

**Experiences of School Counselors-in-Training in a  
School-Based Clinical Practicum**

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### **Abstract**

In this phenomenological study, ten school counselors-in-training were interviewed to explore their experiences at a school-based clinical practicum. Emergent themes included professional growth and development, collaboration and teamwork, knowledge gains, and preparation. Results of the study indicate that a school-based clinical practicum facilitates self-efficacy, provides unique collaborative experiences, and allows for an understanding of family and school systems mediated by on-site faculty supervision. Implications include curricular considerations for school counselor preparation and the value of school-based clinical practicum experiences for school counselors-in-training.

*Keywords:* school-based clinical practicum, school counselors-in-training, counselor preparation

## **Experiences of School Counselors-in-Training in a School-Based Clinical Practicum**

Standards of accreditation for counseling programs require that graduate programs include experiential components (e.g., practicum and internship) in their curriculum that allow counselors-in-training (CITs) to engage in professional practice where they apply theory and develop counseling skills (Council for the Accreditation of Counseling and Related Educational Programs [CACREP], 2016). Researchers and counselor educators have explored variations of practicum to identify ways to incorporate critical content (e.g., crisis and trauma; Greene et al., 2016) and enhance counseling skills through reflective approaches to supervision (Stinchfield et al., 2019). For school counselors-in-training (SCITs), Coker and Schrader (2004) posed a question that has yet to be fully answered: “What kind of practicum experience is the best preparation for internship?” (p. 264). Their survey of a small group of counselor educators indicated that opinions vary with some preferring practicum experiences that allow SCITs to complete their first counseling experience within a school, noting the benefits to their professional identity development (Coker & Schrader, 2004). Other counselor educators, however, advocated for a clinical practicum setting or some combination of experiences. In addition to considering whether practicum placements should be in schools or clinical settings, school counselor educators also weigh the value of field placements that allow SCITs to engage with students at multiple educational levels against the benefit of having a continuous field experience within one setting (Watkinson et al., 2018).

CACREP (2016) standards include the requirement of a minimum 100-hour practicum, but there is no stipulation regarding where that practicum must be completed. Hence, some SCITs complete a clinical practicum (typically in a university-based clinic with faculty supervision) or a traditional school practicum where SCITs are assigned to a school with a professional school counselor (PSC) as their field/site supervisor. A hybrid of these two approaches is a school-based clinical practicum where SCITs provide clinical counseling services to clients in a school under university faculty supervision (Belser et al., 2018; Cuccaro & Casey, 2007). In any of these cases, the key objective of practicum is to provide the context wherein SCITs engage in direct service to clients “that contributes to the development of counseling skills” (CACREP, 2016, p. 15).

Practicum experiences and supervision models have been proposed specifically for SCITs that consider their unique needs as they relate to the application of the American School Counselor Association’s (ASCA, 2019b) National Model as future school counselors (Coker & Schrader, 2004; Murphy & Kaffenberger, 2007). Coker & Schrader (2004) designed a collaborative field-based school counseling practicum that provided SCITs opportunities to consult with teachers and advocate for students as well as provide direct individual and group counseling services. Murphy & Kaffenberger (2007) developed a training model that guides supervision of SCITs to foster their growth within the ASCA framework for school counseling. Additionally, the ASCA School Counselor Professional Standards and Competencies (2019a) delineate standards that can be addressed in practicum (e.g., provide short-term counseling in group and individual settings) and internship (e.g., design and implement instruction in

large group and classroom settings) with appropriate scaffolding. However, few researchers have explored the experiences of SCITs during practicum or their perceptions of the learning experiences during practicum, whether it be clinic-based or school-based. The present study aims to address this gap in the literature by focusing on a school-based clinical practicum and providing insight into the lived experiences of SCITs who have completed this hybrid approach to practicum. The findings of this study can inform school counselor education in terms of programming for experiential coursework.

### **School Counselor Preparation During Practicum**

ASCA's (2019a) professional standards and competencies for school counselors provide some considerations for school counselor educators seeking to answer Coker and Schrader's (2004) question regarding practicum. The role of school counselor education programs is clearly stated in the standards and competencies as establishing "benchmarks for ensuring school counseling students graduate with the knowledge, skills, and attitudes needed to develop a school counseling program" (ASCA, 2019a, p. 1). Although they do not address practicum and internship specifically, the standards and competencies identify and describe school counselor behaviors necessary for the implementation of a school counseling program that addresses the academic, career, and social/emotional development of students. These behaviors can be conceptualized as outcomes for SCITs as they progress through the experiential portions of their school counselor preparation, with some behaviors being developmentally appropriate for SCITs in practicum as they prepare for internship (e.g., application of theories and

legal/ethical principles, understanding of cultural/social influences, and provision of individual and small-group counseling; ASCA, 2019a).

### **Benefits of Practicum**

The practicum experience gives CITs the opportunity to encounter clients of various backgrounds and apply the knowledge and skills acquired in the classroom. CITs benefit in multiple ways from practicum, which is likely their first experience as the helper in a therapeutic setting. DePue and Lambie (2014) found increases in empathic concern and skill development among CITs in a university-based practicum, substantiating the value of the requirement in counselor education curriculum. Additionally, Edwards and Patterson (2012) found positive affect increased among marriage and family therapy CITs over the course of practicum, and this positive affect seemed to be an outgrowth of increased competence. Although pre-practicum CITs may experience self-doubt and fear associated with practicum as a result of not knowing what to expect of the experience, the practicum itself can be moderately to very effective in improving and maintaining counselor self-efficacy (Ikonomopoulos et al., 2016; Woodside et al., 2007).

Like all CITs, SCITs benefit from experiences where they can strengthen their counseling skills, develop greater empathy, and gain a greater sense of self-efficacy. Yet, the number and uniqueness of the roles and responsibilities assumed by PSCs, who often serve in a key collaborative role with school personnel, parents/guardians, and families, necessitate additional learning and growth-producing experiences for SCITs as they matriculate through counselor education programs (Cholewa et al., 2020; Dollarhide & Miller, 2006; Kahn, 1999). In Smith and Koltz (2015), SCITs reported

having limited understanding of these roles and responsibilities prior to internship due to limited counseling experiences in school settings. Additionally, PSCs often work in isolation in schools where supervision is primarily administrative or programmatic rather than clinical (Perera-Diltz & Mason, 2012); hence, there is a need for clinical experiences and supervision during their training (Dollarhide & Miller, 2006) to address the social/emotional needs of students in schools (ASCA, 2015).

### **School-Based Practicum**

Given the value of practicum to the growth of CITs and the unique knowledge and skills needed by SCITs preparing to be PSCs, counselor educators have proposed and researched school-based practicums in school counseling programs. Using a combined approach where SCITs served school-based and university-based clientele, Coker and Schrader (2004) described experiences where SCITs could explore theories appropriate to youth in the school setting and work with teachers and parents. Although not an empirical investigation into the practicum, Coker and Schrader's (2004) summary of the experience noted that SCITs encountered "realistic counseling experiences" (p. 266) and expressed a preference for their experience at the school where they were able to counsel school-age clients. Similarly, Cuccaro and Casey (2007) evaluated a school-based practicum where SCITs delivered services while their university faculty supervisor was on-site and found that SCITs rated the experience as favorable. Specifically, SCITs rated the effectiveness of the experience in supporting their skill development as high in comparison to their peers at other sites.

Holcomb-McCoy and Johnston (2008) reported findings of a qualitative study of SCITs' experiences in an urban school-based practicum wherein SCITs explored

cultural differences and applied urban school counseling skills to address urban student issues. Participants in this study reported the difficulty of hearing about their clients' lives outside of school but noted that gaining an understanding of their clients' life challenges helped to further develop their skills. Participants also noted the challenges to collaboration in urban school environments. Given their focus on the experiences of white SCITs in a predominantly African American urban school setting, Holcomb-McCoy and Johnston's (2008) findings leave questions about the experiences of SCITs completing a school-based practicum in other communities.

Belser et al. (2018) provide some insight in this respect. Exploring the experiences of CITs in a school-based clinical practicum similar to the one currently under study, Belser et al. (2018) found that counselor identity developed as CITs gained experience working with children and assessing the needs of the community surrounding the school site. This study, however, focused broadly on the experiences of CITs without a particular emphasis on school counselor development. Hence, the extant research concerning school-based practicum provides some indication of its usefulness to the preparation of SCITs, yet critical gaps remain. More specifically, research is lacking regarding the practicum experiences of SCITs that provide meaningful learning opportunities that correlate with their future roles in addressing the social/emotional needs of students in schools (Kaffenberger & O'Rourke-Trigiani, 2013; National Institute of Mental Health [NIMH], 2016) and collaborating with parents, families, teachers, administrators, and other school personnel. To address this gap in the literature, the present study was conducted to explore the experiences of SCITs in a school-based clinical practicum.

## **Method**

The focus of this study was to better understand the lived experiences of master's level SCITs who completed a school-based clinical practicum. Therefore, we employed a phenomenological approach to this study (Creswell & Poth, 2018; Moustakas, 1994). The research question for this study was: What were the lived experiences of SCITs who provided services at a school-based clinical practicum site?

### **Procedures**

Prior to the recruitment of participants, approval from the university's institutional review board was received to conduct the investigation. The participants were recruited from past enrollment records of SCITs who completed a school-based clinical practicum at a large university in the southeastern United States. Contact with potential participants was made through university student email and word of mouth. Each participant completed a demographics survey and acknowledged informed consent to be in the study. The first author engaged in individual audio-recorded interviews with each participant. The interview protocol (see Appendix) included 13 questions that were developed by the authors regarding the SCITs' student-clients and families, the school setting, the participants' educational experiences, and their thoughts and feelings surrounding the entire experience. The interviews ranged in length from 13 to 37 minutes. Each recorded interview was transcribed verbatim, and the researchers conducted a thematic analysis with each interview.

### **Researcher Descriptions**

At the time of the study, the first and third authors were faculty members who had taught and supervised the participants during their school-based clinical practicum but

were not in regular contact with them during data collection. These two authors have a combined 13 years of experience as professional school counselors and have taught courses in the school counseling curriculum at the university of study for a combined 10 years. They both hold doctoral degrees in counselor education and supervision as well as additional licensure and supervision credentials. The second author served as a clinical mental health counseling instructor at the university with experience supervising the university's practicum in the on-campus clinic. The fourth author served as a school counselor for 8 years and was a doctoral student and graduate assistant for the school-based clinical practicum under study. All authors graduated from or were attending CACREP-accredited doctoral programs and received clinical supervisor training as a part of their doctoral training. Although only the first author participated in data collection, all four authors participated in the data analysis process.

## **Participants**

SCITs at the program under study had a choice between two practicum options: a university-based clinical option or a school-based clinical option. Both practicum experiences required at least 100 hours of combined direct and indirect services. Within the 100-hour requirement, SCITs were required to complete 40 hours of direct services, including a minimum of 10 group counseling hours. Participants in this study were chosen from among the SCITs who opted to complete the school-based clinical practicum. Additional participant inclusion criteria for this study included (a) being 18 years or older, (b) current enrollment in a master's level counselor education program (school counseling track), (c) successful completion of school-based clinical practicum

coursework at the time of recruitment, and (d) be willing to participate in an audio recorded interview.

In phenomenology, the sample size is dictated by the goal of saturation, rather than a specific number (Creswell & Poth, 2018). However, Polkinghorne (1989) suggested that researchers should have between five to 25 participants in their qualitative study who can speak to the shared phenomenon. More recent suggestions for qualitative sample sizes range between six and 12 participants noting that data saturation could be reached with this number (Creswell & Poth, 2018; Guest et al., 2006; Onwuegbuzie & Leech, 2007). At the time of this study, a total of 12 SCITs elected to be enrolled in the school-based clinical practicum, and those 12 were identified as potential participants. Although attempts were made to recruit all the SCITs who experienced the phenomenon of the school-based clinical practicum, two students declined to participate in this study. Therefore, the first author did audio recorded interviews with ten ( $N = 10$ ) participants. During the data analysis process described below, it was determined that further recruitment was unnecessary as the analysis reached the point where it yielded no new information (saturation) from the 10 participants' responses.

The age range of this sample was 23 to 34 years old ( $M = 26.9$  years), and all participants identified as female. In terms of race/ethnicity, six participants identified as White/European American, two identified as African American, and two identified as multi-racial/multi-ethnic. Participants did not receive compensation for their participation in this study. To maintain confidentiality, participant's names were removed from transcripts and replaced with initials prior to the analysis (Creswell & Poth, 2018).

## **School-Based Clinical Practicum**

The school-based clinical practicum occurred in one of three local public elementary schools, and services provided by the SCITs were supervised by university faculty as discussed above. SCITs completed the minimum number of hours required for practicum, with their direct contact hours consisting primarily of individual counseling and included parents/guardians and other family members when appropriate. In addition to direct contact with student-clients, the SCITs participated in teacher conferences, individual education program meetings, and school collaboration meetings with school personnel (i.e. school counselor, social worker, school psychologist, principal, and family liaison) as part of their indirect hours.

To support the SCITs in their understanding of family and systemic aspects of counseling and case conceptualization, course requirements included multiple assignments that engaged the SCITs in an exploration of family history, family, dynamics, and general systems theory. Specifically, the SCITs completed a genogram, family timeline, and family floor plan for their own families to learn the value of these tools and how to utilize them as future counselors. Furthermore, SCITs were required to participate in at least one school or community engagement activity to help them gain a better understanding of the family, school, and community contexts in which their student-clients lived. SCITs participated in weekly group supervision for one and half hours and triadic supervision for one hour with their faculty supervisors at each school site. Additionally, the same faculty supervisors provided live supervision during their counseling sessions utilizing bud-in-ear and video-monitoring technology.

The SCITs who participated in this study were assigned elementary school student-clients that were recruited from the three Title I elementary schools that are part of a partnership between the university where the research was conducted and a local public school system. Assignments were based on SCITs' course schedule and availability to travel to the practicum. Prior to practicum, SCITs completed general coursework in counseling (e.g., theories of counseling, counseling techniques, ethics, group counseling, and multicultural counseling) as well as a course in counseling children and adolescents. As indicated on client intake forms, the most common presenting concerns for the student-clients were externalizing behaviors (e.g., aggression, classroom non-compliance, attention concerns) and internalizing behaviors (e.g., social withdrawal, anxiety, depression).

Demographic information about the three elementary schools served was provided by the school district and indicates the diversity within the study body. The gender composition of the students at the three elementary schools ( $N = 2,247$ ) was in equal proportions (females = 1,101 [49%]; males = 1,146 [51%]). The ethnic/racial identification of the students at the three elementary school was: Black/African American ( $n = 1,057$ ; 47%), Hispanic ( $n = 639$ , 28%), White ( $n = 491$ , 22%), multiracial ( $n = 110$ , 5%), Asian ( $n = 22$ , < 1%), Native American/American Indian ( $n = 5$ , < 1%), and Hawaiian or Other Pacific Islander ( $n = 5$ , < 1%). The percentage of students receiving free and reduced lunch at each three elementary school was: (a) school 1, 95%; (b) school 2, 87%; and (c) school 3, 92%. All three schools were in a suburban area and geographically within five miles of each other. The school demographic data was secured from the 2017-2018 academic year.

Each SCIT was assigned three student-clients to whom they provided clinical counseling services in 50-minute sessions for the duration of their practicum experience. This was not a school counseling practicum, in that the SCITs were not assigned to a PSC for supervision. Rather, they received supervision from faculty supervisors who were on-site while the SCITs provided clinical services to their student-clients. The structure of the school-based clinical practicum allowed the SCITs to focus on developing their counseling skills while receiving feedback via live, individual/triadic, and group supervision. The practicum experience was a semester long, equaling 14 weeks.

### **Data Analysis**

Engaging in the thematic analysis of qualitative data is a purposefully detailed process to capture the thick, rich description of participants' experiences (Creswell & Poth, 2018; Moustakas, 1994). A thematic analysis procedure was used to gain a better understanding of the "life-world" of each participant and the collective experience of all participants involved (Moustakas, 1994; Sanders, 2003; Wertz, 2005). The four-part analysis procedures for this study started with verbatim transcription of all interviews by a graduate assistant not affiliated with the study (Moustakas, 1994). Each transcribed interview was assigned at random to two authors, giving each author a total of five interviews, to analyze individually. Authors read over each interview and performed a line-by-line analysis of the each of the participants statements, making note of specific words and phrases that each of the participants made in regard to their experience and the meaning of the experience of having a practicum in a school setting.

The second stage of the analysis required the authors to pair with another author who completed a line-by-line analysis of the same interviews and to compare the notes that were created from the first level of analysis. During this second phase, the authors collapsed the notes from each interview into shared and combined themes.

During the third phase of the data analysis, all four authors met and discussed the codes and themes from their interviews and compared them with the shared codes and themes from the other pair of authors. The authors reviewed the interviews that they did not code in the first round of analysis to see if they were able to identify any themes that were not previously identified in phase one. The authors met again and agreed on the themes that they felt were present in the data, reflected the experience of the participants, and answered the research questions (Creswell & Poth, 2018; Moustakas, 1994). Agreement on themes was reached based on the frequency of the themes found in the data and shared meaning among similar sub-themes that were found in the data during the initial coding steps (Creswell & Poth, 2018).

### **Trustworthiness**

Trustworthiness must be established as an integral part of establishing the validity of qualitative research (Creswell & Poth, 2018). Qualitative research requires credibility, a key element of trustworthiness, to ensure that reported findings reflect the data with the greatest degree accuracy possible (Lincoln & Guba, 1985). In phenomenology, the researcher is the instrument by which the participants' stories are gathered, interpreted, and disseminated to the readers. As such, it is important the researchers engage in bracketing, or setting their expectations and impressions of the research aside before the study begins. Reflexivity is a critical component to the

maintenance of credibility in qualitative study such that researchers critically examine their methodology with respect to power and privilege (Hunting, 2014). Throughout the research process, each researcher engaged in the bracketing process, where they made note of each of their positions and biases toward the subject under investigation and shared their positionality with the team (Hays & Wood, 2011). The process of bracketing and these discussions about researcher positionality continued throughout the entire study to minimize researcher bias and lend credibility to the research findings.

### **Findings**

Four themes emerged from the data, each with ancillary subthemes. The four major themes included: professional growth and development, collaboration and teamwork, knowledge gains, and preparation. The theme of professional growth and development included the subthemes of anxiety, self-efficacy, and skill development. The collaboration and teamwork theme included subthemes of the school environment, working with parents, and systemic thinking. The third theme of knowledge gains included the subthemes of understanding family systems, case conceptualization and treatment planning, theory, and working with children. The final theme of preparation included the subthemes of courses and experiences that were helpful going into practicum and courses and experiences that would have been helpful going into practicum. These themes and subthemes will be discussed in detail below with exemplars from the participants' responses to provide illustration of their experiences.

#### **Professional Growth and Development**

The participants in this study described the professional growth and development they experienced as SCITs at a school-based clinical practicum. This growth and

development occurred with respect to their skill development as well as their professional comfort and confidence at their practicum sites. Several participants described feelings of nervousness and anxiety as they began seeing clients at the school-based clinical practicum. They reported initially feeling nervous and hesitant, and described the experience as “nerve-racking” (Participant G) at the beginning. However, that anxiety subsided as they engaged more with their clients and acclimated themselves to the site. Participant E noted that, “I probably had a lot of anxiety going into it...but being able to be within the school environment as opposed to the clinical environment really helped me feel more comfortable.”

The participants also described how they grew in their self-efficacy throughout practicum. They reported gaining confidence in their counseling skills and in their ability to work effectively with parents. Participant O encapsulated the experience and the professional growth that took place for her: “I can tell you the first day I kind of walked in...with low self-esteem. We were kind of shaking in our boots...but I think at the end I was a lot more confident.” Additionally, participants grew in their ability to effectively use their skills. Whereas their previous experience in a techniques course provided them with the knowledge of what skills to use and how, the practicum facilitated their skill development with “real-time clients that have real-time issues” (Participant MB).

### **Collaboration and Teamwork**

Participants discussed their experiences with collaboration and teamwork, including their experiences with other CITs, supervisors, and school personnel. Working alongside other CITs at the school-based practicum site was an important part of their experience. According to Participant E, “I don’t think I ever really truly understood the

value of having a supervisor or colleagues as a support system.” The participants also spoke about how the school environment facilitated collaboration through proximity and highlighted the needs and challenges associated with collaboration. Participant A remarked that she was able to observe parent involvement in the school, but also noted “how difficult it was to get teacher information about students.” Participant MB received a great deal of help from teachers with her individual and group clients, and “it showed me that having that relationship with the school as a counselor is extremely important.” Participants communicated a sense that the school environment offered them a valuable experience for their practicum. Participant O stated that “[the school-based practicum] really did help kind of give me an experience I don’t think I would have gotten otherwise if I had not chosen the school option.” Similarly, Participant V remarked, “Being at the school it definitely helped me. Practicum definitely helped me interact with the school system and the way everything works and actually get to see, like, real clients within that same school.” Participant BF also mentioned that completing her practicum in a school helped her to better understand the roles within the school setting.

The theme of collaboration and teamwork was also revealed through the participants’ discussion of their experiences working with parents. They reported learning how to effectively communicate with parents, which increased their confidence in collaborating with families and prepared them for their internship where they would have greater contact with parents. Participants found value in their collaboration with parents which allowed them to understand the parents’ concerns for their children and to observe dynamics and interactional patterns between child-clients and their parents. Participant O connected her experience with collaboration in the school-based clinical

practicum to her future work as a school counselor: “I think the practicum experience in schools is particularly special for us as school counselors because it really gives us a concrete example of what it’s going to be like working with students and their families.”

The participants’ engagement in collaboration and teamwork also informed their systemic thinking about their clients and their presenting concerns. Participants acknowledged the limitations of seeing a client one day a week for one hour and described how their experiences during the school-based clinical practicum helped them to view their clients more holistically. Collaboration and teamwork allowed them to gather information from multiple sources such as their clients’ parents, the principal, teachers, the school counselor, the school psychologist, and even “the lunch lady that they see for 30 minutes every day” (Participant MB). The participants learned about the school culture as well as the community in which their clients lived, and they incorporated family systems tools, such as genograms, into their sessions with clients and families. The level of collaboration and teamwork experienced by the participants varied, with some remarking that they would have liked to collaborate more. Still, being able to engage in some level of collaboration was “a good way to introduce myself to that experience because I don’t think I would have gotten anything similar to that working in the clinic” (Participant E).

### **Knowledge Gains**

Through the school-based clinical practicum, the participants gained knowledge about families, case conceptualization, theory, and working with children that extended what they had learned in the classroom. They gained a fuller understanding of the importance of family for their student-clients and began to “see how the family has such

a significant role on who the student is and why they're experiencing things the way they experience them" (Participant B). From this experience, Participant V began thinking of potential parent workshops and resources that she could provide to parents in the future. Additionally, participants gained an understanding of family dynamics such as "challenging sibling relationships [and] challenging family relationships" (Participant O) which helped them "conceptualize and generalize...different family systems and different family interactions" (Participant E).

Participants reported learning how to conceptualize clients and create treatment plans through the school-based clinical practicum. They reported appreciating having to write a case conceptualization paper on a client, and although they struggled initially, the experience helped them to understand how to engage with their specific clients to reach the goals set for treatment. According to Participant E, the conceptualization and treatment planning was informed by her experiences within the school, where she was able to "see them in their environment." Through their experiences, participants began to understand their clients more holistically, which assisted in their understanding and application of theory. Whereas all participants seemed to learn more about theory through the school-based clinical practicum, some of them aligned with a particular theory while others acknowledged still being unsure of their theoretical orientation. For instance, Participant R stated "I've definitely realized that solution-focused is what I want to use in school counseling in the future," but Participant B remarked that, "Theory is something I struggled with and it's something I am still struggling with a little bit in internship." Participant G described the process of trying various theories including person-centered, play therapy, and cognitive behavioral. For Participant BF, the school-

based clinical practicum helped her to evaluate her attraction to cognitive behavioral therapy: “I always thought I was CBT, but the stuff I’m doing with the elementary students is more humanistic...because it’s hard to do CBT with elementary kids.”

In general, working with children was an informative experience for the participants. Many of the participants remarked that they had not had the opportunity to counsel children prior to the school-based clinical practicum, and that the experience helped them understand children’s concerns and the best methods of working with them. Participant TL stated, “I didn’t really know what kind of situations elementary students would have” and that the school-based clinical practicum was “very eye-opening to me to see what things they were going through at such a young age and what worked well with them and what didn’t.” Through their practicum, the participants learned how to apply their skills with child clients and build rapport with them through methods other than talk therapy, which they had used with adults.

### **Preparation**

The participants’ experiences at a school-based clinical practicum revealed to them courses and experiences that were helpful as they began the practicum, as well as those that would have been helpful to them prior to starting practicum. Participants who had previously worked in schools as either a teacher or media assistant or who had worked as a babysitter reported that these experiences helped them understand children prior to beginning practicum. Valuable courses included techniques, group counseling, play therapy, multicultural counseling, and counseling children and adolescents. These courses provided the participants with the basic skills they needed to do the work, but also helped them consider the development of their clients and

maintain an awareness of the cultural dynamics in their work. Two participants discussed how the multicultural course helped them to remain “culturally self-aware” (Participant E), and to consider how privilege affects the counseling relationship (Participant V). Participants who had not taken a play therapy class remarked that such training would have been helpful. Additionally, multiple participants reported that a class focused on family systems or family counseling would have been beneficial for them prior to practicum. This seems particularly significant for them as SCITs. According to Participant A, “Coming into prac I really didn’t have a lot of exposure to the family process. I didn’t take any family classes as a school counseling student.” Having had some experiences that related to family would have been helpful for these participants given that “there were a lot of family things that were brought up” (Participant B).

### **Discussion**

Previous researchers (Dollarhide & Miller, 2006; Kahn, 1999; Smith & Koltz, 2015) have noted the unique and varied responsibilities of PSCs and a need for additional learning experiences for SCITs that align with the roles of the profession. Whereas the value of experiential learning via practicum has been established in the literature (e.g., DePue & Lambie, 2014; Ikonopoulous et al., 2016; Woodside et al., 2007), the findings of this study offer insight into the unique experiences of SCITs and the value of school-based clinical practicum to their professional development. Specifically, the present study provides insight into how the four themes of professional growth and development, collaboration and teamwork, knowledge gains, and preparation characterize the participants’ experiences during practicum.

Consistent with the past studies (e.g., Belser et al., 2018; DePue & Lambie, 2014; Edwards & Patterson, 2012; Ikonopoulou et al., 2016; Woodside et al., 2007), many of the SCITs in this study experienced feelings of self-doubt prior to the start of practicum. The findings in this study demonstrated that although the participants started their practicum experience with a great deal of anxiety, as they progress through the school-based clinical practicum, they noted an improvement in their self-efficacy, professional identity, and growth with such skills as case conceptualization and systemic collaboration. As such, these authentic school-based clinical experiences provided SCITs the opportunity to experience and address their student-clients' social/emotional needs within the school environment as suggested by Koller and Bertel (2006) and DeKruyf et al. (2013). Additionally, the findings from this study align with similar qualitative studies (Borders et al., 2012; Ikonopoulou et al., 2016) regarding the benefits of supervision. Participants acknowledged the value of peer engagement and faculty supervision in their clinical and collaborative work, which could encourage them to advocate for better supervision and more consultation as they enter the field as practicing PSCs.

Although the SCITs in this study are new to clinical practice, they reported gaining extensive experience working with their student-clients to address mental health, behavioral, and relational concerns. This aspect of the practicum experience was particularly valuable given that preventive and short-term mental health intervention services are becoming an increasing part of the PSC's role in the school. The ASCA National Model (2019b) states that PSCs have an obligation to provide counseling services, recognize warning signs, deliver school-based prevention with universal and

targeted interventions, identify and address barriers, and provide individual planning for students with mental health concerns. Delivering clinical services in a school-based clinical practicum helped the SCITs in this study to extend their understanding of mental health beyond the classroom. They conceptualized their student-clients through a more holistic lens and learned how to navigate mental health concerns within a school system, while also working collaboratively with parents, families, and school personnel.

Despite the increasing presence of mental health counselors in schools, PSCs may be the most accessible mental health professional for students in K-12 schools given their expectation to support the social/emotional development of all students through comprehensive school counseling programs (ASCA, 2015; Kaffenberger & O'Rorke-Trigiani, 2013). Hence, their clinical preparation in counselor education programs is critical. Koller and Bertel (2006) highlighted the need for counselor education programs to provide opportunities for SCITs to gain knowledge and skills in mental health prevention and intervention in schools. DeKruyf et al. (2013) specifically noted the value of field-based experiences that would allow SCITs to grow in their dual identities of educator and mental health professional. The findings of this study indicate that the school-based clinical practicum under study was such a field-based experience. The participants honed their clinical skills in case conceptualization, application of theory, and technical intervention while growing in their ability and confidence to collaborate with multiple stakeholders, including teachers and parents/guardians.

### **Implications**

The results of the current study indicate curricular considerations for school counselor educators that might expand and deepen the knowledge and skills of SCITs

in preparation to be PSCs. With respect to Coker and Schrader's (2004) query regarding the type of practicum that best prepares for internship, school counselor educators might consider the experiences of the participants in this study during a school-based clinical practicum. The participants found value in their experience. They learned from their clinical work with student-clients as well as from collaboration with school personnel and clinical supervision from faculty. The strong university-school system partnership made this unique practicum experience possible. Thus, school counselor educators might consider building or expanding collaborative relationships with local schools and school systems to establish school-based clinical practicum placements. Such placements may provide a solid clinical experience with ample faculty supervision within the school context to allow SCITs to grow in their understanding of PSC roles with developmentally appropriate scaffolding.

Additional curricular implications include the courses available to and required of SCITs. For the participants in this study, it was of great significance that they had exposure to courses such as play therapy and counseling children and adolescents prior to their practicum. Yet, many remarked that a course in family systems would also have been beneficial. Given that most school counseling programs do not require SCITs to complete a course focused on families (Joe & Harris, 2016; Pérusse & Goodnough, 2001), counselor educators might consider ways to incorporate this vital content into their curriculum. For example, the supervisors for the practicum under study required SCITs to complete multiple assignments that challenged them to consider family structure and dynamics (e.g., genogram, family mapping, and family floor plan). Such

assignments can fill a knowledge gap when adding a course to a school counseling plan of study is not feasible.

Further, according to ASCA (2019b) and CACREP (2016), a key role of the PSC is to consult and collaborate with families, school personnel, and community partners. This is a responsibility that may be overlooked by training programs, yet it was highlighted in this study as a cause of great anxiety for SCITs. The supervisors in the school-based clinical practicum under study had ample opportunities to teach and model for SCITs the specific knowledge and skills needed for effective consultation and collaboration, and they supported the SCITs as they engaged with parents and other professionals in the school setting. Through this process, the SCITs gained a contextual understanding of the importance of working as part of a team, rather than in isolation, as is often the experience for PSCs. As school counselor educators consider options for the experiential components of their programs, they might prioritize school-based clinical practicum experiences that provide SCITs the opportunity to learn and practice consultation and collaboration skills with on-site faculty supervision.

### **Limitations and Future Research**

Although steps were taken to protect the integrity of the study and maximize rigor, as with all research, our investigation had limitations. There is a lack of generalizability and transferability beyond the constraints of the homogeneity of the sample given the small sample size and with all participants identifying as female and most identifying as White. Although not central to this study, the cross-cultural nature of much of the counseling that took place might have influenced the data. Additionally, the clientele was limited to elementary school age children due to the established

university-school district partnership. SCITs might have had different experiences had they completed practicum with middle or high school students. Another limitation of the study pertains to the retrospective nature of the study. All participants discussed a lived experience from their past; hence, their perspectives may have faded or been less accessible due to the passage of time. To address this limitation, future research might include an analysis of reflective writing, such as journals maintained by SCITs during their practicum experience.

These limitations notwithstanding, the results of the present study add to the literature regarding the experiences and value of SCITs completing a school-based clinical practicum. Building on these findings, future research might focus on how the completion of a school-based practicum influences SCITs' internship experiences. Researchers might also examine the experiences of CITs from other counseling tracks, comparing their experiences, to determine how a school-based clinical practicum can uniquely prepare them for employment given their varying interests, preparation, and future plans. Finally, whereas the present study focused on phenomenology and only included qualitative data, future research might examine the logistical, experiential, and outcome differences between practicum experiences that are school-based, community-based, or completed at on-site university clinics using quantitative data to help inform counseling program development and clinical training practices.

### **Summary**

The findings of this study reaffirm and support earlier research (e.g., Belser et al., 2018; Coker & Schrader, 2004; Cuccaro & Casey, 2007) that highlighted the value of a school setting as a counseling practicum option for SCITs. Specifically, this study

focused on the unique training and developmental needs of SCITs and provided a better understanding of what SCITs experience during a school-based clinical practicum that connects to those needs. The findings indicated that SCITs experience professional growth as they develop their skills and gain self-efficacy as future PSCs. School-based clinical practicum allowed SCITs to gain first-hand knowledge of the school environment and the benefits and challenges of collaborating with other professionals as part of a team. Moreover, the school-based clinical practicum helped SCITs develop an understanding of family systems, case conceptualization, theoretical applications, and the nuance of working with children. As counselor educators evaluate their counseling programs and make improvements, the findings of this study may provide insight into course requirements and clinical experiences for SCITs to best prepare them for the unique and complex work they will do as future professional school counselors.

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## Appendix

### Interview Protocol

- Without revealing personal information about your clients, please describe your practicum experience.
  - If needed, use the following prompts: the setting, types of clients, and types of concerns brought into counseling.
- What knowledge, skills, or experiences did you bring with you into practicum?
- How did your practicum experience affect your case conceptualization skills?
- How did your practicum experience affect your counseling or intervention skills?
- How did your practicum experience affect your understanding and application of theory?
- What, if any, work did you do with the parents of your clients?
  - How did these experiences affect your self-efficacy in working with parents in the future as a school counselor?
- How, if at all, did your practicum experience affect your understanding of family development and family processes?
- How, if at all, did your practicum experience affect your understanding of school-family collaboration?
- How, if at all, did your practicum experience help you think systemically about your clients' concerns?
- How did doing your practicum in a school affect your development as a school counselor?
- What knowledge, skills, or coursework was most helpful to you prior to beginning practicum?
- What knowledge, skills, or coursework would have been helpful to you prior to beginning practicum?
- What did you learn from the practicum experience that you did not state previously?

### **Biographical Statement**

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