

VOLUME 36
NUMBER 1
Spring-Summer 2009

MICHIGAN JOURNAL
of
COUNSELING:
Research, Theory and Practice

Published by the Michigan Counseling Association



Michigan Journal of Counseling: Research, Theory and Practice

Volume 36, Number 1 • Spring-Summer 2009

Editorial Review Board 2007-2009

Arnold Coven, Ed.D., Editor

Associate Professor
Wayne State University

**Conrad Aumann, LPC,
Co-Editor**

Private Practice
Macomb County

Mary Jo Denman

Editorial Assistant
Master's Student
Wayne State University

Perry Frances, Ed.D, LPC, NCC

Associate Professor, Clinical
Counseling Coordinator
Eastern Michigan University

**Lisa Hawley, Ph.D.,
Co-Editor**

Associate Professor
Oakland University

**Daniel Lawrence, Ph.D.,
Co-Editor**

School Counselor
Chippewa Valley Schools

**Amy Macey, M.A., LPC,
Editorial Assistant**

Doctoral Student & School Coun-
selor
Wayne State University

Diane Parfitt, Ph.D.

Assistant Professor
Leadership and Counseling De-
partment
Eastern Michigan University

Shlomo Sawilowsky, Ph.D.

Professor of Educational Evalua-
tion and Research
Wayne State University

Shedeh Tavakoli, Ph.D.

Assistant Professor
Counselor Education
Argosy University, Chicago

Katherine Van Hull, LPC, Ph.D.

Clinical Coordinator
University of Phoenix, Southfield

Michigan Counseling Association
120 North Washington Square, Suite 110A
Lansing, Michigan 48933
Phone: 800.444.2014
Editor: Arnold Coven, Ed.D.

Departments

From the Editorial Desk..... i
Author Guidelines..... ii

Articles

Professional Identity of Counseling 1
Lisa Hawley, Ph.D., Nancy Calley, Ph.D.

Ethnic Identity and Acculturation of English as Second Language Learners:
Implications for School Counselors..... 13
José M. Maldonado, Ph.D., Jason D. Kushner, Ph.D., Jason Barr, Ph.D., Kelly
Korz, M.S.

No Child Overlooked:
Mental Health Triage in the Schools..... 24
F. Robert Wilson, Ph.D., Mei Tang, Ph.D., Kelly Schiller, M.A., Kerry Sebera,
Ph.D.

Michigan Journal of Counseling: Research, Theory and Practice (ISSN 1944-821X) is published biannually by the Michigan Counseling Association, a state branch of the American Counseling Association, 5999 Stephenson Avenue, Alexandria, VA 22304. MCA members receive the journal as a benefit of membership.

From the Editorial Desk



Arnold Coven, Ed.D.
Editor

Dr. Coven is an Associate Professor of Counselor Education at Wayne State University

This year has been a struggle for the Michigan Counseling Association. The budget deficit and remaining contractual obligations have threatened our very existence. It has been gratifying to see how the leadership has worked together to meet these challenges. I have also been impressed by leaders in our divisions who have worked with their membership to come up with ways to help the association financially. With all the difficulties, the leaders and members continue to demonstrate a professional attitude and commitment to our counseling profession. The editors of our newsletter have continued to update the members on counseling issues and events. The editorial board members of our Journal have worked diligently to publish this spring- summer issue. The Michigan Association for Specialists in Group Work conducted a workshop on counseling problem children in groups. This division was recognized by the national ASGW with an award banner as the outstanding group work division in the country. Thus, despite our challenges, MCA leadership and membership continue to fulfill our mission of increasing our knowledge and skills to further our professional identity.

The first article, by professors Hawley and Calley, address the effort of professional counselors to attain broader recognition. They propose a five-step action plan that represents a multipronged strategy to promote the counseling profession as a distinct field in mental health treatment. The unique

values of multiculturalism, advocacy, humanistic philosophy, and importance of conducting research highlights this comprehensive conceptualization presentation.

In the second article, the authors address how self-identity is influenced by ethnicity and acculturation. Research findings are presented that support acculturation and ethnic identity as two distinct elements that differentiate ethnic groups. A measure of ethnic identity is presented in an effort to recognize the relationships with several demographic variables. The research findings support a significant relationship between total ethnic identity of students of English as second language and identity achievement. Using the research results, the authors point out how understanding of ethnic identity affects counselors' and educators' interactions with students, which can lead to more positive relationships.

Authors of the third article recommend a triage system used by hospitals and mental health centers to screen school students to determine their mental health needs. An assessment tool to systematically screen large groups of students is presented and described in detail. In implementing this 'easy to use' procedure, school counselors are helped to know their students and can demonstrate their commitment to address every child's social and emotional needs.

Author Guidelines

Michigan Journal of Counseling: Research, Theory and Practice is the official journal of the Michigan Counseling Association. The Editorial Review Board welcomes the submission of manuscripts for consideration. All submissions should be prepared according to these guidelines. Manuscripts that do not follow these guidelines will be returned to the author without review.

MANUSCRIPT GUIDELINES

MANUSCRIPT STYLE

All manuscripts should be prepared in accordance with the standards specified by the most recent Publication Manual of the American Psychological Association. Authors are encouraged to use the “Gender Equity Guidelines” available from ACA and avoid the use of the generic masculine pronoun and other sexist terminology. In addition, authors are encouraged to use terms such as “client, student or participant” rather than “subject.”

MANUSCRIPT TYPE

Manuscripts should be written in one of the following formats:

Full-Length Articles: These articles should address topics of interest using a standard article format. They may relate theory to practice, highlight techniques and those practices that are potentially effective with specific client groups, and can be applied to a broad range of client problems, provide original synthesis of material, or report on original research studies. These articles should generally not exceed 3,000 words. Lengthier manuscripts may be considered on the basis of content.

Dialogs: These articles should take the form of a verbatim exchange, oral or written, between two or more people. They should not exceed 3,000 words.

In the Field: These articles report on or describe new practices, programs or techniques and relate practice to theory by citing appropriate literature. They should not exceed 400-600 words.

Reviews: These articles consist of reviews of current books, appraisal instruments and other resources of interest to counselors. They should not exceed 600 words.

MANUSCRIPT SUBMISSION

ORIGINAL ARTICLES ONLY

Submission of a manuscript to the Michigan Journal of Counseling represents a certification on the part of the author(s) that it is an original work, and that neither this manuscript nor a version of it has been published elsewhere nor is being considered for publication elsewhere.

Paper: Use 8.5 x 11 inch white paper.

Digital: Digital versions of manuscripts are required; MSWord documents preferred.

Spacing: All manuscripts should be double-spaced.

Margins: Use a minimum of one-inch margins on all sides.

Cover Page: To facilitate blind review, place the names of the authors, positions, titles, places of employment, and mailing addresses on the cover page only and submit the cover page as a separate attachment from the manuscript.

Transmission: Please e-mail all documents to the Editor, Arnold Coven, at acoven@wayne.edu.

Abstract: Provide a clear abstract of up to 100 words and place on the second page.

Copies: E-mail submission of manuscripts for consideration is required. Manuscripts must be sent as a Microsoft Word document.

Address manuscripts directly to:

Arnold Coven, Ed.D., Associate Professor
Counselor Education and Rehabilitation Counseling
5425 Gullen Hall
Room 329, College of Education
Wayne State University
Detroit, MI 48202
acoven@wayne.edu

Professional Identity of Counseling: A Template for Action

Lisa D. Hawley, Ph.D.

Oakland University

Nancy G. Calley, Ph.D.

University of Detroit Mercy

Author Note

Dr. Lisa D. Hawley is Associate Professor and Chair of the Department of Counseling at Oakland University. Dr. Nancy G. Calley is Associate Professor and Chair of the Department of Counseling and Addiction Studies at the University of Detroit Mercy. Correspondence should be directed to Dr. Lisa Hawley at hawley@oakland.edu.

Dialogue regarding the professional identity of professional counseling continues to increase and momentum continues to build around efforts to promote broader recognition of the counseling profession. This article outlines a template for action by which the profession may continue to move forward in its quest to be fully recognized as a viable force in mental health treatment. The authors recommend five methods to comprehensively promote professional counseling. These methods include: Capitalizing on faculty hiring practices to transmit professional identity, harnessing legislative strength, reconciling our humanistic roots, promoting title ownership, and conducting research that articulates the profession's strengths.

Key Words: Counselor identity, distinct profession, concrete steps, comprehensive conceptualization

The professional identity of counseling is an issue that has long been discussed in the counseling literature (Auxier, Hughes, & Klein, 2003; Gale & Austin, 2003; Goodyear, 1984; Hanna & Bemak, 1997; Hill, 2004; Leinbaugh, Hazler, Bradley, & Hill, 2003; Ramsey, Cavallaro, Kiselica, & Zila, 2002; Swickert, 1997). Discussions have ranged from the developmental process of individual identity experienced by Master's level students (Auxier et al., 2003) to challenges related to the development of professional counselors' collective identity (Gale & Austin, 2003). Singular aspects related to professional identity, such as scholarship have been explored (Ramsey, et al., 2002) as have specific qualitative characteristics related to counselor educators, such as wellness (Hill, 2004; Leinbaugh, Hazler, Bradley, and Hill, 2003). Specific sub-groups of the profession, such as the professional identity of doctoral graduates of counselor education programs in private practice (Swickert, 1997) and counseling psychologists (Mrdjenovich & Moore, 2004; Nastasi, 2002) have also been examined. Goodyear (1984) has emphasized an appreciation of the history of the counseling profession and the unique skills of the counselor as paramount. Likewise, Mrdjenovich & Moore (2004) have described a sense of connection to the values and emphases of the profession (i.e., historical factors influencing the profession) as critical to professional identity development in counseling.

In addition to the scholarship dedicated to issues of professional identity in counseling, the topic has also been prominent at professional meetings and conferences, in newsletter articles (Counseling Today, 2007), and on listserves (CESNET-L, 2007), as well as through other informal communication means. Several recent activities have further illuminated the significance of professional identity in the field of counseling. The Council on Accreditation of Counseling and Related Educational Programs (CACREP) has promulgated specific standards related to professional identity to ensure that the development of professional identity is a key focus of counselor education (CACREP, 2009). The American Counseling Association's (ACA) Governing Council has also identified increasing public awareness of counseling and counselors as one of its top six priorities (Counseling Today, 2006).

Finally, ACA's project "20/20: A Vision for the Future of Counseling" (Counseling Today, 2007) has il-

lustrated the continued commitment of the profession towards increased visibility. This project, led by a diverse group of leaders in the field, provides the blueprint for promoting the field of counseling and identifies the continued need for increased unification, and synergy within the counseling profession. Four of the seven major areas for which all efforts of the plan will be directed include: strengthening identity, creating licensure portability, expanding and promoting the research base of professional counseling, and improving public perception and recognition of counseling (Counseling Today, 2007). Each of these issues is viewed as essential to the counseling profession's continued success.

Currently there are various efforts related to the development of establishing professional identity of counseling (Auxier, Hughes, & Klein, 2003; Gale & Austin, 2003; Goodyear, 1984; Hanna & Bemak, 1997; Hill, 2004; Leinbaugh, Hazler, Bradley, & Hill, 2003; Ramsey, Cavallaro, Kiselica, & Zila, 2002; Swickert, 1997). Despite the vast scholarship, specific accreditation standards (CACREP, 2009), and broad-based efforts by the American Counseling Association (2007) to promote increased visibility of the counseling profession as a significant force in mental health treatment, the literature overall lacks concrete steps to move from conceptualizing professional development to operationalizing professional identity in the everyday lives of counselors. Secondly, as a profession, we must integrate the eclectic nature of our philosophical roots into practical, visible markers for society to easily identify and better understand the profession of counseling.

For the professional counselor, the substantiation and application of professional identity increases visibility and provides comprehensive recognition within the larger context of the mental health professions. However, gaining broad public recognition is dependent first and foremost upon members of the counseling profession's ability to fully articulate their distinct professional identity. This means educating members of the counseling profession, consumers of mental health services, other mental health professions, the government, and the public at large about the unique differences and the benefits of counseling as well as continuing to increase the visibility of the profession on the local, state, and national stages. This type of effort requires that members of the counseling profession take action to comprehensively and systematically inform the public about the professional identity of counseling.

To guide this process, the authors recommend the use of a focused agenda, or a template towards the future (see Figure 1). The template defines the tasks needed to establish a professional identity of counseling, which involves the following five steps:

- 1) Capitalize on faculty hiring practices to transmit professional identity
- 2) Harness legislative strength
- 3) Reconcile our humanistic roots
- 4) Promote title ownership
- 5) Conduct research that articulates the profession's strengths.

These steps comprise a multi-pronged strategy to promote recognition of the counseling profession as a distinct field. This article explores how each of these issues relates to the professional identity of counselors and provides concrete recommendations for moving forward.

Capitalize on Faculty Hiring Practices to Transmit Professional Identity

The recent change in accreditation standards requiring counselor educators to possess a doctorate in counselor education (CACREP, 2009) presents a significant opportunity for counselors to progress further in professional identity development. This change creates a unique opportunity for significant progress towards making the professional identity of counselors even more concrete. By institutionalizing or embedding professional identity in hiring policies, counselor educators are in a position to increase their collective professional identity and to gain further traction both covertly and overtly in transmitting professional identity to counseling students: the next generation of counselors.

The success that other mental health professions (e.g., clinical psychology, social work) have achieved in public recognition may be directly related to the degree to which educators have been able to transmit a strong professional identity to those entering the field during their graduate work. As such, it may be helpful to view the work of these other mental health professions as lessons which counselors seek to capitalize on faculty hiring practices. To explore this issue and its impact on a profession's identity, the fields of psychiatry, clinical psychology, and social work will be examined.

Hiring Process in other Mental Health Disciplines

Although, the field of psychiatry is the only one of the three disciplines that requires a medical degree for practice, each of these disciplines share a focus on hiring those with the same credentials (i.e., degree and licensure). In fact, in each of these disciplines, faculty staffing patterns are institutionalized through accreditation standards (American Council on Graduate Medical Education, 2004; American Psychological Association, 2001; Council on Social Work Education, 2001). By hiring clinical psychologists to teach clinical psychology students and social workers to teach social work students, professional identity is not only directly transmitted through explicit means (i.e., instructor qualifications) but also is conveyed implicitly (e.g., the professional values and characteristics of the instructor as related to professional identity). As such, professional identity development is influenced through academic, modeling, and mentoring experiences.

Through the promulgation of accreditation standards related to hiring faculty members, each of these other mental health professions has engaged in widespread strategic hiring practices that have likely resulted in the preservation and continuous transmission of their respective professional identity. Unfortunately, the counseling profession has until now failed to adopt this same method of exclusive hiring practices. In fact, in an examination of the professional identity of counselor educators, Calley and Hawley (2008) found that one quarter of survey participants employed as counselor educators held degrees other than counselor education. Further complicating the professional identity of counselor educators, more than a quarter of the counselor educators possessed multiple professional licenses, including licensure in clinical psychology, marriage and family therapy, and clinical social work. Whereas these multiple identities of counselor educators may reflect the historic inclusive-based hiring practices in counselor education and moreover, may be tied to the field's humanistic tendencies, these practices may also have stymied the counseling profession's collective identity development.

With the recent change in CACREP standards (2009), counselors are indeed following the practice of other mental health professions and as a result, may be able to fully use the opportunity for increased growth in professional identity development. This change may afford new graduates of counselor education increased ability to find positions, as well as, place trained counselor ed-

ucators at the forefront of teaching and mentoring new counseling professionals. Providing placements for the increasing number of doctoral programs training qualified counselor educators also carries ethical implications. As such, it is incumbent upon counselor educators to not only ensure that there is adequate space for new counselor educators but also to ensure that counselor education is utilized as a means by which to fully transmit professional identity. Therefore, counselor educators must not only engage in strategic hiring practices to promote professional identity, but also must continue to examine and discuss methods by which professional identity is transmitted through counselor education.

Introducing strategic hiring practices that are directed towards such outcomes may prove imperative not only to the covert and overt transmission of professional identity, but also to the future sustainability of the field's professional identity. Since not all counselor education programs are accredited, it will be essential that non-accredited academic programs also adopt these new hiring practices. Through working on this issue collectively, regardless of accreditation status, counselors will increase their opportunity to capitalize on professional identity development through the adoption of strategic hiring practices.

Harnessing Legislative Strength

In addition to capitalizing on faculty composition and counselor education to transmit the professional identity of counselors, other methods are needed to continue to promote recognition of the profession to the broader public. One such method involves taking full advantage of recent legal progress or harnessing legislative strength to increase recognition of the professional identity of counseling. Tremendous strides have been realized during the past several decades since legislation for professional counselor licensure was first introduced resulting currently in 49 of the 50 states having enacted such legislation.

Most recently, Nevada passed a licensure law for professional counselors, leaving California as the only state lacking such legislation (American Counseling Association, 2007). Successful efforts to gain licensure for professional counselors has increased visibility of the profession by the legislature and the broader public, and should continue to do so as efforts continue to secure licensure in California.

Therefore, advocacy for licensure should be viewed as an opportunity for leaders in the counseling profes-

sion to simultaneously advocate for recognition of third party payers of mental health services. More specifically, leaders in the counseling profession should capitalize on current legislative successes regarding licensure to further promote the need for broad third party acceptance of Licensed Professional Counselors.

In essence, recognition by third party payers, such as insurance companies and/or governmental entities reflects the stature of a mental health discipline as it attaches fiscal value to the profession through such endorsement. Conversely, non-recognition by third party payers can be perceived as reflecting a profession's diminished value or lesser credibility than its recognized counterparts. For the counseling profession, this issue continues to be one in which some progress has been made in particular areas (i.e., specific states, specific payers), however, widespread recognition of counseling as a mental health discipline worthy of equitable fiscal support has yet to be realized. In fact, Smith (1999) estimated that of only 21% of licensed professional counselors working in a community mental health center or private practice, a little more than half of their income was provided through 3rd party payments. As a result, this issue continues to be a core advocacy issue on the agendas of many state counseling associations throughout the United States.

To illustrate one state's challenges with this issue, the authors' home state is examined. In Michigan, professional counselors have been engaged in advocacy efforts for more than fifteen years to acquire recognition by major insurance companies. Numerous strategies ranging from grassroots efforts and the use of professional lobbyists, to taking formalized legal action have been attempted, and whereas some progress has been made, the largest insurance companies have yet to recognize professional counselors for third party reimbursement. In fact, Blue Cross Blue Shield of Michigan (the largest health care provider in state) does not currently reimburse licensed professional counselors for mental health treatment. Likewise, whereas the state's governmental systems have endorsed specific mental health disciplines as payable for treatment under specific entitlement programs (i.e., Medicaid), professional counselors have yet to be recognized as equal to other Master's level mental health disciplines (i.e., clinical psychologists).

Finally, vast governmental systems in which professional counselors often are employed, such as the child

welfare system, have required less experience from individuals possessing a degree in social work versus counselors and psychologists. This type of endorsement of the social work profession over other mental health professions constitutes overt preferential treatment of one profession (i.e., social work) over other mental health disciplines (i.e., counseling, psychology). In fact, according to the administrative rules for child caring institutions, Rule 400.4118 (State of Michigan, 1996) reads as follows: "A social service supervisor, at the time of appointment to the position, shall possess one of the following:

(a) A master's degree in social work and 1 year of experience as a social service worker.

(b) A master's degree in sociology, psychology, criminal justice, or guidance and counseling and 2 years of experience as a social service worker..."(p. 4).

The promulgation of such administrative rules illustrates the inequities in recognition of mental health professions that have been institutionalized in governmental agencies. As a result, a graduate degree in one mental health discipline (i.e., social work) is promoted as of greater value than others (i.e., counseling, psychology) in specific public domains.

Similarly, certain county-administered mental health systems in Michigan limit payment recognition for therapeutic services to licensed psychologists, thereby, overtly not recognizing professional counselors as equitable providers of mental health treatment. Whereas these examples illustrate the challenges incurred by the state of Michigan, similar and other types of challenges continue to exist throughout the country. These challenges further reinforce the fact that the field of counseling has much continued work to do towards its goal of achieving recognition by third party payers.

Although it is clear that counselors are currently faced with significant challenges that require legislative advocacy and subsequent legislative changes, the recent passing of the Mental Health Parity and Addiction Equity Act of 2008 provides an opportunity for counselors to gain further legislative ground. Because this legislation is so new, it has yet to be determined precisely how it will impact counselors and other mental health professionals. As such, counselors are in a key position to play a part in shaping how the legislation is implemented and to what degree it will impact the profession both at the state and federal level.

The existing challenges and opportunities that counselors currently face require specific action in order for counselors to fully harness legislative strength to gain increased recognition. To achieve success, counselors must: 1) Utilize the past records of success and sheer number of state licensure laws (i.e., 49) to move forward towards universal acceptance of licensure, 2) Capitalize on licensure legislation to promote recognition of counselors by major insurance companies, 3) Identify all incidences in which counselors are not equitably treated as mental health professionals and engage in broad-based

advocacy and legal action to address such issues, and 4) Ensure active participation in ground-floor discussions regarding the implementation of the mental health parity law. Moreover, rather than viewing legislature work as solely outcome-driven, counselors must continue to view legislative advocacy as a core process function. It is in this manner that legislative work may serve as a core factor among all counselors towards the development of a sustainable professional identity.

Reconciling our Humanistic Roots

In light of the challenges that the counseling profession continues to face with regard to recognition by insurance companies, much has been written about the varying tensions that such recognition may create (Braun & Cox, 2005; Daniels, 2001; Eriksen & Kress, 2005; Hansen, 2003; Hansen, 2006; Hansen, 2007). Negotiating counseling ethics in a managed care environment has been the focus of some of the recent research (Braun & Cox, 2005; Daniels, 2001; Eriksen & Kress, 2005) while other literature has focused on the counseling profession's relationship to humanism and subsequent proposed challenges that might be created as a result of the relationship between humanistic thought and the current culture of managed care (Hansen, 2003; Hansen, 2006; Hansen, 2007).

Both of these areas of discourse directly speak to the need for the counseling profession to continuously evolve and adapt to its surrounding environment, and as a result, the development of the managed care movement late in the last century can be viewed as a necessary impetus to prompt such adaptation. Because codes of ethics are dynamic doctrines that, more often than not, reflect the time in which they are enacted, the coun-

seling profession continues work to resolve the various ethical quandaries initiated by the onset of managed care. However, the profession has not successfully addressed or resolved the tension arising from reconciling humanistic philosophy and attaining a broad-based recognition of counseling as a mental health profession.

The counseling profession's foundations in humanistic philosophy provide a rich historical context from which to promote the professional identity of counseling. As such, humanistic principles have provided the basis of counseling skill development, emphasizing the significance of the client-counselor relationship and the necessity of the creation of a therapeutic environment (Corey, 2005). Both interesting and troubling, though, is that the very notion of the profession's humanistic roots has been used to argue against counseling being viewed as a health profession (Hansen, 2007). Examining the counseling profession's humanistic foundations with current health care ideology, Hansen (2007) concludes "the switch to a health care ideology automatically entails a sacrifice of the humanistic ideals that have guided the counseling profession for decades" (p. 290). In addition, the author discusses the differences that could arise in conceptualizations of client problems based on applying a humanistic versus a health care conceptualization, characterizing health care ideology as focused on objective criteria (i.e., symptoms) and humanistic ideology as focused on the subjective inner experiences of the individual.

These types of assertions narrowly characterize humanistic foundations to a specific counseling theoretical orientation. Further, such arguments reduce the counseling profession to one in which Humanistic theory is the counseling theory to which all counselors subscribe. This is inconsistent with accreditation standards that promote exposure to a wide array of counseling theories (CACREP, 2009) and comprehensively developed counseling textbooks comprised of multiple diverse counseling theories (Capuzzi & Gross, 2003; Corey, 2005; Murdoch, 2004). The counseling profession has long acknowledged and embraced its foundations in humanistic philosophy while simultaneously promoting adoption of various counseling theories based upon the evidence-basis of such theories and related issues such as client population, and specific presenting issues. Therefore, scholarship focused on narrowly defining the relationship between humanistic thought and counseling practice may serve to do more harm than good, particularly when it is used as an argu-

ment against the counseling profession, that it should not be recognized as a provider of health care services.

The professional counselor, though strongly connected to humanistic foundations, must also promote accurate historical information about the development of counseling theories, philosophies and practice that have influenced its growth. As such, humanistic foundations and the use of clinical practice theories such as cognitive-behavioral theory are not mutually exclusive. For instance, the professional counselor may be guided by humanistic values such as the primacy of the counseling relationship, the significance of empathy while also conceptualizing client issues and formulating a treatment plan using cognitive-behavioral theory.

An increase in scholarship dedicated to continued discussion about the relationship between humanistic foundations and counseling practice is needed so that we can continue to reconcile any perceived differences. For example, Eriksen and Kress (2005) suggest bridging the divide between the DSM and professional identity of counselors. Such a model of bridging the gaps between humanism and current realities may indeed provide a healthier model for the long-term future of the profession.

In order to reconcile our humanistic roots, we must: 1) reject limiting characterizations of the counseling profession's humanistic foundations, 2) acknowledge that the counseling profession's history in humanistic philosophy provides a necessary foundation for practice and does not preclude the use of specific efficacy-based counseling theories and clinical techniques, and 3) articulate the scope of practice similarities between professional counseling and peer disciplines (i.e., clinical psychology, clinical social work) to more clearly promote the profession as one within the mental health domain.

To briefly summarize, movement towards the development of a unifying professional identity in counseling requires rejecting limiting conceptualizations of practice in place of comprehensive conceptualizations of practice that reflect the profession's theoretical diversity. Such diversity with regard to theoretical orientation is not only inherent in the profession, but also illustrative of the profession's commitment to evidence-based practice. The use of efficacy-based counseling theory does not indicate an abandonment of our humanistic foundations, but rather an appreciation of humanistic foundations as providing the base level of skill upon which most counseling theories are practiced.

Adapting to mental health practice in the 21st century also requires that the profession effectively respond to evolving theoretically-based research. Finally, reconciling our humanistic roots to be a competitive provider of mental health services in the 21st century requires identifying practice similarities between counselors and peer disciplines such as clinical psychology. To this end, counselors must place greater emphasis on articulating practice similarities such as the use of a wide and diverse array of counseling theories, the use of assessment tools, and the ability to diagnose and treat serious mental health disorders. Discourse allows the profession to continue to appreciate and recognize the role of humanistic philosophy in counseling while promoting the counseling profession as a viable mental health provider.

Promote Title Ownership

The term counselor is used in a variety of contexts that are both informally and formally connected to a wide range of disciplines other than professional counseling. Diverse usage of the counseling title diminishes the professional identity of the counseling field. Informal uses are defined here as uses of the term counselor that are independently designated by businesses, not having any externally defined standards. Some of these include: loan counselor, financial aid counselor, and family counselor. The terms loan counselors and financial aid counselors are most often designations allocated by the banking industry and within higher education respectively. Such affiliation with the term counselor in vastly different industries may be a contributing factor to continued barriers that the field of professional counseling faces in establishing public recognition as a unique field.

Furthermore, informal use of the terms family counselor or youth counselor, both of which are popular titles used within a broad range of human service programs, may further skew understanding of the definition of counselor. In fact, such use of the term counselor within the human service industry may contribute to an even greater degree of confusion among laypersons as professional counselors often work within this industry as well. This may cause greater challenges to laypersons in determining the difference between a non-professional family counselor and a professional counselor, both of who might be working with a family. None of the examples provided (i.e., loan counselor, financial aid counselor, family counselor, youth counselor) systematically require that an individual possess a

four-year college degree (although dependent upon the business, various academic requirements may exist) let alone a Master's degree in Counseling. Furthermore, none of the examples cited systematically require a set of specific skills for such positions.

To address these issues, the institution of standardized academic and skill requirements would promote a more coherent identity with the term counselor as it is used across industries. However, as illustrated in the above examples, the informal use of the term counselor is highly arbitrary and widespread, and as a result, may do considerable harm to the counseling profession's ability to promote a consistent professional identity.

Such freedom with the use of the term counselor may also contribute to consumer confusion related to fully identifying and understanding the profession of counseling. In fact, when engaging in dialogue with individuals with mental health experiences, a consumer may be able to identify if their mental health worker is a psychologist or psychiatrist but less able to identify their mental health worker as a professional counselor. This lack of recognition among consumers illustrates the need of the counseling profession to engage in more vigorous marketing campaigns, thus making professional counselors much more familiar to the general public.

In addition to the informal uses of the term counselor discussed above, specific professions have also taken steps to formalize the term counselor, thereby institutionalizing the term within their respective profession. An example of this type of institutionalization includes the use of the designation in the legal field: counselor at law. Within the addictions field, the term has been formally institutionalized through state certification processes that use such titles as: certified addictions counselor (Michigan Certification Board for Addiction Professionals, 2006). Again, in neither of these uses of the term counselor is there an established relationship between counselor education or a requirement of specific skill set, so in fact, whereas the "counselor at law" is required to possess a law degree, the certified addictions counselor is required to minimally possess a high school diploma (varies state to state). Examples such as this of institutionalized affiliation of the term counselor within such vastly different professions could also contribute greatly to the confusion related to the public's understanding of precisely what constitutes a counselor.

Of the five issues identified in this article as meth-

ods by which to promote the professional identity of counseling, promoting title ownership is the one area in which the profession may only be able to make incremental progress as sweeping reform could prove to be unrealistic. As a result, rather than attempting to abolish the use of the term counselor as an affiliation with all other professions currently using such designation, it is recommended that the profession of counseling initially target efforts to counteract such use in the areas in which professional counselors are likely employed (i.e., human services). Such efforts could require changes in state licensure legislation articulating legal use of the term professional counselor. Through engagement in this type of legal action, human services and schools (particularly, as industries that employ professional counselors), would be prohibited from using the title "counselor" in job titles except in the case in which professional counselors are employed.

Taking this type of legislative action somewhat mirrors action taken in the development of administrative rules regarding licensure for social workers that recently passed in the state of Michigan (July, 2005). Prior to social work licensure in the state, individuals that did not have an academic background in the study of social work were eligible for two types of social work certification: social worker registration and certified social worker. With the promulgation of administrative rules for licensure in social work, only individuals that have completed a course of work specifically in social work are eligible for licensure as a social worker at the Bachelor, Master, and doctoral level (State of Michigan, 2005). Furthermore, the term, registered social worker, was eliminated, and individuals without an academic background in social work are now eligible only for the title of social service technician registration, a title that explicitly excludes the use of the term social worker. By making such revisions in language, the profession of social work took a bold stand to protect the title of social worker by ensuring that such title could only be bestowed on those meeting a precise set of qualifications while others that do not meet the same qualifications, are no longer affiliated by title with the profession of social work.

Whereas legislative action may provide one level of protection for the title of counselor, another step that is recommended towards promoting title ownership involves marketing. As the forces identified above continue to compete to add to the public's confusion related to understanding precisely what constitutes a

counselor, it is necessary that the counseling profession engage in broad-based and effective marketing campaigns to promote public awareness about the role of professional counselors. Continuous use of the term professional counselor might provide the first step to differentiating a counselor from that of a professional counselor, thereby promoting a new dialogue with the public. The use of multiple media including electronic, hard print, radio, and television in advertising efforts may make significant strides in familiarizing the public with the role of the professional counselor. At the same time, such public awareness efforts could counteract the negative effects of such disparate uses of the term counselor (i.e., loan counselor) and may begin to make strides in reducing such use of the term.

Conducting Research that Articulates Our Strengths

Research is vital to further develop the professional identity of counselors and to increase the collective knowledge within the profession. The richness of our research history is embedded in the scientist-practitioner model. The connection our research agenda has to how we practice as counselors is the embodiment of our strength as a profession. Addressing the importance of a collective identity, Gale and Austin (2003) interviewed senior leaders in the field who described the historical importance of counseling research during the early inception of counseling and the value of maximizing our research principles as we grow as a profession.

In general, counseling research describes counseling processes and promotes one's ability to understand points of effectiveness and non-effectiveness, as well as the complexity of our own profession. The scientist-practitioner model maintains the rigor of the profession and integrates the communities in which counselors work to develop effective practices, and the knowledge obtained from research assists counselors to be more responsive to the individual (Nejedlo, 1984).

With the emphasis of process and practice research in mind, part of the promotion of professional identity is conducting research that articulates the profession's strengths. To accomplish this goal, a research agenda emphasizing the effectiveness of counseling and the unique factors that contribute to counseling is key to furthering professional identity. An indication of the strength of the field's professional identity is the accessing of counselors for services because of their effectiveness and distinguishable services. A research focus on the facets of counseling and methods by which

counseling is operationalized is key to studying the values that are unique to the counseling field. This thread of research is accomplished through the collaboration of counselor researchers and counselor practitioners. Delucia (1997) suggests a similar relationship between researchers and practitioners as collaborators in the counseling profession.

Kottler (2004) articulated counseling as both art and science. The art in counseling research is the substantive development of theory and process research that articulates the nuances of the counseling field that is complex. Studying and researching the artistic aspects of counseling requires innovative research practices and broad understanding of research concepts. For example, studies focused on diversity require researchers to evaluate worldviews, oppression and self-understanding, which can both be abstract and fluid concepts. The science of counseling research is focused on quantifying counseling to obtain measures of effectiveness. Both the valuing of outcome and process research is inherent to continue developing counseling research. Therefore, theory in tandem with controlled experimental design is ideal to further promote the study of both the art and science of counseling.

In particular, Michigan is experiencing a crossroad for counselor identity. We know as a profession that counseling is effective through client reports, outcome research and the successful growth of the profession. However, we must continue to engage in comprehensive outcome research to ensure that we articulate the objectives of our profession through data driven discussions. Research and consumers of counseling services provide the voice to which insurance boards and legislators listen, therefore we must continue to develop outcome research and communicate findings to all stakeholders. To aid in accomplishing this task, relationships between counselor education programs and counselors in the field need to be forged to collaborate on the collection, analysis and dissemination of counseling effectiveness research.

Too often, professional counselors attempt to model research following the medical model or view counseling research as second tier compared to psychology and psychiatry. The counseling profession deals with an inferiority complex in regards to research, viewing itself as less valued compared to longer more established fields. This is evidenced by the fact that colleagues must educate their administrations of the rigor of counseling, and this continues to be of critical concern for

the field (Rivera, 2004). While the counseling profession is able to emulate the best of other mental health professions related to ensuring the highest ethical standards in research and the use of innovative methods, it is imperative that the field also form its own etiology of counseling research.

Part of the collective conversation as a profession needs to be proactive in educating who we are as counselor researchers. Conducting research that articulates the field's strengths requires a commitment to the science-practice model. The highlight of this commitment is our ability to evaluate the complexities of our profession and describe them to the working counseling communities. Therefore, this implies a continued effort to

advocate for practice research as an imperative research agenda and strive for continued scholarly rigor in our field. Steps to implement a science-practice model in the counseling field include: 1) Continued development of action research; specifically, integrating pedagogy with clinical practice; 2) Counselor education programs serving as research training centers to practicing counselors, and 3) A renewed commitment to evaluation and research of counselor effectiveness that emphasizes increased knowledge of client outcomes and distinguishing characteristics of counseling. These steps provide counselors with data driven tools to develop the profession and educate stakeholders of counseling values and professional identity.

Summary

The template for action described here provides concrete methods by which to solidify the professional identity of counselors and to promote ongoing broad-based recognition of the field. The objectives are intended to strengthen the profession's ability to be an indispensable asset in mental health. At its foundation is the need for the discipline of counseling to identify the unique factors that differentiate it from other mental health fields. The fundamental values of multiculturalism and advocacy and the humanistic and developmental philosophies together comprise unique characteristics of the field of counseling, and as such, should be utilized in the promotion of the field's professional identity. Using this schema of professional identity as a base, five inter-related areas are recommended for use in comprehensive efforts towards the transmission of professional identity that include: 1) Capitalizing on faculty hiring practices to transmit professional identity, 2) Harnessing legislative strength, 3) Reconciling our Humanistic roots, 4) Promoting title ownership, and 5) Conducting research that articulates the profession's strengths. Together, these methods are designed to support the counseling field's current plans to achieve broad-based recognition.

This type of action planning is particularly timely as the field of counseling has committed much recent energy and effort towards professional identity and continued growth of the profession as evidenced by the recent changes in national accreditation standards (CACREP, 2009) as well as the work of the American Counseling Association. These efforts provide effective mechanisms by which counselors may maximize their efforts to further develop professional identity. However, these efforts must be undertaken collectively by members of the profession in order to achieve the desired outcomes and achieve long-term sustainability. In short, counselors must continue to act now and utilize the momentum that has been recently generated. Enacting the Template for Action may provide the means by which to finalize a concrete definition of the term professional counselor.

References

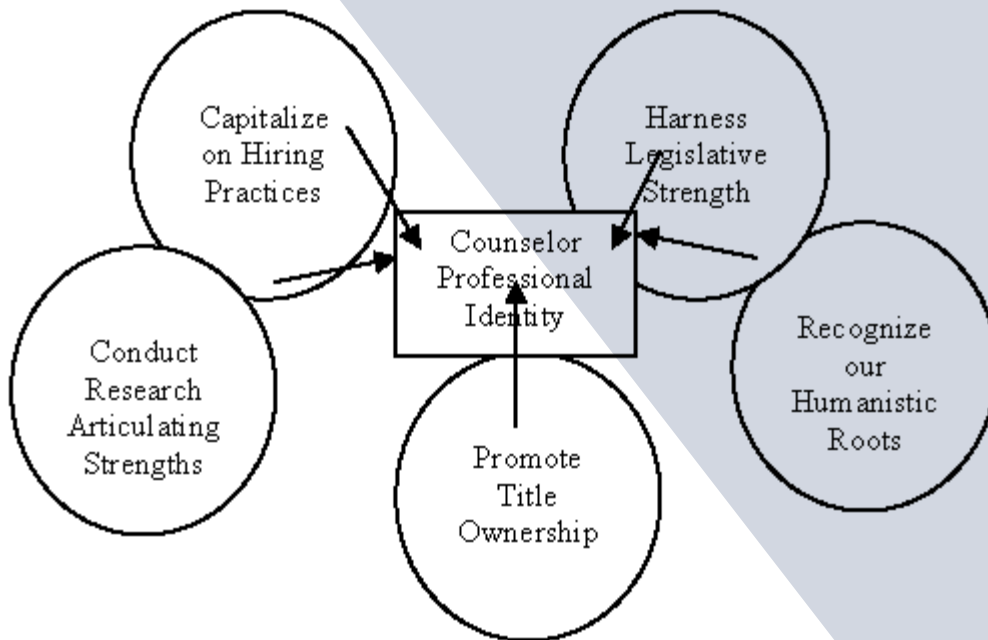
- American Counseling Association (2005). ACA Code of Ethics. Alexandria, VA.
- American Counseling Association (March, 2006). Counseling Today. Alexandria, VA.
- American Counseling Association (June, 2007). Counseling Today. Alexandria, VA.
- American Council on Graduate Medical Education. (2004). Program requirements for residency training in psychiatry. Alexandria, VA.
- American Psychological Association (2006). Retrieved May 15, 2006, from www.apa.org.
- Auxier, C.R., Hughes, F.R., & Kline, W.B. (2003). Identity development in counselors-in-training. *Counselor Education and Supervision*, 43, 25-38.
- Braun, S.A. & Cox, J.A. (2005). Managed mental health care: Intentional misdiagnosis of mental disorders. *Journal of Counseling and Development*, 83, 425-433.
- Calley, N.G. & Hawley, L.D. (2008). The professional identity of counselor educators. *Clinical Supervisor*, 27, 3-16.
- Capuzzi, D. & Gross, D.R. (2003). *Counseling and psychotherapy: Theories and interventions* (3rd ed.). Upper Saddle River, NJ: Pearson Education, Inc.
- Cesnet-L. (February, 2007). Counselors vs. psychologists {Msg 012810}. Message posted to listserve://cesnet-1.
- Corey, G. (2005). *Theory and practice of counseling & psychotherapy* (7th ed.). Belmont, CA: Brooks/Cole.
- Council for Accreditation of Counseling and Related Educational Programs. (2008). *The 2009 standards*. Alexandria, VA.
- Council on Social Work Education. (2001). *Educational policy and accreditation standards*. Alexandria, VA.
- Daniels, J.A. (2001). Managed care, ethics, and counseling. *Journal of Counseling and Development*, 79, 119-122.
- Eriksen, K. & Kress, V.E. (2005). *Beyond the DSM story: Ethical quandaries, challenges, and best practices*. Thousand Oaks, CA: Sage Publications.
- Gale, A. & Austin, D. (2003) Professionalism's challenges to professional counselors' collective identity. *Journal of Counseling & Development* 80, 3-10.
- Goodyear, R. K. (1984). On our journal's evolution: Historical developments, transitions, and future directions. *Journal of Counseling and Development*, 63, 3-8.
- Goud, N. (1990). Spiritual and ethical beliefs of humanists in the counseling profession. *Journal of Counseling and Development*, 68, 571-574.
- Hansen, J.T. (2003). Including diagnostic training in counseling curricula: Implications for professional identity development. *Counselor Education and Supervision*, 43, 96-107.
- Hansen, J.T. (2006). Humanism as ideological rebellion: Deconstructing the dualisms of contemporary mental health culture. *Journal of Humanistic Counseling, Education and Development*, 45, 3-17.

References

- Hansen, J.T. (2007). Should counseling be considered a health care profession? Critical thoughts on the transition to a health care ideology. *Journal of Counseling and Development*, 85, 286-293.
- Hill, N.R. (2004). The challenges experienced by pre-tenured faculty members in counselor education. *Counselor Education and Supervision*, 44, 135-146.
- Kaplan, D. (2002). Celebrating 50 years of excellence! *Journal of Counseling and Development*, 80, 261-263.
- Kottler (2004) *Introduction to therapeutic counseling: Voices from the field* (5th ed.). New York: Wadsworth.
- Leinbaugh, T., Hazler, R., Bradley, C., & Hill, N.R. (2003). Factors influencing counselor educators' subjective sense of well-being. *Counselor Education and Supervision*, 43(1), 52-64.
- McFadden, J. & Lipscomb, W. (1985). History of non-white concerns in personnel and Guidance. *Journal of Counseling & Development*, 63, 444-447.
- Michigan Certification Board for Addiction Professionals, (2006). *Competency standards for the substance abuse professional*. Okemos, MI.
- Mrdjenovich & Moore, (2004). The professional identity of counseling psychologists in health care: A review and call for research. *Counselling Psychology Quarterly*, 17(1), 69-79.
- Murdock, N.L. (2004). *Theories of counseling and psychotherapy: A case approach*. Upper Saddle River, NJ: Pearson Education, Inc.
- Nastasi, B.K. (2002). School psychologists as health-care providers in the 21st century: Conceptual framework, professional identity, and professional practice. *School Psychology Review*, 29(4), 540-554.
- Nejedlo, R. (1984). The counselors of tomorrow and research. *Measurement & Evaluation in Counseling & Development*, 17(3), 149-152.
- Ramsey, M., Cavallaro, M., Kiselica, M., & Zila, L. (2002). Scholarly productivity redefined in counselor education. *Counselor Education and Supervision* 42(1), 40-57.
- Rivera, E. (2004, July 5). ACA journals vs. others {Msg 006995}. Message posted to listserve://cesnet-1
- Rogers, C.R. (1961) *On becoming a person*. New York: Houghton Mifflin.
- Rollins, Jonathan (May, 2006). Counseling summit shape profession's future, *Counseling Today*, American Counseling Association: Alexandria, VA.
- State of Michigan Department of Consumer and Industry Services (1996). *Licensing rules for child caring institutions*. Lansing, MI.
- Sue D. W. & Sue D. (2003) *Counseling the Culturally Diverse: Theory and practice*. (4th ed.). New York: John Wiley and Sons.
- Swickert, M. L. (1997). Perceptions regarding the professional identity of counselor education doctoral graduates in private practice: A qualitative study. *Counselor Education and Supervision*, 35, 218-229.
- Witmer, J. M. & Granello, P.F. (2005). Wellness in counselor education and supervision. In Myers, J.E. & Sweeney, T. (2005) *Counseling for Wellness: Theory, Research, and Practice*. (pp. 261-271). American Counseling Association: Alexandria, VA.

Appendix

Figure 1
Template for Action to Improve the Professional Identity of Counselors



Ethnic Identity and Acculturation of English as Second Language Learners: Implications for School Counselors

José M. Maldonado, Ph.D.
Monmouth University

Jason D. Kushner, Ph.D.
University of Arkansas at Little Rock

Jason Barr, Ph.D.
Kelly Korz, M.S.

Monmouth University

Dr. José M. Maldonado is an assistant professor and Director of Counseling Programs at Monmouth University in the Department of Educational Leadership and Special Education. Correspondence concerning this article may be sent to Dr. José M. Maldonado via e-mail to: jmaldona@monmouth.edu

Ethnic identity and acculturation are significant issues of English as Second Language students in the intermediate grades. Research has encompassed acculturation and ethnic identity as two distinct elements that differentiate particular ethnic groups. The present study investigates acculturation and ethnic identity and their correlation across groups. This article presents a measure of ethnic identity to understand the relationships to demographic variables. The results of this research study support significant correlations between total ethnic identity of ESL students and identity achievement.

Key Words: Ethnicity, immigration, second language learners, acculturation

Identity is a crucial part of an individual's self-concept as defined by Tajfel (1981) and thus influenced by theoretical areas of: (a) racial identity; (b) ego identity; and (c) ethnic identity. According to Lee (2001) significant increases in multicultural populations have given importance to understanding the commonalties and differences of racial and ethnic groups. Several research studies (Phinney, 1990, 1992; Pugh & Hart, 1999) have examined the role of ethnic identity, which pertains to the sense of belonging to an ethnic group and the thoughts associated with that particular ethnic group (Rotherman & Phinney, 1987). Acculturation and ethnic identity have been argued to have reciprocal relationships and are associated with immigrant people transitioning to a new society. Van de Vijver and Phalet (2004) indicate that in recent times there have been significant changes in population migration and labor mobility that have forced people to move to other countries other than their place of origin. The immigration process is often an arduous and difficult one, which brings division from recognizable cultural and social institutions.

According to Gibson (2001) acculturation can be defined as "the process of cultural change and adaptation that occurs when individuals from different cultures come into contact with each other" (p. 19). As noted in Phinney, Horenczyck, Liebkind, and Vedder (2001) acculturation is a process of adaptation along two important dimensions: (a) the adoption of ideals, values, and behaviors of the receiving culture, and (b) the retention of values, ideals and beliefs from the immigrant person's country of origin. Berry (2001) found that two central issues of acculturation are (a) the degree to which individuals have contact outside their group and (b) to the degree which individuals want to give up or maintain their cultural attributes. Furthermore, he suggests that there is a mutual relationship of exchange between majority and minority cultures and outlines four acculturation strategies. The strategies are (a) integration, representing an interest in maintaining one's heritage culture and being involved with other cultures, (b) assimilation, representing desired involvement with other cultures, not with heritage culture, (c) separation, representing only desired involvement with one's heritage culture, and (d) marginalization, representing rejection of both cultures (Berry, 2001). The focal point

is the process of acculturation for English as Second Language students whose primary residence is a foreign country.

English as a Second Language Students

There has been momentous growth in the United States of students whose primary mode of communication is not the English language. According to the U.S. Census Bureau (2000), there is significant population growth of English as second language learners in public schools nationwide. According to Berliner and Biddle (1997) by the year 2020, U.S. demographic projections estimate that only 50 percent of school-age children will be of European-American descent. In addition, Branigin (1996) indicates that by the year 2030, language minority students will represent 40 percent of the students in U.S. schools. By the year 2050, the total U.S. population will have doubled from its present levels, with approximately one-third of the increase attributed to immigration.

Vaughn, et al (2006) found that English language learners are the fastest growing group in the U.S. public schools and Spanish speaking students represent the highest number of ESL students. The U.S. Department of Education (2002) indicates that there are four million students with limited English proficiency and nearly 80 percent identifying as Latino and another 20 percent representing other languages. In addition, ESL students account for 10.5 percent of the population in U.S. elementary schools. As a result, teachers, administrators, and school counselors face challenges and obstacles addressing the specified needs ESL students face in the school environment.

Several studies regarding ethnic identity and acculturation of ESL students have been conducted to reveal various conclusions. Canagarajah (2004) found that there are many conflicts in cultural identity and the learning of a language. Furthermore, Norton-Pierce and Toohey (2001) indicate that fundamental language learning is constructed using social formations, communities and individual identities. Language develops along with social and cultural identity. The race-gender experience theory suggests intersecting gender and racial boundaries affect language proficiencies as a result of different language experiences, environments or norms (Lopez, 2003). However, McCarthy, Giardina, Harewood, and Park's (2003) study revealed that ESL learners struggle against a Eurocentric interpretation of culture, history, and social practices making acculturation more difficult to obtain. Additionally,

Bourdieu (1991) found that knowledge, history, and cultural traditions of minority groups are excluded in the educational curriculum.

Therefore, it has been found that the dilemma for ESL learners is whether to resist or conform to the dominant cultural norms and traditions (McKay & Wong, 1996). This struggle is difficult as ESL learners are fearful of giving up cultural identity but also fearful of rejection by their peers. Vaughn et al. (2006) found that ESL learners desired to learn the English language while still preserving their own cultural identity. In addition, students whose parents enjoy higher socioeconomic status are more likely to identify with their parents' nationality than are their poorer co-nationals/co-ethnics (Rumbaut, 1996).

A recent study has also demonstrated that mentoring positively influences ESL students. Roysircar, Gard, Hubbell, and Ortega (2005) found that mentoring assists ESL students in developing both their sociolinguistic and sociocultural abilities; otherwise, they may default to separation or marginalization, even if they prefer to integrate with the U.S. society.

In the aforementioned studies, various counseling research investigations have been conducted to help counselors assist ESL learners with the acculturation process. Research shows that the role and function of the school counselor is critical when working with immigrant students (Pederson & Carey, 2003). Roysircar-Sodowsky and Frey (2003) found that school counselors can assist and help prevent stressors that interfere with academic functioning in ESL learners. A variety of methods can be employed by schools and school counselors to assist ESL students. For example, the use of individual and group interventions provided by a counselor who speaks the students' native language can facilitate communication and enable students to express and deal with their emotional issues more effectively (Thorn & Contreras, 2005). A subsequent study by Ajayi (2006) revealed that poor performance of ESL students can only be addressed when the language learning curriculum and instructional practices align with the students' needs, interests, and expectations. Furthermore, Toffoli and Allan (1992) found that devising a school counseling curriculum that addresses the emotional realities of ESL students will promote greater self-understanding and better coping skills.

Further research indicates that intensive training for school counselors may improve their understanding of multicultural families and cultural barriers to language

development. McCall-Perez's (2000) study found that enhancing professional preparation of counselors to work with ESL students showed positive effects on student outcomes through increased English literacy, improved mastery of academic content and skills, and smoother transitions through and beyond high school. The study further indicated that there are specific strategies school counselors can use such as developing collegial relationships and dialogue with ESL students.

Other researchers, Clemente and Collison (2000), describe a multilingualistic training approach for counselors that can be implemented in counselor education programs. Ingraham (2000) proposes a Multicultural School Consultation (MSC) framework for selecting the appropriate approach when working with culturally and linguistically diverse families. The MSC framework is a guide to assisting parents of bilingual students by implementing culturally appropriate school-based practices that can be utilized by both internal and external consultants using a variety of models (e.g., behavioral, ecological, instructional, mental health).

Research has revealed practical strategies to help counselors working with ESL students. Cross-cultural consultation is a subset of multicultural consultation that happens when consultation occurs across cultures (Ingraham, 2000). Furthermore, Tarver-Behring and Ingraham (1998) define cross-cultural consultation as "a culturally sensitive, indirect service in which the consultant adjusts the consultation services to address the needs and cultural values of the consultee, the client, or both" (p. 58). Rogers (2000) identified a Multicultural Cross-Cultural Model with six cross-cultural competencies: (a) understanding one's own and others' culture, (b) developing cross-cultural communication and interpersonal skills, (c) examining the cultural embeddedness of consultation, (d) using qualitative methodologies, (d) acquiring culture-specific knowledge and (e) understanding of and skill in working with interpreters.

Additional studies have revealed the importance of involving many stakeholders to help assist ESL students with the struggles of acculturation. Roysircar, Gard, Hubbell, and Ortega (2005) found that immigrants and ESL students should be mentored by counselors, teachers and friends. Another study found that school-based consultation that incorporates the parents, families, and teachers maximizes cultural understanding (Ochoa & Rhodes, 2005). For Latino students,

Arriagada (2005) found that a relationship between assimilation, family and language can have important implications for their future academic and economic success. Finally, Clemente and Collison (2000) found that the development of a teamwork approach between ESL staff and school counselors allows for more open and frequent communication to improve services to their students. The purpose of this recent study was to determine if the grade level and gender of ESL students influences their ethnic identity. It was hypothesized that there would be a significant correlation between ethnic identity and ESL students.

Research Questions

The first purpose of this study was to understand the relationship between ESL students' ethnic identity and two demographic variables, grade level and gender. The second purpose was to interview the school counselor and an internship student to access information as to counseling strategies and techniques with the ESL student population. These two research questions called for a mixed methods research design. For the quantitative method, a survey was utilized as a measure of ethnic identity. For the qualitative method, the researchers asked general interview questions: (1) Are there specific counseling strategies that you utilize for ESL students? (2) How does this counseling strategy differ from working with non-ESL students? (3) What types of counseling techniques work effectively with ESL-students and their parents? (4) How are consultation procedures used with other professional counselors to assist ESL-students? (5) How is a diverse school guidance program implemented and measured in your school for ESL students?

Method

Participants

A total of 37 students (25 male and 12 female) who were enrolled in the English as a Second Language Program at a suburban public school participated in this study. The students ranged from primary grades to intermediate grades (4-8) and parental consent forms were distributed and collected with signatures from both students and parents. These students represented the immigrants in the ESL program. The students were primarily from Mexico and El Salvador identified as children and adolescents given the elementary and intermediate are in one school. This suburban school where the data was collected had a student population of approximately 250 students. For the interviews, the counselors were identified as the participants. The

researchers collaborated with the school district ESL supervisor, school counselor, and internship student to conduct the research study.

See Table 1 (Appendix)

Procedures

Parental informed consent forms were distributed and collected for this research study. All forms were translated into the parents' native language and the researchers initiated follow-up phone calls. The Phinney (1992) Multigroup Ethnic Identity Measure (MEIM) was used to assess affirmation, belonging, commitment and out-group ethnic orientation. Out-group orientation reflects an individual's inclination to acculturate to the dominant culture and ethnicity. These characteristics are central to the formation of ethnic identity and the process of acculturation. The MEIM is a 20-item measure of acculturation that utilizes a 7-point Likert scale ranging from Strongly Agree to Strongly Disagree. The Cronbach's alphas for reliability have been reported by Phinney (1992) on a high school sample as .81 for the overall ethnic identity scale, .75 for the affirmation/belonging subscale, .69 for the ethnic identity achievement subscale, and .71 for the other group orientation scale. The scales are designed to use correlations and inferences to reflect ethnic identity formation. The measure, a single page document contained directions for administration and the instructions for research participants. The method for data analysis was a quantitative research design. The analysis included data from the survey on the ethnic identity of ESL students and their relationship to gender and grade level within a public school environment. Research participants were not given individual reports; however, the study also utilized qualitative research techniques, which were intended to provide an in-depth analysis of ESL students and the counseling strategies and techniques used for this school population.

Results

In order to understand the construct of ethnic identity, the total ethnic identity score of the MEIM was correlated with its subscales (affirmation-belonging, identity achievement, ethnic behaviors, and other group activities) across grades and gender. These analyses were conducted to understand the developmental changes in ethnic identity and to understand gender differences in the construct of ethnic identity. Differences between Grades

Prior to analyses being conducted, students were grouped according to their grade level. Students in the fourth and fifth grades were pooled together to create the elementary grade sample of 18 students. The students in the sixth, seventh, and eighth grades were pooled together to create the secondary grade sample of 19 students. A Pearson correlation was then conducted between the total ethnic identity score and the 4 subscales (affirmation-belonging, identity achievement, ethnic behaviors, and other group activities) for each grade sample. For the elementary grades, total ethnic identity was significantly correlated with identity achievement ($r = .88, p < .01$) and other group activities ($r = .52, p < .05$). For the secondary grades, total ethnic identity was significantly correlated with affirmation-belonging ($r = .72, p < .01$), identity achievement ($r = .77, p < .01$), and ethnic behaviors ($r = .61, p < .01$).

See Table 2 (Appendix)

Differences between Gender

A Pearson correlation was conducted between the total ethnic identity score and the 4 subscales (affirmation-belonging, identity achievement, ethnic behaviors, and group activities) for each gender. For females ($N=12$), total ethnic identity was significantly correlated with identity achievement ($r = .92, p < .01$). For males ($N=25$), total ethnic identity was significantly correlated with affirmation-belonging ($r = .73, p < .01$), identity achievement ($r = .72, p < .01$), and ethnic behaviors ($r = .63, p < .01$).

See Table 3 (Appendix)

Qualitative Interviews

The qualitative interviews were conceptually based on the research questions presented earlier in the study. Overall, there was a consensus between the school counselor and the internship student that demonstrates a significant demand for specialized counseling techniques for students in English as a Second Language Programs. The results from the interview questions are presented and discussed below.

Question One. The first interview question addressed the need for specialized counseling strategies for students in English as a Second Language Programs. Results from this interview question yielded support for counseling techniques that incorporate knowledge and competence with the Latin American culture, family, and language dynamics that are integrated

within the ethnic identity of the ESL students in this study. Specific needs and preferences of the various Latino subgroups should be based on characteristics of language, socioeconomic status, country of origin, and level of acculturation (Maldonado, Ascolese, & Aponte, 2009).

Question Two. The second interview question addressed the differences between traditional counseling techniques and those, which are specifically used with ESL students. Results from this interview question demonstrated significant support for professional counselors to understand and

effectively incorporate a thorough understanding of Latin American family dynamics and interdependence as central components. Familismo is a significant value for the Latin American culture emphasizing loyalty, reciprocity, strong bonds, and interdependent functioning. (Andrés-Hyman, Ortiz, Añez, Paris, & Davidson, 2006).

Question Three. The third interview question delved into the types of counseling techniques that work effectively with ESL students and their parents. Overall agreement described a counseling approach that was client-centered and focused attention on involving the entire family in the counseling treatment plan. Much emphasis on empowering parents, demonstrating warmth and empathy were also described as essential for success with ESL students and their parents. The mission for professional counselors who will encounter fast-growing population is to develop “evidence-based, culturally sensitive interventions” (Bernal & Sáez-Santiago, 2006, p. 121). Culturally appropriate interventions should include awareness of culture, knowledge of norms, language, lifestyle, and customs; an ability to distinguish between culture and pathology; and the capacity to integrate all of these dimensions when counseling (2006).

Question Four. The fourth interview question addressed the specific consultation procedures with other professional counselors to assist ESL students and their parents. Results from this question illuminated the importance for community resources and counseling professionals who are able to speak Spanish for

U.S. residents who are limited in English-language proficiency are less likely to seek and receive needed mental health services (Alegría et al, 2007). Spanish-speaking clients with professional counselors of similar ethnic identity and language resulted in lower dropout rates, more treatment sessions, and improved therapeutic outcomes for clients.

communication. Also indicated was the continuation of professional services from family support centers, teachers, administrators and the child study team.

Question Five. The final question targeted the emphasis of resources within a school counseling program that addressed the needs of ESL students and their families. Results from this interview question demonstrated a need for more resources incorporated into the school counseling curriculum, specifically for ESL students and their families. The need for further collaboration with administrators to design specialized at-risk counseling groups

for ESL students coupled with enhanced partnerships with parents. The use of language is a crucial factor in the counselor-client relationship. Language barriers can often interfere with the therapeutic process and delay the working alliance. Communication patterns between individuals of varying cultural backgrounds involve much more than overcoming the language barrier (Maldonado, Ascolese, & Aponte, 2009). Additionally, U.S. residents who are limited in English-language proficiency are less likely to seek and receive needed mental health services (Alegría et al, 2007). Spanish-speaking clients with professional counselors of similar ethnic identity and language resulted in lower dropout rates, more treatment sessions, and improved therapeutic outcomes for clients.

School Counselor Implications

The present study was undertaken to examine the relationship between ethnic identity and ESL students' grade level and gender. The researchers were also interested in counseling techniques and strategies for this specialized population. Ethnic identities were hypothesized to have a relationship with the gender and grade level of ESL students in a public school. In addition, it was hypothesized that counseling techniques used by school counselors were significantly different for this population due to the unique and specialized needs of the ESL student population. When statistical tests examined the relationships between the aforementioned variables, significant correlations were noted between the total ethnic identity of males and females at both the elementary and intermediate grade levels and identity

achievement. These research findings support prior research by Arnett, (1999, 2000), Erickson, (1968), and Kroger, (2000) which indicated that identity is a salient issue related to adolescent development. Furthermore, Hovey (2000) found that immigrant adolescents face obstacles and problems when trying to create a cultural identity that depicts their heritage and culture but also takes into account the normative developmental stages of adolescence. The findings from this study indicate a strong relationship between an individual's identity and their ethnic background and culture.

Accordingly, Jensen (2003) emphasized the importance of the cultural aspects of identity which are drawn from a person's social identity within a given society. As indicated by Padilla and Perez (2003) cultural identity is conceptualized by the relationship between the person and their cultural context, which promotes solidarity between individual identity and their ethnic background. Consequently, immigrant students coming to the United States face myriad issues as the acculturation process is more difficult and distressing for them in comparison to the dominant majority cultural group.

School Counselor Implications

Adolescence is a time when many changes occur and is a period of transformation and identity formation. Professional school counselors bear the responsibility to integrate their knowledge and skills to foster an adolescent's ethnic identity. However, according to Holcomb-McCoy (2005) school counselors have had limited involvement in the development of ethnic identity development for elementary and intermediate students. This demonstrates a specific need for comprehensive school counseling programs to be proactive and provide interventions for students in ESL programs. As mentioned in the American School Counseling Association (2003) National Model's Personal/Social Domain, part of a school counselor's role is to facilitate growth and exploration of self, which includes the concepts of acculturation and ethnic identity development.

According to Rayle and Myers (2004), current research supports the differences found between minority and non-minority adolescents with respect to ethnic identity development process and overall wellness. With this information, school counselors can begin to assess their program and plan for appropriate individual, small group, and classroom guidance interventions to

improve wellness of all students. Noam (1999) and Phinney (1990) found that one specific area of psycho-educational programming that school counselors can focus on is creating a support system and assist with developmental process of ethnic identity. Concurrently, Zayas (2001) found that minority youth benefit from discussing their struggles with racism and ethnic identity. Moreover, he found that adolescent struggles with ethnic identity become apparent when clarifying issues related to peer-group relations, family relations, and achievement. Specifically, students in the search/moratorium stage of Phinney's (1992) model that display a desire to explore their ethnic background should be given opportunities to do so through class assignments, advisory programs, and counseling groups (Holcomb-McCoy, 2005). Consequently, the focus on ethnic identity development with minority students can affect overall school retention and achievement (Rayle & Myers, 2004). Specifically, school counselors can help their adolescent students better understand their ethnicity and how it affects their personal and academic goals, as well as their relationships with others. Through the use of individual, small group, and classroom guidance interventions, students have the opportunity explore their ethnic identities (i.e., what it means to be Latino living in the Northeast U.S.) and discuss their acculturation experiences and/or differences. As a result of these shared academic settings, all students are able to better understand themselves as well as their peers (2004).

Baca and Koss-Chionio (1997) and Noam (1999) have found that group work is one mode of counseling that can be an effective way to foster adolescents' ethnic identity development. Specifically, school counselors can plan and implement ethnic exploration groups in which students research their ethnic heritage, discuss their background with others and learn new information about other ethnic groups (Holcomb-McCoy, 2005). They may also facilitate discussion about others' negative racial/ethnic perceptions and/or instances where students may have experienced this racism (Holcomb-McCoy & Moore-Thomas, 2001). After an exploration of feelings associated with encounters of racism, school counselors may employ problem-solving activities such as role-playing to help students handle similar situations in the future. The aforementioned activities can serve as a starting point for students, attaching meaning to their ethnicity and further developing their ethnic identity (Holcomb-McCoy, 2005).

Personal and career goal setting is another way to incorporate ethnic identity exploration in schools. The concept of developing one's ethnic identity can lead to self-realizations that allow students to better understand themselves and what matters to them with respect to their academic, career and personal/social domains (Rayle & Myers, 2004). For example, during a classroom guidance lesson students can discuss their strengths and weaknesses and create a plan for their lives focused around healthy ethnic identities. Additionally, students can specifically identify people and activities where they feel they belong and that foster their ethnic identities in a positive way.

In addition, school counselors can promote the development of healthy ethnic identities through collaboration with professionals in the community that are knowledgeable about the topic. Use of these professionals through the dissemination of free information or inclusion in school presentations can aid to the promotion of wellness and healthy living. Rayle and Myers (2004) add that, "because classroom guidance reaches all students in schools, counselors can use the findings of the current study to introduce, educate and facilitate student discussions, self-awareness, and to teach skills students may need to feel as if they matter to others and themselves, have healthy ethnic identities, and lead lives of wellness" (p. 88). Attention to the areas

addressed by Rayle and Myers will not only lead to students' academic retention and success, but they can also help a comprehensive school counseling program meet the diverse needs of all adolescent students.

Moreover, school counselors need to examine counseling strategies and resources they use and consider possible modification taking into account the importance of adolescents' ethnic identity development (Holcomb-McCoy, 2005). School counseling offices should contain books, videos and other resources representing people of various colors and cultures to promote students exploration and acceptance of their own ethnic background. Additionally, Holcomb-McCoy (2005) found that school counselors should provide opportunities for positive acknowledgement of students' ethnic group membership. During classroom guidance lessons, small groups, and any other school counseling activity, recognition can be given to students' uniqueness with respect to their ethnicity and/or race. For example, Rigazio-DiGilio, Ivey, Grady, & Kunkler-Peck (2005) describe having students construct a family genogram as an effective counseling strategy that allows exploration of cultural/family rituals, expectations, beliefs, and values. These therapeutic interventions can be applied at the elementary level through intermediate grades collaboratively considering the developmental factors.

Finally, school counselors need to advocate for increased cultural sensitivity and competence among all students and staff in their schools (Holcomb-McCoy, 2005). Through their knowledge of Phinney's (1992) model of ethnic identity development and Helms' (1994) interaction theory, they should examine their school's racial climate and counseling program. Consequently, when educators and counselors understand how ethnic identity affects their interactions with students, they will be able to convert their interactions into more positive relationships (Holcomb-McCoy, 2005). Specifically, school counselors can suggest or implement professional development programs for staff about the impact of ethnic identity on student-to-student and student-to-educator interactions thereby creating a sense of community for the entire school population.

References

- Ajayi, L. J. (2006). Multiple voices, multiple, realities: Self-defined images of self among adolescent Hispanic English language learners. *Education*, 126 (3), 468-480.
- American School Counselor Association (2003). *The American School Counselor Association national model: A framework for school counseling programs*. Alexandria, VA.
- Andrés-Hyman, R. C., Ortiz, J., Añez, L. M., Paris, M., & Davidson, L. (2006). Culture and clinical practice: Recommendations for working with Puerto Ricans and other Latina(os) in the United States. *Professional Psychology: Research and Practice*, 37, 694-701.
- Arnett, J. J. (1999). Adolescent storm and stress, reconsidered. *American Psychologist*, 54, 317-326.
- Arriagada, P. A. (2005). Family context and Spanish-language use: A study of Latino children in the United States. *Social Science Quarterly*, 86 (3), 599-619.
- Baca, L. M., & Koss-Chioino, J. D. (1997). Development of a culturally responsive group counseling model for Mexican American adolescents. *Journal of Multicultural Counseling and Development*, 25, 130-141.
- Berliner, D. C. & Biddle, B. J. (1997). *The manufactured crisis: Myths, fraud, and the attack on America's public schools*. White Plains, N.Y.: Longman.
- Bernal, G., & Saéz-Santiago, E. (2006). Culturally centered psychosocial interventions. *Journal of Community Psychology*, 34, 121-132.
- Berry, J. W. (2001). A psychology of immigration. *Journal of Social Issues*, 57, 615-631.
- Bourdieu, P. (1991). *Language and symbolic power*. Massachusetts: Harvard University Press.
- Branigin, W. (1996, January 12). U.S. beefing up forces on the southwestern border. *Washington Post*.
- Canagarajah, S. (2004). Subversive identities, pedagogical safe houses, and critical learning. In B. Norton and K. Toohy (Eds.) *Critical pedagogies and language learning* (pp.116-137). Cambridge: Cambridge University Press.
- Clemente, R. & Collison, B. B. (2000). The relationships among counselors, ESL teachers, and students. *Professional School Counseling*, 3 (5), 339-449.
- Erickson, E. H. (1968). *Identity: Youth and crisis*. New York: Norton
- Gibson, M. A. (2001). Immigrant adaptation and patterns of acculturation. *Human Development*, 44, 19-23.
- Helms, J. E. (1994). Racial identity in the school environment. In R. Pederson & J. C. Carey (Eds.), *Multicultural counseling in schools: A practical handbook* (pp. 19-37). Needham Heights, MA: Allyn & Bacon.
- Holcomb-McCoy, C. (2005). Ethnic identity development in early adolescence: Implications and recommendations for middle school counselors. *Professional School Counseling*, 9 (2), 120-127.
- Holcomb-McCoy, C., & Moore-Thomas, C. (2001). Empowering African American adolescent females. *Professional School Counseling*, 5, 19-26.
- Hovey, J. D. (2000). Acculturative stress, depression, and suicidal ideation in Mexican immigrants. *Cultural Diversity and Ethnic Minority Psychology*, 6, 134-151.
- Ingraham, C. L. (2000). Consultation through a multicultural lens: Multicultural and cross-cultural consultation in schools. *School Psychology Review*, 29 (3), 320-343.

References

- Jensen, L. A. (2003). Coming of age in a multicultural world: Globalization and adolescent cultural identity formation. *Applied Developmental Science*, 7, 189-196.
- Kroger, J. (1995). The differentiation of “firm” and “developmental” foreclosure identity statuses: A longitudinal study. *Journal of Adolescent Research*, 10, 317-337.
- Lee, C. C. (2001). Culturally responsive school counselors and programs: Addressing the needs of all students. *Professional School Counseling*, 4(4), 257-261.
- Lopez, N. (2003). *Hopeful girls, troubled Boys: Race and gender disparity in urban education*. New York: Routledge.
- Maldonado, J. M., Ascolese, J., & Aponte, L. (2009). *Latin Americans: American Counseling Association Encyclopedia of Counseling*. Alexandria, VA.
- McCall-Perez, Z. (2000). The counselor as advocate for English language learners: An action research approach. *Professional School Counseling*, 4 (1), 13-23.
- McCarthy, C., Giardina, M. D., Harewood, S. J., & Park, J. (2003). Contesting culture: Identity and curriculum dilemmas in the age of globalization, postcolonialism, and multiplicity. *Harvard Educational Review*, 73 (3), 44-465.
- McKay, S. L. & Wong, S. C. (1996). Multiple discourses, multiple identities: Investment and agency in second-language learning among Chinese adolescent immigrant students. *Harvard Educational Review*, 66 (3), 577-605.
- Mummendey, A., Klink, A., & Brown, R. (2001). Nationalism and patriotism: National Identification and out-group rejection. *British Journal of Social Psychology*, 40, 159-172.
- Noam, G. G. (1999). The psychology of belonging: Reformulating adolescent development. In H. Esman (Ed.), *Adolescent psychiatry: Development and clinical studies* (pp. 49-68). Hillsdale, NJ: The Analytic Press.
- Norton-Pierce, B. & Toohey, K. (2001). Changing perspectives on good language learners. *TESOL Quarterly*, 35 (2), 307-322.
- Ochoa, H. S. & Rhodes, R. L. (2005). Assisting parents of bilingual students to achieve equity in public schools. *Journal of Educational & Psychological Consultation*, 16 (1), 75-94.
- Padilla, A. M., & Perez, W. (2003). Acculturation, social identity, and social cognition: A new perspective. *Hispanic Journal of Behavioral Sciences*, 25, 35-55.
- Pederson, P. B. & Carey, J. C. (2003). *Multicultural counseling in schools: A practical handbook*. Boston: Allyn & Bacon.
- Phinney, J. (1990). Ethnic identity in adolescence and adulthood: A review of research. *Psychological Bulletin*, 108, 499-514.
- Phinney, J. S. (1992). The Multigroup Ethnic Identity Measure: A new scale for use with diverse groups. *Journal of Adolescent Research*, 7, 156-176.
- Phinney, J. & Alipuria, L. (1990). Ethnic identity in college students from four ethnic groups. *Journal of Adolescence*, 13, 171-183.
- Phinney, J. S., Horenczyk, G., Liebkind, K., & Vedder, P. (2001). Ethnic identity, immigration, and well-being: An interactional perspective. *Journal of Social Issues*, 57, 493-510.
- Phinney, J. S. & Rotherman, M. J. (1987). *Children's ethnic socialization: Pluralism and development*. Thousand Oaks, CA: Sage.

References

- Pugh, M. V. & Hart, D. (1999). Identity development and peer group participation. *New Directions for Child and Adolescent Development*, 84, 55-70.
- Rayle, A. D. & Myers, J. E. Counseling adolescents towards wellness: The roles of ethnic identity, acculturation, and maturing. *Professional School Counseling*, 8 (1), 81-91.
- Rigazio-DiGilio, S. A., Ivey, A., Grady, L. T., & Kuncker-Peck, K. R. (2005). *Community genograms: Using individual, family, and cultural narratives with clients*. New York: Teachers College Press.
- Rogers, M. R. (2000). Examining the cultural context of consultation. *School Psychology Review*, 29 (3), 414-418.
- Roysircar, G., Gard, G., Hubbell, R., & Ortega, M. (2005). Development of counseling trainees' multicultural awareness through mentoring English as a second language students. *Journal of Multicultural Counseling and Development*, 33 (1), 17-36.
- Roysircar-Sodowsky, G., & Frey, L. L. (2003). Children of immigrants: Their worldviews value conflicts. In P. Pederson & J. C. Carey (Eds.), *Multicultural counseling in schools: A practical handbook* (pp. 61-83). Boston: Allyn & Bacon.
- Rumbaut, R. (1996). The crucible within: Ethnic identity, self-esteem, and segmented assimilation among children of immigrants. In Alejandro Portes (Ed.), *The new second generation*. (pp.119-170). New York: Russell Sage Foundation.
- Tajfel, H. (1981). *Human groups and social categories*. New York: Cambridge University Press.
- Tarver-Behring, S. & Ingraham, C. L. (1998). Culture as a central component of consultation: A call to the field. *Journal of Educational & Psychological Consultation*, 9 (1) 57-73.
- Thorn, A. R. & Contreras, S. (2005). Counseling Latino immigrants in middle school. *Professional School Counseling*, 9 (2), 167-173.
- Toffoli, G. & Allan, J. (1992). Group guidance for English as a second language students. *School Counselor*, 40 (2), 136-146.
- U.S. Census Bureau. (2000). *2000 Census of population and housing*. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Education (2002) Office of English Language Acquisition, Language Enhancement and Academic Achievement for Limited English Proficient Students (2002). *The growing numbers of LEP students, 2000-2001*.
- Vaughn, S., Linan-Thompson, S., Mathes, P. G., Cirino, P. T., Carlson, C. D., Pollard-Durodola, S. D., Cardenas-Hagan, E., & Francis, D. J. (2006). Effectiveness of Spanish intervention for first-grade English language learners at risk for reading difficulties. *Journal of Learning Disabilities*, 39 (1), 56-73.
- Van de Vijver, F. J. R. & Phalet, K. (2004). Assessment in multicultural groups: The role of acculturation. *Applied Psychology: An International Review*, 53 (2), 215-236.
- Zayas, L. H. (2001). Incorporating struggles with racism and ethnic identity in therapy with adolescents. *Clinical Social Work*, 29, 361-373.

Appendix

TABLE 1
Number of participants by gender and grade

Grade	Gender		Total
	Male	Female	
4	7	5	12
5	4	2	6
6	10	1	11
7	2	1	3
8	2	3	5
Total	25	12	37

TABLE 2
Correlations between MEIM subscales and grade levels

	Affirmation- Belonging	Identity Achievement	Ethnic Behaviors	Group Activities
Ethnic identity				
Elementary (4,5,6) n+29	.34	.88**	.33	.52*
Secondary (7,8) n=8	.72**	.77**	.61**	.29

* $p < .05$ ** $p < .01$

TABLE 3
Correlations between MEIM subscales between gender

Ethnic identity	Affirmation- Belonging	Identity Achievement	Ethnic Behaviors	Other Group Activities
Female n+12	.26	.92**	.22	.25*
Male n=25	.73**	.72**	.60**	.38

No Child Overlooked: Mental Health Triage in the Schools

F. Robert Wilson, Ph.D.

Mei Tang, Ph.D.

Kelly Schiller, M.A.

Kerry Sebera, Ph.D.

University of Cincinnati

Contact the authors at:

Dr. F. Robert Wilson is a professor of counseling at the University of Cincinnati in the Counselor Education department. Correspondence concerning this article may be addressed to Dr. F. Robert Wilson via email to: f.robert.wilson@uc.edu

Mental health problems among children in schools are on the increase. To exercise due diligence in their responsibility to monitor and promote mental health among our nation's children, school counselors may learn from triage systems employed in hospitals, clinics, and mental health centers. The School Counselor's Triage Model provides school counselors with an easy-to-use, time efficient assessment tool to enable them to screen large groups of students to determine their mental health needs. By engaging in systematic mental health screening, school counselors can efficiently and effectively demonstrate their commitment to a core value of school counseling: addressing every child's social-emotional needs.

Key Words: triage, screening assessment, counselor commitment

The acuity of mental health needs is increasing at an alarming rate. It has been reported that "one in five children or adolescents in the U.S. manifest a diagnosable mental health or addictive disorder" (Couse & Srebnik, 2003). Today's children face new forms of the traditional critical stressors: grinding poverty, environmental impoverishment, economic instability, family dysfunction, increased threat of violence, temptation, and predation. According to the National Institute of Mental Health (2003), about 21% of all children between the ages of 9 and 17 are affected by some form of mental health problem. The most prevalent mental health disorders suffered by these children are anxiety disorders (13.0%), disruptive behavior disorders (10.3%), mood disorders (6.2%), and substance use disorders (2.0%). But even among the general population of school age youth, the Clarke, Coombs, and Walton (2003) survey revealed that today's children are impacted by stressors which are often precursors to mental health concerns. These concerns, listed in descending order of importance, included family problems, school examinations, school work, personal appearance, peer and intimate relationships, and bullying.

Schools serve not only as front line mental health support for children and adolescents; for many, school counselors may be the only mental health support available (Bailey, 2000; Baruch, 2001; Clarke et al., 2003; The Mental Health Foundation, 1999; Weist, Lowie, Flaherty, & Pruitt, 2001). Limited access to mental health care is especially acute for children of poverty (Lockhart & Keys, 1998; Morse, 2003). Responding to the emerging need for school mental health support, recent opinion advocates for organizing mental health care for young people as a school-based multidisciplinary partnership among mental health professionals (Bailey, 2000; Clarke et al., 2003; Tashman et al., 2000; The Mental Health Foundation, 1999; Weist et al., 2001). It is urged that this multidisciplinary team adopt a preventive focus (Weist, 2003), especially in school districts where resources are scarce and in which children are at greatest risk (Nabors & Prodente, 2002). While the ASCA National Model (American School Counselor Association, 2003) specifically argues against school counselors serving as mental health therapists in the schools, it solidifies the school counselor's role in

assessment of personal/social problems and, in a global sense, providing for student's mental health needs.

While mental health professionals, especially those in school settings, care for children and adolescents whose difficulties have triggered a referral for treatment, signs of the development of their disorder have usually been long evident (Forness, 2003). Even at a time where the field of mental health is embracing primary prevention, school mental health professionals remain tied to a tertiary care model, awaiting the eruption of disruptive symptomatology before remedial interventions are employed (Forness, 2003). To implement primary preventive measures or begin early stage remedial intervention, early identification of problems is paramount. Within-school population screening for mental health problems is a necessary precursor to the design and implementation of school-relevant, primary prevention strategies for those at risk for development of mental health concerns and can facilitate case identification for early stage mental health intervention with students who are already exhibiting the signs and symptoms of mental disorder.

Consistent with the call for increased mental health support in schools, Keys, Bemak, and Lockhart (1998) proposed that school counselors should be trained and equipped to recognize students whose behavior problems are outside the range of normal development. In response to this challenge, we will describe the core notions of mental health screening, describe a brief screening tool which can support a school counselor's assessment efforts, and, describe how the screening tools can be used in a school setting.

Mental Health Screening and the Role of the School Counselor in Triage

Despite widespread recognition of the mental health problems faced by many of today's school children and adolescents, school counselors rarely have time typically required to perform a thorough assessment of the mental health needs of their students. An assessment model called the triage model was first developed to help battlefield medical staff prioritize care according to the severity of a wounded person's injury (McMahon, 2003), provides a useful philosophy and framework for assisting school counselors to identify the overall level of mental health concerns within their school and which students are in greatest need for services.

The triage model is the key to efficient routing of

medical patients to appropriate treatment. In emergency medical centers, patients with mental health concerns are first seen by a psychiatric triage nurse who conducts a rapid assessment of the patient's presenting concerns, mental health history, and current indicators of mental health problems including risk of harming self or others. Based on this rapid assessment, the triage worker then assigns an "urgency code" which is used to determine how rapidly the patient must be seen by a physician or psychiatrist and for what services (Rose & Jagim, 2003).

The school counselor has much in common with the emergency room nurse. The school counselor's tasks are varied and are carried out in an environment where interruption is the rule rather than the exception. It would be an unusual school counselor who had the time needed to conduct a thorough mental health assessment on every student in a classroom, let alone a grade level, or the school as a whole. However, most school counselors plan time to meet each of the students, even if only briefly, to "open the door" for them and reduce their anxiety about meeting with the counselor should an educational/career or social/emotional problem arise. It is during these brief, introductory meetings with students that the triage method for mental health screening can be most valuable.

In essence, the triage model for school counselors, like its medical counterpart, calls for rapid gathering of critical screening information and rapid assignment of each student to one of three acuity categories: (a) the student does not appear to have mental health problems which require attention at this time, (b) the student has mental health problems but they are treatable with the resources available within the school, or (c) the student has mental health problems of such severity that the student cannot be properly treated within the school setting. The core of this mental health triage process is the School Mental Health Screening Interview.

The School Mental Health Screening Interview

The School Mental Health Screening Interview is a structured interview guide which can enable a school counselor to conduct a relatively comprehensive mental health screening in as little as 15 minutes. This tool includes a general information question and ten assessment domains reflecting mental health problems shown to effect the school performance of a significant portion of children and adolescents (Clarke et al., 2003; National Institute of Mental Health, 2003a, 2003b,

2003c; Roth & Fonagy, 1996). These assessment domains include (a) school engagement/disengagement (the extent to which the child or adolescent feels connected to the school, its culture, its rhythms, its rules), (b) lifestyle balance/imbalance (the extent to which the student has a balanced lifestyle which allows for fulfillment of a broad range of developmental needs), (c) freedom from or exposure to debilitating stressors (family problems, problems with peer and intimate relationships, problems arising from bullying and predation, problems meeting expectations for school performance), (d) mood regulation/dysregulation (depression, mania, cycling mood, suicidality, homicidality), (e) calmness/anxiety (fears of separating from parents to come to school, generalized fearfulness, performance anxiety, fears of embarrassment or humiliation in social situations, obsessions and compulsions, and post-trauma reactions), (f) restful/disturbed sleep (insomnia, hypersomnia, failure to get restorative sleep, insufficient sleep due to over-involvement in curricular and extra-curricular activities), (d) eating regulation/dysregulation (anorexia, bulimia, sub-clinical eating problems, poor nutrition), (e) impulse control/dyscontrol (inattentiveness, hyperactivity, impulsiveness), (f) psychoactive substance use, abuse, or dependence, (g) physical health/illness and health maintenance/neglect (illnesses, lack of exercise, lack of access to medical attention, non-compliance with medical recommendations).

For each of these assessment areas, specific questions were crafted to help the interviewer explore problems as they are divulged. Questions were written in conversational language to minimize children's and adolescent's natural resistance to "prying" yet open the door to talking about potentially problematic areas of the child's or adolescent's life. In addition to the individual student interview form, a global recording form was developed to facilitate rapid study of data collected within a class, across a grade level, or within a school building. Finally, a shortened version was prepared for use in soliciting teacher referrals. The mental health screening interview individual record and summary data recording form and the teacher referral form are presented in Appendices A, B, and C, and are described in detail below.

Implementing Mental Health Screening in the School Preparing the Counseling Staff

For a counseling staff to initiate a school-wide screening program, the counseling staff must be

prepared. All members of the counseling staff should be in agreement about the value of screening the student population for signs and symptoms of personal, social, and emotional problems. Since some counselors may not feel comfortable with the personal nature of the questions being asked or with their sense of responsibility should an interview with a student reveal that the student is experiencing serious difficulty, a plan must be in place for referral to within-school mental health services or external referral sources.

Securing Permission, Cooperation, and Support

Before a school-wide mental health screening program can be set in place, it is critical that it has the support of the administration, teachers, and parents. Counselors wanting to establish a mental health screening program in their school are well advised to examine existing school policy and to prepare a written plan that outlines the purpose, the expected benefits, steps to be taken to minimize disruption of student learning activities, and precautions to be taken to ensure the safety and security of the students and the school. Specific plans must be in place for how the counselor and the school will respond if a student admits to being the victim of bullying by other students or neglect or abuse by parents, illegal use of psychoactive substances, or being bothered by suicidal or homicidal thoughts. Once a counselor knows a student has such serious problems, the counselor is bound by ethics to act. The counselor must be sure that the school is prepared to support the counselor in asking screening questions about these sensitive areas. On receiving support from the administration, counselors should seek to meet with the teaching faculty to win their support as well. During talks with teachers, counselors might offer teachers a referral tool (such as the one presented in Appendix C) as a way of explaining the mental health screening interview and to encourage teachers to make referrals for counseling services. Parents should be informed that counselors will be meeting individually with all students to review goals and assess their needs. This information may be disseminated through the student handbook, parent orientation meetings, and/or direct communication between the counselors and parents.

Preparing the Students

Finally, it is important that effort be made to prepare the students for the screening program. Students can be told that counselors will be meeting with every student in

order to get acquainted and to find out how the school can be of best help to them with any problems they are having which interfere with their academic success or their personal well-being.

How to Conduct the Interviews

There are many ways a counselor might approach conducting the interviews. At one school where a mental health screening is employed, the counseling staff visited one classroom at a time. The counselor made a brief presentation to the class of students about the purpose for the interviews and the plan for conducting them. Then, students met individually with the counselor in an adjacent classroom, in a quiet place in a hallway, or in a nearby office (thereby

cutting "travel time" to and from the interviews to a minimum). With a class of 30 students, a counselor might take several days to interview everyone in the class.

During the initial interview, the counselor continues work to allay student anxiety. Pointing out that all students are being interviewed so that no student is overlooked universalizes the experience. Further, the initial questions are designed to help the counselor quickly build rapport with the student. The School Mental Health Screening Record (see Appendix A) is both an interview guide and a data collection tool. When interviewing a student, the counselor can use this form as a reminder of the sorts of questions to ask. Once rapport is built, the counselor moves gently but systematically through the critical question areas, phrasing the questions in whatever way seems to resonate well with the student being interviewed. During the interview, the counselor may take brief notes, remembering, however, that this is a screening interview and efficiency is important. Any students who seem to be having

During the initial interview, the counselor continues work to allay student anxiety. Pointing out that all students are being interviewed so that no student is overlooked universalizes the experience. Further, the initial questions are designed to help the counselor quickly build rapport with the student. The School Mental Health Screening Record (see Appendix A) is both an interview guide and a data collection tool. When interviewing a student, the counselor can use this form as a reminder of the sorts of questions to ask. Once rapport is built, the counselor moves gently but systematically through the critical question areas, phrasing the questions in whatever way seems to resonate well with the student being interviewed. During the interview, the counselor may take brief notes, remembering, however, that this is a screening interview and efficiency is important. Any students who seem to be having significant personal, social, or emotional difficulties can be flagged for follow-up.

significant personal, social, or emotional difficulties can be flagged for follow-up. Of course, if a student becomes significantly distressed during the interview, the counselor may decide to stop the interview, make an appointment for a longer period of time to talk, and help the student regain composure so they can return to class.

Because of its structure, the screening interview form is its own administration guide. After noting observations and anecdotal data, the counselor can code each of the mental health screening areas with a simple code to indicate whether there appears to be a problem (+): does not appear to have a problem (--), or needs reassessment (?). Next, the counselor can

note whether it appears that a code is entered to record the counselor's level of confidence in the credibility of the information collected about this student (C: credible, NC: not credible), and a code to indicate whether the counselor believes action or intervention is needed (A: action needed; NA: no action needed). At the end of this form is space for summary comments and for recording a tally of the codes recorded. Since this is an interview record rather than a scaled instrument, there are no scores to compute. On a case-by-case basis, the data from the School Mental Health Screening Record may be used to support triage decisions: planning individual counseling interventions for those students whose problems may reasonably be treated in the school or planning for referral of those students whose problems may exceed the resources available for treatment by school personnel.

Cross Sectional Summaries of Screening Interview Data

The data from individual interviews can also be transcribed onto a cross-sectional record. The School

Mental Health Screening Interview Summary form (see Appendix B) can be used to summarize data collected within a classroom, across a grade level, or even across all pupils in a school building. For each student, a simple code is entered under each of the eleven interview areas noting whether the student has a problem in this area (+), does not appear to have a problem in this area (--), or needs reassessment to clarify the student's health status in this area (?). Next, a code is entered to record the counselor's level of confidence in the credibility of the information collected about this student (C: credible, NC: not credible). Finally, a code is entered to indicate whether the counselor believes action is needed (A: action needed; NA: no action needed). When all students are entered, the counselor can tally the data by counting cases as a summary for the class, grade level, or school. This cross-sectional record can be invaluable in identifying the number and percentage of children experiencing difficulty in each of the problem areas. Critical problem areas can be targeted for both group based prevention programming for those at risk and remedial interventions for those who have become affected by the problem.

Gathering Screening Data from the Teacher's Point of View

The triage process can be significantly aided by gathering collateral information from teachers. The School Mental Health Teacher Referral Form (see Appendix C) may be used to encourage teachers to provide collateral information about their students' mental health status. Because this form is brief and logically organized, teachers can quickly and efficiently supply valuable classroom-based observations about each of the ten screening areas and indicate whether a mental health problem is suspected (+), whether the student appears to be doing well (--), or whether the student's mental health status is unclear (?). A space at the bottom of the form is provided for teachers to suggest counseling services they believe might be helpful. This Teacher Referral Form could also be integrated in the Response to Intervention (RTI) process, providing data on student behaviors and identifying interventions to utilize with the students.

Adapting the Screening Tool

Counselors must be sensitive to the populations that they serve. The generic tool for conducting screening interviews (Appendix A) and its associated screening tools, the summary sheet (Appendix B), and the teacher referral form (Appendix C) can easily be adapted to suit the age range of the students being screened and the local circumstances within the school and community. For example, if one were screening grades 1 through 3, one might reword the substance use and health status questions to be more consistent with their developmental level. Similarly, adaptations may be needed depending on the racial, cultural, and social class composition of the school. If, for example, the students to be screened come from an environment where they face known dangers (e.g., crossing dangerous streets, encountering predatory street people, chronic poverty) specific questions about those dangers and impoverishments might be added to the stressor section of the interview.

A Note on Confidentiality of Screening and Referral Records

School counselors who engage in mental health screening and triage must keep issues of confidentiality in mind. While the Family Educational Rights and Privacy Act (FERPA) gives parents and students over the age of 18 the right to inspect educational records and to control their dissemination to others, school counselors' case notes should be maintained separate from the educational record. These notes, which are to serve as memory aids for the counselor, are considered "sole possession records" and may be shielded from parental inspection. However, since the counselor may want to share the results from the School Mental Health Interview Form either in individual record format or as a cross-sectional report to other counselors, either verbally or in written format, as part of the triage process, this information may not qualify as sole possession records which may be kept confidential from parents (Cobia & Henderson, 2007; Fischer & Sorenson, 1996). Further, because the School Mental Health Teacher Referral Form is completed by a teacher, it cannot be considered to be protected information under the "sole possession records" provisions of FERPA. School counselors also need to establish a plan detailing secure storage for completed forms, limiting access to the forms by others, and establishing a reasonable time line for purging those records, as outlined in the ASCA Ethical Standards.

Conclusion

School counselors have been called to respond to the changing needs of students for the past decades. Today, children and youth face unprecedented challenges—violence in schools, economic instability, and global destabilization. In response, ASCA has set national standards for comprehensive school counseling programs which call for promoting academic achievement, career development, and social/emotional well-being for all students. Early identification of mental health needs of school students and identification of those at risk for the development or exacerbation of mental health problems is the first and most important step in the prevention of more chronic and debilitating social/emotional impairment. The assessment tools introduced in this article can facilitate thorough yet efficient fulfillment of the school counselor's responsibilities.

A paramount concern for many school counselors is maximizing the value of the work they can accomplish in the minimal amount of time allotted in the school day for the counseling process. The triage screening approach permits the school counselor to cover the most frequently observed personal and environmental problem areas encountered by children and adolescents in the span of 15-20 minutes, a time frame which means less class interruption for the teacher and less instructional time missed for the student. The uncomplicated, straightforward nature of the structured assessment facilitates rapid mastery of the method by the counselor. The relatively informal phrasing of the questions seeks to build rapport with the student and encourage disclosure. Additionally, the assessment tool encourages consistency in the dialogue with students thus minimizing problems of reliability and equivalency that sometimes occur when multiple counselors attempt to screen a large group of students. Moreover, the uniformity of the assessment lends support to the counselor when the counselor's personal energy may be waning. Further, the structured straightforwardness of the assessment tools may aid in clarifying the assessment process for administrators, teachers, and staff, and demystifying the counseling process for the student body as they become more accustomed to what occurs when one meets with the counselor. Finally, it can be easily adapted to fit special needs and local conditions.

In essence, the triage screening model provides school counselors an easy-to-use, time efficient assessment tool to enable them to get acquainted with students in a timely fashion and to screen large groups of students to determine their mental health needs. With tools such as these, school counselors can address the school mental health problems now alarmingly on the increase (NIMH, 2003b; Clark, et al. 2003). By engaging in systematic mental health screening, school counselors can efficiently and effectively demonstrate their ethical commitment to a core value of school counseling: No Child Shall Be Overlooked.

References

- American School Counselor Association. (2003). *The ASCA national model: A framework for school counseling programs*. Alexandria, VA.
- Bailey, A. (2000). A primer on school-based mental health practice: Lessons from the literature. *Smith College Studies in Social Work, 70*, 239-254.
- Baruch, G. (2001). Mental health services in the schools: The challenge of locating a psychotherapy service for troubled adolescent pupils in mainstream. *Journal of Adolescence, 24*, 549-570.
- Clarke, M., Coombs, C., & Walton, L. (2003). School based early identification and intervention service for adolescents: A psychology and school nurse partnership model. *Child and Adolescent Mental Health, 8*(1), 34-39.
- Cobia, D. C., & Henderson, D. A. (2007). *Developing an effective and accountable school counseling program* (2nd ed.). NY: Pearson.
- Couse, A. M., & Srebnik, D. (2003). Before treatment: Adolescent mental health help-seeking. *The Prevention Researcher, 10*(4), 6-9.
- Fischer, L., & Sorenson, G. P. (1996). *School law for counselors, psychologists, and social workers* (3rd. ed.). White Plains, NY: Longman.
- Forness, S. R. (2003). Barriers to evidence-based treatment: Developmental psychopathology and the interdisciplinary disconnect in school mental health practice. *Journal of School Psychology, 41*, 61-67.
- Keys, S. G., Bemak, F., & Lockhart, E. J. (1998). Transforming school counseling to serve the mental health needs of at-risk youth. *Journal of Counseling and Development, 76*, 381-388.
- Lockhart, E. J., & Keys, S. G. (1998). The mental health counseling role of school counselors. *Professional School Counseling, 1*, 3-6.
- McMahon, M. M. (2003). Ed triage: Is a five-level triage system best? *American Journal of Nursing, 103*(3), 61-63.
- Morse, W. (2003). Working with troubled youth in schools: A guide for all school staff. *American Journal of Orthopsychiatry, 73*, 463.
- Nabors, L. A., & Prodent. (2002). Evaluation of outcomes for adolescents receiving school-based mental health services. *Children's services: Social policy, research, and practice, 5*, 105-112.
- National Institute of Mental Health. (2003a). Depression in children and adolescents: A fact sheet for physicians. Retrieved December 6, 2003, from <http://www.nimh.nih.gov/publicat/depchildresfact.cmf>
- National Institute of Mental Health. (2003b). Epidemiology of mental illness. Retrieved December 6, 2003, from http://www.surgeongeneral.gov/library/mentalhealth/chapter2/sec2_1.html
- National Institute of Mental Health. (2003c). Overview of mental disorders in children. Retrieved December 6, 2003, from <http://www.surgeongeneral.gov/library/mentalhealth/chapter3/sec3.html>
- Rose, C., & Jagim, M. (2003). Psychiatric triage RNs in the ER: A role that promotes patient safety and reduces bedlam in the ER. *American Journal of Nursing, 103*(9), 101-105.
- Roth, A., & Fonagy, P. (1996). *What works for whom? A critical review of psychotherapy research*. New York, NY: The Guilford Press.
- Tashman, N. A., Weist, M. D., Acosta, O., Bickham, L., Grady, M., Nabors, L., & Waxman, R. (2000). Toward the integration of prevention research and expanded school mental health programs. *Children's services: Social policy, research, and practice, 3*, 97-115.
- Weist, M. D. (2003). Challenges and opportunities in moving toward a public health approach in school mental health. *Journal of School Psychology, 41*, 77-82.
- Weist, M. D., Lowie, J. A., Flaherty, L. T., & Pruitt, D. (2001). Collaboration among the education, mental health, and public health systems to promote youth mental health. *Psychiatric Services, 52*, 1348-1351.

Appendix A

School Mental Health Screening Record						
Student:	Sex:	Ethnicity:	Age:	Grade:	Counselor:	Date:
Question	Observations	Code	Credibility	Action Needed		
General Information <ul style="list-style-type: none"> What kinds of things are you involved in here at school? ...out of school? 		+ / -- / ?	C / NC	A / NA		
School Engagement <ul style="list-style-type: none"> How are you adjusting to (fitting in with) this school's way of doing things? Have you had any problems in school (subjects, teachers)? 		+ / -- / ?	C / NC	A / NA		
Lifestyle Balance <ul style="list-style-type: none"> How are you doing in school this quarter (class, tests, homework)? How balanced is your life outside of class (too much work, social life)? 		+ / -- / ?	C / NC	A / NA		
Stressors <ul style="list-style-type: none"> Has anything really upsetting happened in the last couple of months? 		+ / -- / ?	C / NC	A / NA		
Mood <ul style="list-style-type: none"> How have you been feeling in the last couple of weeks? Has your mood been a problem for you (Are you depressed?) Have you gone through a time where you were sad all year? Have you been bothered by thoughts of harming your self or others? 		+ / -- / ?	C / NC	A / NA		
Anxiety <ul style="list-style-type: none"> Do you worry about things? Is there anything you are scared about (special fears)? 		+ / -- / ?	C / NC	A / NA		

Appendix A, cont.

<ul style="list-style-type: none"> • Are you uncomfortable in social situations? ... painfully uncomfortable? 				
<p>Sleep</p> <ul style="list-style-type: none"> • How have you been sleeping lately (too little, enough, too much)? • Have you had trouble getting to sleep? • Have you had trouble waking up too early and not being able to get back to sleep? 		+ / - / ?	C / NC	A / NA
<p>Eating</p> <ul style="list-style-type: none"> • How have you been eating lately (too little, enough, too much)? • Have you ever thought you were overweight? ... underweight? 		+ / - / ?	C / NC	A / NA
<p>Impulse Control, ADHD</p> <ul style="list-style-type: none"> • Is there anything you do that seems to get you into trouble? • Do you have a hard time paying attention or sitting still in class? • Do you make decisions or do things on impulse that you later regret? 		+ / - / ?	C / NC	A / NA
<p>Drug Use</p> <ul style="list-style-type: none"> • Have you ever tried an alcoholic drink or taken a drug that you had not gotten from a doctor? • Do you ever wonder whether your use of alcohol or drugs is getting out of hand? 		+ / - / ?	C / NC	A / NA
<p>Health</p> <ul style="list-style-type: none"> • In general, how would you say your health is? • Have you had a lot of unexplained illnesses? • Can you get medical attention if you think you need it? 		+ / - / ?	C / NC	A / NA
<p>Summary Notes:</p>		+	C	A
<p>Recording Code</p> <p>[+] problem noted [-] no problem noted [?] reassess</p>		-	NC	NA
<p>Credibility</p> <p>[C] credible [NC] not credible [?] reassess</p>				
<p>Action Needed</p> <p>[A] action needed [NA] no action needed</p>				

Appendix B

School Mental Health Screening Interview Summary												
School:	Class:											Date:
Student	Engage-ment	Balance	Stress	Mood	Anxiety	Sleep	Eating	Impulse Control	Drug Use	Health	Credi-tality	Action Needed
	+ / - / ?	+ / - / ?	+ / - / ?	+ / - / ?	+ / - / ?	+ / - / ?	+ / - / ?	+ / - / ?	+ / - / ?	+ / - / ?	C / NC	A / NA
Summary (Count incidence of each code)	+	+	+	+	+	+	+	+	+	+	C	A
	--	--	--	--	--	--	--	--	--	--	NC	NA
Recording Code	?	?	?	?	?	?	?	?	?	?		
	<u>Screening Area</u>			<u>Credibility</u>			<u>Action Needed</u>					
	[+] problem noted			[C] credible			[A] action needed					
	[-] no problem noted			[NC] not credible			[NA] no action needed					
	[?] reassess											

Appendix C

School Mental Health Screening Teacher Referral Form					
Student:	Sex:	Ethnicity:	Age:	Grade:	Counselor:
Question	Observations	Code*	Date:		
<p>School Engagement</p> <p>Does the student have problems with fitting in, adjusting to school rules, getting along with teachers? ... problems with making friends, staying out of conflict with other students?</p> <p>Does the student have problems with certain school subjects?</p>		+ / -- / ?			
<p>Lifestyle Balance</p> <p>Does the student have problems with lifestyle balance (excessive attention to school work, excessive involvement in sports or hobbies, excessive social life)?</p>		+ / -- / ?			
<p>Stressors</p> <p>Has the student experienced unusually difficult stressors (death in family, being shunned or bullied, sudden loss of important support or resources)?</p>		+ / -- / ?			
<p>Mood</p> <p>Does the student have a persistent, negative or excited mood (e.g., depressed, sad, irritable, angry, euphoric, giddy, silly, arrogant)?</p>		+ / -- / ?			
<p>Anxiety</p> <p>Does the student have persistent shyness, anxiety, or fear?</p> <p>Does the student avoid doing things most students of the same developmental level would do?</p>		+ / -- / ?			

Appendix C, cont.

<p>Sleep</p> <p>Does the student have persistent problems with having low energy (drowsy, listless, tired)?</p>	<p>+ / -- / ?</p>
<p>Eating</p> <p>Does the student seem to be a good weight for his/her height (overweight, underweight)? Has the student shown any remarkable change in weight recently?</p>	<p>+ / -- / ?</p>
<p>Impulse Control, ADHD</p> <p>Does the student have problems controlling impulses or problems attending and concentrating on tasks, classroom activities, or assignments?</p>	<p>+ / -- / ?</p>
<p>Drug Use</p> <p>Do you suspect that the student may be involved in use or abuse of or dependence on alcohol or psychoactive drugs?</p>	<p>+ / -- / ?</p>
<p>Health</p> <p>Does the student have problems with physical health (coming to school sick, missing school because of illness, chronic illness, handicapping condition)?</p>	<p>+ / -- / ?</p>
<p>Services Suggested/Requested:</p>	
<p>*Code: [+] student at risk for or has problem; [-] student appears to be doing well; no serious problem; [?] unclear whether student has problem</p>	

Michigan Journal of Counseling: Research, Theory and Practice
is published twice annually by the
Michigan Counseling Association

All articles are subject to editorial review.

Publication layout and design services provided by

GCSI Association Services

120 N. Washington Sq., Suite 110A

Lansing, MI 48933

517.371.2223

