, working school teachers within each individual public school building were eligible to participate. Public school teachers possess various levels of degrees, from the bachelor's to the master's degree (New Jersey Department of Education, 2015a). The New Jersey Department of Education (2015a) reported that as of 2014 there were 2,505 schools in the state of New Jersey, with a breakdown of 1,997 elementary schools and 507 secondary schools. Charter schools were not counted as they are not eligible to participate in the study and therefore were not

part of the defined population. Although the number of teachers who work in non-charter schools is unknown, the New Jersey Department of Education listed 138,939 full-time classroom teachers in 2015.

Sampling and Sampling Procedures

Probability sampling is the process of using a sampling technique in which the researcher specifies the probability of each member of the population being selected for participation in the study (Gay et al., 2009; Groves et al., 2009). Two advantages of using probability sampling over nonprobability sampling include increased generalizability and increased reliability and validity. A researcher who does not use a probability sample will have difficulty assessing who or what the population is, and how the results can be generalized. Furthermore, by not being sure you have a representative sample of the intended target population, it is difficult to know whether the study is assessing what it is supposed to, and whether the results are accurate (Gay et al., 2009; Groves et al., 2009).

For my study, I used a stratified cluster sampling strategy. The stratification is the eligibility of only public high schools within districts. The primary level of clusters were New Jersey public school districts as listed by the New Jersey Department of Education (New Jersey Department of Education, 2014). I then stratified the list of school districts, first by type, because private and charter schools, as well as public preschools were not eligible to participate in this study. The secondary level of cluster sampling were the individual school buildings within the school districts. From this list, I randomly selected using a numbers table up to seven schools to participate in the study,

with all licensed working school teachers asked to participate in the survey from each school starting with school one until the sample size was reached.

According to Gay et al. (2009) this form of stratified random sampling is one of the best ways to obtain a representative sample. The advantages of using this sampling strategy include efficiency, it is often the preferred method in school research, and the study does not need specific names of all population members (Gay et al., 2009). I selected seven schools using a table of random numbers (Gay et al., 2009). All licensed classroom school teachers from each school starting with school number one until the sample size was reached were asked to participate in the study. According to Gay et al. (2009), a typical response rate is around 10%, which would give an approximate response rate of 70. Weller (2015) explained that sample size calculation for a linear regression is typically indicated by effect size. Using the probability of a Type 1 error (α) of 0.5, and the probability of a Type II error (β) of .20, which sets the power ($1 - \beta$) at .80, a moderate effect size should be indicated (Weller, 2015).

Determining the correct sample size is necessary in order for the results to be generalizable (Gay et al., 2009). Through a review of the literature that used quantitative methods I found that most studies used between 0.8 and 0.95 power, and an error probability of 0.05 to 0.01 (Little, 2010; Repie, 2005; Turner & Liew, 2010). According to Cook and Hatala (2015), higher power is better, and they recommend power of > 0.8 or above. Cook and Hatala (2015) conducted a re-analysis the results of a meta-analysis to look at power across a range of effect sizes in educational research. The study included 897 research studies and found the median sample size was 25. Out of these

studies, “only 2 (0.3%) were powered to detect a small effect (SMD 0.2), 41 (7%) had > 80% power to detect a large effect (SMD 0.8)” (Cook & Hatala, 2015, p. 80).

Therefore, in my study I employed a power of 0.80 to ensure the ability to detect effects appropriately. G*Power is a statistical free tool that can be used to analyze power, effect size, and sample size (Faul, Erdfelder, Buchner, & Lang, 2009). Using G*Power, I calculated the statistical power of the study and the appropriate sample size for a correlation and regression analysis (Faul et al., 2009). For a linear regression model, I used G*Power to determine the sample size to be 55 using an alpha of 0.05, a power of 0.80 and a medium effect size ($f^2 = 0.15$) (Faul et al., 2009). This number is supported by multiple previous educational research studies (Cook & Hatala, 2015).

Procedures for Recruitment, Participation, and Data Collection

Posting survey requests required the initial permission of the copyright owner of the Counselor Rating Form - Short Version. I sent an emailed permission request, a description of the variables, and an overview of the research problem to the publisher of the Counselor Rating Form – Short Version, Dr. John Corrigan in November 2015. Dr. John Corrigan gave me permission to use the measurement at no fee as long as proper citation was included in my work. The form was attached to the email that was sent to the licensed teachers (See Appendix C).

In concordance with the American School Counselor Association (2016) ethical standards for school counselors, I adhered to educational research practices, confidentiality precautions, security protections, and school district policies for my study. As previously noted, school districts were identified through public information in the

New Jersey Department of Education (2014), which includes all public schools and email addresses for the building principals. I did not collect any participant identifying information in the survey, and principals were not notified as to who or who did not complete the survey.

Once the school districts were identified, I contacted the individual teachers via email for each school. Emails are in the public domain in the State of New Jersey and are available on the school district websites. The email to the teachers contained an informed consent form which included the name of the survey, purpose of the survey, the benefit to the educational community, possible risks and discomforts of participating in the study, that their participation was completely voluntary and that the participant can withdraw from the study at any time without penalty, and that their responses were completely anonymous. In addition to the informed consent, I provided the teachers with my contact information and the appropriate individuals to contact at Walden University if they have any questions. Teachers found the survey via an electronic link that I embedded in the informed consent which took the participant to Survey Monkey. Here teachers found a demographic sheet, and the Counselor Rating Form - Short Version. Participants were not able to complete the demographic information or Counselor Rating Form - Short Version without providing consent. The teachers independently completed the forms and submitted them via Survey Monkey. Teachers could end their participation by closing down the website or exiting the page at any time for any reason. If participants wanted to continue their involvement, they were able to access the survey again; however, they had

to start the survey over from the beginning. The teachers were encouraged to submit the survey responses within 5 days.

Survey Monkey securely stores and collects participant records that can only be viewed only through a user verification and a password. I have kept the data collected for this study in an encrypted file to safeguard the confidentiality of the participants. Survey Monkey offers a safe and secure way to export the data. Using SPSS, I have saved the data in an encrypted file that requires user verification and a password to access. I did not download the data and I kept it securely in an encrypted file, until the number of sample participants necessary for this study was reached. I then deactivated the Internet link to the survey upon reaching this number.

Participants who completed the survey and submitted results received a thank you letter at the conclusion of the study, as well as my contact information and information on free mental health supports in case there are any concerns resulting from participation in a research study or the nature of the questions. I collected all survey information at one time. I did not need to follow up with any of the participants.

Instrumentation and Operationalization of Constructs

Clark and Amatea (2004) concluded that a teacher's previous experience with school counseling services was the most important indication of whether the teacher would make a referral in the future. To assess this, I used a social influence tool that rated the perception of the school counselor by the teacher, as this may support the hypothesis that the previous experiences of teachers could predict their future referrals of students with mental health issues to school counselors.

The Counselor Rating Form - Short Version (Corrigan & Schmidt, 1983).

The Counselor Rating Form - Short Version or CRF-S, has been found by researchers to effectively assess social influence of a counselor (Corrigan & Schmidt, 1983; LaCrosse, 1980; Ponterrotto & Furlong, 1985). This instrument is a self-report measure and uses a 7-point Likert scale. According to Corrigan and Schmidt (1983), the Counselor Rating Form - Short Version was adapted from the original scale, and uses 12 CRF-S items, that represent the domains of attractiveness, expertness, and trustworthiness. The respondents rate the extent to which the counselor demonstrates certain positive characteristic statements from the 7-point scale ranging from 1 = not very to 7 = very.

Participants are asked to rate characteristics of their counselor. An example of this is *trustworthy*. The participant is asked to rate *trustworthy* from not very (1) to very (7). Another example is *skillful*, where the participants are asked to rate from not very (1) to very (7; Corrigan & Schmidt, 1983). There are three subscales within the CRF-S. The scales are all separately summed. The scale of *attractiveness* is rated by the respondents' answers on friendly, likable, sociable, and warm. The scale of *expertness* is covered by perception of experienced, expert, prepared, and skillful. The scale of trustworthiness is measured by perception of honest, reliable, sincere, and trustworthy. The subscale scores can range from 4 to 28. The total score is calculated by the sum of the three subscale scores. A high score in each subscale means the participant rated the counselor as very high in the scales of attractiveness, expertness, and trustworthiness. A lower score would indicate the participant rated the counselor as not very high in the scales of attractiveness,

expertness, and trustworthiness. Therefore, a higher score indicates a positive perception, and a lower score would indicate negative perception of the counselor (Corrigan & Schmidt, 1983).

Corrigan and Schmidt (1983) reported the split-half reliability for the 12-item attractiveness, expertness, and trustworthiness scales at $r = .85$, $r = .87$, and $r = .90$ respectively. Kazdin (2003) explained that this demonstrates the internal consistency of the measure. Although this tool was originally designed for patients to rate their therapist, Dr. J. Corrigan stated, “While the CRF-S was developed to allow rating of a counselor’s behavior by a person seeking help from them (or imagining seeking help) it has been used in multiple ways by different kinds of observers. As long as the frame of the observation is the attributes of a counselor/help-giver, the CRF-S will be valid.”

LaCrosse (1980) conducted a study to examine the validity of the Counselor Rating Form - Short Version (CRF) and the strong model of impact of the social influence of a counselor. Clients ($N = 36$) who had an average of 11 sessions of counseling participated in the study. There were 28 male clients ($n = 28$) and eight female clients ($n = 8$). The age range of participants was from 15 to 32 years. LaCrosse assessed positive and negative perceptions of the counselor by the client using the Counselor Rating Form-Short Version. LaCrosse obtained the CRF data twice, after the initial interview and then after the final counseling session. LaCrosse measured the outcome data using Goal Attainment Scaling (GAS). LaCrosse then analyzed the data using a multiple regression analysis, which also provided a correlational statistic. The CRF ratings at pre-counseling correlated with post-counseling outcomes ($r = .53$, p

<.001), with expertness ratings correlated most highly ($r = .56, p <.001$), then attractiveness ($r = .45, p <.01$), and trustworthiness ($r = .37, p <.01$). These findings, and this study, help to provide support for the validity of the CRF, and importantly the correlation of social influence perceived by clients through the domains of expertness, attractiveness, and trustworthiness and counseling outcome results. This may indicate that this perception influences outcomes, and possibly the decisions to use services in the future.

Ponterotto and Furlong (1985) evaluated various counselor effectiveness rating scale instruments including the Counselor Rating Form - Short Version (CRF), the Counselor Rating Form - Short Version (CRF-S), the Barret-Lenard Relationship Inventory, the Counselor Evaluation Inventory, the Counselor Effectiveness Scale, and the Counselor Effectiveness Rating Scale. The results of the critique indicated that the CRF was the most frequently used measure, and at the time of publication the CRF-S was still in development but it was hypothesized that this would become the most widely accepted counselor effectiveness scale. The researchers in the article noted the difficulty in assessing ratings of counselors, and felt that future scale development to increase scale sensitivity. The authors further posited that many of these scales had inconsistencies in validity and reliability and more replication and testing was necessary for some of the scales. The study helped inform the decision to use the CRF-S to determine the effectiveness of the counselor.

The Counselor Rating Form - Short Version has been used in other studies and populations to demonstrate respondents' perceptions of a counselor. Carroll, Gauler,

Relph, and Hutchinson (2011) conducted a study investigating whether a relationship existed between counselor self-disclosure of sexual orientation to straight clients. Two hundred and thirty-eight participants ($N = 238$) were “randomly assigned to one of eight conditions (female/male heterosexual disclosing, female/male heterosexual non-disclosing, gay/lesbian disclosing, & gay/lesbian non-disclosing) in which they were asked to read different versions of a 4-page transcription of a counseling session” (Carroll et al., 2011, p. 142). The participants at the conclusion of the session completed the CRF-S. The researchers identified 184 usable questionnaires, with the sample of 129 females ($n = 129$), and 55 males ($n = 55$) whose median age was 29.3 years. “Seventy-six percent of the total sample ($n = 140$) identified as European-Americans (White), 11% ($n = 21$) as Blacks, 3% ($n = 6$) as Hispanics, 3% ($n = 5$) as Asian Americans, and 7% ($n = 12$) as “other” (Carroll et al., 2011, p. 142). A 2X2X2 multivariate analysis of covariance was conducted and no significant differences were found, except between self-disclosure status and sexual orientation of the counselor $F(3, 177) = 3.85, p > .05$. Carroll et al. (2011) indicated “univariate follow-up analysis revealed a significant interaction between counselor disclosure and sexual orientation on the trustworthiness scale $F(1, 183) = 5.06, p > .05$.”

Demographic Sheet. The demographic sheet included five standard demographic questions. I asked the participants their gender, age, ethnic origin, years teaching, and subject taught. Groves et al. (2009) explained that demographic information is similar to what can be found publicly such as the U.S. Census Bureau. Asking demographic questions helps to bolster the study as it provides an understanding of the characteristics

of the participants. One question was added to demographic information. The question was how many times has the teacher referred a student to school-based counseling services in the past 12 months. This question was given to an expert in the field of school counseling, and to an expert in the field of education to increase validity of the questions. Both experts verified that this question was adequate.

Operationalization of Variables

For the purpose of this study, I operationally defined public school teachers as classroom based licensed New Jersey school teachers in New Jersey public schools (New Jersey Department of Education, 2004). I defined school counselors as licensed individuals currently working in New Jersey Public schools under the title of school counselor or guidance counselor (American School Counseling Association, 2013). I measured perception using the Counselor Rating Form - Short Version (Corrigan & Schmidt, 1983; Gay, Mills, & Airasian, 2009).

Data Analysis Plan

Once the sample size was reached, I downloaded the results to a Microsoft Excel file. I used the Statistical Package for the Social Sciences (SPSS) to analyze the data (IBM, 2016). The Statistical Package for the Social Sciences is a computer program that statistically analyzes and reports the data (IBM, 2016). The SPSS computer program allowed me to enter the survey data, perform statistical calculations appropriate for a linear regression, and test the hypothesis necessary for quantitative research.

According to Frankfort-Nachmias and Nachmias (2008), data needs to be cleaned in order to identify incomplete or incorrect data and amend any mistakes. My initial

method of data cleaning was to spot check to ensure that the information entered into SPSS matched that of Survey Monkey. Additionally, I checked the results to ensure that each code was used correctly. I also used SPSS to locate any missing data or incorrectly coded data. My last step in data cleaning was to address outliers.

My last step in data cleaning was to address outliers. The Statistical Package for the Social Sciences has a function that allows the user to look for outliers in the data (IBM, 2016). At that point, if the information is deemed to be false, I could have proceeded to delete the specific case. This would have been appropriate in a situation where I was convinced that the respondent did not read the questions (Wuensch, 2016). Deleting cases can also be done in the case that the participant was not a part of the stated population.

Research Questions and Hypotheses

1. RQ1: Is there a relationship between expressed perceptions of school counselors as measured by the results of the Counselor Rating Form - Short Version and the likelihood of teachers referring students to school counselors as measured by demographic questions one? 1. How many times have you made a student referral to school-based counseling services in the past 12 months?

H01: Participant scores on the CRF-S will not be significantly related to teachers' making a student referral to the school counselor.

H11: Participant scores on the CRF-S will be significantly related to teachers' making a student referral to the school counselor.

2. RQ2: To what degree do scores on the Counselor Rating Form - Short Version

predict teacher referral rates to school counselors?

H02: High participant scores on the CRF-S will not significantly predict teachers' student referral rates to the school counselor.

H12: High participant scores on the CRF-S will significantly predict teachers' student referral rates to the school counselor.

I analyzed the data collected from this survey using a linear regression, which is the appropriate model for dependent variables that are continuous (Frankfort-Nachmias & Nachmias, 2008). According to Green and Salkind (2011) because this is not an experimental design, it is not appropriate to use the terms dependent and independent variable, rather predictor and criterion variables. Therefore, the criterion variable in this study is how many times a teacher-made referral to the school counselor was made by teachers for students within the past 12 months. I measured this by using a continuous variable of the amount of times the teacher made a referral. Frankfort-Nachmias and Nachmias (2008) explained that number of referrals will then need to be set with a real limit to ensure there are boundaries of intervals for scores, which would prevent a teacher from answering they have made one and a half referrals as opposed to one or two. To accomplish this there were boundaries on the scale of measurement that set a lower real limit of .5 below and an upper real limit above of .5 (Frankfort-Nachmias & Nachmias, 2008).

The variable reported was the score on the CRF-S and the number of referrals that were reported to be made to school counseling services. I present my results with the regression equation, the proportion of variance, and adjusted R^2 , the degrees of freedom,

and the coefficients using linear regression analysis. The regression also provided me with the correlation between my variables of interest. The correlation addresses whether there is a relationship between the results on the CRF-S and if a referral was made to the school counselor. Fink (2013) mentioned that a correlational design measures the strength of the relationship between variables rather than determines whether one variable caused another. A correlational design measures the relationship between two variables, and Creswell (2009) explained that quantitative studies often use research questions to find relationships among variables. Campbell and Stanley (1963) posited that a correlational design is helpful in confirming or disconfirming future research questions. The assumption of the correlational design is that the variables are linear and do not have multicollinearity (Creswell, 2009; Gay, Mills, & Airasian, 2009). Multicollinearity means that the variables are so highly correlated that they almost appear as one (Gay et al., 2009).

Threats to Validity

Validity is designed to ensure that the study measures what it is supposed to measure (Frankfort-Nachmias & Nachmias, 2008). Threats to external validity includes the ability of the sample to represent the general population as defined (Kazdin, 2003). I may not be able to generalize this sample to other teachers who do not work in New Jersey or outside of the public K-12 school setting. In addition to concerns about the sample participants, the use of an online survey may be a threat as certain stimulus characteristics, such as the setting in which the participant completed the survey, may restrict the generalization of the findings (Kazdin, 2003).

Possible additional internal validity threats in this study included construct validity, face validity, and content validity (Kazdin, 2003). This is why I chose the Counselor Rating Form - Short Version as it was highly regarded as the best measurement to capture perception and social influence of a counselor (Corrigan & Schmidt, 1983; LaCrosse, 1980; Ponterrotto & Furlong, 1985). The conceptual basis for using this measure was the additional validation studies conducted on this measure. Creswell (2009) explained that providing validation studies ensures that meaningful inferences can be drawn from using the measurement.

Possible threats to internal validity include the history of the participants (Kazdin, 2003). The history, unrelated to the specific questions asked, may influence the results. For example, if teachers thought of their own personal counseling experiences instead of the instructions of answering the survey about their school counselor at the building where they teach, this could impact the way they answer the survey questions. This is why I included very specific instructions with the survey. According to Kazdin (2003) the use of a survey in general also has threats to internal validity as the researchers is relying on the participant to accurately self-report information, and this may result in bias or distortion on the part of the participant. Another threat to internal validity includes attrition, or the propensity of losing sample members during the course of research (Creswell, 2009; Kazdin, 2003). The threat to attrition was decreased as I administered this survey just one time and it did not include a large amount of survey questions.

Ethical Procedures

In adherence to the American School Counselor Association (2016) ethical standards, in this research study, I observed the educational research practices, confidentiality precautions, security protections, and school district policies. Prior to participating in the study, I provided the participants with an informed consent procedure including the name of the survey, purpose of the survey, the benefit to the educational community, possible risks and discomforts, that it is a completely voluntary participation, the ability for the participant to withdraw and not submit survey, and the fact that the responses were completely anonymous. In addition to the informed consent, I provided the teachers my contact information and the appropriate individuals to contact at Walden University if they had any questions. As I am a school counselor in New Jersey, it is possible that the district of which I am employed in, Princeton Public Schools, may have been drawn from the numbers table used to select the sample. As all information regarding the participants was kept encrypted and confidential, I did not see this as a conflict of interest.

To protect the integrity of this study, I did not collect any data prior to the Walden University IRB approval. Teachers email addresses are public domain in the state of New Jersey, and are available on the school building websites. In order to apply for Walden University IRB approval, I completed the National Institute of Health Office of External Research Protecting Human Research Participants. The Walden University IRB protocol is designed to examine, assess, and ultimately approve research studies by students and faculty members. The university's approval number for this study was 05-25-17-0341535 and it expires on May 24th, 2018.

Due to the varying characteristics of the sample population, some discomfort may have resulted in participants completing this study. Due to this possibility, the informed consent procedure provided contact information for the researcher as well as appropriate contacts at Walden University. Upon completion of the survey, participants received information for psychological service providers if needed. Participants were informed that they may leave the survey at any time, for any reason. Participants did not provide any identifying information, therefore protecting their confidentiality.

I protect the confidentiality of the individuals, and the data itself. The list of school districts and the emails requesting participation were identifiable, but within the data itself there was no identifying information about the school, or individual. Using Survey Monkey (2017), I also encrypted the information which allow for further confidentiality precautions. The information can only be accessed through a user name and password. The data will be kept for a total of five years' post study and it will be kept on a password protected zip drive in a locked filing cabinet. I am the only one who has access to the data, unless my dissertation committee needs it for review.

Summary

I described this quantitative cross-sectional survey research design in Chapter 3. I provided the rationale for using this research design as well as a description of the specifics within the design, the variables used, the research question and hypothesis, the population for the study, and the sample and sampling strategy, procedures for recruitment of participants, participation and the plan for data collection. I reviewed the

instrumentation for the study and provided support of the instruments and I addressed the threats to validity and the possible ethical issues.

In Chapter 4, I reviewed the purpose of my study, the research questions, and hypothesis of this study. I then provided a detailed overview of the data collection, including the time frame for collection, recruitment, and response rates. In Chapter 4, I also described that there were no discrepancies in the collection from the plan described in this chapter, as well as explained how the sample is representative of the stated population. In Chapter 4, I concluded with the results of the cross sectional quantitative research linear regression analysis.

Chapter 4: Results

The purpose of this quantitative research study was to examine to what degree the teachers expressed perceptions of school counselors and their role, as evidenced by the results of the Counselor Rating Form - Short Version, and whether these perceptions predicted whether the teachers made referrals to school-based mental health services. In Chapter 1 and 2, I described the background of the study and the literature supporting the study.

I focused on understanding whether there was a relationship between school teachers' perceptions of school counselors, and the likelihood of referring students to school-based counseling services. I investigated whether a relationship existed between these two variables, and further whether certain scores on the Counselor Rating Form - Short Version predicted teachers' referral rate to school counselors. I examined the following two research questions.

Research Questions and Hypothesis

1. RQ1 – Quantitative: Is there a relationship between expressed perceptions of school counselors as measured by the results of the Counselor Rating Form - Short Version and the likelihood of teachers referring students to school counselors as measured by demographic questions one? 1. How many times have you made a student referral to school-based counseling services in the past 12 months?

H01: Participant scores on the CRF-S will not be significantly related to teachers' making a student referral to the school counselor.

H11: Participant scores on the CRF-S will be significantly related to teachers' making a student referral to the school counselor.

2. RQ2 – Quantitative: To what degree do scores on the Counselor Rating Form - Short Version predict teacher referral rates to school counselors?

H02: High participant scores on the CRF-S will not significantly predict teacher's student referral rates to the school counselor.

H12: High participant scores on the CRF-S will significantly predict teachers' student referral rates to the school counselor.

I tested the hypotheses to determine the correlations and predictive relationships of the independent variable of teacher perception as assessed by the Counselor Rating Form - Short Version and the dependent variable of how many times a teacher has made a student referral to school counseling services. In Chapter 3, I summarized the methodology used to collect and analyze the data. In Chapter 4, I explain the data collection and analysis process and the results. I implemented the data collection procedures after IRB approval, and I followed the strategy described in Chapter 3, including the sample population of licensed New Jersey school teachers, stratified cluster sampling procedure, and the data collection methods. In Chapter 4, I describe the descriptive statistics and the results of the statistical analysis.

Data Collection

I conducted the data collection for this study in June 2017. The data collection instrument consisted of an online survey administered through Survey Monkey. For my study, I used a stratified cluster sampling strategy. I used stratification and looked at the

districts and removed any nonpublic schools within each school district. The primary level of clusters were New Jersey public school districts as listed by the New Jersey Department of Education (New Jersey Department of Education, 2014). I then stratified the list of school districts, first by type, because private and charter schools, as well as public preschools, were not eligible to participate in this study. The secondary level of cluster sampling were the individual school buildings within the school districts. From this list, using a numbers table which randomizes the order of numbers from one to 587, I randomly selected schools to invite them to participate. I asked all licensed classroom school teachers from each school to participate in the study. I started with school number one until the sample size was reached. Upon receiving IRB approval, I sent the survey and demographic questionnaire via email to the New Jersey public schools identified by the numbers table. According to Gay et al. (2009), a typical response rate is around 10%, which would give an approximate response rate of 70. Weller (2015) explained that sample size calculation for a linear regression is typically indicated by effect size. Using the probability of a Type 1 error (α) of 0.5, and the probability of a Type II error (β) of .20, which sets the power ($1 - \beta$) at .80, a moderate effect size should be indicated. (Weller, 2015).

Determining the correct sample size is necessary in order for the results to be generalizable (Gay et al., 2009). Through a review of the literature that used quantitative methods, I found that most studies used between 0.8 and 0.95 power, and an error probability of 0.05 to 0.01 (Little, 2010; Repie, 2005; Turner & Liew, 2010). According to Cook and Hatala (2015), higher power is better, and they recommended power of > 0.8

or above. Cook and Hatala (2015) conducted a re-analysis the results of a meta-analysis to look at power across a range of effect sizes in educational research. The researchers included 897 research studies and found the median sample size was 25. Out of these studies, “only 2 (0.3%) were powered to detect a small effect (SMD 0.2), 41 (7%) had > 80% power to detect a large effect (SMD 0.8)” (Cook & Hatala, 2015, p. 80).

I employed a power of 0.80 in my study to ensure my ability to detect effects appropriately. G*Power is a statistical free tool that can be used to analyze power, effect size, and sample size (Faul, Erdfelder, Buchner, & Lang, 2009). Using G*Power, I calculated the statistical power of the study and the appropriate sample size for a correlation and regression analysis (Faul et al., 2009). For a linear regression model, I used G*Power to determine the sample size to be 55 using an alpha of 0.05, a power of 0.80 and a medium effect size ($f^2 = 0.15$) (Faul et al., 2009). This number is supported by multiple previous educational research studies (Cook & Hatala, 2015).

I started with school number one and sent the email to five teachers at a time to avoid the survey being sent to a spam folder. I sent the survey to the first three schools on day one, three more schools on day two, and three more on day three. I emailed a total of nine schools. The total number of teachers that I contacted via email was 645. I encouraged the teachers to respond within 5 days. In the survey invitation, I provided an informed consent form and a link to the Survey Monkey survey. I instructed participants to click the link if they agreed to participate in the study. I notified participants that they could exit the survey at any time, and that their responses were anonymous. I had set up the survey so that it was terminated when the sample size was reached. On the seventh

day, I had received 55 responses. This met the a-priori sample size of $N = 55$. This was a response rate of 0.085%. Although that is slightly less than the normal 10% rate for surveys (Gay et al., 2009) it should be noted that it was the last three weeks of the school year which is very busy for teachers. Once my sample size of 55 was reached, I downloaded the data into a password protected Excel file where I scored the Counselor Rating Form - Short Version. I then uploaded the file to SPSS, where it was screened and cleaned for statistical analysis. The response rate, as noted above, was 0.085%. There was one respondent (1.89%) that did not answer two items. There were no discrepancies in my data collection procedures from what I presented in Chapter 3 or had been approved by the IRB.

Demographic Characteristics of the Sample

I have provided the demographic characteristics for the sample in this study below. Licensed school teachers currently employed in a public school in New Jersey were the sampling participants in this study. The a-priori sample size was determined to be 55. I emailed 645 licensed New Jersey teachers, which followed the method protocol previously described, which resulted in a response rate of 0.085%. From the group of contacted teachers, 55 responded which ended the survey as it met the sample size I previously determined. Of the 55 participants who responded, I noted that one respondent (1.89%) did not answer two items.

Demographics. The survey included several questions to help establish the generalizability of the results from the survey. Demographic questions included gender, age, ethnic origin, and length of employment as a teacher. Of the 55 licensed New Jersey

teachers, 52.75% ($n = 29$) responded that they identified as male, 25 (45.45%) responded female, and 1(1.82%) participant responded other. The ethnic origin of the participants was primarily White (89.09%, $n = 49$), 3 (5.45%, $n = 3$) reported multiple races, and 1 (1.82%, $n = 1$) each identified as Black, American Indian or Alaskan Native, and Asian. The ages of the participants ranged from 24 – 61 years old. The sample size had a wide variety in years teaching, ranging from 1 year to 33 years. According to the New Jersey Department of Education (2016), this is fairly representative of the teaching profession in the state of New Jersey.

Results

I imported the data into SPSS version 21 from an Excel spreadsheet to analyze the participants survey responses. I scored the Counselor Rating Form – Short Version. Once the information was uploaded into SPSS, I conducted the descriptive statistics first. Once this was complete, I ran a Kolmogorov-Smirnov test and a Shapiro-Wilk test to see whether the distribution of the scores on the CRF-S subscales and total deviate from a comparable normal distribution. Finally, when the assumptions were met, I ran a simple regression which provided me with the correlation statistic as well. The assumptions for a random-effects model linear regression are that the variables are normally distributed in the population, and that the respondents represent a random sample from the population and that the scores are independent of other scores (Green & Salkind, 2011). Through running a test of normality, I determined that the variables met the parametric assumptions of a regression analysis as indicated previously (Green & Salkind, 2011; Field, 2013). Fifty-five licensed New Jersey teachers responded to the survey and I

collected demographic information to help inform this study. In this study, 52.75% ($n = 29$) of the participants identified as male, 25 (45.45%) responded female, and 1 (1.82%) participant responded other. The ethnic origin of the participants was primarily White (89.09%, $n = 49$), 3 (5.45%, $n = 3$) reported multiple races, and 1 (1.82%, $n = 1$) each identified as Black, American Indian or Alaskan Native, and Asian. The ages of the participants ranged from 24 – 61 years old. The sample size had a wide variety in years teaching, ranging from 1 year to 33 years. In presenting the results, I have used descriptive statistics, the correlation statistic, and the linear regression analysis to assess.

Descriptive Statistics

Due to using an established measure, I provided an analysis of the descriptive statistics of the results from the Counselor Rating Form - Short Version. The descriptive statistics of this variable are presented in Table 1.

Table 1

Descriptive Statistics of the Variable

	<i>M</i>	<i>SD</i>	Range	Skewness	Kurtosis
Attractiveness	19.91	6.564	21	-.583	-.848
Expertness	19.62	6.270	24	-.563	-.207
Trustworthiness	20.36	6.487	22	-.497	-.918
Total Score	59.89	17.775	66	-.407	-.788

[Please note that all descriptors from the scale must be in sentence case. From now on, I will highlight this issue and you will be responsible for fixing it.]

The score of attractiveness had a respondent range of 7 to 28 ($M = 19.91$; $SD = 6.565$), the score of expertness had a respondent range of 4 to 28 ($M = 19.62$; $SD = 6.270$)

and the range of trustworthiness had a respondent range of 6 to 28 ($M = 20.36$; $SD = 6.487$). Lower rates indicate the teacher's perception that the school counselor exhibits a lack of attractiveness, expertness, and trustworthiness, while higher overall scores indicate the teacher's positive perception that the school counselor exhibits attractiveness, expertness, and trustworthiness. The Counselor Rating Form - Short Version subscale Cronbach's alpha is considered highly reliable (Corrigan & Schmidt, 1983). Corrigan and Schmidt (1983) reported the split-half reliability for the 12-item attractiveness, expertness, and trustworthiness scales at $r = .85$, $r = .87$, and $r = .90$. The participants had a 3.73 ($M = 3.73$) amount of student referrals to school counseling services. The scores reported in Table 1 indicate the parametric indicators. The skewness = $-.407$, which is indication of a normal distribution (Field, 2013). Further, the kurtosis is a measure to the degree in which scores cluster in either tail of the frequency distribution (Field, 2013) and the scores indicated a slight platykurtic result. The scores $D(55) = 0.098$ $p = .200$ did not deviate significantly from normal.

Fifty-five respondents answered how many times they had made a student referral to the school counselor in the past 12 months, and the responses ranged from zero to 12 times ($M = 3.73$, $SD = 3.456$). Additionally, I believed the average total score of the Counselor Rating Form - Short Version from the teachers ($M = 59.89$, $SD = 17.775$) indicated a wide range in perceptions of the school counselor by the teachers.

Data Screening

I downloaded the results from Survey Monkey into a password protected Excel spreadsheet to start the data screening. I checked the responses for errors first by spot

checking to ensure that the information entered into the Excel spreadsheet matched that of Survey Monkey. Additionally, I checked the results to ensure that each code was used correctly. Some individuals had written the numbers out instead of using numerical symbols. For example, a participant wrote one versus using the number 1. These were identified through the spot check and corrected. Two participants did not answer two questions but answered the others. I determined that it was acceptable to use the mean value of five, which was neutral for these responses as this would have no effect on the data but would include the remainder of the participants responses (Field, 2013; Krosnick et al., 2002). The mean value is the average of all the numbers, so the average response for each category was determined to be a five and by using this number it did not influence the data of positive or negative perception on the Counselor Rating Form - Short Version results. After data screening, I determined that the 55 surveys could still be deemed valid.

I then scored the results from the Counselor Rating Form - Short Version in the Excel workbook before being imported into SPSS. I tallied and scored the results as defined by the Scoring Form for the subscale scores of Attractiveness, Expertness, and Trustworthiness (Corrigan & Schmidt, 1983). The subscale scores could range from 4 to 28. I then calculated the total score by adding the three subscale scores together. Then I imported the excel spreadsheet into SPSS for analysis.

Linear Regression Analysis

I conducted a linear regression analysis to evaluate the prediction of the teacher made student referral to school counseling services from the overall total score on the

Counselor Rating Form - Short Version (CRF-S). A simple linear regression uses one predictor to assess the impact of one variable upon another variable (Field, 2013). There are certain assumptions that must be met to limit the bias in a regression model (Field, 2013). The assumptions for a random-effects model linear regression are that the variables are normally distributed in the population, that the respondents represent a random sample from the population, and that the scores are independent of other scores (Green & Salkind, 2011). Through running a test of normality, I determined that the variables met the parametric assumptions of a regression analysis as indicated previously (Green & Salkind, 2011; Field, 2013). I then conducted the analysis.

Research Questions and Hypothesis Results

My first research question was: Is there a relationship between expressed perceptions of school counselors as measured by the results of the Counselor Rating Form - Short Version and the likelihood of teachers referring students to school counselors as measured by demographic questions one? 1. How many times have you made a student referral to school-based counseling services in the past 12 months?

H01: Participant scores on the CRF-S will not be significantly related to teachers' making a student referral to the school counselor. *H11*: Participant scores on the CRF-S will be significantly related to teachers' making a student referral to the school counselor.

Using a regression, I assessed the relationship between the CRF-S score and whether the respondent made a referral to school-based counseling. The results provided me with a simple correlation between the CRF-S score and the number of referrals and this relationship was found to be significant, $r = .338, p = 0.012$. This allowed me to

reject the null hypothesis as participant scores on the CRF-S were significantly related to teachers making a student referral to the school counselor. Corrigan and Schmidt (1983) explained the importance of looking at each individual sub-scale score. When I examined the subscale score of Attractiveness and teachers making a referral to the school counselor, there was not a statistically significant finding, $r = .255, p = 0.060$. However, I did find significance for the subscales of Expertness, $r = .339, p = 0.011$, and Trustworthiness, $r = .340, p = 0.011$.

My second research question was: To what degree do scores on the Counselor Rating Form - Short Version predict teacher referral rates to school counselors? *H02*: High participant scores on the CRF-S will not significantly predict teacher's student referral rates to the school counselor. *H12*: High participant scores on the CRF-S will significantly predict teachers' student referral rates to the school counselor.

Using a linear regression, I established that scores on the CRF-S could be a significant predictor of making a referral, $F(1, 53) = 6.825, p = 0.012, R^2 = 0.114$. This significance test appears in two places for bivariate regression analysis (Green & Salkind, 2011). The t test indicated the same p value, $t(53) = 2.612, p = 0.012$. The CRF-S score can account for 11.4% of the variance in teacher made student referrals, which means that other factors may also have an influence. Therefore, I was able to reject the null hypothesis for research question two and confirm that high participant scores on the CRF-S did significantly predict teachers' student referral rates to the school counselor.

Summary

Fifty-five participants completed the Counselor Rating Form - Short Version and the demographic questions from my research study. Through the results of the scores and subsequent referrals, my results supported the hypothesis that there was a significant relationship between CRF-S scores and amount of student referrals to school counseling, and the ability of the score on the CRF-S to predict a referral. In Chapter 4, I described the data collection procedures and sample population of this study, and which adhered to my university's IRB policies and procedures, and the protection of human participant's rights. Additionally, I discussed the sample demographics including gender, age, number of years teaching, and ethnic origin. I further presented the results of the study. In the results section, I discussed the data screening strategies, the independent and dependent variables, reliability, and the regression analysis used. In chapter 5, I include a summary of the study, my interpretation of the findings, limitations to the study, positive social implications, and my recommendations for further research.

Chapter 5: Discussion, Conclusions, and Recommendations

I conducted this research study to investigate the relationship between teachers' perceptions of school counselors and teachers' propensity for making a student referral to school counselors. As mental health concerns rise in the educational setting, it has become increasingly important to investigate what makes a teacher refer a child to school counseling services. Early intervention in mental health presentations has been evidenced by numerous studies as best practice; therefore, finding ways to increase these referrals is beneficial to both the immediate mental health of the child, and the long-term predicted outcomes.

In this study, I examined to what degree the teachers expressed perceptions of the school counselor and their role, as evidenced by the results of the Counselor Rating Form - Short Version, and whether these perceptions predicted whether the teachers made referrals to school counselors. I conducted a quantitative study using a cross sectional survey, as I identified it as the appropriate research design to investigate the relationship of student referrals to school counselors by licensed or certified public-school teachers in New Jersey. I used descriptive statistics to summarize the findings, and I used a linear regression to analyze the results.

The key findings of my research study indicated that there is a relationship between perceived attractiveness, expertness, and trustworthiness of the school counselor, and the teacher making a referral of a student to the school counselor. This result allowed me to reject my null hypothesis. Further, my results of the regression suggested that the higher the combined overall score of perceived attractiveness, expertness, and

trustworthiness of the school counselor by the teacher, could predict the teacher making a referral of a student to school counseling. However, the individual subscale of attractiveness was not significant and therefore could not predict a teacher making a referral of a student to school counseling. I intend for the results of this study to help increase knowledge among education professionals related to whether there is a relationship between teachers' opinions of school counselors and whether the teachers make referrals to school-based counseling services.

In Chapters 1 through 3, I included a synopsis of the problem, a review of the applicable literature from an exhaustive literature review, and the research plan. In Chapter 4, I explained the research in detail including the demographics of the participants, the data screening and analysis, and the results. I was able to reject the null hypothesis after examining the results of both the correlation and the linear regression. In this chapter, I discuss an analysis of the results of my study, as well as the possible limitations to the results. Further, I discuss the implications for social change and my recommendations for future research.

Interpretation of the Findings

Through this study I researched the relationship between licensed New Jersey teachers' expressed perceptions of school counselors, as evidenced by the results of the Counselor Rating Form - Short Version, and the number of teacher-made student referrals to school counselors. First, I discuss the findings of The Counselor Rating Form - Short Version and the relationship with teacher-made student referrals to school

counseling. Then I discuss the findings related to the CRF-S score and the number of referrals.

Counselor Rating Form - Short Version and Referral Correlation

The Counselor Rating Form - Short Version is an evidenced-based indicator of expressed perception of a counselor through three subscales of attractiveness, expertness, and trustworthiness (Corrigan & Schmidt, 1983; LaCrosse, 1980; Ponterrotto & Furlong, 1985). The reason I used this measure was the additional validation studies conducted on this measure which evidenced its efficacy (LaCrosse, 1980; Ponterrotto & Furlong, 1985). Through the results of this study, I found the relationship between the Counselor Rating Form - Short Version and a teacher-made student referral to have a significant correlation.

Previous researchers have understood that teachers' previous experience with school counseling services is related to whether the teacher promotes the services directly to students, and to other key personnel, there had not been a study investigating whether a direct link between perception of the school counselor and making the actual referral were correlated (Turner & Liew, 2010; Shute, 2012). Given the emphasis in the United States on student mental health (Alicia et al., 2012; Hill et al., 2012; The National Federation of Families for Children's Mental Health, 2012; U.S. Department of Health and Human Services, 2013), I felt that exploring this topic would support the growing body of literature on the importance of mental health support in schools (

In the first research question—How many times have you made a student referral to school-based counseling services in the past 12 months? I asked whether there was a

relationship between expressed perceptions of school counselors as measured by the results of the Counselor Rating Form - Short Version and the likelihood of teachers referring students to school counselors as measured by demographic questions one.

I found there was a relationship between the perceptions that teachers expressed about school counselors and the likelihood of teachers referring students to school counselors. The results strengthened the qualitative work of Low (2015) and Reiner et al. (2009) in which it was found that teachers had a general positive perception of school counselors but sought more education about school counselors' role. The fact that expertness was found to be significant related to a teacher making a referral intonates that teachers need education related to what a school counselor does, what their role in a school is, and the amount of training and expertise that contemporary school counselors now possess in the state of New Jersey. The Counselor Rating Form - Short Version has been found by researchers to effectively assess social influence of a counselor (Corrigan & Schmidt, 1983; LaCrosse, 1980; Ponterrotto & Furlong, 1985). Further, the expertness ratings correlated most highly in influence in LaCrosse's (1980) study which align to my results.

Overall, I found that the teachers' perceptions were positive of their school counselor, and that the teachers were making student referrals to the school counselor. However, of the 55 respondents who answered how many times they had made a student referral to the school counselor in the past 12 months, the responses only ranged from zero to 12 times. Overall, this number seems low for the number of referrals through a school year. As previously noted, teachers spend a significant amount of time with

students and the prevalence of mental health issues in adolescents is around 25% (U.S. Department of Health and Human Services, 2013). Additionally, I believed the average total score of the Counselor Rating Form - Short Version from the teachers indicated a wide range in perceptions of the school counselor by the teachers with some teachers feeling a positive perception and some a very negative perception.

The second research question I asked was: To what extent do scores on the Counselor Rating Form - Short Version predict teacher referral rates to school counselors? The linear regression showed a predictive relationship between a high score on the Counselor Rating Form – Short Version and the amount of teacher-based student referrals to school counselors. This aligns with the theoretical foundation of this study, which was cognitive behavioral theory. Cognitive behavioral theory supported my findings, as cognitive behavioral theorists conjectured that there is a relationship between thoughts, feelings, and behaviors and that these are interrelated (Beck, 2011).

I studied whether a teacher's perception or thoughts of school counselors causes the teacher to make a student referral. I found that there was a relationship, and further, that a higher or more positive perception could predict referrals. This supports the work of Beck and cognitive behavior theory, as Beck's studies noted that thinking patterns were rooted in strong automated thoughts which were related to emotions and subsequent behavior (Rush & Beck, 1978).

Beck developed a cognitive model that furthered the research on motivation (Rush & Beck, 1979). Rush and Beck (1979) aligned motivational symptoms to innate beliefs of self, environment, and the future and stated that set of beliefs leads to

behaviors. Beck (2011) also explained that schemas are patterns in which the individual sorts, interprets, and conceptualizes the large number of stimuli in everyday situations. Once schemas are developed, they are used to help the individual interpret the situation at hand.

As applied to this study, if the individual had a positive or negative perception of school counseling, and this automatic thought was triggered when deciding to make a referral to the counselor or not, then the teacher's perception could influence whether or not they made a referral to a school counselor. For example, if the teacher had a negative view of the counselor, and the automatic thought of the teacher is that the counselor will not be able to help, then the teacher may be less inclined to refer a student to the school counselor for help.

Previous researchers also indicated in other forums that experience with a school counselor could predict or indicate whether the person with previous experience with the counselor would use counseling services (Clark & Amatea, 2004; Low, 2015; Reiner et al., 2009; Turner & Liew, 2010). Clark and Amatea (2004) researched whether knowledge and experience with school counseling was influential in the use and perception of school counseling services. Using a descriptive grounded theory design with teachers in elementary, middle, and high school, Clark and Amatea (2004) found that it was important that teachers thought that school counselors communicated, collaborated, provided direct services, had visibility in the school, and knowledge of student's needs. Clark and Amatea (2004) stressed the importance of school counselors collaborating with teachers, as their research indicated that the teachers' view of the

school counselor influenced use of services by not only teachers but also administrators, parents, and students. My study supported this concept as the positive or negative perception of school counselors by the teachers was found to be a significant predictor of whether the teacher made a student referral to these services.

Khansa (2015) researched teachers' perceptions regarding school counselors in private schools in Lebanon using a qualitative semistructured interview research design. According to Khansa (2015), the key themes of the research were: the importance of solving problems, collaboration and support, referral, and individual and group counseling. Kahnsa (2015) stated that the comparative analysis revealed that teachers identified that they were an important source for making student referrals to the school counselor, but that they may not make referrals due to the cultural component of family in Arab nations. Another theme that emerged from the research was that teachers that had negative perceptions of school counselors did not want to refer students to these services. While my research was not qualitative in nature, and therefore did not have reasons behind the positive or negative perceptions of school counselors, I did find similar results in the predictive nature of perception of the school counselor by the teacher and the propensity to make referrals.

Powers and Boes (2013) noted that there was a lack of studies related to teacher perceptions of school counselors in their mixed methods research study. They conducted an action research study to explore the perceptions of teachers in understanding the role of school counselors (Powers & Boes, 2013). Powers and Boes (2013) identified that teachers in their study responded positively and perceived the school counselor as vital to

the success of the school and students. My study results support that teachers who felt positively about their school counselor had a higher likelihood of referring students to the school counselor. I believe that it is important to ensure that teachers are well informed of the role and expertise of the school counseling staff at their school.

In my study, I sought to understand whether there was a relationship between perception of the school counselor by a teacher, and whether the teacher would make a referral to the school counselor. I sought to address the national concerns of mental illness at an earlier stage, as researchers have suggested that schools' implementation of preventative and educational mental health services is a step in the right direction (Alicea et al., 2012). Further, there is a large gap in many educational professionals' understanding of the mental health needs of students, and the availability and accessibility of these services in schools (Alicea et al., 2012). The U.S. Department of Health and Human Services (2013) stated that as many as a quarter of those aged 12 – 17 in New Jersey identified with depressive symptoms. This information, coupled with the number of hours students in the K – 12 educational system spend in school or school related activities, provides educational professionals with an opportunity to serve this population (Clemons, 2007; Kya et al., 2007; Rebeck, 2010; Shute, 2012). Teachers are a vital component in the early identification of changes in students' attitudes, personality, behaviors, and overall mental health (Repie, 2005). The research, as discussed in other studies was limited regarding understanding the referrals that teachers make to school counselors (Adams et al., 2007; Jackson, 2000; Joy et al., 2011; Repie, 2005). Most of the current research focused on the inappropriate referrals based on disruptive behaviors

not on other factors that may predict why a teacher would make a referral to school counseling services. This is a significant gap in the literature that needed further investigation. My study explored the attitude of the teacher and whether the teacher made a referral to school counseling services.

Limitations of the Study

This research study has inherent limitations. Fink (2013) stated that valid surveys come from valid and reliable instruments. The overall threats I have identified regarding validity and reliability when using a cross-sectional survey include the selection of participants, history, maturation, testing, instrumentation, statistical regression, and attrition. Any time a survey is used, there are inherent threats, and this is widely accepted, as long as the researcher addresses them such as mentioning that the survey used in this study relies on self-reported information, and was only collected from New Jersey public schools (Fink, 2013). Further, threats to validity include reactive effects of testing but are mostly related to how the participants were selected (Fink, 2013). This is the reason that selection of participants and using appropriate data analysis becomes so important (Fink, 2013). Teachers filled out their survey at their leisure which is a possible limitation as I cannot be sure of the possible effects of their surroundings.

Another possible limitation is my position as a current, licensed, employed school counselor in the state of New Jersey. To minimize this bias, I chose to conduct a quantitative study rather than qualitative and my research questions were aligned with a quantitative design. Further, I chose to use a published, validated instrument by using the Counselor Rating Form - Short Version, and by using a third-party survey software

package, Survey Monkey, both of which helped to minimize my influence over the submitted responses. Additionally, participants were anonymous and self-reporting which should allay fears that they would be identified (Kazdin, 2003). The participants may have felt if that if they were identified that they could not honestly respond to how they viewed their school counselor as it is possible the school counselor could have found out what they said. This was one of the reasons that anonymous responses were so important. It is possible, however, that the participants may have been able to look up my name and see that I was a current school counselor at the time of the study. It is feasible that educators in the state of New Jersey that had looked up my profession may have unduly been influenced to report positively or negatively if they had any interactions with me professionally in the past. Again, this supports the importance of the anonymous responses.

The online survey had instructions related to the participants that may have influenced the results if not read or understood by the participants. The original survey has the terminology therapist instead of counselor. This was addressed in the instructions asking the participants to replace therapist with school counselor. However, many may not have participated due to confusion over this, which may have influenced who responded.

Another possible threat to internal validity included the history of the participants and maturation (Kazdin, 2003). The history, unrelated to the specific questions asked, may influence the results. For example, if teachers thought of their own personal counseling experiences instead of the instructions of answering the survey about their

school counselor at the building where they teach, this could impact the way they answer the survey questions. Therefore very specific instructions were included with the survey. Also, maturation should not have affected the results as the participants only engaged with the study over the course of one brief session. Further, only teachers in NJ that were selected through the numbers table were invited to participate. This could also be a limitation as it was not available to all teachers in the state. I am not able to generalize this sample to other teachers who do not work in New Jersey or outside of the public K-12 school setting. However, the form of random selection of participants is an evidenced approach to gain a representative sample and therefore the results should generalize to public school teachers in New Jersey (Gay et al., 2009).

Recommendations

Additional research is needed to explore the perceptions of the role and responsibilities of school counselors by teachers, as well as why a teacher will make a student referral to school counseling. Although this study helped to contribute to the body of evidence related to teacher perceptions of school counselors, more research is needed on this topic. The first recommendation would be to update the Counselor Rating Form - Short Version as a tool that could solely be used in the school counseling setting by teachers, parents, and students. This information could greatly inform school counseling practice and help school counselors identify areas that they may need improvement.

Another recommendation would be to expand the study to private and charter schools to see if the efficacy of the counseling programs in these specialized schools were

representative of public schools. Further, it is a recommendation that this study be replicated at a national level using one of the national teacher unions to see if the results can be generalized across states.

Implications

The results of this study could potentially inform counselor education programs as to whether there is a relationship between teachers' understanding and opinion of school counselors, and whether teachers make referrals. This information could be used to infuse counselor education curriculum designed to increase teacher and school counselor conversations, and ultimately provide information to school counselors that may increase the rate of teacher-made referrals of students to school counseling for mental health services (Shute, 2012).

The results of this study are intended to help increase knowledge among education professionals related to whether there is a relationship between teachers' opinions of school counselors and whether the teachers make referrals to school-based counseling services. This may be accomplished through publication of the study. This is important as there has been an increase in national awareness for the need for early mental health identification and intervention, and school personnel can help support this (Shute, 2012). The results of this study are intended to help increase local and national awareness of school-based mental health services, the accessibility and utilization of counseling in schools, and the whether there is any influence that predictors have on teacher referrals for this concern.

Using this information, counselor education programs might have the ability to advocate for the school counseling profession by infusing coursework with curriculum designed to increase conversations between teachers and counselors, as well as provide information as to psychoeducational services that the school counselor can provide to increase student referrals. I plan to publish the results of the study, and to present at local and national conferences to facilitate these conversations, and the ability of both teacher preparation programs, and school counseling programs to find interdisciplinary approaches to early mental health identifications and interventions.

Conclusion

Through this quantitative cross-sectional survey research study, I explored the relationship between expressed perceptions of school counselors as measured by the results of the Counselor Rating Form - Short Version and the likelihood of teachers referring students to school counselors, and to what degree do scores on the Counselor Rating Form - Short Version predict teacher referral rates to school counselors. The theoretical study framework was cognitive behavioral theory, and this was aligned with exploring the interrelationship between thoughts, feelings, and teacher behaviors. The results of the study indicated that there is a relationship, and that high scores on the CRF-S did have a predictive relationship with teachers making a referral to the school counselor.

I concluded the research study with Chapter 5. The results confirmed the research questions, and I was able to reject the null hypotheses. The results of this study could potentially inform counselor education programs as to the fact that there is a

relationship between teachers' understanding and opinion of school counselors, and whether teachers make referrals. This information could be used to infuse counselor education curriculum designed to increase teacher and school counselor conversations, and ultimately provide information to school counselors that may increase the rate of teacher-made referrals of students to school counseling for mental health services. Recommendations include re-tooling the CRF-S to adapt more fully to a school environment to help increase data collected related to the thoughts, feelings, and perceptions by a wider audience of school counselors. The ultimate goal of this research was to find a way to increase the body of knowledge about teachers' perceptions of school counselors and to help encourage future studies with the goal of increasing early intervention student referrals to the school counselors. The more information that can be gathered to inform more robust school counseling programs and supports, the better we can address the increasing mental health concerns of students in New Jersey (Shute, 2012) and through replication studies in other states as well.

References

- Adams, J. R., Benschhoff, J. M., & Harrington, S. Y. (2007). An examination of referrals to the school counselor by race, gender, and family structure. *Professional School Counseling, 10*(4), 389-398. Retrieved from https://libres.uncg.edu/ir/uncg/f/J_Benschhoff_2007.pdf
- American School Counselor Association. (2013a). *The ASCA National Model: A framework for school counseling programs* (3rd ed.). Alexandria, VA: ASCA Publications.
- American School Counselor Association. (2013b). The role of the professional school counselor. Retrieved from <http://www.schoolcounselor.org/school-counselors-members/careers-roles/the-role-of-the-professional-school-counselor/why-secondary-school-counselors>
- American School Counselor Association. (2016). ASCA ethical standards for school counselors. Retrieved from <https://www.schoolcounselor.org/asca/media/asca/Ethics/EthicalStandards2016.pdf>
- Alicea, S., Pardo, G., Conover, K., Gopalan, G., & McKay, M. (2012). Step-up: Promoting youth mental health and development in inner-city high schools. *Clinical Social Work Journal, 40*(2), 175-186. doi:10.1007/s10615-011-0344-3
- Baker, S. B. (2011). The state of primary prevention in the American school counseling profession: Past, present and future. *Turkish Psychological Counseling & Guidance Journal, 4*(36), 105-113. Retrieved from EBSCOHOST

- Bain, S. F. (2012). School counselors: A review of contemporary issues. *Research in Higher Education Journal, 18*, 1-7. Retrieved from ERIC
- Bandura, A. (2006). Adolescent development from an agentic perspective. In F. Pajares & T. Urdan (Eds.) *Self-efficacy beliefs of adolescents* (Vol. 5., pp. 1-43). Greenwich, CT: Information Age Publishing.
- Beck, J. (2011). *Cognitive behavioral therapy: Basics and beyond* (2nd ed.). New York: Guildford Press.
- Beesley, D. (2004). Teachers' perceptions of school counselor effectiveness: Collaborating for student success. *Education, 125*(2), 259-270. Retrieved from ERIC
- Bryan, J., Day-Vines, N. L., Griffin, D., & Moore-Thomas, C. (2012). The disproportionality dilemma: Patterns of teacher referrals to school counselors for disruptive behavior. *Journal of Counseling & Development, 90*, 177-190. doi:10.1111/j.1556-6676.2012.00023.x
- Carroll, L., Gauler, A. A., Relph, J., & Hutchinson, K. S. (2011). Counselor self-disclosure: Does sexual orientation matter to straight clients? *International Journal for the Advancement of Counselling, 33*(2), 139-148. doi:10.1007/s10447-011-9118-4
- Carlson, L. A., & Kees, N. L. (2013). Mental health services in public schools: A preliminary study of school counselor perceptions. *Professional School Counseling, 16*(4), 211 - 222. doi:10.5330/PSC.n.2013-16.221

- Clark, M., & Amatea, E. (2004). Teacher perceptions and expectations of school counselor contributions: Implications for program planning and training. *Professional School Counseling, 8*, 132 – 140. Retrieved from ERIC
- Clemens, E. (2007). Developmental counseling and therapy as a model for school counselor consultation with teachers. *Professional School Counseling, 10*(4), 352-359. Retrieved from <http://journals.sagepub.com/doi/pdf/10.1177/2156759X0701000408>
- Colangelo, N., & Wood, S. M. (2015). Counseling the gifted: Past, present, and future directions. *Journal of Counseling & Development, 93*(2), 133-142. doi: 10.1002/j.1556-6676.2015.00189.x
- Cook, D. A., & Hatala, R. (2015). Got power? A systematic review of sample size adequacy in health professions education research. *Advances in Health Sciences Education, 20*(1), 73-83. doi: 10.1007/s10459-014-9509-5
- Constantine, M. G., & Gainor, K.A. (2001). Emotional intelligence and empathy: Their relation to multicultural counseling knowledge and awareness. *Professional School Counseling, 5*(2), 131-137. Retrieved from PsycINFO
- Cooper, M., Hough, M., & Loynd, C. (2005). Scottish secondary school teachers' attitudes towards, and conceptualizations of, counselling. *British Journal of Guidance & Counselling, 33*(2), 199-211. doi:10.1080/03069880500132722
- Corrigan, J. D., & Schmidt, L. D. (1983). Development and validation of revisions in the Counselor Rating Form - Short Version. *Journal of Counseling Psychology, 30*, 64-75. doi:10.1037/0022-0167.30.1.64

- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*, 41, 1149-1160. Retrieved from <https://link.springer.com/article/10.3758/BRM.41.4.1149>
- Fink, A. (2013). *How to conduct surveys* (5th ed.). Thousand Oaks, CA: SAGE Publications.
- Field, A. P. (2013). *Discovering statistics using SPSS: and sex and drugs and rock "n" roll* (4th ed.). London, Sage.
- Frankfort-Nachmias, C., & Nachmias, D. (2008). *Research methods in the social sciences* (7th ed.). New York: Worth Publishers
- Gay, L. R., Mills, G. E., & Airasian, P. (2009). *Educational research: Competencies for analysis and applications* (9th ed.). Upper Saddle River, NJ: Pearson Education.
- Green, S. B., & Salkind, N. J. (2011). *Using SPSS for windows and macintosh: Analyzing and understanding data* (6th ed.). Upper Saddle River, NJ: Pearson Education, Inc.
- Groves, R. M., Fowler, F. J., Jr., Couper, M. P., Lepkowski, J. M., Singer, E., & Tourangeau, R. (2009). *Survey methodology* (2nd ed.). Hoboken, NJ: John Wiley & Sons.
- Halbur, D. A., & Halbur, K.V. (2011). *Developing your theoretical orientation in counseling and psychotherapy*. Upper Saddle River, NJ: Pearson Education

- Hanley, T., Sefi, A., & Lennie, C. (2011). Practice-based evidence in school-based counseling. *Counseling & Psychotherapy Research, 11*(4), 300-309. doi: 10.1080/14733145.2010.533778
- Hill, J., Ohmstede, T., & Mims, M. (2012). A look into mental health in the schools. *International Journal of Psychology: A Biopsychosocial Approach, 11*, 119-131. doi: 10.7220/1941-7233.11.6
- IBM Corporation. (2016). *SPSS software*. Retrieved from <http://www.ibm.com/analytics/us/en/technology/spss/>
- Jackson, S. A. (2000). Referrals to the school counselor. A qualitative study. *Professional School Counseling, 3*, 277-285. Retrieved from ERIC
- Joy, R. M., Hesson, J., & Harris, G. (2011). Preservice teacher perceptions of school counsellor responsibilities. *Canadian Journal of Counselling and Psychotherapy, 45*, 386-405. Retrieved from ERIC
- Karatas, K., & Kaya I. (2015). An investigation of the perceptions of school administrators towards the roles and duties of school counselors. *Eurasian Journal of Educational Research, 61*, 181-198. doi: 10.14689/ejer.2015.61.10
- Kaya, A., Macit, Z. B., & Siyez, D. M. (2012). An analysis of cases admitted to an elementary school guidance and counseling service during a period of four years. *Illkogretim Online, 11*(4), 1087-1100. Retrieved from ERIC
- Kazdin, A. E. (2003). *Research design in clinical psychology* (4th ed). Boston: Allyn & Bacon.

- Khanam, S. J., & Bukhari, S. R. (2015). Depression as a predictor of academic performance in male and female university students. *Journal of Pakistan Psychiatric Society, 12*(2), 15-17. Retrieved from http://www.jpps.com.pk/article/depressionasapredictorofacademicperformanceinmaleandfemaleuniversitystudents_2472.html
- Khansa, R. (2015). Teachers perceptions toward school counselors in selected private schools in Lebanon. *Procedia Social and Behavioral Sciences, 185*, 381-387. Doi: 10.1016/j.sbspro.2015.03.411
- Knappy, P., & Beck, A. T. (2008). Cognitive therapy: Foundations, conceptual models, applications, and research. *Revista Brasileira De Psiquiatria, 30*(2), 54-64. doi:10.1590/S1516-444620080006000002
- Krosnick, J. A., Holbrook, A. L., Berent, M. K., Carson, R. T., Hanemann, W., Kopp, R. J., & Conaway, M. (2002). The impact of “no opinion” response options on data quality. *Public Opinion Quarterly, 66*(3), 371-403. doi: 10.1086/341394
- LaCrosse, M. B. (1980). Perceived counselor social influence and counseling outcomes: Validity of the Counselor Rating Form - Short Version. *Journal of Counseling Psychology, 27*, 320-327. doi:10.1037/0022-0167.27.4.320
- Lam, S. Y., & Hui, E. P. (2010). Factors affecting the involvement of teachers in guidance and counselling as a whole-school approach. *British Journal of Guidance & Counselling, 38*(2), 219-234. doi:10.1080/03069881003674962
- Little, M., & McLennan, J. D. (2010). Teacher perceived mental and learning problems of children referred to a school mental health service. *Journal of the Canadian*

Academy of Child and Adolescent Psychiatry, 19(2), 94-99. Retrieved from
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2868555/>

Low, P. K. (2015). School counseling in Singapore: Teachers's thoughts and perceptions. *Asia Pacific Journal of Counseling and Psychotherapy*, 6(1-2), 17-27.
doi:10.1080/21507686.2014.1002801

Mahoney, J. L., Harris, A. L., & Eccles, J. S. (2006). Organized activity participation, positive youth development, and the over-scheduling hypothesis (Report No.20). Ann Arbor, MI: Society for Research in Child Development. Retrieved from ERIC

National Federation of Families for Children's Mental Health. (2012). Children's mental health awareness week. Retrieved from <http://www.ffcmh.org>

New Jersey Department of Education. (2004). *New Jersey professional standards for teachers and school leaders*. Trenton, NJ: Author.

New Jersey Department of Education. (2014). New Jersey school performance report cards. Trenton, NJ: Author.

New Jersey Department of Education (2015a). New certification regulations in effect immediately. Retrieved from
<http://www.state.nj.us/education/educators/license/121515Regs.pdf>

New Jersey Department of Education (2015b). School counselor standard certificate. Retrieved from
<http://www.state.nj.us/education/educators/license/endorsements/2702S.pdf>

- New Jersey Department of Education (2016). 2015 – 16 certificated staff. Retrieved from <http://www.state.nj.us/cgi-bin/education/data/cs.pl>
- New Jersey Principals and Supervisors Association. (2013). Top ed committee senators release recommendation to boost mental health in schools. Retrieved from <http://www.njpsa.org/agr/news>
- Ponec, D. L., & Brock, B. L. (2000). Relationships among elementary school counselors and principals: A unique bond. *Professional School Counseling, 3*(3), 208-218. Retrieved from Proquest
- Ponterotto, J. G., & Furlong, M. J. (1985). Evaluating counselor effectiveness: A critical review of rating scale instruments. *Journal of Counseling Psychology, 32*, 597-616. doi:10.1037/0022-0167.32.4.597
- Powers, P., & Boes, S. R. (2013). Steps towards understanding: Teacher perceptions of the school counselor role. *Georgia School Counselors Association Journal (20)*1, 1-8. Retrieved from <https://files.eric.ed.gov/fulltext/EJ1072615.pdf>
- Reback, R. (2010). Schools' mental health services and young children's emotions, behavior, and learning. *Journal of Policy Analysis and Management, 29*(4), 698-725. doi:10.1002/pam.20528
- Reiner, S. M., Colbert, R. D., & Perusse, R. (2009). Teacher perceptions of the professional school counselor role: A national study. *Professional School Counseling, 12*, 324-332. doi: 10.5330/PSC.n.2010-12.324

- Repie, M. S. (2005). A school mental health issues survey from the perspective of regular and special education teachers, school counselors, and school psychologists. *Education & Treatment of Children, 28*, 279-298. Retrieved from ERIC
- Robinson, M., Meier, B., Tamir, M., Wilkowski, B., & Ode, S. (2009). Behavioral facilitation: A cognitive model of individual differences in approach motivation. *Emotion, 9*(1), 70-82. doi:10.1037/a0014519
- Sharf, R. S. (2012). *Theories of psychotherapy and counseling: Concepts and cases* (5th ed.). Belmont, CA: Brooks/Cole.
- Shute, R. H. (2012). Promoting mental health through schools. *The Psychologist, 25*(10), 752-755. Retrieved from <https://thepsychologist.bps.org.uk/volume-25/edition-10/promoting-mental-health-through-schools>
- Sink, C. (2005). *Contemporary school counseling: Theory, research, and practice*. Boston: Houghton Mifflin.
- Survey Monkey. (2017). How it works. Retrieved from https://www.surveymonkey.com/mp/take-a-tour/?ut_source=header
- Turner, E. A., & Liew, J. (2010). Children's adjustment and child mental health service use: The role of parents' attitudes and personal service use in an upper middle class sample. *Community Mental Health Journal, 46*(3), 231-240. doi:10.1007/s10597-009-9221-8
- U.S. Department of Health and Human Services. (2013). New Jersey adolescent mental health facts. Retrieved from http://www.hhs.gov/ash/oah/adolescent-health-topics/mental-health/fact-sheets/state.html?s=new_jersey

- Walley, C., Grothaus, T., & Craigen, L. (2009). Confusion, crisis, and opportunity: Professional school counselors' role in responding to student mental health issues. *Journal of School Counseling, 7*(36), 1-25. Retrieved from <https://files.eric.ed.gov/fulltext/EJ886150.pdf>
- Weller, S. C. (2015). Sample size estimation: The easy way. *Field Methods, 27*(4), 333-347. Doi:10.1177/1525822X14530086
- Williams, J., Horvath, V. E., Wei, H., Van Dorn, R. A., & Jonson-Reid, M. (2007). Teachers' perspectives of children's mental health service needs in urban elementary schools. *Children & Schools, 29*, 95-107. doi: [10.1093/cs/29.2.95](https://doi.org/10.1093/cs/29.2.95)
- World Health Organization. (2014). Mental health: A state of well-being. Retrieved from http://www.who.int/features/factfiles/mental_health/en
- Wuensch, K. L. (2016). Screening data. Retrieved from <http://core.ecu.edu/psyc/wuenschk/StatsLessons.htm>
- Young Eun, H., Vosgerau, J., & Morewedge, C. K. (2014). Social defaults: Observed choices become choice defaults. *Journal of Consumer Research, 41*(3), 746-760. Retrieved from <http://careymorewedge.com/papers/SocialDefaults.pdf>

Appendix A: Counselor Rating Form - Short Version (CRF-S)

We would like you to rate several characteristics of your therapist. For each characteristic on the following page, there is a seven-point scale that ranges from "not very" to "very." Please mark an "X" at the point on the scale that best represents how you view your therapist. For example:

not very	X		FUNNY						very
	_____	:	_____	:	_____	:	_____	:	_____
not very			WELL DRESSED				X		very
	_____	:	_____	:	_____	:	_____	:	_____

These ratings might show that the therapist does not joke around much, but dresses wisely.

Though all of the following characteristics are desirable, therapists differ in their strengths. We are interested in knowing how you view these differences.

- * Corrigan, J. D., and Schmidt, L. D. (1983). Development and validation of revisions in the Counselor Rating Form - Short Version. *Journal of Counseling Psychology*, 30, 64-75.

FRIENDLY
not very _____:_____:_____:_____:_____:_____ very

EXPERIENCED
not very _____:_____:_____:_____:_____:_____ very

HONEST
not very _____:_____:_____:_____:_____:_____ very

LIKABLE
not very _____:_____:_____:_____:_____:_____ very

EXPERT
not very _____:_____:_____:_____:_____:_____ very

RELIABLE
not very _____:_____:_____:_____:_____:_____ very

SOCIABLE
not very _____:_____:_____:_____:_____:_____ very

PREPARED
not very _____:_____:_____:_____:_____:_____ very

SINCERE
not very _____:_____:_____:_____:_____:_____ very

WARM
not very _____:_____:_____:_____:_____:_____ very

SKILLFUL
not very _____:_____:_____:_____:_____:_____ very

TRUSTWORTHY

not very

_____ : _____ : _____ : _____ : _____ : _____ : _____

very

Appendix B

Demographic Questions

How many times have you referred a student to school-based counseling services in the past 12 months?

What is your gender?

Female

Male

Other (specify)

How old are you?

17 or younger

18-20

21-29

30-39

40-49

50-59

60 or older

What is your ethnic origin?

White

Black or Black

Latino / Hispanic

American Indian or Alaskan Native

Asian

Native Hawaiian or other Pacific Islander

From multiple races

How many years have you been teaching?

Appendix C

Dear Kristina,

You have our permission to use the Counselor Rating Form - Short Version (CRF-S) in your dissertation. Attached is a copy of the CRF-S and a description of its scoring. There is no fee for use, and you can make as many copies as needed for your use. We only ask that no changes be made to the item content or their structure and that proper citation be given in published work.

Good luck with your research.

John Corrigan