A Qualitative Examination of School Counselors' Training to Recognize

and Respond to Adolescent Mental Health Issues

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Abstract

Given the prevalence of adolescent mental health issues and the impact they have on adolescent development and school success, school counselors are challenged to provide appropriate prevention and intervention services. Yet the sufficiency of school counselor training for these challenges is unclear. Qualitative procedures were used to examine eight secondary school counselors' preparation to recognize and respond to adolescent mental health issues. Results indicate beneficial aspects of training occurred prior to, during, and after their graduate counseling program. Training deficits and impediments were also identified. Implications for counselor educators, school counseling students, and school counseling supervisors are discussed.

Keywords: Adolescent, Mental Health, School Counseling, Counselor Education

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and Respond to Adolescent Mental Health Issues

School counselors are confronted by a challenging scenario. An increasing number of adolescents are struggling with mental health issues while communities are grappling with the insufficient availability of affordable mental health care (Dollarhide, Saginak, & Urofsky, 2008; Erford, Newsome, & Rock, 2007; National Assembly on School-Based Health Care [NASBHC], 2009). One-sixth or more of the youth in the United States experience mental health issues such as depression, self-injurious behavior, substance abuse, and anxiety (Sink, 2011; NASBHC, 2009) and approximately one in ten are dealing with serious emotional disturbances. Nearly half of these students are dropping out of school (Kaffenberger & Seligman, 2007; Stoep, Weiss, Saldanha, Cheney, & Cohen, 2003; Teich, Buck, Graver, Schroeder, & Zheng, 2003). Additionally, adolescents affected by mental health issues often manifest concurrent academic and behavioral difficulties that compromise their educational and career success and can lead to school safety issues (American School Counselor Association, 2009a; Roeser, Eccles, & Strobel, 1998; Stone & Dahir, 2006). Yet only 20% of these adolescents are receiving mental health services to address these issues (Erford et al., 2007).

A growing chorus of voices in the professional literature posits that schools are primary settings for addressing adolescent mental health issues (Brown, Dahlbeck, & Sparkman-Barnes, 2006; Center for School Mental Health [CSMH], 2009; Erk, 2008; NASBHC, 2009; U.S. Department of Health and Human Services [USDHHS], 1999). The President's New Freedom Commission on Mental Health concluded "schools

should fully recognize and address the mental health needs of youth in the education system" (2003, p. 4). Yet the system for delivering mental health services to students is a fragmented patchwork and only a small percentage of the students receive services (Teich et al., 2003). Even though schools are often the first place where student mental health issues are recognized and addressed (Froeschle & Meyers, 2004), school counselors sometimes question whether or how they should intervene and they also may face resistance and obstacles when they do try to provide appropriate services (Adelman & Taylor, 2007; Auger, 2011; Brown et al., 2006; NASBHC, 2009). Despite promising outcome data on academic and behavioral indicators for adolescents receiving mental health services in schools, students often do not receive the services they need (CSMH, 2009; Weist, Evans, & Lever, 2007).

School Counselors and Student Mental Health

A crucial component of a professional school counselor's role is to alleviate obstacles that prevent students from academic achievement (ASCA, 2012b). Being knowledgeable about the terminology, symptoms, medications, legislation and policies, and systemic barriers to accessing mental health services is a vital element of school counselors' capacity to promote student success (Auger, 2011; Dollarhide et al., 2008; Erford et al., 2007; Kaffenberger & Seligman, 2007). The American School Counselor Association (ASCA) urges school counselors to regularly engage in professional development regarding student mental health issues in order to "recognize and respond to student mental health crises and needs" (ASCA, 2009b).Yet some question whether school counselors are doing enough to meet the complex needs of children who are at risk and also whether the training school counselors receive adequately prepares them

for this essential role (Foster, Rollefson, Doksum, Noonan, Robinson, & Teich, 2005; Kutash, Duchnowski, & Lynn, 2006; Perusse & Goodnough, 2005; Roberts-Dobie & Donatelle, 2007; Scarborough, 2005; Sink, 2011; Walley, Grothaus, & Craigen, 2009). This study sought to examine, discover, and illustrate how school counselors are trained to recognize and respond to student mental health issues. Qualitative design was used to achieve a rich and deep understanding of the participants' perspectives about their experiences in their training.

Method

Participants and Data Collection Procedures

Participants were recruited through an electronic letter sent to counselor educators at universities in a southeastern state. The purposeful sampling criteria for participant selection included (a) having graduated from a CACREP counselor education program within the last twelve months and (b) being currently employed as a school counselor in a middle school or high school. School counseling graduates of CACREP programs were specified due to the consistency of the accreditation standards, including at least 700 hours of field experience, and the similar course requirements. In addition, recent school counseling graduates were specified to minimize the influence of post graduate experience. Finally, middle and high school counselors were sought because it is during adolescence that individuals are at greater risk than any other stage for school failure, violent behavior, and social and emotional difficulties (Wolfe & Mash, 2006).

The study sample consisted of 8 female secondary school counselor graduates from three counselor education preparation programs. Five identified themselves as

European-American, two were African-American, and one was Latina-American. The average age of the participants was 32 years old; the age range was 25-42 years old. Participant's range of experience either working with children and adolescents and/or working in mental health before entering their graduate training program was 0-15 years. Each participant's master's program required three school counseling courses, including a course pertaining to counseling and development of children and adolescents, and one course covering testing and assessment. Two participants took two elective courses related to counseling and development of children and adolescents in addition to the required courses and one participant indicated that she took an elective course covering diagnosis and treatment.

Participants were interviewed twice individually and also responded to two reflection questions via e-mail after the second interview (Appendix A). The interview sessions lasted approximately 30-60 minutes and were audio taped and transcribed for the purpose of data analysis.

Data Analysis

Each interview was audio recorded and transcribed verbatim by the first author. The research team of two doctoral students initially met for training regarding the analysis procedures with the first author. The process consisted of analyzing, categorizing, and interpreting information derived from transcripts until no new information emerged (Creswell, 2008). In order to identify themes from each round of interviews, open, axial, and selective coding were utilized after each interview. Open coding involved reading and re-reading the transcripts in order to separate and organize

the data into discrete parts that were identified, labeled, and categorized into themes. Quotes that highlighted the thematic response to the research question were selected.

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

Several verification standards were employed to enhance the trustworthiness of the data (Creswell, 2008; Strauss & Corbin, 2008). Specifically, triangulation, member checks, and peer debriefing were all utilized to support the credibility and transferability of the findings. The triangulation methods used involved audio recorded hour long semi-structured interviews, consensus coding, document reviews, and follow up interviews, and reflective questions. Member checks allowed the primary researcher to verify findings by allowing participant to review transcripts and final analysis. Lastly, peer debriefing involved an neutral peer who was trained in qualitative research to inspect the transcripts, final report and general methodology in order to give feedback to enhance credibility and ensure validity. In order to ensure dependability, an audit trail was maintained. Through the use of field notes, transcripts, records of communication with participants and team members, and records of emerging themes and influences upon data collection and analysis were examined by an external auditor, a counselor

educator not connected with the study (Lincoln & Guba, 1985). The external auditor examined both the procedure and artifacts of the research study in order to evaluate the thoroughness and appraise whether or not the findings, analyses and suppositions were supported by the data. By immersing ourselves in the data, using the participants own voices, and triangulation of the data, we hoped to establish findings that were trustworthy.

Results

When discussing their training to recognize and respond to adolescent mental health issues, the participants discussed their experience, knowledge, and issues in terms of their pre-graduate training, graduate training, and post-graduate training. Each category included descriptive properties that provided depth to more fully describe the school counselors' training in this area.

Pre-Graduate Training

All of the participants discussed gaining knowledge about recognizing and responding to adolescent mental health issues during their work/volunteer experiences and/or undergraduate studies before entering their graduate counseling training program. Two properties, education and experience, emerged as a result of the data analysis.

Education. Seven participants discussed the importance of their undergraduate degree program for their training in recognizing and responding to adolescent mental health issues. Several benefits were identified, particularly the coursework content covering child and adolescent development, families, and available resources. Participant 002 stated "Just having the background in the child psychology and the child

psychopathology gave me, and abnormal psychology, just gave me more of an understanding of typical, you know, psychological disorders, or typical you know, just clinical issues that may come up with children and adolescents, where I don't know if I hadn't had that background in my undergrad work, I'm not sure that I would know as much as I do now, not that I know everything, but you know, I don't think I would know as much as I do now about typical disorders of childhood and adolescence." Examples of courses considered beneficial were abnormal psychology, family and law, and child psychopathology. Three of the participants had an undergraduate major in psychology, two majored in human services with a psychology minor, one had sociology major, one studied special education, and one had majored in residential leisure.

Work and/or Volunteer Experience. The work and/or volunteer experiences that six of the participants obtained before their graduate degree program was identified as important aspect of preparation for dealing with adolescent mental health issues. These participants had "hands on" experience working with adolescents to resolve problems. These encounters not only helped these participants relate and understand adolescents, it also helped them become aware of the challenges that some adolescents experience. Participant 008 stated "the only thing that kind of saved me is because I was a special ed teacher and that kind of helped me... having that background with mental health".

Graduate Training

The second category that emerged from the data was the effects of graduate school training on the participants' ability to recognize and respond to adolescents' mental health issues. Based upon the participants' responses, the category "graduate

training," was divided into two sub-categories labeled benefits and deficits. All of the participants identified benefits of their graduate training experience for gaining knowledge about adolescent mental health via coursework and experiential leaning opportunities. Five of the participants also identified the limited coverage of adolescent mental health issues in their coursework as a deficit that limited their knowledge about adolescent mental health issues.

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

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

Learning regarding adolescent mental health issues in the graduate program included interactions with peers, faculty, and field experiences, such as internship and practicum. Participant 005 stated, "During my internship, it was an eye opener the different needs that the students had. On the high school level it was more... these students came in for some actual counseling or with some issues that they had, personal issues." Participant 006 echoed these thoughts and added the dimension of learning from peers "my practicum experience, the internship experience… just some of the things I would see in the school, talking with my supervisor, talking with other students about this, I think that would probably be I guess the class that gave me the most information… I think that really being kind of in the trenches was where I learned the most. I worked with so many students who were, you know, diagnosed as being bipolar or there were students were diagnosed as Asperger's or things like that." The internship and practicum experiences provided an opportunity for the participants to perform, under supervision, a variety of counseling activities that involved recognizing or responding to adolescent mental health issues.

Four participants revealed obtaining benefits from self-initiated learning involving educational experiences that they arranged or participated in on their own during their graduate program, such as attending workshops or conferences and/or doing additional research or reading. Accessing additional training and professional development to obtain experience and knowledge was illustrated by participant 006 who shared "I think that my professional organization and going to conferences and things like that, I think that a lot of that I got from my training as well. When I was working with a student who

might have… bipolar, I did my research because I didn't really feel like I did know a lot about mental illness or anything like that. So I did my own books and goals."

Limited Content. While all of the participants in this study stated that there were courses that contributed to their ability to recognize and respond to adolescent mental health issues, five of the participants also revealed that there was limited content regarding mental health issues for adolescents. A representative comment illustrating this perceived deficit in course content during graduate training was made by participant 003, "training at the graduate level was more…preparing for the basics…but none of them [courses] really focused on mental health…" Participant 006 shared "….As I think back to my classes, I really don't know that any of my courses actually prepared me to recognize and respond to mental health issues."

Post-Graduate Training

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

Experiential Learning. Five participants indicated that the experiential learning they obtained working as a professional school counselor was a benefit in their training process to recognize and respond to adolescent mental health issues. These participants indicated that they learned from on the job experiences and/or self-initiated learning. For two of the participants, learning from educational opportunities associated with their job included components such as peer mentoring, illustrated by the following

comment from participant 008, "…It's actually on-the-job training. I don't have a lot of materials. Because if I go to the seasoned counselors, they are more familiar and they know." In addition, self-initiated learning once again involved attending workshops and conferences and research and reading on their own in order to enhance their competence addressing adolescent mental health issues. Participant 002 stated "…In order to feel comfortable, I bought the book and I started reading and just did a little extra research…and I continue to do that now. If there's something I don't feel that I know enough about to work with somebody, or to really help them with, I do more research absolutely. So, I still – you know, read and look into it. You know. Try to learn as much as I can…"

Impediments. Six of the participants shared that there were impediments in their post-graduate training process that hindered their ability to recognize and respond to adolescent mental health issues. The data produced two properties for this category: roles/expectations and policies/procedures. Three of the participants identified administrators and other school stakeholders perceptions of school counselor roles and their subsequent expectations interfered with their training process. In addition, three of the participants stated that policies and procedures deterred their ability to recognize and respond to adolescent mental health issues. Participant 002 stated "…. I mean we don't have the time. Our caseloads are far too big for us to be able to do an hour long session on a weekly basis. We need to be able to recognize something that could that maybe we need to refer out to someone else." Participant 001 shared an additional policy/procedure that was perceived as an impediment "we can't suggest or tell people that they need to get psychiatric help... Only twice have I had to refer and actually tell

the parents that they have to go for psychiatric treatment before returning to school. That's the thing, I have to get OK'd from the principal before I told the parent".

Discussion

Although several researchers have examined school counselors' knowledge about various specific mental health issues (Bardick et al., 2004; Burrow-Sanchez, Dahlbeck, & Sparkman-Barnes., 2008; Carney & Cobia, 2003; Herbert, Crittenden, & Dalrymple, 2004; Roberts-Dobie & Donatelle, 2007; Schwiebert, Sealander, & Dennison, 2002) extant literature concerning professional school counselors' perceptions about their training to recognize and respond to adolescent mental health issues appears to be scant.

One of the themes that emerged from this study highlighted the importance of undergraduate studies and work/volunteer experience for enhancing new school counselors' ability to address adolescent mental health issue. In fact, these experiences influenced the majority of the participants' decision to enter the counseling field.

Findings in this study support what research has found regarding the importance professional development and self-initiated learning to strengthen skills to handle new challenges and new situations (ASCA, 2005; Clark & Horton-Parker, 2002; Gysbers & Henderson, 2006). The findings illustrate pathways, during and after graduate school, in which school counselors' training to recognize and respond to mental health issues is developed. In addition, participants indicated that educational coursework coverage tended to be limited and basic and that they wished for additional content in mental health issues to meet the needs of secondary school students. However, experiential activities are a valuable experience in filling the void of mental health knowledge. The

participants recognized that it would be highly unlikely that graduate training could expose and prepare students for all the situations they will encounter. They also noted that additional school specific knowledge about recognizing and responding to adolescent mental health issues have been learned on the job. They have learned from others (e.g., peer mentors), attending workshops and conferences, and reading/researching on their own. The impediments these participants identified echoed what previous literature has posited, namely that policy/procedures and roles/expectations have sometimes functioned as an impediment to their training and ability to address adolescent mental health issues (Erford et al. 2007).

Implications

With the array of mental health issues present in today's schools, schools counselors must be able to recognize and response to adolescent mental health issue to advocate and support all students effectively. Implications for counselor education, school counseling students, and school counseling supervisors are presented to demonstrate how these groups can benefit from this exploratory research.

Counselor Education

Counselor education programs are just one aspect of school counselors' training to increase their ability to recognize and respond to adolescent mental health issues. The findings in this study illuminated the importance of undergraduate coursework content related to topics such as children, development, and abnormal psychology. In addition, prior work/volunteer experience in education, social services, or with children/adolescents was also found to be meaningful to the training of mental health issues of adolescents. Counselor education programs should consider the benefits of

prior experience for counselor development and give this factor due weight in the admissions process by favoring applicants with related work/volunteer experience as well as related undergraduate majors.

Graduate training (coursework and fieldwork) were revealed to be a significant aspect in the findings. As previously stated, participants wanted more coursework related to adolescent mental health issues to increase their skills because their training was limited or basic. Therefore, counselor education programs can integrate mental health topics throughout graduate program such as discussing the developmental considerations of various mental health issues (life stage development), applying evidence based approaches to mental health issues (counseling theory/techniques), or understanding the needs and structure of facilitating a mental health group (group counseling).

Another aspect of graduate training that was touted by the participants was their fieldwork experience. Therefore, fieldwork experience (e.g., immersion experiences and/or service learning integrated into content classes; practicum/internship) is another area in which adolescent mental health issues can be included. Thus, expanding the amount of supervised field work throughout the graduate program appears to merit consideration. It would also appear to be profitable to offer training which addresses cultural and environmental influences on adolescent mental health, along with methods for advocating and collaborating with school and community stakeholders to ameliorate conditions that exacerbate mental health issues. Although counselor education programs offer opportunities to increase training regarding adolescent mental health issues, the responsibilities is not theirs alone.

School Counseling Students

Students entering a counselor education program expect to graduate having obtained the skills and content knowledge necessary to work effectively as a professional school counselor. School counseling students would benefit from increasing their skill regarding to recognizing and responding to adolescent mental health issues. However, due to the limited nature of graduate training, as suggested by the findings, school counseling students must take an active role in their own training regarding recognizing and responding to adolescent mental health issues. Based upon the participants' experiences, taking elective classes in mental health, reading the professional literature on various topics related to children and mental health, and familiarizing oneself with common adolescent mental health issues all appear to be beneficial in enhancing school counselors' awareness of the subtle mental health clues that students often present. Seeking mentoring and as much supervised practical experience as is feasible in this area is also recommended.

School Counseling Supervisors

Counseling supervisors should know that school counseling students may not be sufficiently prepared to recognize and respond to adolescent mental health issues. This means that on-site and/or university supervisors may need to provide training during practicum/internship if they expect counseling students to be competent to address the needs of all students. According to Baird (2002), supervisors determine what should happen in supervision based upon what they know best. Therefore, in order for the supervisors to train and guide the supervisee regarding adolescent mental health

issues, they too must have the knowledge and skills necessary to recognize and respond to adolescent mental health issues to model behavior.

Because internship and practicum experiences provide an opportunity for students to perform under supervision, a variety of counseling activities can be implemented by the supervisor to enhance the students' awareness and skill regarding recognizing and responding to adolescent mental health issues. Supervisors can utilize a didactic and/or interactive approach, perhaps by employing case discussions to assist students in understanding common issues, diagnostic tools, and developmental/culturally appropriate evidence based interventions to integrate mental health topics into the fieldwork experience.

School counseling supervisors must also engage in professional development to learn appropriate behaviors to model for their supervisees. Professional development is a crucial component to maintaining and staying current on a wide-range of skills in the counseling profession. According to the participants, it is essential to stay up to date regarding recognizing and responding to adolescent mental health issues, especially since only the basics are covered in graduate training. Supervisors who participate in professional development around the topic of mental health can be stronger resources for school counseling students.

By training within one's own working environment, school counselors can use the available tools and resources needed to carry out their specific role to recognize and respond to adolescent mental health issues. As school counselors lead the efforts to prevent and respond to adolescent mental health issues by educating students, teachers/administrators, parents/guardians, and the community stakeholders about

warning signs, resources, and strategies to assist students dealing with mental health concerns, their skills increase. In addition, school counselors can engage in advocacy via collaboration with school and community partners to work for systemic change in schools and communities to ensure equitable policies and access to needed mental health resources (ASCA, 2012a). Since school counselor responsibilities often include multiple non-counseling roles and duties (which may interfere with their ability to assist students with various mental health issues)advocacy for enhancing the roles, responsibilities, and time needed to effectively engage in prevention efforts and to address students' current mental health issues is advised (Stone & Dahir, 2006).

Limitations and Future Research

Limitations related to researcher bias were mitigated by the use of consensus coding, member checks, a reflexive journal, and extensive discussions with an external auditor. Selection of participations was limited to those who graduated from CACREP-accredited counselor education programs within one southeastern state. The sample size was small and may not be representative of the larger population of school counselors from CACREP-accredited program across the United States. In addition, while the sampling population was diverse in many ways, there were no males included in the sample. All of these factors can be limits on the transferability of the findings from this study. Also, a richer or different conceptualization of the three themes/categories found in this study may have resulted if professional school counselors with a wider range of years on the job were assessed.

Further qualitative studies could expand upon this study by including school counselors in different regions of the U.S., including elementary school counselors, and

choosing school counselors who have more years of professional experience. Future research could also identify school counselors who successfully recognize and respond to children and adolescent mental health issues and develop a model of how these professional school counselors obtained the training needed to be successful in this area. Examining successful collaborations between school counselors and community mental health providers could be of value to the school counseling field (Walley, 2009). Additional research addressing ways to infuse culturally alert practices into prevention and response efforts with adolescent mental health issues would be welcome, as would research examining ways professional school counselors could assist in alleviating the environmental factors which cause or contribute to mental health issues in students (Cholewa & West-Olatunji, 2008; Grothaus, McAuliffe, Danner, & Doyle, 2012). A checklist of needed skills or an instrument to measure competence in this area might be developed. Either of these could assist with identifying areas of relative strength and aspects which deserve more training.

Conclusion

Findings in this study suggest that school counselors' training to recognize and respond to adolescent mental health issues is based upon various educational and work experiences. Even in the face of limited coverage in graduate training programs and obstacles imbued in daily practice, school counselors have other opportunities to gain knowledge regarding adolescent mental health issues. Given the increasing number of adolescents affected by mental health issues and the deleterious effects these issues may have on students' academic success, school counselors are charged with sounding the call to heed the needs of these students and to remove barriers to learning

by effectively responding to student mental health needs. Because most adolescents spend a significant amount of time in school and given the troubling reality of limited accessibility of mental health resources in many communities, school counselors are situated to play a vital role in promoting mental healthiness and assisting with the amelioration of existing mental health issues. Although this is an arduous task and the path is littered with obstacles, the cost to our students and our society for our failure to attend to these needs is dire.

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Biographical Statements

Cynthia T. Walley is an assistant professor and coordinator of the school counseling specialty area in the Educational Foundations and Counseling Department at Hunter College. She received a Ph.D. in Counselor Education from Old Dominion University in 2009. Her interests include mental health counseling and school counseling in general, with a specialization in counseling children and adolescents. Dr. Walley has collaborated on research pertaining to adolescent mental health, advocacy, and counselor preparation.

Tim Grothaus is an associate professor and graduate program director of the counseling program at Old Dominion University. Prior to becoming a counselor educator, he worked for 20 years as a school counselor, teacher, therapist, supervisor, coordinator of a youth leadership development program, and youth minister. He is currently serving as the Associate Editor of *Professional School Counseling* and as the Virginia School Counselor Association's human rights/social justice co-chair. Previously, he served on the ASCA Position Statements Committee, as a RAMP Reviewer, and. as president of the Virginia School Counselor Association. His teaching and research interests include school counseling, multicultural counseling and social justice, and supervision.

Appendix A

Semi Structured Questions for Two Interviews and Reflection Questions

Initial interview

1. Describe for me your school counseling training.

2. Tell me what comes to mind when I mention adolescent mental health issues.

3. During your training, which content courses, if any, trained you to address adolescent mental health issues?

4. What were the major events or benchmarks in during your training that contributed to your level of readiness?

5. Who were the significant individuals in your counseling program that contributed to your training?

6. How were you involved in your training with respect to addressing adolescent mental health issues?

7. What, if any, were the positive aspects of your training?

8. What, if any, were the negative aspects of your training?

9. As you reflect on your training and you are now in your school counseling setting, what things do you think, if anything, were needed in your school counselor training?

10. What would you consider are the essential components for being able to address adolescent mental health issues?

11. What suggestions do you have for school counselor educators regarding training school counselors to work with adolescents?

Second Interview

1. Have you had any other thoughts about your training?

2. Tell me how you normally respond to students with a mental health issues?

3. As you think back, how complementary is your training to what you're doing now?

4. How important has your prior experience been to your training and current employment?

5. How much of your undergraduate experience do you use now at your setting?

6. Where did you get exposure to adolescent mental health issues and how to deal with them?

Reflection Questions

1. How has your view of the role of school counselors in recognizing and responding to adolescent mental health issues changed over time?

2. What advice would you give someone just entering a school counselor preparation program regarding recognizing and responding to adolescent mental health issues?