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THE RELATIONSHIP OF PROFESSIONAL SCHOOL COUNSELORS' SELF-EFFICACY
AND MOTIVATION TO THEIR COUNSELING SERVICE DELIVERY

by

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A dissertation submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy in Counselor Education and Supervision,
in the Department of Counselor Education and School Psychology
in the College of Community Innovation and Education
at the University of Central Florida
Orlando, Florida

SummerTerm
2020

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ABSTRACT

The purpose of this study was to explore the relationship between professional school counselors' perceived self-efficacy of mental health counseling skills (as measured by the *School-Based Mental Health Survey*; developed by A. D. Waliski & A. Barthel; adapted and published by Carlson & Kees, 2013) and level of situational motivation (as measured by the *Situational Motivation Scale*; Guay et al., 2000) to the extent of counseling services provided to students (as measured by the *School Counselor Activity Rating Scale*; Scarborough, 2005). Based on the principles of *Social Cognitive Theory* (SCT; Bandura, 1986) and *Self-Determination Theory* (SDT; Ryan & Deci, 2017), the researcher tested the hypothesis that practicing school counselors ($N = 128$) with higher levels of perceived self-efficacy and intrinsic motivation will report providing higher levels of counseling services to students. The results of the multiple linear regression analyses identified that school counselors' perceived level of self-efficacy was the only statistically significant predictor of the frequency at which school counselors provide counseling activities, $\beta = .375$, $p < .001$. Further, *post hoc* analyses revealed that the frequency at which school counselors preferred to do counseling activities was a more statistically significant predictor of the frequency of actual counseling activities, $\beta = .562$, $p < .001$. In addition, though not statistically significant, results found external regulation had an inverse relationship with all predictor models. Therefore, external factors may have a negative effect on school counselors' frequency of performed counseling activities, although additional study in this area is warranted. Implications for the findings include (a) greater insight into the internal and external drive of

school counselors; (b) increased understanding of the training needs of school counselors; and (c) insight into the practices of school counselors as they tend to student mental health needs.

Keywords: School counselors, self-efficacy, situational motivation, youth mental health, school counselor activities, and multiple linear regression.

Dedicated to Maxine, Darreld, Sontha Marie, & Carmen.

ACKNOWLEDGMENTS

There are many people that I owe a great deal of gratitude for their support as I ventured on this journey. First, to my chair, Dr. Joe, words cannot express how grateful I am for the opportunities and mentorship you have provided me throughout this program. You took me under your wing from the start and never gave up on me. Even when I thought I had nothing left, you challenged me to keep moving and it has made me a better educator, researcher, and person. I am forever indebted to you – thank you.

My amazing committee – Drs. Lambie, Van Horn, and Boote – thank you for all of your reassurance and direction through this process. Dr. Lambie, you are a great leader and someone I look up to. Thank you for all the research opportunities and support you have offered throughout the program. Dr. Van Horn, your vibrant drive and passion motivated me to continually look at school counseling and education from different angles. I appreciate all that you have instilled for me to develop into a counselor educator. Dr. Boote, you taught me to enjoy statistics and kept me centered during this investigation. Thank you for your patience, kindness, sense of humor, and stories. I could not have done this without you! Thank you to the other counselor education faculty for your time and mentorship. Drs. Shillingford-Butler and Super, thank you for all the check-ins. Your care and reassurance made this journey possible.

To my cohort, The Fab Five, I appreciate that we got to take this adventure together. Our ability to keep a sense of humor and laugh made the long days and nights bearable. Galaxina, I am so grateful that I got to work with you this year. I appreciate your patience and willingness to take charge when I needed you. You are a remarkable person, and will no doubt change the

world. Sandi and my work wife, Mary, we made so many happy and hilarious memories together. Because of Mary, I will never look at pasta and mayonnaise the same again. Thank you both for always being there to answer my endless questions and keep me grounded. I am so thankful that we not only became colleagues, but friends.

Finally, to all my friends and family – thank you. Dr. Diniaco, I would not be here if it was not for your mentorship at Dublin. Your support was unwavering and a guiding light on this journey. Aunt Karen, you are the epitome of patience and grit. You taught me at a young age that it is okay to scream, shout and be mad when you fall off that horse; but, once that is out of your system, you must get back to work. I could not have persevered without you. To my big sisters Tiff and Erin, you each set the bar high for me. Whether it was in sports, 4-H, school, or career, I have always been trying to fill the big shoes you set out for me. Had it not been for the two of you, I wouldn't be the hard worker I am today. I am proud to be your little brother and grateful for the prime examples you continue to set for me. To my Mom and Dad, thank you for never giving up on me. I was by far the hardest of the three to raise, and there were times when none of us thought I was going to make it through high school. Yet, you continued to love, support, and push me to be and do greater. This degree is as much yours as it is mine – thank you.

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CHAPTER 1:
INTRODUCTION TO THE STUDY

The unmet mental health needs of children and adolescents are a substantial concern in the United States (Auerbach et al., 2019; Doll, 2019; Lambie et al., 2019b; World Health Organization [WHO], 2014), with roughly 20% of school-aged youth receiving a mental health diagnosis (Capp, 2015). Additionally, youth suicide and school shooting rates in the United States continue to grow at an alarming frequency (American Foundation for Suicide Prevention [AFSP], 2019; Center for Homeland Defense and Security [CHDS], 2019). Yet, research estimates that 80% of youth identified with a mental health disorder do not seek or obtain suitable counseling services (Cappella et al., 2008; Kaffenberger & O'Rorke-Trigiani, 2013; Mendez et al., 2009), emphasizing a growing concern for the unmet needs of our students. Lack of mental health treatment can lead to symptomology enduring into adulthood (Centers for Disease Control and Prevention [CDC], 2017). Potential barriers to youth receiving adequate mental health care include: (a) limited transportation, (b) lack of financial resources and insurance, (c) stigma associated with receiving mental health care, and (d) an imbalance of traditional community resources (Bear et al., 2014).

In an effort to address barriers to care, state and federal governments have started to push for more accessible services in schools by adding school mental health to current educational policy like the Every Student Succeeds Act (ESSA, 2015-2016) and School Safety Act (SSA, 2017-2018; Donohue et al., 2015; Moon et al., 2017). While many school administrators are hesitant for their school counselors to take on the responsibility of providing mental health services, school-based mental health counseling is not new (Powers et al., 2013). According to

the Centers for Disease Control and Prevention (2017), schools are an ideal setting for students and families to access mental health care, especially in rural or isolated areas. Providing mental health services at schools has shown to be just as effective as traditional outpatient clinics (Owens et al., 2008), as well as offering a neutral setting where pursuing help and support is commonplace (Eklund et al., 2017). Further, addressing these needs in students positively impacts their academic outcomes (DeKruyf et al., 2013; Kase et al., 2017; Reback, 2010b), as well as a reduce the stigma centered around mental health and therapy (Benningfield et al., 2015).

In most schools, the professional school counselor (PSC) is the only staff member that students encounter who has the necessary knowledge of both the mental health and educational systems (DeKruyf et al., 2013). It is this specialized knowledge and training that make PSCs an ideal person to respond to the growing mental health needs of students (Lambie & Williamson, 2004). However, PSC role ambiguity, stringent accountability standards, and comprehensive school counseling programs that minimize PSCs' role in mental health care (see the American School Counselor Association's [ASCA] *National Model*, 2019) have made it challenging for students to access such needed school-based services (Lambie & Williamson, 2004; Lauterbach et al., 2018). Furthermore, school counselors may perceive themselves as not having adequate supervision and practice of the necessary counseling skills to provide mental health services to students (Fein et al., 2008). These external and internal factors could affect PSCs' motivation to move beyond standards and activities focused on academic achievement and focus on providing needed mental health counseling. Therefore, the purpose of this investigation was to examine the

relationship between PSCs' perceived self-efficacy of mental health counseling skills, level of situational motivation, and extent of counseling services provided to students.

Background of the Study

School counselors were originally rooted in *vocational guidance*. The focus of the profession resembled today's career counselors, to help people find gainful employment within a growing industrialized culture (Gysbers, 2010). The aim of *vocational guidance* was to enhance education in a manner that would lead to financial and societal improvements for the United States by focusing skilled learners on scientific fields (Gysbers & Henderson, 2014). However, with the rise of cognitive developmental movements and the conception of the trait and factor theory, school counselors shifted away from a vocational focus to an emphasis on education and the "promotion of students' cognitive, social, and moral development" (Lambie & Williamson, 2004, p. 125). School counselors started to shift their practice away from vocation and began working with students on more personal issues; thus, adding a mental health component to counseling (Gysbers, 2010).

The aftermath of the second world war brought about many global changes in culture, industry, and influences. In response to these external forces, the school counseling profession expanded and shifted its focus. Some of these influences include (a) innovations in the field of counseling (e.g., humanistic movement; Rogers, 1957), (b) the establishment of professional associations (e.g., ASCA division of ACA; Lambie & Williamson, 2004), (c) legislative changes (e.g. *National Defense Education Act*, Baker & Gerler, 2001), and (d) noteworthy publications (e. g., *School Counseling: A Profession At-Risk*; Gysbers & Henderson, 2014).

Towards the end of the 20th century, a growing demand for school counselors to focus more on academic guidance of all students led to the development of the ASCA *National Model: A Framework for School Counseling Programs* (Hatch et al., 2008). The ASCA *National Model* serves as a resource for the development of comprehensive school counseling programs (CSCP), as well as demonstrate school counselor accountability (ASCA, 2019). Since its inception, the National Model has undergone four revisions (2003, 2005, 2012, and 2019) and emphasizes four core components of a CSCP: (a) Define, (b) Manage, (c) Deliver, and (d) Assess (ASCA, 2019). Focusing more on accountability and college and career readiness, and less on mental health. Now, two decades into a new century, PSCs once again find themselves in ambiguous territory as innovation (e.g., social media), political influence (e.g., ESSA 2015-2016), and issues (e.g., COVID-19) proceed to change the landscape.

Crisis situations continue to be an area of concern that disrupts the education system. Not only have incidences of suicide, non-suicidal self-injury (NSSI), school violence, and mass school shootings persisted, but there has been an uptick in occurrences (Lambie et al., 2019). Specifically, over 200 U.S. school shootings have taken place since the Columbine High School shooting in 1999, with an additional 23 in 2018, 25 in 2019, and 6 between January and March 2020 (Education Week's School Shooting Tracker, 2020; Rees et al., 2019). Moreover, the Centers for Disease Control and Prevention (2019) reported suicide deaths for persons aged 10-24 rose 56% from 2007 to 2017, making it the second leading cause of death for U.S. youth. Multiple factors can lead someone to suicide or homicide, but mental health disorders are one of the most common (Kann et al., 2018; Perou et al., 2013).

Statement of the Problem

As noted, PSCs have the training, knowledge, and position to address the growing mental health needs of students (DeKruyf et al., 2013), and in most communities, a PSC is the only mental health professional a student may ever interact with (Kaffenberger & O'Rorke-Trigiani, 2013). Regardless, many PSCs tend to be reactive to mental health concerns rather than proactive due to high caseloads, other assigned duties, paperwork, and role ambiguity (Goodman-Scott, 2015). Additionally, due to the lack of clinical supervision, school counselors may perceive themselves to have lower self-efficacy of counseling skills to provide mental health services (Lambie et al., 2019). As barriers to mental health services continue to be an issue, families, children, and adolescents are forced to turn to other resources.

There has been a wealth of research surrounding school counseling practice in literature. Astramaovich and Holden (2002), Goodman-Scott (2015), and Scarbourough (2005) investigated the specific responsibilities, duties, and activities in which PSCs are engaged from day-to-day. Studies performed by Curry and DeVoss (2009), Janson (2009), and Shillingford and Lambie (2010) examined the context of leadership and advocacy as a function of school counseling. Additionally, researchers have investigated standards-based comprehensive school counseling models to advance the scope of practice and accountability of programs (Dahir, 2001; Dahir, 2004; Dahir et al., 2009; Hatch & Chen-Hayes, 2008; Studer et al., 2011). Finally, many other studies have observed school counselors' self-efficacy and competency (Bodenhorn & Skaggs, 2005; Holcomb-McCoy et al., 2008; Mullen & Lambie, 2016), job related stress and burnout (Fye et al., 2018; Lambie, 2007; Limberg et al., 2017), and overall job satisfaction (Baggerly & Osborn, 2006; Bardhoshi et al., 2014; DeMato & Curcio, 2004).

Nevertheless, there is a dearth of research discerning the PSCs' perception and exercise of addressing the mental health needs of students nor school counselors' motivation to implement such practices (Barna & Brott, 2012; Privette, 2018). Accountability pressures from education policy and professional standards may affect some school counselors to decrease or eliminate services that are not viewed as contributing to students' academic achievement, especially those addressing mental health concerns (Lambie et al., 2019b). The extent to which PSCs value and persist in implementing such mental health services may be linked to the type of motivation they internalize (Ryan & Deci, 2017).

<div align="center">

Significance of the Study

</div>

This investigation examined the relationship between PSCs' perceived self-efficacy of skills and level of situational motivation to the extent of counseling services provided to students. The study contributes to the school counseling literature by providing insight on how internal and external motivators can influence PSCs' delivery of mental health services. Research that is significant today as current policies, such as ESSA (2015-2016) and the School Safety Act (2017-2018), are directing schools to address the mental health needs of their students; a school counseling role that continues to be minimized by ASCA (see ASCA *National Model*, 2019). Furthermore, to date, the researcher only found two studies that examined the level of situational motivation of PSCs (Barna & Brott, 2012; Privette, 2018); therefore, this study builds on research within self-determination theory and the influence of motivation in counseling.

Conceptual Framework

Social Cognitive Theory

First developed through the works of Miller and Dollard (1941), Social Cognitive Theory (SCT), initially known as Social Learning Theory (SLT), was an early attempt at marrying psychoanalytic and stimulus-response theories. SLT suggested that behavior could be explained by drive reduction mechanisms (Grusec, 1992). Later, Bandura (1986) expanded upon SLT, shifting it to SCT to provide more emphasis of the cognitive development that stems from social interactions.

SCT considers the cognitive processes of a learner are involved agents in the creation of truth resulting from the assimilation of information (Bandura, 1977b). SCT asserts that people learn by observing others, with the environment, behavior, and cognition serving as the key factors in a reciprocal triadic relationship that affect growth (Grusec, 1992). These interactions influence self-generated reasons for behaviors and decisions made by an individual (Bandura, 1986). Further, SCT attempts to expound how people regulate their behavior through restraint and reinforcement to accomplish goal-directed behavior over time (Bandura, 1977b).

Self-Efficacy

One construct of decision-making and action is self-efficacy. According to Bandura (1997), self-efficacy refers to the level of confidence individuals' hold in their ability to successfully perform a task or complete a goal. Self-efficacy is influenced by individuals' specific capabilities and other individual and environmental factors (Bandura, 1977a). In a field that is skill based and competency driven, self-efficacy can be a powerful assessment and

evaluative tool (Mullen & Lambie, 2016). For that reason, scholars have investigated school

counselor self-efficacy (e.g., Bodenhorn et al., 2010; Bodenhorn & Skaggs, 2005; Mullen &

Lambie, 2016; Owens et al., 2010).

There are some limitations to SCT. SCT presupposes that modifications to the

environment inevitably lead to changes in the person, which is not always the case (LaMorte,

2019). Due to the SCT's heavy emphasis on learning, it disregards other factors, such as biology,

that may influence behaviors. Additionally, there is minimal attention given to emotion or

motivation (LaMorte, 2019).

Self-Determination Theory

Self-determination theory (SDT) is a framework for comprehending human motivation

that emphasizes the significance of using inner means for personality development and behavior

self-regulation (Deci & Ryan, 2004; Ryan & Deci, 2017). According to Ryan and Deci (2017),

motivation is what energizes, gives direction, and moves people behaviorally to action. "To be

motivated means *to be moved* to do something" (Ryan & Deci, 2000b, p. 54). SDT differs from

other motivation theories in that it does not see motivation as a unitary phenomenon; rather,

motives vary in magnitude, their phenomenal sources, the affects and experiences, and their

behavioral consequences (Ryan & Deci, 2017).

At the heart of SDT is the pursuit and fulfillment of three fundamental psychological

needs: (a) competency, (b) relatedness, and (c) autonomy (Deci & Ryan, 2004). Ryan and Deci

(2017) posit that a *need* is an inherent, universal physiological or psychological requirement

which lays the foundation for survival, health, and development. Concurrently, Baumeister and

Leary (1995) deem the needs for competence, relatedness, and autonomy generate the basis for motivation and personality integration.

The need for *competence* relates to the fundamental willingness of people to be efficient when dealing with their surroundings (Ryan & Deci, 2017). PSCs deal with several situations daily for which they must be prepared to effectively face. To that end, PSCs need to be both culturally competent as well as have competence in the most basic of counseling skills.

Baumeister and Leary (1995) state, that the need for *relatedness* comprises the desire to communicate and care for others, as well as encounter feelings of belongingness. People who work in the human services or education sector should possess a desire to care for others; specifically, PSCs need to be able to empathize with students to communicate their care and concern. Additionally, PSCs need to be a valuable member of the staff so that they may effectively collaborate with various stakeholders.

Lastly, the need for *autonomy* speaks to the universal urge of individuals to be causal agents of their actions (Ryan & Deci, 2017). Ryan and Ryan (2019) postulate, autonomous behavior is fully recognized and acknowledged by the individual. While it is important for PSCs to feel like accepted members of the educational staff and community, it is equally important for them to perform their duties with some level of autonomy. Having choice in their role provides the opportunity to focus on less extraneous activities and concentrate on counseling. According to SDT, satisfaction of these three basic needs are fundamental for both motivation and personal well-being (Ryan & Deci, 2017).

Situational Motivation

  Situational motivation refers to the "motivation individuals experience when they are currently engaging in an activity" (Guay et al., 2000, p. 176). Ryan and Deci (2017) postulate that there are three types of motivation (*intrinsic, extrinsic, and amotivation*) that differ on a continuum from high to low levels of self-determination (see Figure 1). Each represent intentional or personally caused actions as people pursue the fulfillment of the three basic needs (Ryan & Deci, 2017).
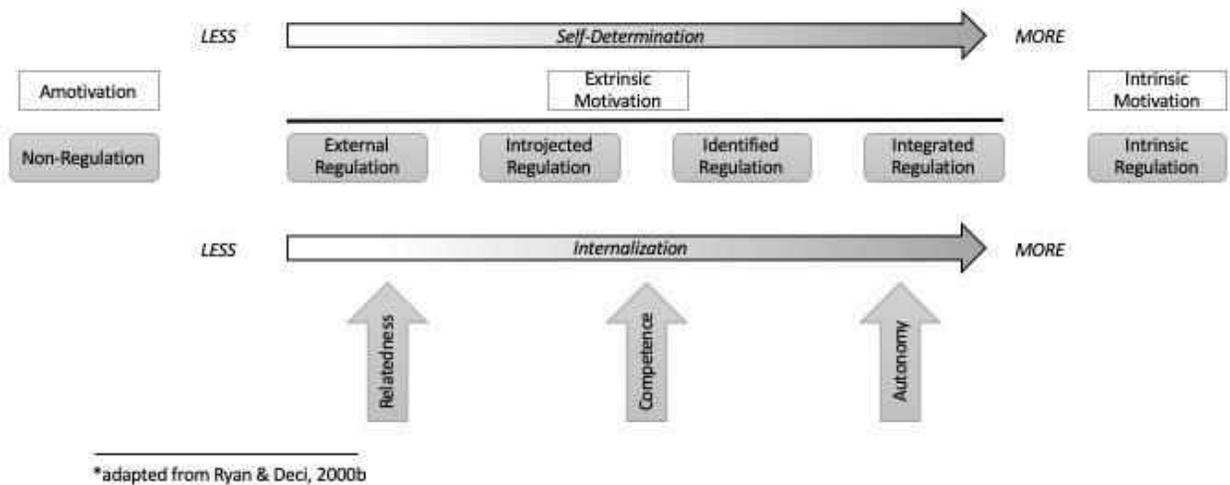
Figure 1. Self-Determination Theory Motivation Continuum (Ryan & Deci, 2000b).

Intrinsic Motivation

  Intrinsically motivated behaviors are those initiated for their own sake, that is, for the enjoyment and happiness obtained from their performance (Guay et al., 2000). Ryan and Deci (2017) explain it to be a positive phenomenon where any behavior is rewarded with spontaneous enjoyment from the activity itself. Intrinsically motivated behaviors are autonomous, as they are

shown to emanate from one's own self (Ryan and Deci, 2000b). For example, the feeling of joy PSCs may experience from seeing a student be successful at overcoming an obstacle would be intrinsic motivation.

<u>Extrinsic Motivation</u>

In contrast, extrinsically motivated behaviors are connected to a separate effect such as an external incentive or social approval (Ryan & Deci, 2000a). These motivated behaviors can vary significantly in the degree to which they are controlled versus occurring autonomously (Ryan & Deci, 2017). Due to such varying degrees of autonomy, within SDT views extrinsic motivation exists on a continuum (Guay et al, 2000; Ryan & Deci, 2000b). On the one end there is *external regulation,* which occurs when behaviors are regulated by forces outside of the self (Ryan & Deci, 2000b). People who act with external regulation do so with the obligation to behave a certain way by an outside phenomenon (Guay et al., 2000). For instance, some PSCs may be required to have lunch or recess duty during their day due to building policy. A school district offering tenure to staff who receive high scores on their annual evaluations three-years in a row would be another example, because performance would be driven to perform by a reward.

Next is *introjection*, which has to do with the internal dialogue we have with ourselves and our efforts to protect the ego in response to other external forces. Through introjection, our behavior is stimulated by external forces, such as guilt, shame, and fear, but are experienced as "internally controlling" (Ryan & Deci, 2017, p. 15). This could manifest in the guilt one might feel by taking a sick day, or the fear that a student might go home and harm themselves. These

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might be feelings that we can be controlled, but it is self-talk that might otherwise not happen if it were not for our environmental factors.

Identified regulation is somewhat internal and more autonomously motivated and transpires when behaviors are preferred because they are harmonious with one's beliefs and values (Guay et al., 2000). PSCs may potentially see the value of addressing mental health issues of students due to their professional identity and training; therefore, they are more likely to focus time and effort on these concerns over other job functions. Finally, *integration* ensues when people believe the behaviors, they elect to embody are a vital part of their being (Barna, 2009). This type of extrinsic motivation really plays into PSCs role of advocacy. PSCs become self-aware to the inequities and injustices in the educational or healthcare system, thus guiding their behavior to advocate on behalf of their students and/or families who cannot. While these last two forms are highly autonomous, the motivation is still extrinsic because "the activity is not performed for itself but as a means to an end" (Guay et al., 2000, p. 177).

Amotivation

The third motivational concept of SDT is *amotivation*, describing people's lack of intentionality or purpose (Ryan & Deci, 2000b). According to Ryan and Deci (2017), *amotivation* is "the extent to which people are passive, ineffective, or without purpose with respect to any given set of potential actions" (p. 16); and as with extrinsic motivation, amotivation can also take several forms. In the first form, people feel they lack the competence to effectively attain outcomes; thus, they perceive themselves as to be helpless (Ryan & Deci, 2017). A second form of amotivation can be present when people have the efficacy or

competence to effectively perform but choose not to act based on a lack of curiosity, importance, or value (Ryan & Deci, 2017). The third and final form is a disobedience to encouragement. Ryan and Deci (2017) describe this final form as a "motivated nonaction or oppositional behavior to defy demands that are thwarting a basic need for autonomy or relatedness" (p. 16). There are some PSCs who are required to spend much of their time functioning in roles that have nothing to do with school counseling or their training. Feeling held back or unable to act autonomously can create a sense of apathy, thus leading someone to be amotivated to perform their job.

Determining the type of motivation present in PSCs is significant, as this knowledge contributes to an improved understanding of their program focus. The further PSCs internalize the value of school-based mental health services, and the positive impact such services can have on academic achievement, the greater possibility that they will continue to make this a primary focus of their programs. Conversely, other factors such as high caseloads, role ambiguity, and tenuous accountability standards can make PSCs apathetic towards addressing mental health services. Regrettably, this may impact school climates and take away needed services from students.

Overview of Methods

The following section presents a summary of the methods used to conduct the investigation. The methods summarized include: (a) purpose of the study, (b) research questions and hypotheses, (c) research design, (d) population and sampling, (e) instrumentation, (f) data collection procedures, and (g) data analysis.

Purpose of the Study

The purpose of this correlational study was to explore the relationship between PSCs' perceived self-efficacy of mental health counseling skills (as measured by the *School-Based Mental Health Survey*; developed by A. D. Waliski & A. Barthel; adapted and published by Carlson & Kees, 2013) and level of situational motivation (as measured by the *Situational Motivation Scale*; Guay et al., 2000) to the extent of counseling services provided to students (as measured by the *School Counselor Activity Rating Scale*; Scarborough, 2005). The researcher tested the theoretical hypothesis that PSCs scoring at higher levels of perceived self-efficacy of mental health counseling skills and higher levels of intrinsic motivation would report a higher frequency of providing counseling services to students. Additionally, the researcher created and included a one-page demographic questionnaire to further examine other factors that may impact the relationship between perceived self-efficacy, situational motivation, and extent of services.

Research Questions and Hypotheses

To explore the relationships among self-efficacy, situational motivation, and extent of services provided, this correlational investigation sought to answer and test the following questions and hypotheses:

1. Do practicing school counselors' perceived self-efficacy of mental health counseling skills and level of situational motivation contribute to their frequency of counseling service delivery?

H1. Practicing school counselors with higher levels of perceived self-efficacy of

mental health counseling skills and higher levels of intrinsic motivation will

report a higher frequency of providing counseling services to students.

Exploratory research questions:

1. What is the effect of PSCs' reported demographic variables on their level of counseling

   self-efficacy beliefs?

2. What is the effect of PSCs' reported demographic variables on their level of situational

   motivation?

3. What is the effect of PSCs' reported demographic variables on their frequency of

   counseling service delivery?

Research Design

For this investigation, the researcher employed a correlational design to research the

degree of association between self-efficacy of mental health counseling skills, level of situational

motivation, and extent of counseling services among school counselors in a national setting

(Creswell & Creswell, 2018). Data was collected from a self-report instrument consisting of

items from four-separate measures: (a) the *School-Based Mental Health Survey* ([SBMHS],

developed by A. D. Waliski & A. Barthel, adapted and published by Carlson & Kees, 2013), (b)

the *Situational Motivation Scale* ([SIMS], Guay et al., 2000), (c) the *School Counselor Activity*

Rating Scale ([SCARS], Scarborough, 2005), and (d) a demographics questionnaire.

Population and Sampling

The target population for this study was comprised of current certified/licensed PSCs in the United States. The researcher used the Common Core Data set (National Center for Education Statistics [NCES], 2020) of all practicing PSCs to generate a random sample of the target population to ensure everyone had an equal chance of being selected; thus, helping to make results more generalizable (Creswell & Creswell, 2018). To ensure a strong response rate, the researcher aimed to recruit more than 300 participants for this study.

Instrumentation

School-Based Mental Health Survey

The SBMHS is a self-report survey which explores PSCs' confidence level in addressing the mental health needs of their students (developed by A. D. Waliski & A. Barthel; adapted and published by Carlson & Kees, 2013). Participants rate their confidence levels using a 100-point scale on 40-items in three subscales: (a) the Skills Scale, (b) the Student Issues Scale, and (c) the Diagnoses Scale. In research by Carlson and Kees (2013) the SBMHS demonstrated adequate validity and reliability for the instrument with Cronbach's alphas for the three subscales ranging from .84 to .95.

The Situational Motivation Scale

The SIMS is grounded in self-determination theory and was the first of its kind to represent motivation as a multidimensional construct (Guay et al., 2000). The scale is a 16-item self-report inventory designed to measure the 4-types of motivation individuals experience when

they are engaged in an activity (Privette, 2018). Many studies have been performed with SIMS testing its construct validity and reliability (Barna & Brott, 2012; Guay et al., 2000; Prusak et al., 2004). On multiple occasions, the internal consistency of the instrument was found to be adequate with values ranging from .62 to .95, and its factor structure has yielded significant chi-square (x_2 (98, $n = 907$) = 856.50, $p < .05$).

School Counselor Activity Rating Scale

Developed by Scarborough (2005), the School Counselor Activity Rating Scale measures "performance of actual and preferred job duties currently being carried out by practicing school counselors" (p. 275). SCARS consists of five subscales, which contain a total of 48-items where participants provide feedback on their activities in two dimensions: (a) the frequency of actually doing an activity and (b) the frequency to which they prefer to do an activity (Bucchanan, 2011; Vaughn et al., 2007). Internal consistencies of the instrument were found to be satisfactory, and Cronbach's alpha tests yielded a reliability coefficient of: .85 for the Actual and .83 on the Preferred frequencies of the *counseling activities category*, .84 for Actual and .85 for Preferred of the *coordination activities category*, .93 Actual and .90 Preferred from the *curriculum activities category*, .75 Actual and .77 Preferred for the *consultation activities category*, and .53 Actual and .58 Preferred in the *"other" activities category* (Scarborough, 2005).

Demographics Questionnaire

The demographics questionnaire was a one-page document developed by the researcher. It is a 14-item survey that asked participants to provide information on (a) gender, (b) age, (c) race/ethnicity, (d) certifications/licensures held, (e) degrees earned/level of education, (f)

counselor training, (g) grade/developmental level worked in K-12 education, (h) school location (e.g., rural, suburban, urban), (i) years of experience in the field, (j) caseload size, (k) geographic location, (l) school setting, (m) professional organization membership, and (n) school designation (e.g., Title I, charter, public). Prior to use, the questionnaire was reviewed by faculty and volunteer doctoral level counselor education students at the University of Central Florida. Feedback from student volunteers and faculty was incorporated in the construction of the final version.

Data Collection and Procedures

Prior to the start of this study, the researcher received approval from the university's Institutional Review Board (IRB). Upon the investigation's approval (see appendix), the researcher made use of Common Core data and professional school counseling contacts to recruit participants. Survey administration was cross-sectional and collected at one point in time (Creswell & Creswell, 2018), and surveys were administered via email through Qualtrics. The only qualifications required to participate in the investigation were that the person was at least 18 years of age and was a current, practicing PSC. Anyone not meeting these criteria was screened out during collection.

Data Analysis

Upon the completion of data collection, the researcher screened the information for participant criteria and missing data, then scored instruments appropriately. The *Statistical Package for Social Science* (SPSS; version 25) software was used to analyze the data, performing a multiple linear regression (MLR). According to Nathans and colleagues (2012),

"MLR allows researchers to answer questions that consider the role(s) that multiple independent variables play in accounting for variance in a single dependent variable" (p. 1). Thus, MLR allowed the researcher to determine the predictive relationship of confidence in clinical counseling skills and level of motivation to the extent of counseling services provided to students. A further analysis was performed using a Pearson correlation and *post hoc* ANOVA to investigate the relationship between PSCs' reported demographic data and their total scores from the SBMHS, SIMS, and SCARS.

<div align="center">Potential Limitations</div>

Several potential limitations exist for this study. First, the research conducted is correlational; therefore, conclusions on causality cannot be drawn from the results (Creswell & Creswell, 2018). Additionally, correlational research is vulnerable to threats to validity, including external (e.g., timing of the study; response bias), internal (e.g., self-report nature of the study), and construct validity (e.g., instrument measures). Moreover, the use of self-report methods may not be the most accurate measure for the constructs. Further, though the researcher used a national sample to recruit participants, a smaller response rate or too many from one geographic location could impact generalizability of results. In addition, the timing of the study was at the height of the COVID-19 pandemic, which could have impacted response rate. Finally, the length of the survey, which contained many items, and topic of the study may contribute to non-response bias.

Definition of Terms

American School Counselor Association (ASCA) National Model for School Counseling

A theory driven, comprehensive model developed by leaders within the school counseling profession to standardize the practices of the school counseling profession (ASCA, 2019). The model provides a framework for school counselors on the development, implementation, and ongoing facilitation of developmental and comprehensive school counseling programs.

Amotivation

Amotivation represents the absence of motivation because such behaviors lack intentionality, energy, and persistence (Ryan & Deci, 2000b). When a person is amotivated, they do not believe there is a relationship between his or her behaviors and outcomes, thereby creating a sense of apathy or helplessness (Deci & Ryan, 1980).

Comprehensive School Counseling Program

Comprehensive school counseling programs (CSCP) include organization, structure, and focus of the activities that school counselors participate in with the goal of supporting student personal/social, academic, and career development (ASCA, 2019).

External Regulation

A type of extrinsic motivation where behaviors are performed to satisfy an external demand or reward contingency. Individuals experience externally regulated behavior as controlled and alienated (Ryan & Deci, 2000a, 2000b).

Extrinsic Motivation

Extrinsic motivation represents a wide variety of behaviors that are connected to separate outcomes such as rewards or deadlines (Deci & Ryan, 2017). Different types of extrinsic motivation can be ordered along a continuum from least to most self-determined, and include the following: external regulation, introjected regulation, identified regulation, and integrated regulation (Ryan & Deci, 2000a).

Identified Regulation

A form of extrinsic motivation where the individual has identified with the personal importance of the behavior and accepted the regulation as his or her own (Ryan & Deci, 2000a, 2000b).

Integrated Regulation

The most autonomous type of extrinsic motivation, integrated regulation occurs when the behavior is congruent to the individual's values and needs. Even though the behavior is taken in and emanates from a person's sense of self, it is still considered a type of extrinsic motivation because it is performed for its presumed instrumental value to an outcome outside of the behavior itself (Ryan & Deci, 2017).

Internalization

The process of taking in a value or regulation (Ryan & Deci, 2017).

Intrinsic Motivation

Any behavior that is not dominated by physiological drives and for which the reward is spontaneous satisfaction of the activity itself (Ryan & Deci, 2017). Intrinsically motivated behaviors are freely chosen, satisfy basic needs for competence relatedness, and autonomy; and are marked by interest and enjoyment. They are the most self-determined type of behaviors (Ryan & Deci, 2000a).

Introjected Regulation

A type of extrinsic motivation that pressures an individual to build self-esteem by avoiding guilt or anxiety and choosing attaining ego-enhancing behaviors (Ryan & Deci, 2000a).

School Counselor

Practicing school counselors are certified or licensed counselors with a minimum of a master's degree in school counseling who have the training and specialization to work in educational settings with the goal of supporting the personal/social, academic, and career needs of students through a developmental and comprehensive school counseling program (ASCA, 2019).

Self-Determination Theory

An empirical framework for understanding human motivation and personality that highlights the importance of using inner resources for personality development and behavior self-regulation (Ryan & Deci, 2000b).

Self-Efficacy

Self-efficacy is defined as "beliefs in one's capabilities to organize and execute the courses of action required to manage prospective situations" (Bandura, 1995, p. 2).

Situational Motivation

The type of motivation individuals experience when they are currently engaged in a specific activity (Vallerand, 1997).

Summary

The mental health needs of students are rising to a rate that we can no longer ignore, yet barriers to mental health care continue to be a problem for youth and their families (Kaffenberger & O'Rorke-Trigiani, 2013). Current trends in research and educational policy have pushed to make mental health care services more available in schools (ESSA, 2015-2016; CDC, 2017). In many situations, the PSC is the only mental health professional on staff (DeKruyf et al., 2013; Lambie et al., 2019); however, many external and internal factors may impact PSCs' motivation to provide mental health services to students. Therefore, the purpose of this correlational study was to examine the predictive relationship between PSCs' perceived self-efficacy of mental health counseling skills and level of situational motivation to the extent of mental health counseling services provided to students. This chapter provided a review of the investigation's significance, aspects of the proposed methodology, instrumentation, and identified limitations.

CHAPTER 2:
REVIEW OF THE LITERATURE

Through the lens of *Social Cognitive Theory* (SCT; Bandura, 1986) and *Self-Determination Theory* (SDT; Ryan & Deci, 2017), the researcher sought to explore the relationship between PSCs' perceived self-efficacy of mental health counseling skills and level of situational motivation to the extent of counseling services provided to students. This chapter will include a review of the literature pertaining to student mental health trends and its impact on education, the historical and contemporary roles of school counselors, Social Cognitive Theory, and Self-Determination Theory.

Student Mental Health

The existence of mental health issues among young people in the United States is an increasing concern and is arguably a crisis nationwide (Lenares-Solomon et al., 2019). Each year, approximately one in five youth receives a mental health disorder diagnosis, and 80% of adults with a mental health disorder began exhibiting symptoms as early as 7 years of age (Paolini, 2015; National Alliance on Mental Illness [NAMI], 2020). In the most recent report from the CDC's Nationwide Youth Risk Behavior Survey (2018), approximately 32% of students nationwide have experienced persistent feelings of sadness or hopelessness. According to Perou and colleagues (2013), common diagnoses in school-aged youth include: (a) anxiety, (b) depression, (c) attention-deficit/hyperactivity disorder, (d) autism spectrum disorders, (e) behavior problems, and (f) substance use. The rates of these diagnoses has steadily risen since 2003 (CDC, 2020), and children in lower income families are more likely suffer from the

symptoms of a mental health disorder than their peers (Currie, 2009). Furthermore, research has suggested that there is a $1 trillion-dollar loss in productivity on the global economy due to untreated depression and anxiety disorders (NAMI, 2020).

It is important to address symptoms of mental illness and trauma at an early age, as they hold the potential to greatly impact learning and future success (Reback, 2018). Early scholars in psychology and neuroscience proposed that emotion and cognition processes operated on separate but interacting systems (Tyng et al., 2017). However, current imaging evidence by Dolcos et al. (2011) and Okon-Singer et al. (2015), demonstrate that these two distinct neural systems not only overlap, but also show evidence of mediation and modulation. Further investigations have shown how emotion impacts our attention (Kessel et al., 2013) and motivation (Dweck, 2017). In Tempelaar and colleagues (2017) study of over 10,000 adolescents between the ages of 13-16, general mental health problems showed positive link to underachievement. The researchers further concluded that mental illnesses were related to low standardized test scores, school drop-out, and grade retention. Thus, educational policy and practice can no longer ignore the substantial implications social and emotional development and mental health have on student learning (Benningfield et al., 2015; Jones & Kahn, 2017).

<div align="center">Prevalent Issues</div>

Self-Injurious Thoughts and Behaviors

According to the CDC (2020), out of the total number of school-aged youth living in the United States, approximately 6.1 million have been diagnosed with ADHD, 4.5 million have a received a diagnosis for behavior, 4.4 million have anxiety, and 1.9 million have been diagnosed

with depression. Self-injurious thoughts and behaviors (SITBs) include a broad spectrum of cognitions and actions intended to intentionally injure oneself (Glenn et al., 2017). According to Nock (2010), SITBs range from non-suicidal self-injury (NSSI) committed without intention to die, to suicidal behaviors in which a person has at least some intention to die during the self-injurious act. Muehlenkamp and colleagues (2012) using community samples suggest, approximately one in five adolescents report engaging in NSSI. Additionally, suicide is another important concern in adolescent health.

Based on latest research analyses of youth risk behaviors and suicide, approximately three students in a class of twenty-five will consider acting on an attempt (Lambie et al., 2019b). In one study, Schmidt et al. (2015) screened youth in a rural school district for suicidal thoughts (N = 5,949), 11% reported having suicidal thoughts within the past year or past few days. Moreover, Grandclerc and colleagues (2016) reported among youth who have participated in NSSI, 70% have attempted suicide at least once and 55% several times, putting this population at considerably greater risk of both suicide attempts and suicide. Access to care is another risk factor. Examining the help seeking behaviors of adolescents, Pisani et al. (2013) found that 48% of the participants surveyed (N = 381) did not seek help or tell an adult about their suicidal ideation.

School Violence

Between 1999 and 2017, over 26,000 U.S. children were killed by firearms, making it the third leading cause of death among American children (CDC, 2018). In comparison to 23 high-income countries, the U.S. accounts for more than 90% of all childhood deaths from firearms

(Grinshteyn & Hemenway, 2016). Furthermore, Black children and teens are 14 times more likely to die by gun homicide than their White peers (Everytown, 2019). While it has been reported that 70% of youth in the juvenile justice system have a diagnosed mental health disorder (Brown et al., 2019; Gilbert et al., 2015), several reports (Kann et al., 2018; Paolini, 2015; Rees et al., 2019; Woodrow Cox & Rich, 2018) maintain that there are multiple factors that led to the perpetrators' violence. However, the need for mental health support is a common thread and outcry in all findings.

Understandably, evidence indicates that school violence and tragedies may have long-term and adverse effects on students, families, and the community at-large. Students exposed to gun violence are more likely to struggle with depression and anxiety, as well as academic achievement (Paolini, 2020). Studies reported post-event increases in symptoms of mental health disorders, such as PTS (Orcutt et al., 2014), Major Depression (Vicary & Fraley, 2010), and generalized anxiety disorder (Séguin et al., 2013). Academically, Beland & Kim (2016) found, students exposed to gun violence at schools had substantially lower test scores in math and English and were less likely to graduate than their peers who did not experience gun violence. Additionally, after experiencing a traumatic event, the sense of safety schools provide disappears (Paolini, 2020). This loss of security can preoccupy students' attention, making it difficult to perform academic tasks (Benningfield et al., 2015).

Barriers to Care

Youth with behavioral and emotional difficulties often have trouble with effective interpersonal skills, healthy self-regulation, and the utilization of positive coping skills (Jones &

Procopio, 2017). Additionally, these youth tend to miss more days of school and be referred for disciplinary action more often than their peers (Reback, 2010b; Stempel et al., 2017). Larson and colleagues (2017) posit, that youth with mental health symptoms that go untreated are at a higher risk for dropping out of school, not finding meaningful employment, and possible negative behaviors that could lead to incarceration. Furthermore, research has shown untreated mental illness is a contributing factor to incidences of suicide, non-suicidal self-injury, and school shootings (Perou et al., 2013). Nevertheless, studies indicate that nearly 80% of young people identified with a mental health disorder do not seek nor receive appropriate counseling (Cappella et al., 2008; Kaffenberger & O'Rorke-Trigiani, 2013).

According to Caballero and colleagues (2017), the needs are even greater for economically disadvantaged youth and racial and ethnic minorities. Multiple barriers, such as lack of health insurance, restricted transportation, limited resources, and stigma, can prevent access to care for many youth (Solomon et al., 2016; Lambie et al., 2019a). Providing opportunities for treatment and intervention may positively impact academic achievement and curb the potential risk-taking behaviors (Reback, 2010b). Thus, it is important to provide opportunities and access to mental health care where students spend most of their time: school.

<center>School-Based Mental Health Counseling & Academic Achievement</center>

School-based mental health counseling (SBMHC) services are not a new concept and noted as the most efficient way for children to receive care (Eklund et al., 2017). Not only is the school a neutral territory, but students are 21 times more likely to seek out supports at school than they are in a community-based clinic (Juszczak et al., 2003; Walker et al., 2010). Not only

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do SBMHC programs help to create access and reduce stigma, but they are a cost effective

alternative (Jones et al., 2015). Reback (2018) found in a study of California's public schools

that to add the minimum number of needed counselors to all public schools statewide would only

cost an additional $31 per student: $20 for elementary, $4 for middle, and $7 for high school.

Farahmand et al. (2011) conducted a meta-analysis to evaluate the efficacy of SBMHCs

for urban youth living in low-income families. Their findings indicated that several SBMHCs

have a school staff member who provided a psychoeducation modulated treatment program.

Results found SBMHCs to be effective in improving behavioral and emotional outcomes of

urban youth living in impoverished communities (Farahmand et al., 2011). Further, the outcomes

acknowledged SBMHCs used in low-income communities to be more effective when

interventions concentrate on internalizing, rather than externalizing, behaviors.

Walter and colleagues (2011) observed the effects of a school wide Positive Behavior

Intervention and Support system (PBIS) and direct clinical interventions on students ($N = 638$) in

two inner-city public elementary schools. Utilizing data from a baseline screening survey, the

team developed a program that was specific to the needs of each school. The program was

implemented over 1 academic year through a collaboration of mental health professionals and

school teachers. Assessment of follow-up data revealed that students had significantly lower

mental health difficulties, improved behavior, and less functional impairment (Walter et al.,

2011). Students and teachers also reported a greater knowledge of mental health, lower stigma

towards mental health, and a greater understanding of behavioral intentions. Though this study

did not assess for academic outcomes, it does support the notion of policies centered around

comprehensive school mental health services (Walter et al., 2011).

Kase and colleagues (2017) conducted an extensive review of the literature between 1997 and 2014 that focused on (a) school-based intervention in the United States, and (b) empirical evaluation of the academic outcomes, effectiveness or efficacy of the intervention. Post-analysis, the group organized identified interventions using the multitiered system of supports (MTSS) framework: (a) clinical services, fewer students and more symptoms (e.g. school-based health centers [SBHC] for individual/family counseling); (b) targeted interventions designed for at-risk students (e.g. cognitive-behavioral intervention for trauma [CBIT]); and (c) primary prevention, universal programs for all students (e.g. positive behavior interventions and support [PBIS]). Excluded from this study are investigations that involved curricular approaches, SEL efforts, and primary prevention programs not attached to secondary programs (Kase et al., 2017). Results of the meta-analyses across each of the groupings indicated a positive, significant impact on students' academic achievement. SBHCs which provided mental health care were effective at improving students' attendance, grade point averages, and mental health symptomology (Kase et al., 2017).

Hawkins et al. (2008) examined the long-term effects of a universal SEL intervention provided at fifteen public elementary schools in Seattle, Washington. The interventions consisted of (a) teacher training in classroom instruction and management, (b) child social and emotional skill development, and (c) parent workshops. The researchers utilized a nonrandomized controlled trial with 4 conditions: (a) the full-intervention group of those students ($N = 156$) who received at least one semester of intervention in grades 1 through 4 and at least one semester of intervention in grades 5 and 6; (b) the late-intervention group, students ($N = 267$) who received the intervention during grades 5 and 6 only; (c) the control group students ($N = 220$) that

received no intervention; and (d) a fourth group of students (N = 141) that was offered parent training only during grades 5 and 6 (Hawkins et al., 2008).

The team performed follow-up interviews with self-report measures of events in the last year at ages 24 and 27 years, and court records from age 10 to 24 years. Response rates were strong with 93% of the treatment group and 84% of the control group responding. Results indicated a significant difference between the intervention and control group in the areas of continued education, work attainment, community involvement and volunteerism, fewer symptoms of mental health disorders, and a lower prevalence of STD diagnosis (Hawkins et al., 2008).

Lambie and colleagues (2019a) examined the effect of a five-week school-based mental health counseling intervention (SBMHCI) on elementary school students (N = 49) at two Title I elementary schools in Florida. The research team employed a single-group, pretest-posttest design to assess for variations in participants' internalizing and externalizing behaviors, as well as their rate of attendance. Results identified a significant improvement in participants' attendance and internalizing behaviors over time, but no reported changes in externalizing behaviors (Lambie et al., 2019a). Findings from this study are consistent with Farahmand and colleagus' (2011) meta-analysis conclusion, which is that SBMHCs provided in low-income areas should focus on internalizing, rather than externalizing problems.

El-Khodary and Samara (2020) assessed a school-based counseling program and its effectiveness to alleviate posttraumatic stress disorder (PTSD) symptoms following a military conflict in the Gaza Strip. Participants included Palestinian children and adolescents (N = 572) aged 12 to 18 years old who had exposure to war-traumatic events. The study was conducted

immediately following the war that took place in July 2014, which was the third major war that the children experienced in 6 years (El-Khodary & Samara, 2020). Researchers employed a repeated measures design, and data was collected pre-and post-intervention using (a) War-Traumatic Events Checklist, (b) Post-Traumatic Stress Disorders Symptoms Scale, (c) the Anxiety Symptoms Scale, and (d) the Child Depression Inventory (El-Khodary & Samara, 2020). The intervention consisted of five sessions of activities that included psychoeducation, psychodrama, and art therapy led by school counselors and social workers. Results indicated significant outcomes with the prevalence of PTSD decreased from 57.5% to 45.6%, as well as diminished emotional, somatic, and cognitive functional impairment symptoms among the students (El-Khodary & Samara, 2020). Limitations to this study include the lack of a control group to test for causation, only one post-intervention survey, and the study depended on the self-report of children and no other sources.

Owing to their accessibility to students and families, schools have increasingly become the focus for health interventions and services (Larson et al., 2017). SBMHCs have some demonstrated indications of their capability to improve academic outcomes and reduce the inequalities currently found in our mental health care system (Kase et al., 2017; Reback, 2018). While there is a broad spectrum of evidence-based school behavioral health programs and frameworks available, additional studies are still needed to ascertain if findings are replicable in different age groups, geographic areas, and racial/ethnic groups (Larson et al., 2017). Despite the wealth of research surrounding youth mental health and SBMHCs, there are few studies discussing the role of PSCs in supporting mental health in K-12 schools (King-White, 2019;

Messina et al., 2015). This comes as a surprise since PSCs are typically the only trained professionals in the school with access to students to appropriately address such concerns.

<div align="center">Professional School Counseling</div>

In response to the connection between student mental health and academic achievement, current educational legislation (ESSA, 2015; School Safety Act, 2017) has adopted policies and allocated funding to address this gap in schools (Donohue et al., 2015; Lambie et al., 2019b). Applying ESSA funding to employ more PSCs could prove beneficial in addressing nonacademic issues. According to Reback (2010a), make fiscal sense for states and taxpayers. Reback (2010a) examined the benefits of the Alabama subsidy program to provide PSCs to all public elementary schools in the state. Results revealed that the counselor subsidies significantly decrease suspensions, weapon-related incidents, and physically aggressive behaviors at the elementary level; thus, lessening the likelihood of students encountering more serious disciplinary issues in the future (Reback, 2010a). In another study by Carrell and Hoekstra (2014), found that PSCs were both an economical and effective educational input. By exploiting within-school variation in counselors, results indicated that the addition of another PSC to staff significantly reduced students' misbehavior and increases boys' academic success by one percentile point. The effects of this study were found to be large compared to hiring additional teachers to reduce class size, thus making PSCs a more efficient and effective way of improving student achievement (Carrell & Hoekstra, 2014).

Moreover, Carey and Dimmitt (2018) reviewed the efficacies of six statewide studies which explored the effects of school counseling on student achievement. Four of the states (Utah,

Nebraska, Missouri, and Connecticut) from this review studied the relationship between student-to-school counselor ratios and positive student outcomes. Using rigorous statistical controls for pre-existing demographic differences among schools, all four studies found that lower ratios improved attendance and discipline rates, career and vocational attainment, and graduation rates (Carey & Dimmitt, 2018).

Investigations in SEL, SBMH, and neuroscience are revealing what some have long believed: there is a strong connection between the mental health and non-cognitive skills of students and their success academics and beyond (Hawkins et al., 2008; Kase et al., 2018; Reback, 2018). Further, data has shown that delivering school-based services that address mental health issues is fiscally beneficial to taxpayers (Jones et al., 2015), improved graduation rates (Reback, 2018) and attendance rates (Lambie et al., 2019a), and youth with access to care are less likely to end up in the juvenile justice system (Koffman et al., 2009).

Professional School Counselors Perceptions of Roles and Activities

School counselors are certified/licensed educators with the minimum of a master's degree in school counseling and are uniquely qualified to address the developmental needs of all students through a school counseling program addressing the academic, career, and social/emotional development of all students (ASCA, 2019).

The ASCA National Model (2019) suggests that PSCs allocate 80 percent of their time providing direct and indirect services; yet, current ASCA ethical standards (2016) state that it is inappropriate for PSCs to address their students' psychological disorders long-term, so that they can reach as many students as possible. This contradiction in role ambiguity may cause tension

for PSCs on addressing student mental health concerns (Lenares-Solomon et al., 2019). Further, while the perceptions of administrators towards PSCs are overall positive, research in school counseling continues to show a general sense of role ambiguity, emphasis on non-guidance related activities (e.g. paperwork and testing coordination), high student-to-counselor ratios, and a lack of appropriate supervision (Bardhoshi et al., 2014; Goodman-Scott, 2014; Moyer, 2011). Ironically, studies have garnered positive correlations between PSCs providing counseling with low rate of burnout, higher self-efficacy, and overall job satisfaction (Cervoni & DeLucia-Waack, 2011; McCarthy et al., 2010; Randick et al., 2018).

Foster et al. (2005), used the Job Analysis Survey (JAS) with a national sample of school counselors ($N = 526$) to identify the activities in which they were engaged that promoted students' academic, career, and personal/social development. On the survey, researchers asked participants to rate how frequently they performed activities in the three developmental areas on a 5-point Likert scale. Results from this investigation showed that performed tasks supported students' holistic development (Foster et al., 2005). The top four activities reported were: (a) provide general school counseling, (b) facilitate students' development of decision-making skills, (c) identify students' support systems, and (d) plan and conduct classroom guidance activities. However, there was nothing to delineate what general school counseling meant, and if it included mental health counseling.

In 2007, Rayle and Adams noted in a similar study that middle school counselors spent less time on counseling duties than high school counselors. Though a slightly smaller national sample ($N = 388$) than the study performed by Foster and colleagues (2005), results emphasized that PSCs engage in non-CSCP tasks (e.g. clerical work, administration duties, special education

services) equally to, if not more, than programmatic tasks. Outcomes from this study mirror the results from a 2006 investigation by Monteiro-Leitner et al. of PSCs', school counselors-in-training, and principals' perception of role and responsibilities. Participants in this study also expressed that they spent an unwarranted amount of time on "non-guidance" activities and administration duties (e.g. discipline of students) that they had no formal training to perform.

Vaughn and colleagues (2007) surveyed school counselors ($N = 52$) in the 21 southeastern Alabama school districts using SCARS (Scarborough, 2005) and *The School Counselor Survey* (Vaughn et al., 2007). Results from this study identified that PSCs spend most of their time on consultative activities with parents and teachers, as well as other assigned administrative duties. Participants also noted that they were not spending as much time as they would like on individual and small group counseling activities (Vaughn et al., 2007). Subsequently, in a later survey of both PSCs and school principals ($N = 337$) using the SCARS instrument, Buchanan (2011) discovered that PSCs perceived themselves to be providing counseling services less frequently than other duties. Both investigations further underscore that there is a continued perception within educational leadership that PSCs do not possess the specialized training to provide counseling to students.

Scarborough and Culbreth (2008), utilized the SCARS to survey a national sample of PSCs ($N = 361$) regarding discrepancies between actual and preferred practices of school counselors. The results revealed two major discrepancies between grade levels and years of experience. Data showed that high school counselors were performing more administrative activities, than what they preferred to do; whereas, elementary counselors were practicing the activities they preferred. Moreover, PSCs with more years of experience believed they were

practicing preferred counseling activities; whereas, those newer to the profession were performing more administrative activities (Scarborough & Culbreth, 2008). The results likewise divulged that PSCs preferred to spend their time in activities associated with a CSCP over administrative activities.

Kolodinsky and colleagues (2009) examined job satisfaction among a sample of Arizona school counselors ($N = 155$) utilizing a previous, similarly designed study (Vandegrift, 1997), as well as extensive input from school counselors and administrators in a local school district. They asked participants to rate job satisfaction on a 5-point Likert scale, with 82% of the respondents reporting that they were "mostly satisfied" with their job. The variable with the highest positive impact on job satisfaction was "Time spent counseling students". However, responding to crises, providing system support, and performing non-guidance activities were all variables found to negatively impact job satisfaction (Kolodinsky et al., 2009).

In 2010, McCarthy et al. explored Texas PSCs' job demands and resources, and their relationship to stress, biographic, and caseload characteristics. Participants (N = 227) completed an instrument consisting of counselor demographics, survey of caseload, school counselor job stress assessment, and classroom appraisal of resources and demands-school counselor version (CARD-SC). Results indicated that most of the respondents were satisfied with their career, while 10% signified that they would be leaving the profession at the end of the year. Paperwork, caseload size, and daily disruptions were all rated the most demanding and stressful part of the job and are consistent with other studies (McCarthy et al., 2010).

In another Texas study, Ruiz et al. (2019) investigated principals' ($N = 141$) and PSCs' ($N = 149$) perception of the role of the school counselor. Researchers used a modified version of

the SCARS, adding two activities to the Counseling subscale: (a) "counsel students regarding multicultural issues"; and (b) "conduct classroom lessons on multicultural issues" (Ruiz et al., 2019, p. 6). Though their findings from this investigation suggested that principals' and PSCs' perceptions were similar in many areas (e.g. counseling students on academic issues, collaboration with teachers), the study still matched previous studies that expressed principals were okay with PSCs performing inappropriate tasks (e.g. hall, bus, or cafeteria duty).

Bardhoshi and colleagues (2014) conducted a mixed-methods study of the relationship between burnout and performing noncounseling duties using a national sample of PSCs ($N =$ 252). Consistent with past studies, results to a survey involving of the Counselor Burnout Inventory (CBI), SCARS, and three open-ended questions suggested that undertaking noncounseling responsibilities significantly predicted burnout. Additional factors such as caseload, Adequate Yearly Progress reports, and administrator support significantly added to the likelihood of burnout (Bardhoshi et al., 2014). Furthermore, the research team found that the SCARS noncounseling duties subscales significantly predicted the exhaustion, negative work environment, and deterioration in personal life subscales of the CBI. One qualitative response of note:

> I think that the fact that ASCA has swallowed the NCLB "data-all-the-time" Kool Aid, adds to my stress tremendously. It encourages counselors to become quasi administrators and data-collectors instead of doing the job that is encapsulated by our title: COUNSEL [*sic*] individuals and groups of kids in a school setting. When we are allowed to focus on the social and emotional needs of the whole child, we are best positioned to clear away the barriers to academic achievement. Our effect on test

scores is indirect. Thus, it is a red herring to go chasing after "data" that proves we

belong in a school (Bardhoshi et al., 2014).

This quote directly addresses the negative impact professional organizations such as ASCA have

caused within the profession. Further, it parallels the findings of Cervoni and DeLucia-Waack

(2011), McCarthy et al. (2010), and Randick et al. (2018), which supports the necessity for PSCs

to re-focus and maintain their role of counseling students and addressing the social/emotional

issues that arise in schools.

Research continues to suggest that PSCs' roles are ambiguous and assigned

responsibilities are inappropriate. Not only can noncounseling duties be a detriment to students,

but data suggests that it can impact PSCs' wellbeing and the profession (Buchanan, 2011;

McCarthy et al., 2010). According to Wilder (2018), PSCs can best address students' scholastic

and formative concerns and aid administrators' trepidations regarding school climate by

advocating for their time to focus on student needs instead of spending time on noncounseling

duties. Motivation to perform such activities is an area to still be assessed.

<div align="center">Social Cognitive Theory</div>

Social cognitive theory (SCT) posits that behavior is learned through observation and

interaction with others (Bandura, 1986). A key role in the initiation and maintenance of behavior

is self-efficacy (Schiele et al., 2014). According to Bandura (1986), self-efficacy is a construct

that represents individuals' beliefs about their ability to be successful in various situations. In

turn, the encouragement of these beliefs influence people into attempting and successfully

accomplishing a task (Cinotti & Springer, 2016). Based on these definitions, PSCs who believe

they can perform clinical skills are more likely to address mental health issues of students, rather than avoid it. Multiple studies of the structure and influence of self-efficacy among counseling trainees, doctoral counselor education students, school counselors, and supervisors have positive correlations to engagement of counseling related activities, and are discussed in the next section.

School Counselor Self-Efficacy

Lambie and Vaccaro (2011), examined the levels of research self-efficacy of doctoral students in a counselor education program ($N = 89$). Participants were invited to provide perceptions of their research self-efficacy, research training environment, and interest in research through mailed survey packets. Though limited by their purposive sample and research design, results indicated that students in their 3rd year of study had higher levels of research self-efficacy compared to 1st and 2nd year doctoral students. Furthermore, the researchers found higher research self-efficacy had a positive correlation with higher interest in research and scholarly publication experience (Lambie & Vaccaro, 2011).

In their 2013 study, Sawyer and colleagues explored the effects of crisis intervention preparedness on master's level counseling students ($N = 34$) self-efficacy. Participants consisted of students in a crises intervention preparation course at the university, and enrolled in their final semester of the master's program. Utilizing the Counselor's Self-Efficacy Scale (CSES), participants provided responses on a 6-point Likert scale to 42-items pre-and post-course. Results suggested a significant correlation between the course and students' self-efficacy of crisis intervention skills, with large effect sizes (1.24 to 1.77) in all subscales (Sawyer et al., 2013).

Another study by Schiele et al. (2014), investigated the effects of a quality assessment and improvement (QAI) intervention on the counseling self-efficacy of school mental health (SMH) practitioners ($N = 72$). Researchers conducted a two-year, multisite randomized controlled trial of the QAI as compared to a condition focused on professional wellness (W). Participants were randomly assigned to either intervention, were asked to complete the CSES, School Mental Health Quality Assessment Questionnaire, and Practice Elements Checklist pre- and post-intervention. Additionally, both conditions were provided four trainings (at the beginning and end of both Years 1 and 2; Schiele et al., 2014). QAI trainings centered on family engagement, empowerment of clients, and evidence based practices; while W trainings focused on general topics like stress management, coping strategies, relaxation, exercise, nutrition, and burnout prevention. Supplementary to their trainings, QAI participants received ongoing small group supervision throughout the year, while those in the W group did not receive any form of supervision (Schiele et al., 2014). Results concluded no significant difference between the two conditions; however, postintervention level of CSE for both groups was found to positively impact quality of practice.

Hayden and colleagues (2015) performed a study exploring school counselor-trainees' development of self-efficacy through a targeted supervisory curriculum during an urban high school practicum experience. Participants included master's level school counseling students ($N = 21$) who were in their first semester of practicum and working to complete the 100-hour requirement. Students were randomly assigned to one for four practicum groups, with two groups receiving the standard supervision curriculum and two groups receiving the targeted supervision curriculum (Hayden et al., 2015). The experimental group differed from the standard

curriculum by receiving targeted lessons/activities related to counseling urban youth, cultural sensitivity, social justice advocacy, specific role plays, and specialized guided reflection and discussions. Data collection was mixed, using the School Counselor Confidence Survey (SCCS) for pre-and post-intervention, and semi structured interviews capturing participants' experiences of developing self-efficacy. Quantitatively, results did not indicate a difference between the two groups, as all students self-reported an increased improvement in their self-efficacy. However, qualitative findings suggested a positive impact with engaging in specific weekly reflection discussions and targeted weekly supervision (Hayden et al., 2015).

In another study emphasizing supervision, Cinotti and Springer (2016) examined the influence of supervision on school counselor self-efficacy. The researchers surveyed practicing public school counselors ($N = 210$) within a northeastern, using the School Counselor Self-Efficacy Scale (SCSES). Additionally, each participant was asked to provide the title of the person who gave them the most direct supervision and indicate whether this person was a counseling (e.g., another school counselor) or non-counseling (e.g., principal) supervisor. Of the 210 respondents, 51% designated a non-counseling staff member as their supervisor, and 46% identified receiving their supervision from a counseling supervisor (Cinotti & Springer, 2016). Results suggested that those receiving supervision from someone other than another counselor had lower self-efficacy scores.

Mullen and Lambie (2016) studied the influence of practicing school counselors' ($N = 693$) self-efficacy relative to the frequency of their programmatic service delivery. Participants for their study were a national sample of practicing school counselors currently working in a K-12 setting. Data were collected via self-report using an instrument consisting of (a) demographic

questionnaire, (b) SCSES, and (c) SCARS. Surveys were administered face to face, via email, and mail-based packets. Data findings, with 48% of the variance explained and a large effect size, indicated that practicing school counselors' self-efficacy had a strong contribution to their frequency of programmatic service delivery (Mullen & Lambie, 2016). Results suggest that this higher level of occurrence may increase the likelihood of student achievement.

Harris et al. (2019) investigated the relationship between PSCs' personal and environmental factors and their collaborative involvement with families of color. Using a national sample of practicing school counselors ($N = 1550$), participants completed a survey consisting of (a) SCSES, (b) the Multicultural Counseling Competence and Training Survey-Revised, and (c) the School Counselor Involvement in Partnerships Survey-Modified. Results were reflective of past research and signified that PSCs' self-efficacy and multicultural knowledge were predictors of PSCs' involvement in partnerships with families of color (Harris et al., 2019).

SCT and its construct of self-efficacy are widely considered to be a factor in the development and practice of counseling professionals, educators, and researchers (Lambie & Vaccaro, 2011). Sawyer et al. (2013) found that students' self-efficacy had a positive influence on their ability to address and manage crisis situations with clients. Additionally, Hayden and colleagues (2015) and Cinotti and Springer (2016) established a positive correlation between appropriate clinical supervision and increased counselor self-efficacy. Further, counselor self-efficacy is especially important in understanding the degree to which PSCs approach clients, day-to-day tasks, involvement with clients of color, and career outlook (Harris et al., 2019; Mullen & Lambie, 2016; Schiele et al., 2014). Though self-efficacy can impact motivation, it

does not consider the different types of motivation nor environmental factors, such as alienation, undermining, or authentic living (Ryan & Deci, 2017).

Self-Determination Theory

Situational Motivation

The central principles of SDT suggest that motivation and its determinants, mediators and consequences operate at three levels: (a) global, (b) contextual, and (c) situational (Vallerand, 1997). This investigation was specifically interested in PSCs motivation to perform counseling activities; therefore, only situational level of motivation was observed. *Situational* motivation embodies the drive experienced while engaged in a certain activity (Guay et al., 2000). As previously discussed in chapter 1, situational motivation can further be refined and described by constructs (e.g., amotivation, extrinsic motivation, and intrinsic motivation) on a continuum from high to low levels of self-determination (Ryan & Deci, 2017). Subsequently, PSCs may be intrinsically motivated to provide counseling as it brings them joy and satisfaction. Some are motivated to perform such activities, because they see a value in addressing mental health issues; while others, may not value the task, but implement counseling out of pure obligation from a superior. Lastly, some PSCs may hold very little to no value in working with social/emotional problems, thus having a very passive, almost apathetic, outlook on counseling activities.

Based on these principles, motivation has the potential to be influenced by multiple internal and external factors. There has been a plethora of studies around counselor self-efficacy, and while PSCs may find themselves competent in their counseling skills, it does not fully explain their motivation to perform counseling activities. Though there is a dearth of literature on

counselors' situational motivation, it is a construct widely studied in the arears of health, athletics, and education. Studies on situational motivation and the SIMS are discussed in the next section.

Prior Research on Situational Motivation

Conroy et al. (2006) tested a model of social-cognitive effects on situational motivation with adolescent athletes. Participants ($N = 165$) were recruited through a local summer swim league and the study took place during the 6-week competition season. The research team collected data using (a) the Situational Motivation Scale (SIMS), (b) the 2 x 2 Achievement Goals Questionnaire for Sport (AGQ-S), and (c) the Perceptions of Coaches' Achievement Goals Questionnaire for Sport (PCAGQ-S). Respondents completed both SIMS and AGQ-S during the first week of the season, only the SIMS during week 3, and the SIMS, AGQ-S, and PCAGQ-S during the final week (Conroy et al., 2006). Results from a longitudinal factorial invariance (LFI) analysis suggested that all SIMS responses indicated acceptable levels of invariance. Latent growth curve analyses divulged that intrinsic motivation and identified regulation did not change over time; however, external regulation and amotivation increased considerably during the season (Conroy et al., 2006). These results highlight that as the sports season proceeded, participants lost value in what they were doing and were more motivated by external factors (e.g., achievement, rewards).

Barna and Brott (2012) examined the relationship between elementary school counselors' motivational orientation, perceptions of importance, and levels of implementation of the *Virginia Standards for School Counseling Programs*. Participants ($N = 211$) were asked to provide the

level of importance to the 14 items on the Academic standard and the 12 items on the

Personal/Social standard using a 4-point Likert scale (0 = not important to 3 = critical). They

were then asked to complete the SIMS to gauge their motivation for addressing personal/social

development. Results found only one subscale (identified regulation) from the SIMS had a

statistically significant relationship with the counseling standards. Therefore, the researchers

ascertained that PSCs are motivated to address personal/social issues as it is seen as part of their

job function (Barna & Brott, 2012).

Gillet and colleagues (2013) performed two studies to identify situational motivational

profiles of top performing athletes, then examined how those profiles related to performance. In

study 1, nationally ranked French tennis players ($N = 173$) completed the SIMS the day before a

French Tennis Federation (FTF) match. Results from an analysis of the assessment scores, match

results, and the FTF system of ranking points awarded to winners/losers revealed a three-cluster

solution: (a) intrinsic motivation, (b) identified regulation, and (c) external regulation. Further,

the analysis suggested significant differences among clusters on subsequent sport performance

(Gillet et al., 2013). Particularly, players with the least self-determined motivational profile

attained the lowest levels of performance. Study 2 replicated Study 1, but with a larger sample of

national level tennis players ($N = 319$). Findings with the larger sample were like the key

findings of study 1 (Gillet et al., 2013). While both studies were able to develop self-determined

motivational profiles that linked to performance, the study did not consider other motivation

variables (e.g., self-efficacy) that could have further impacted performance.

Ning et al. (2015) explored the predictive power of adolescents' situational motivation to

their physical activity levels in physical education (PE) class. Participants were recruited as a

single convenience sample of middle school students ($N = 259$) from one public school in the

U.S. Data collection started in the middle of the term and one took place during one, four week

instructional unit. Students completed the SIMS at the end of class on the first day of data

collection. After the first day, in-class physical activity levels were then measured by pedometers

and accelerometers (Ning et al., 2015). Researchers quantified the physical activities level as

steps per minute, percentages of time in sedentary behavior, and moderate-to-vigorous activity

per accelerometers. Results of the multiple regression analyses acknowledged youths' intrinsic

motivation as the only positive predictor for their period of moderate-to-vigorous physical

activity (Ning et al., 2015).

Research of SDT has indicated individuals' motivation levels and achievement behaviors

(Gillet et al., 2013). Conroy and colleagues (2006) noted that that motivation can change over

time, even in activities that you are competent at and enjoy. Gillet et al. (2013) highlighted the

positive association between self-determination and level of performance. Further, Barna and

Brott (2012) and Privette (2018) found that PSCs were motivated to perform a task, because it

was a part of their job. Moreorver, Ning et al. (2015) discovered middle school students were

more intrinsically motivated to perform physical activities, suggesting the students found

pleasure in performing the activity. SDT goes beyond self-efficacy and explores other

internalizing and externalizing factors that could also contribute to motivation and success (Ryan

& Deci, 2017). Multiple studies within sports, education, and health care have found value in

SDT, but there is a scarcity of its use in counseling literature.

Summary

      This chapter provided a review of the literature regarding: (a) youth mental health rates and barriers to care, (b) a history of the school counseling profession and development of the ASCA National Model, (c) professional school counselors, (d) perceptions of school counselors' role, and (e) background on the theoretical framework for this proposed study. There is a clear indication for the research that PSCs' role and responsibilities continue to be in question. Furthermore, several studies have shown a positive link between counselor self-efficacy and counseling activities and performance. However, while important, the current literature does not account for auxiliary internal and external drives to perform.

CHAPTER 3:
RESEARCH METHODS

Introduction

Chapter three discusses the method, research design, and procedures that were utilized in this investigation. The purpose of this investigation was to explore the relationship among PSCs' perceived self-efficacy of mental health counseling skills (as measured by the *School-Based Mental Health Survey*; developed by A. D. Waliski & A. Barthel; adapted and published by Carlson & Kees, 2013) and level of situational motivation (as measured by the *Situational Motivation Scale*; Guay et al., 2000) to the extent to which they provide counseling services to students (as measured by the *School Counselor Activity Rating Scale*; Scarborough, 2005). Specifically, using central components of SCT (Bandura, 1986) and SDT (Ryan & Deci, 2017), the researcher tested the theoretical hypothesis that school counselors who report higher levels of perceived self-efficacy of mental health counseling skills and higher levels of intrinsic motivation will report a higher frequency of providing counseling services to students. Limited research has investigated PSCs' situational motivation and the influence it has on addressing students' mental health needs in a school environment; therefore, the findings from this study offer implications for policy, school counselors, school administrators, school counselors-in-training, and counselor educators.

Research Design

In this study, the researcher commissioned a nonexperimental descriptive, correlational research design to investigate the research hypothesis and exploratory questions (Creswell &

Creswell, 2018). The research design for this study is correlational due to the goal of determining the relationships among the variables of school counselors' self-efficacy of skill and level of motivation to the extent of counseling services without the manipulation of variables (Pallant, 2016). The investigation utilized data from a self-report questionnaire consisting of items from four-separate measures: (a) the *School-Based Mental Health Survey* ([SBMHS], developed by A. D. Waliski & A. Barthel, adapted and published by Carlson & Kees, 2013), (b) the *Situational Motivation Scale* ([SIMS], Guay et al., 2000), (c) the *School Counselor Activity Rating Scale* ([SCARS], Scarborough, 2005), and (d) a demographics questionnaire. Employing a self-report questionnaire allowed the researcher to gain an understanding of perceptions and motivation from a larger sample without disrupting school counseling programs (Creswell & Creswell, 2018).

<div align="center">Population and Sample Procedures</div>

<div align="center">Sample Size Determination</div>

The target population for this study was current certified/licensed PSCs in the United States. Inclusion criteria for this study were: (a) a practicing PSC at any level within K-12 education, (b) licensed or certified as a school counselor in their state, and (c) at least 18 years of age. Since this study focused on current field practices, school counselors-in-training and school counselor educators were excluded from the sample. In quantitative analysis, sample size is a major factor and considered prior to data collection. According the Gall and colleagues (2007) the largest possible sample size should be utilized by researchers. Not only do larger sample sizes increase the prospect of attaining a better depiction of the population, but sample size has a

direct association to statistical power – as the sample size escalates, so too does power (Gall et al., 2007). Balkin and Sheperis (2011) recommend an *a priori* power analysis as an essential guide to sample size selection to reduce the likelihood of Type II errors.

The researcher used statistical software G*Power 3.1 to calculate an a priori sample size analysis based on previous effect sizes within existing literature (Guay et al., 2000). The researcher calculated to assess an appropriate sample size for conducting a multiple linear regression analysis (MLR). Based on the meta-analysis conducted by Barna and Brott (2012) examining elementary PSCs' perception of state school counseling standards and levels of motivation, the *a priori* analysis implemented an alpha level of .05, with a power of .95, a mean effect sized of .15, and 5 predictors. The G*Power calculator identified that 138 cases would be the minimum sample size needed to find statistically significant relationships among the variables. Additionally, Hair and colleagues (2014) and Tabachnick and Fidell (2013) assert that there should be a minimum ratio of five observations to each independent variable. This investigation included five independent variables (e.g., total scores from the SBMHS; total scores from the four subscales of the SIMS), thus the researcher would need a minimum of 25 cases to meet this requirement. However, to ensure a strong response rate, the researcher aimed to recruit more than 500 participants for this study.

Sampling

The study utilized a two-pronged sampling approach that included *convenience* and *simple random* sampling of PSCs in the data collection process. Convenience is a nonprobability sample when using one or more pre-identified groups based on their convenience and availability

(Creswell & Creswell, 2018). Simple random sampling is the method of choosing a sample of participants from a larger population in a way that every person has an equal chance of being chosen for participation (Creswell & Creswell, 2018). Utilizing the researcher's own professional contacts made over the years as a school counselor provided a convenient group of willing participants for the study. The researcher identified districts that were feasible (e.g., accessible through professional contacts and willing to participate) to involve in the study. Invitations to participate in the study online were sent to participants ($N = 130$) from 8 separate, diverse school districts in Ohio and Florida. These states were selected because (a) Ohio is the home of the researcher and where he worked as a PSC, and (b) Florida is the state of the institution supporting his research. The schools were either public, private, or charter; serving various student populations, were in a rural, urban, or suburban setting; and varied in size and classification (i.e., Title I, CTEC, magnet, etc.).

The second identified sample was drawn from the Common Core Dataset list of schools in the United States (U.S.). To sample the population of all practicing PSCs, the researcher utilized the Common Core Data set and employed simple random sample to identify participants for the study. The researcher extracted a list of every school in the country, then randomly identified 1,000 schools (using Microsoft Office's Excel RAND option; 500 public schools and 500 private schools). Of these schools, the researcher then identified the school counselor(s) for the school and to mitigate bias in the selection process, the researcher randomly selected a single counselor from each school. All participants in the study were provided the same incentive: a $5 eGift card to the company of their choice, for the first 300 participants who complete the survey. Of the 1,130 potential participants, 222 PSCs accessed the link and started the survey.

Preliminary screenings of participants revealed a total of 152 potentially usable responses. Further details of screening and data cleaning are presented in chapter 4.

Procedures

The survey administration was cross-sectional and collected at one point in time and employed both convenience and simple random sampling as discussed above (Creswell & Creswell, 2018). This method was used to address the purpose of this study which was to measure PSCs' perceptions of self-efficacy of counseling skills, level of situational motivation, and extent of counseling services provided to students from a sample of the population. Survey research permits the investigator to create inferences from the data collected (Creswell & Creswell, 2018). Furthermore, survey research is a worthwhile method of gathering data because it is economical to design, typically allows for swift turnaround in data collection, and offers the researcher with the ability to identify characteristics of a population from a small group of individuals (Creswell & Creswell, 2018).

Prior to the start of this study, the researcher applied for permission from the University of Central Florida's Institutional Review Board (IRB). In the IRB application, the researcher provided fundamental information concerning the study including, (a) objectives and rationale, (b) methods and procedures, (c) participant population, (d) participant incentives, (e) confidentiality and data storage, (f) data analysis and evaluation, and (g) risks and benefits of participation. The researcher also included in the IRB application a copy of the instrumentation used for data collection, as well as additional materials requested for recruitment purposes. Additionally, permission to use the instruments (SBMHS [developed by A. D. Waliski & A.

Barthel; adapted and published by Carlson & Kees, 2013]; SIMS [Guay et al., 2000]; and

SCARS [Scarborough, 2005]) was granted by the developers (see Appendix J through L).

The instruments were loaded onto Qualtrics.com to create the web-based survey. Each

participant received three emails through Qualtrics between February and April 2020. The first

email included an introduction to the study, a link to participate, and information regarding the

IRB approval and incentive. The second email was a reminder email for any individuals who did

not complete the study. The third email was a final reminder to complete the survey. Those

participants who chose to receive the incentive were sent a separate email from Tango Card with

directions and a code for the $5 eGift card.

<div align="center">Instrumentation</div>

The questionnaire consisted of four parts: (a) an adapted version of the SBMHS (Carlson

& Kees, 2013), (b) the SIMS (Guay et al., 2000), (c) an adapted version of the SCARS

(Scarborough, 2005), and (d) a demographic questionnaire. An introduction and review of the

instruments follows.

<div align="center">School-Based Mental Health Services Survey</div>

The SBMHS is a self-report survey that explores PSCs' self-efficacy of clinical

counseling skills and confidence in addressing the mental health needs of their students

(developed by A. D. Waliski & A. Barthel; adapted and published by Carlson & Kees, 2013).

The SBMHS consists of three subscales: (a) the Skills Scale, which examines self-reported

confidence in specific counseling skills (e.g. individual counseling, group counseling, treatment

planning); (b) the Student Issues Scale, which examines self-reported confidence with common

<div align="center">54</div>

issues faced by students (e.g. relationship concerns, addiction & substance use, suicidal concerns); and (c) the Diagnoses Scale, which examines school counselors' confidence in working with students living with a formal mental health diagnosis from the *Diagnostic and Statistical Manual* (e.g. cognitive disorders, mood disorders, anxiety disorders; DSM; American Psychiatric Association, 2000). Participants report their confidence on the 40-items using a 100-point graphical sliding scale (Carlson & Kees, 2013). Since PSCs do not diagnose, the researcher only used the Skills Scale and the Student Issues scale for this study. See Appendix E for the adapted version of SBMHS used in this study.

Psychometric Properties of SBMHS

In their pilot study (*n* = 120), Carlson and Kees (2013) examined school counselors' confidence in providing mental health services themselves. Construct validity was assessed using a one-way analysis of variance (ANOVA) to examine group differences in each of the sub-scales (Carlson & Kees, 2013). Results revealed a statistically significant difference in each sub-scale. Furthermore, reliability analyses yielded the following Cronbach's alphas – Skills Scale (.84), Student Issues Scale (.93), and Diagnoses Scale (.95) (Carlson & Kees, 2013).

The Situational Motivation Scale

The SIMS is grounded in self-determination theory and was the first of its kind to represent motivation as a multidimensional construct (Guay et al., 2000). Unlike other self-report instruments (e.g., Task Reaction Questionnaire; Mayo, 1977; Intrinsic Motivation Inventory; McAuley et al., 1989), SIMS views situational motivation as a continuous rather than a fixed construct (Privette, 2018). The scale is a 16-item self-report inventory designed to measure the 4-

types of motivation individuals experience when they are engaged in an activity (Barna & Brott, 2012; Guay et al., 2000). Participants in this particular study were asked, *"Why are you engaged in mental health counseling with students?"*, then rated their level of correspondence to such responses as, *"Because I think this activity is interesting"* and *"Because it is something I have to do"* using a Likert scale of 1 (corresponds not at all) to 7 (corresponds exactly). See Appendix F for the scale used in this study. The four types of situational motivation gauged by this scale are:

a) *Intrinsic Motivation* – (Items: 1, 5, 9, 13) conducting an activity for itself for the purposes of interest and enjoyment (Privette, 2018)

b) *Identified Regulation* – (Items: 2, 6, 10, 14) selecting a behavior because it is personally respected and perceived by the individual as selected by him/herself (Deci & Ryan, 1985)

c) *External Regulation* – (Items: 3, 7, 11, 15) picking a behavior to attain a reward or to decrease negative consequences (Barna & Brott, 2012)

d) *Amotivation* – (Items: 4, 8, 12, 16) behaviors perceived by the individual as having no sense of purpose, no expectation of a reward, and no possibility of changing (Guay et al., 2000)

Though a relatively new instrument, the SIMS has been applied to study the effects of choice and goal orientations in physical activity (Prusak et al., 2004). Guay and colleagues (2000) have additionally used the SIMS to study both teacher and student motivation levels in educational settings. Furthermore, the SIMS has been validated in field and laboratory settings and has been found to be consistently reliable, valid measure of situational motivation (Guay et al., 2000; Standage et al., 2003). For this investigation, the researcher asked participants, *"Why*

are you engaged in mental health counseling?" Understanding PSCs' level of motivation to address student mental health issues allowed the researcher to investigate the directional relationship of self-efficacy, motivation, and extent of services.

Psychometric Properties of SIMS

Guay and colleagues (2000) developed and validated the SIMS in five studies. In their first study, the research team consisting of graduate students and professors familiar with self-determination theory developed 50 items to assess for situational motivation. In their pilot study ($n = 195$), 26 items were used and 24 items were removed as they were not representative of the operational definitions of the four types of motivation: intrinsic motivation, identified regulation, external regulation, and amotivation (Barna, 2009). The researchers were then able to reduce the 26-item pool down to 16 items after a correlational analysis revealed 10 of the items were weakly related to other items assessing the same dimension (Guay et al., 2000). These 16 remaining items were divided equally among the four subscales, and a Maximum Likelihood (ML) factor analysis with oblimin rotation found that the four factors accounted for 65% of the variance in situational motivation. All items but one, which remained on the scale, loaded on their respective factor with no cross loading. Using Cronbach's alpha, internal consistency values ranged from .77 to .95 and were found to be satisfactory (Barna & Brott, 2012; Guay et al., 2000).

Three correlational analyses were performed to find construct validity. The first analysis revealed a congruency coefficient of .71 among the four subscales, while the second and third analyses compared the SIMS to other causal factors and effects of situational motivation (Guay

et al., 2000). Results from these analyses revealed moderate positive relationships ranging from .35 to .56 between these items and *intrinsic motivation*, as well as a range from .34 to .47 between these items and *identified regulation* (Barna, 2009). Moreover, the results indicated low to moderate negative correlations of -.21 to -.43 between these items and *external motivation* and -.44 to -.46 between these items and *amotivation* (Guay et al., 2000).

In the second study, the researchers, accounting for gender, using the SIMS and other situational motivation scales, and a larger sample size ($n = 907$), conducted a confirmatory test of the instrument's factor structure (Barna, 2009). Results of a confirmatory factor analysis expressed a significant chi-square (x_2 (98, n = 907) = 856.50, $p < .05$), and a statistically significant multivariate effect of gender on the four subscales ($F(4,901) = 2.68$, $p < .05$) was found using a MANOVA (Guay et al., 2000). In follow-up univariate F-tests, amotivation was the only variable to be found statistically significant across gender ($F(1,904) = 6.62$, $p = .01$), but its effect was small ($x_2 = .007$).

The purpose of the third study ($n = 145$) was to further assess the construct validity of the instrument (Barna, 2009). Internal consistency was found to be adequate with values ranging from .62 to .95, and a path analysis revealed all path coefficients were statistically significant ($z > 1.96$). In the fourth study ($n = 150$), the researchers set out to verify the sensitivity of the scale in order to identify intra-individual changes in motivation, as well as to examine its validity to discover situational motivation in two similar theories: Self-Determination Theory (Deci & Ryan, 1985) and Self-Efficacy Theory (Bandura, 1977). "Specifically, because the SIMS was designed to assess situational motivation, it could be expected that the subscales would differ across measurement times" (Barna, 2009, p. 40). Cronbach's alpha continued to show an

adequate internal consistency, and proof that the scales were able to detect intra-individual

changes in motivation were revealed through four regression analyses; thus, providing more

evidence for the construct validity of the SIMS (Guay et al., 2000). In the fifth study, participants

(n = 40) working in a laboratory setting were assigned to either a task-focused or controlling

reward condition, and upon completion of their activity, were asked to fill out the SIMS (Guay et

al., 2000). Utilizing a MANOVA, statistically significant results ($F_{7,32}$ = 2.24, p = .06) provided

further support to the construct validity of the SIMS (Barna, 2009).

<center>School Counselor Activity Rating Scale</center>

Conceived by Janna Scarborough (2005), the *School Counselor Activity Rating Scale*

(SCARS) was designed to assist school counselors in gathering and tracking process data on

their day-to-day activities. The SCARS contains a 48-item verbal frequency scale to measure

PSCs' activities in two dimensions: the frequency with which school counselors actually perform

activities, and the frequency with which they would prefer to perform activities in five areas: (a)

counseling, (b) consultation, (c) curriculum, (d) coordination, and (e) other services (Geigel,

2013; Shillingford & Lambie, 2010; Vaughn et al., 2007). Some items on SCARS reflect school

counselor activities that are consistent with those of the ASCA National Model (ASCA, 2019),

whereas other activities are those commonly performed but are more reflective of a traditional

school counseling program (Kolodinsky et al., 2009). Example items include, *"Counseling with*

students regarding personal/family issues" and *"Follow-up on individual/group counseling*

participants". Frequencies are measured on an ordinal scale of 1 (I never do this activity/I would

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prefer to never do this) to 5 (I routinely do this/I would prefer to routinely do this). The SCARS instrument is discussed below.

Psychometric Properties of SCARS

Convergent construct validity was established using a one-way analysis of variance (ANOVA) by examining group differences and correlations between selected demographic variables and activity categories (Scarborough, 2005). Further construct validity was assessed by means of a principal components factor analysis with an orthogonal transformation using the varimax rotation to identify factors (Scarborough, 2005). Internal consistencies of the instrument were found to be satisfactory, and Cronbach's alpha tests yielded a reliability coefficient of: .85 for the Actual and .83 on the Preferred frequencies of the *counseling activities category*, . 84 for Actual and .85 for Preferred of the *coordination activities category*, .93 Actual and .90 Preferred from the *curriculum activities category*, .75 Actual and .77 Preferred for the *consultation activities category*, and .53 Actual and .58 Preferred in the *"other" activities category* (Scarborough, 2005). Results from Scarborough's study support the use of SCARS as it was originally intended, to be a measure of process data revealing how school counselors actually may spend their time versus how they would prefer to spend their time in job-related endeavors with respect to the components of the ASCA National Model (Scarborough, 2005).

Adaptations to the SCARS Instrument

The researcher obtained consent from the author of the SCARS instrument to alter it for the purposes of this study. The researcher kept both dimensions of the SCARS, but only interested in the extent of counseling services provided by PSCs; therefore, the researcher only

utilized the counseling subscale in this investigation. Additionally, the researcher created a web-based version of the SCARS using Qualtrics. Appendix G provides a copy of the web-based version of the SCARS used for this study.

Demographics Questionnaire

The demographics questionnaire was a one-page document developed by the researcher. It is a 14-item survey that asked participants to provide information on (a) gender, (b) age, (c) race/ethnicity, (d) certifications/licensures held, (e) degrees earned/level of education, (f) counselor training, (g) grade/developmental level worked in K-12 education, (h) school location (e.g., rural, suburban, urban), (i) years of experience in the field, (j) caseload size, (k) geographic location, (l) school setting, (m) professional organization membership, and (n) school designation (e.g., Title I, charter, public). Prior to use, the questionnaire was reviewed by faculty and volunteer doctoral level counselor education students at the University of Central Florida. Feedback from student volunteers and faculty was incorporated in the construction of the final version, which can be reviewed in Appendix D.

Research Questions and Hypotheses

The purpose of this investigation was to examine the directional relationship among PSCs' self-efficacy of mental health counseling skills (as measured by the *School-Based Mental Health Survey*; developed by A. D. Waliski & A. Barthel; adapted and published by Carlson & Kees, 2013) and level of situational motivation (as measured by the *Situational Motivation Scale*; Guay et al., 2000) to the extent of providing counseling services to students (as measured by the

School Counselor Activity Rating Scale; Scarborough, 2005). The investigation sought to answer and test the following research question and hypothesis:

1. Do PSCs' perceived self-efficacy of mental health counseling skills and level of situational motivation contribute to their frequency of counseling service delivery?

   H1.Practicing school counselors with higher levels of perceived self-efficacy of mental health counseling skills and higher level of intrinsic motivation will report a higher frequency of providing counseling services to students.

Exploratory research questions:

1. What is the effect of PSCs' reported demographic variables on their level of counseling self-efficacy beliefs?

2. What is the effect of PSCs' reported demographic variables on their level of situational motivation?

3. What is the effect of PSCs' reported demographic variables on their frequency of counseling service delivery?

<center>Data Analysis</center>

The researcher used the *Statistical Package for Social Science* (SPSS, Version 25) software to analyze the data. The dataset for this investigation included one dependent variable (extent of counseling services offered) and two predictors: (a) self-efficacy in clinical counseling skills and (b) level of situational motivation. The researcher cleaned and checked the data for missing values. Missing values were replaced using median of nearby values imputation on an item-by-item basis. This values replacement method was chosen over case exclusion, as it

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preserved the variability in the data and sample size. Measures were then parceled, and a total

score was calculated for each subscale and an overall total for each measure.

According to Nathans and colleagues (2012), "Multiple linear regression (MLR) allows

researchers to answer questions that consider the role(s) that multiple independent variables play

in accounting for variance in a single dependent variable" (p. 1). Thus, multiple regression

allowed the researcher to examine how much the extent of counseling services provided to

students was explained by self-efficacy in clinical counseling skills and level of motivation to

perform counseling. Prior to performing MLR, the researcher examined the data to ensure the

following necessary assumptions were met: (a) identification of univariate and multivariate

outliers, (b) independence of the residuals, (c) normality, (d) multicollinearity, (e) linearity, and

(f) homoscedasticity. Moreover, a psychometric analysis of the instruments occurred to assess

for internal consistency. Finally, the researcher performed a further independent *t*-tests, one-way

ANOVA, Pearson's product-moment correlation, Spearman's rank-order correlation, and MLR

analyses to explore the relationship between PSCs' reported demographic data and their total

scores from the SBMHS, SIMS, and SCARS.

<center>Ethical Considerations</center>

The researcher has taken the following steps to maintain an ethical practice. An approved

explanation of research was provided to each participant, which outlined the reason for the study,

their rights, security, and incentive. To protect the identity of participants, all responses were

submitted anonymously and an ID, that only the research team had access to, was assigned to

each completed survey. All completed online questionnaires were password protected on a

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secure laptop and kept behind a locked door in a locked filing cabinet. Furthermore, respondents could receive a $5 eGift card for completing the survey. The researcher chose this amount as it was high enough to get a cup of coffee from Starbucks, but not so high that PSCs would feel coerced into taking part in the study. The names and emails of those who chose to accept the incentive were captured in the survey; however, this information was not kept but sent to Tango Card, which was the company that managed the distribution of the eGift cards. Lastly, the researcher received permission to utilize SBMHS, SIMS, and SCARS for data collection.

Summary

In this chapter, the researcher presented the methods and procedures used in the investigation of the relationship between PSCs' perceived self-efficacy of mental health counseling skills and level of situational motivation to the extent of counseling services provided to students. Data for this study was collected from a sample of practicing PSCs ($N = 152$) by utilizing a survey that consists of SBMHS, SIMS, SCARS, and a demographic questionnaire. The chapter provided detailed information regarding the research design, methods used to conduct the investigation, and analytic procedures. Further, issues related to ethics and study limitations were acknowledged and discussed.

CHAPTER 4:
RESULTS

Chapter four presents the results of the tested hypothesis and exploratory research questions for this investigation. The purpose of this study was to explore the relationship between PSCs' perceived self-efficacy of mental health counseling skills and level of situational motivation to the extent of counseling services provided to students. Based on the principles of SCT (Bandura, 1986) and SDT (Ryan & Deci, 2017), the researcher hypothesized that PSCs' (*N* = 128) with higher levels of perceived self-efficacy (as measured by the *School-Based Mental Health Services Survey*; developed by A. D. Waliski & A. Barthel; adapted and published by Carlson & Kees, 2013) and higher levels of intrinsic motivation (as measured by the *Situational Motivation Scale*; Guay et al., 2000), would report a higher frequency of providing counseling services to students (as measured by the *School Counselor Activity Rating Scale*; Scarborough, 2005). Furthermore, this study examined the relationship between PSCs' demographic variables (e.g., age, years of experience, race, etc.), environmental variables (e.g., type of institution, caseload size, Title I, etc.), and their self-efficacy, level of motivation, and extent of counseling services provided. The researcher utilized Multiple Linear Regression (MLR) to test the research hypothesis and exploratory research questions. This chapter reviews the following areas of study: (a) sampling and data collection methods, (b) descriptive statistics used to examine the demographic data, and (c) data analyses of the research questions.

Data Collection

The researcher received Institutional Review Board (IRB) approval prior to data collection (Appendix A). Data collection took place between February 2020 and April 2020. Assessments consisted of 71 total items and took participants approximately 10 minutes to complete. The researcher removed all identifying information and assigned each survey an identification number. All physical data was stored securely on a password protected computer in a password protected file to which only the research team and primary investigator had access.

Sample

This study surveyed practicing PSCs who work with students in school settings. Those excluded from the sample included, school counselor trainees, administrators, retirees, counselor educators, and other school mental health professionals. To recruit participants, the researcher first utilized a convenient group of 130 PSCs (i.e., accessible professional contacts) from Ohio and Florida. Second, using the Common Core Data list of all K-12 schools in the U.S. (NCES, 2020), used a simple random sampling (via Excel) to select 500 public and 500 private schools. The researcher then visited the websites to identify a school counselor to invite to the study. Each participant received emails through Qualtrics that included: (a) an introduction to the study, (b) information regarding IRB approval, (c) a link to participate, and (d) information regarding the $5 incentive. If participants chose to receive the incentive, then Rewards Genius sent a follow-up email with information and a code for the eGift card.

Response Rate

A total of 1,130 emails went to practicing PSCs across the U.S., inviting them to participate in the study. Two questions at the start of the survey screened PSCs who chose to complete the survey. Participants who did not identify as current PSCs or hold a license/certification, went immediately to the end and did not complete the survey. Of the 1,130 potential participants, 222 PSCs visited and started the survey. Of those who visited, 152 completed the instrument; which resulted in a 68% response rate for participants who started the survey. From those collected responses, the researcher screened out 24 additional cases due to not meeting study criteria, resulting in a usable response rate of 11.32%. Only 116 (76.31%) respondents took advantage of the $5 incentive.

Demographic Statistics

The participants' ($N = 128$) reported gender consisted of 115 females (89.8%) and 13 males (10.2%). Of the 128 respondents, 102 (79.9%) White, 14 (10.9%) African American, 7 (5.5%) Hispanic/Latinx, 2 (1.6%) American Indian, 1 (0.8%) Asian, 1 (0.8%) Multiracial, and 1 (0.8%) participant not responding. The reported average age was 42.90 years ($SD = 10.40$, *Range* = 25 to 77, *Mdn* = 42, *Mode* = 37). This investigation was a national study and respondents ($N = 128$) represented 29 states in the union, with Ohio ($N = 31$, 24.2%), North Carolina ($N = 25$, 19.5%), Wisconsin ($N = 7$, 5.5%), and Florida ($N = 6$, 4.7%) having the highest rates of participation.

Regarding preparation, participants' ($N = 128$) reported that 119 (93%) earned master's Degrees, 3 (2.3%) earned an Educational Specialist, 4 (3.1%) a Doctorate of Education, and 2

(1.6%) earned a Doctorate of Philosophy. Of the participants, 94 (73.4%) noted that they attended a CACREP accredited program for their counselor preparation, 11 (8.6%) did *not* attend a CACREP accredited program, and 23 (18%) reported not knowing if their counseling program was CACREP accredited or not. The average reported *total years of experience as a practicing school counselor* was 10.99 years (*SD* = 7.28, Range = 0 to 33, Mdn = 9.50, Mode = 8). Concerning membership to a professional organization, 71 (55.5%) of participants indicated they were members of ASCA, 56 (43.8%) indicated they were members of their ASCA state-affiliate, 15 (11.7%) were members of ACA, 36 (28.1%) reported being involved with other professional organizations (e.g., NACAC), and 27 (21.1%) of respondents reported not being affiliated with any professional organization. Table 1 presents the descriptive statistics of the participants.

Table 1.

Descriptive Statistics of Participants

Data Category	*n*	*%*
Gender		
Female	115	89.8
Male	13	10.2
Race/Ethnicity		
American Indian/Alaska Native	2	1.6
Asian	1	0.8
Black/African American	14	10.9
Hispanic/Latinx/Spanish Origin	7	5.5
Multiracial	1	0.8
White	102	79.7
No Response	1	0.8
Degree Level		
Master's	119	93.0
Education Specialist	3	2.3
Doctorate of Education	4	3.1
Doctorate of Philosophy	2	1.6
The counseling program I attended was CACREP accredited		
Yes	94	73.4
No	11	8.6
Unsure	23	18.0

Note. $N = 128$. Participants on average were 42.90 years-old
($SD = 10.40$).

School Characteristics

       The respondents' ($N = 128$) reported school levels include: 13 (7.8%) at the Preschool

level, 53 (31.8%) at the Elementary level, 46 (27.6%) at the Middle/Junior High School level,

and 55 (32.9%) at the High School level. PSCs' school geographic environment was 32 (25%)

Rural, 67 (52.3%) Suburban, and 29 (22.7%) Urban. Participants' school agency was 107 (87%)

Public, 15 (12.2%) Private or Religious Affiliation, and 1 (0.08%) Charter School. Respondents'

school type consisted of 20 (22.3%) Career and Technical Education Center (C-TEC), 2 (2.2%)

Magnet School, 22 (24.4%) STEM/STEAM, and 46 (51.1%) identified their school as Title I.

Finally, regarding PSCs' caseload, 22 (17.2%) reported to meeting the ASCA caseload

recommendation by having 250 or less students, while 106 (82.8%) indicated that their caseloads

exceeded 250 students. Table 2 presents the school characteristics of respondents.

Table 2.

Descriptive Statistics: School Characteristics

Data Category	*n*	*%*
School Level		
Preschool	13	7.8
Elementary	53	31.8
Middle/Junior High School	46	27.6
High School	55	32.9
School Geographic Environment		
Rural	32	25.0
Suburban	67	52.3
Urban	29	22.7
School Agency		
Public School	107	87.0
Private/Religious Affiliation	15	12.2
Charter School	1	0.08
School Type		
C-TEC	20	22.3
Magnet School	2	2.2
STEM/STEAM	22	24.4
Title I	46	51.1
Current Caseload		
250 students or less	22	17.2
More than 250 students	106	82.8

Note. *N* = 128.

Internal Consistency Reliability of Instruments' Scores

Data collection took place at one point in time via an online format utilizing

Qualtrics.com. The survey consisted of a demographics questionnaire and three instruments,

including (a) the *School-Based Mental Health Services Survey* (developed by A. D. Waliski & A.

Barthel; adapted and published by Carlson & Kees, 2013), (b) the *Situational Motivation Scale* (Guay et al., 2000), and (c) the *School Counselor Activity Rating Scale* (Scarborough, 2005). According to Pallant (2016), internal consistency values at .7 are acceptable; whereas, values above .8 are preferable.

<div align="center">School-Based Mental Health Services Survey</div>

Bandura (1997) posits that self-efficacy characterizes the confidence individuals hold in respects to explicit tasks or behaviors. The *School-Based Mental Health Services Survey* (SBMHS; developed by A. D. Waliski & A. Barthel; adapted and published by Carlson & Kees, 2013) is a self-report instrument which includes three subscales that target specific skills needed to address mental health issues, including (a) the Skills Scale (11 items), (b) Student Issues Scale (14 items), and (c) the Diagnoses Scale (15 items). The SBMHS entails counseling specific statements inquiring about the confidence with which the respondent can complete the identified task. The participants indicated their response on a 7-point Likert scale (values 1-7) ranging from (a) Not confident at all, (b) Very little confidence, (c) Little confidence, (d) Some confidence, (e) Enough confidence, (f) Quite a bit of confidence, and (g) A great deal of confidence. Since PSCs do not diagnose students, the researcher utilized only the first two subscales in this study, which are in the appendix.

The following section presents the Cronbach's alphas to assess the internal consistency reliability of the SBMHS. The entire SBMHS scale (*all* 25 items) exhibited strong internal consistency reliability with a Cronbach's α of .914. Independently, each subscale returned an adequate internal reliability coefficient. The *Skills Scale* had a Cronbach's α of .767, while the

Student Issues scale had a Cronbach's α of .897. Table 3 presents the descriptive statistics for the

adapted version of the SBMHS.

Table 3.

SBMHS Descriptive Statistics

Scale	*M*	*SD*	Range	*Mdn*	Mode	Cronbach's α
Skills Scale	58.82	7.55	42 to 76 (34)	59	60	.767
Student Issues	76.80	10.86	45 to 95 (50)	77	74	.897
Total Score	135.63	17.36	87 to 168 (81)	135	132	.914

Note. *N* = 128.

Situational Motivation Scale

According to Guay and colleagues (2000), individuals experience a type of drive when

engaged in a certain activity known as, *situational* motivation. To measure this specific form of

motivation, the researcher employed the *Situational Motivation Scale* (SIMS; Guay et al., 2000)

to participants. The SIMS (Guay et al., 2000) is a 16 item self-report instrument that measures

the motivation experienced by individuals when engaged in an activity. Motivation is broken

down into 4-types, and the SIMS consists of four subscales, including (a) intrinsic motivation (4

items), (b) identified regulation (4 items), (c) external regulation (4 items), and (d) amotivation

(4 items). The beginning of the SIMS poses a question to participants (e.g., *why are you*

currently engaged in mental health counseling with students?), then each respondent read the

items of reasons they are engaged in the activity. Participants select the level of agreement of

how much that reason corresponds to their level of engagement. The options for correspondence

range (1-7) from (a) Corresponds not at all, (b) Corresponds a very little, (c) Corresponds a little,

(d) Corresponds moderately, (e) Corresponds enough, (f) Corresponds a lot, and (g) Corresponds

exactly. See the appendix for a copy of the SIMS used in this study.

The following section examines the Cronbach's α to assess the internal consistency

reliability of the SIMS. Cronbach's α for the entire SIMS scale (*all* 16 items) was .856, which

was a moderate internal consistency reliability. Regarding the four subscales, the Intrinsic

Motivation scale had a Cronbach's α of .846, Identified Regulation had a Cronbach's α of .793,

External Regulation had an acceptable Cronbach's α of .750, and the Amotivation scale had a

had an acceptable of .844. All SIMS scales are within appropriate α levels (Pallant, 2016).

Further, a descriptive analysis of the SIMS revealed high mean, median, and modal

values for the intrinsic motivation subscale. The researcher determined that this is not an issue,

as the standard deviation is large. Descriptive analysis also revealed that the average amotivation

scores were low (e.g., total scores for each subscale range from 4 to 28). Table 4 presents the

descriptive statistics for the SIMS.

Table 4.

SIMS Descriptive Statistics

Scale	*M*	*SD*	Range	*Mdn*	Mode	Cronbach's α
Intrinsic Motivation	19.47	5.47	4 to 28 (24)	20	20	.846
Identified Regulation	16.80	5.89	4 to 28 (24)	16	16	.793
External Regulation	15.98	5.60	4 to 28 (24)	16	14	.750
Amotivation	6.29	3.75	4 to 23 (19)	4	4	.844
Total Score	58.64	14.54	16 to 96 (80)	59	68	.856

Note. $N = 128$.

School Counselor Activity Ratings Scale

The School Counselor Activity Ratings Scale (SCARS; Scarborough, 2005) is a 48-item self-report measure that uses two scales to examine the frequency of (a) tasks PSCs *prefer* to complete and (b) tasks that are *actually* completed. The SCARS consist of five subscales, including (a) Counseling Activities (8 items), (b) Consultation Activities (7 items), (c) Coordination of Activities (13 items), (d) Curriculum Activities (8 items), and (e) Other Activities (10 items). SCARS provide role specific statements to which participants report the frequency with which they complete the identified task. Responses are given on a five-point scale (values 1-5) ranging from (a) I never do this, (b) I rarely do this, (c) I occasionally do this, (d) I frequently do this, and (e) I routinely do this. This investigation was only concerned with the extent of counseling services provided to students; therefore, the researcher only utilized the Counseling Activities subscale. See the appendix for a copy of the SCARS subscale used in this study.

The following section presents the Cronbach's α to assess the internal consistency reliability of the *Counseling Activities* subscale of the SCARS with this data. Analysis of actual and preferred frequencies separately produced a Cronbach's α of .748 and .763 respectively. Both frequencies together produced a Cronbach's α of .846. These results suggest that *Counseling Activities* subscale had an acceptable internal reliability with this data. Table 5 presents the descriptive statistics for the adapted version of the SCARS.

Table 5.

SCARS Descriptive Statistics

Scale	*M*	*SD*	Range	*Mdn*	Mode	Cronbach's α
Counseling Activities - *Actual*	28.46	4.72	17 to 40 (23)	28	28	.748
Counseling Activities - *Preferred*	30.12	4.78	20 to 40 (20)	30	28	.763
Total Score	58.58	8.50	40 to 80 (40)	59	46	.846

Note. *N* = 128.

Data Analysis for the Research Hypothesis and Exploratory Research Questions

This study investigated the predictive relationship of PSCs' self-efficacy and motivation to their level of counseling activities. The researcher used *Statistical Package for the Social Sciences* (SPSS, Version 25) to analyze the data. To answer the research questions, the researcher employed MLR as the primary data analysis procedure. The following section presents the resulting data analysis for the primary research questions and hypothesis and the exploratory research questions.

Data Screening

It is essential to screen data and check statistical assumptions (Pallant, 2016). Prior to data analysis, the researcher cleaned the data, checked the data set for missing values, and tested statistical assumptions with MLR. In the following section, the researcher presents the results of these analyses.

<u>Missing Values Analysis</u>

The researcher conducted a Missing Value Analysis in SPSS to determine the distribution and percentage of missing data. For this review, the researcher examined only the main constructs (e.g., self-efficacy, motivation, and service delivery), not the demographic items. Out of the 128 surveys, the data found to be missing was at random (Tabachnick & Fidell, 2013), with less than 1.65% of data missing overall. Based on these results, no variables were removed as the missing data is under 10 percent (Hair et al., 2014). Thus, the researcher replaced missing data by calculating the median of nearby values on an item-by-item basis. Using this replacement procedure over case exclusion helped to preserve variability in the data and sample size (Tabachnick & Fidell, 2013).

<u>Statistical Assumption Testing</u>

Hair and colleagues (2014) assert that researchers must attend to extreme outliers in quantitative research, as they are likely to affect and bias the results of the analysis in MLR. This investigation involved more than two variables, therefore methods other than multivariate analysis would be inadequate in detecting outliers (Hair et al., 2014). The researcher examined the multivariate outliers by reviewing Mahalanobis distance and Cook's distance for all variables. This examination resulted in the removal of three cases.

The researcher conducted a second examination for univariate outliers. Casewise Diagnostics found that all cases had standardized residuals less than ±3. An inspection of the studentized deleted residuals found no other cases were greater than ±3 standard deviations. Finally, an assessment of the leverage points found that all cases were less than 0.2 and deemed

safe. The researcher found no further outliers and the total number of observations remained at 125. The sample of 125 participants meets the guideline for the minimum ratio of observations to independent variables (5:1) with an actual ratio of 25:1 (Hair et al., 2014). However, G*Power analysis of a five-predictor MLR, with a power of .95, α of .05, and a mean effect size of .15 recommended a minimum of 138 cases. Nonetheless, the sample size was close enough to proceed, a decision justified by the *post hoc* power analysis.

Following the removal of the cases, the researcher assessed for independence and normality. Results from the Durbin-Watson procedure produced a statistic of 1.755, suggesting independence of the residuals. Upon visual inspection of the normal P-P Plot, all points fell reasonably straight on the diagonal line, suggesting no major deviations from normality. Assessment of the scatterplot revealed standardized residuals to be somewhat rectangular in distribution with most scores concentrated in the center. The histogram showed a normal bell curve, indicating normal distribution of scores. Finally, the Q-Q Plot showed residuals to be normally distributed. Further, the researcher ensured univariate normality and evaluated values for skewness and kurtosis. All three instruments fell within acceptable range for assuming univariate normality. Therefore, this analysis assumed the dataset possesses a normal distribution at the multivariate level.

According to Hair and colleagues (2014), when independent variables have high levels of correlations ($r = .9$ or higher) between each other, it inflates the variance and increases the likelihood of Type I error. To assess for multicollinearity, the researcher reviewed the correlations between the independent factors and did not find any correlations of $r = .9$ or higher. Further, Pallant (2016) suggests that Tolerance should remain above .10 and the Variance

Inflation Factor (VIF) should be below 10. The Tolerance values ranged from .37 to .84 and the VIF ranged from 1.18 to 2.67, providing evidence that *no* multicollinearity was present with this data.

To assess the linearity of variables, the researcher visually inspected the partial regression plots of the variables and a plot of studentized residuals against the predicted values. One partial regression plot (Amotivation) showed a pattern of nonlinearity; however, scatter plot of the studentized residuals against the predicted values exhibited linearity, so the researcher did not make any attempts to transform data in the amotivation subscale. Thus, the assumption of linearity was satisfied with this data.

A consistent pattern of equal variances (homoscedasticity) is critical in MLR (Hair et al., 2014). To test homoscedasticity, the researcher visually inspected the plot of studentized residuals versus unstandardized predicted values. Upon inspection, there appeared to be homoscedasticity; thus, meeting the assumption.

<div align="center">Research Hypothesis and Questions</div>

This study investigated the relationship of PSCs' self-efficacy and motivation to their frequency of counseling activities with students. Additionally, this study explored the relationships between demographic factors to PSCs' self-efficacy, situational motivation, and frequency of counseling activities. To test the primary hypothesis and research questions, this study utilized MLR. The section that follows presents the results of that analyses.

Primary Research Question

Do practicing school counselors' perceived self-efficacy of mental health counseling skills (as measured by the SBMHS; Carlson & Kees, 2013) and level of situational motivation (as measured by the SIMS; Guay et al., 2000) contribute to their frequency of counseling service delivery (as measured by the SCARS; Scarborough, 2005)?

Research Hypothesis

Practicing school counselors with higher levels of perceived self-efficacy of mental health counseling skills (as measured by the SBMHS; Carlson & Kees, 2013) and higher level of intrinsic motivation (as measured by the SIMS; Guay et al., 2000) will report a higher frequency of providing counseling services to students (as measured by the SCARS; Scarborough, 2005). Specifically, this investigation tested factors that predict the actual counseling activities level of PSCs.

Standard Multiple Regression

The researcher performed MLR analysis between counseling activities as the dependent variable and PSCs' self-efficacy, intrinsic motivation, identified regulation, external regulation, and amotivation as independent variables to test the hypothesis. As noted, results of the evaluation of assumptions found all assumptions met, with no need to transform any variables. Three outliers were detected with a $p < .001$ criterion of Mahalanobis' distance and were removed from the analysis. Furthermore, the researcher screened and replaced missing data using median scores of nearby values. The VIF and Tolerance were in range to support no multicollinearity. Finally, a review of the Pearson correlation revealed statistically significant

correlations between counseling activities and counselor self-efficacy ($r = .451$, $p < .001$), intrinsic motivation ($r = .297$, $p < .001$), and identified regulation ($r = .226$, $p = .006$).

Overall, the multiple regression model statistically significantly predicted counseling activities, $F(5,119) = 6.743$, $p < .001$, $R^2 = .221$. However, only one variable, counselor self-efficacy, added statistically significantly to the prediction, $\beta = .375$, $p < .001$. The researcher hypothesized that intrinsic motivation would further predict actual counseling practice, yet the analysis showed that it was not a statistically significant predictor, $\beta = .170$, $p > .05$. Further, while it was not statistically significant, external regelation exhibited a negative coefficient, $\beta = -.094$, $p > .05$; thus, implying an inverse relationship with the dependent variable. Meaning, the more PSCs experience external regulation, then the less likely they are to provide counseling services to students. Table 6 presents the regression coefficients and standard errors.

Table 6.

Multiple Regression Results for Counseling Activities

Counseling Activities	B	95% CI for B		$SE\ B$	β	R_2
		LL	*UL*			
Model						.221
Constant	27.87*	16.38	39.36	5.80		
Counselor Self-Efficacy	.185	.101	.268	.042	.375*	
Intrinsic Motivation	.266	-.135	.666	.202	.170	
Identified Regulation	.116	-.223	.455	.171	.079	
External Regulation	-.143	-.430	.143	.145	-.094	
Amotivation	.121	-.270	.512	.197	.054	

Note. Model = "Enter" method in SPSS Statistics; B = unstandardized regression coefficient; CI = confidence interval; *LL* = lower limit; *UL* = upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; R_2 = coefficient of determination.
*p < .001.

Upon the review of the results, the researcher performed a *post hoc* power analysis to check for error. Using an online effect size calculator (https://www.danielsoper.com/), the researcher converted the observed R_2 = .22 to an effect size f_2 = .282. Applying this effect size in G*Power, with an α of .05, total sample size (N = 125), and 5 predictors, resulted in an achieved power of .99; suggesting, that the other factors did not fail to be significant due to sample size, but that there is a 99% chance that they are not statistically significant.

Post hoc Analyses

During the main analysis, the researcher found that the independent variables intrinsic motivation and identified regulation had a moderately strong correlation (r = .705). Though not

as high as Hair et al. (2014) suggests, this indication did raise some flags. According to Ryan and Deci (2017), identified regulation may fall under external motivation, but its characteristics are internally motivated. Thus, the researcher made the decision to combine the two totals into an internal motivation total score. The researcher reassessed assumptions and found no new issues with outliers, normality, variance, or linearity. Tolerance values ranged from .775 to .938, and VIF ranged from 1.066 to 1.290; therefore, no multicollinearity was found and MLR was performed using counseling activities as the dependent and self-efficacy, internal motivation, external regulation, and amotivation as the independent variables.

The overall multiple regression model statistically significantly predicted counseling activities, $F(4,120) = 8.438$, $p < .001$, $R^2 = .220$. Both counselor self-efficacy, $\beta = .383$, $p < .001$, and internal motivation, $\beta = .224$, $p = .013$, added statistically significantly to the prediction. Moreover, as in the original model, external regulation did not statistically significantly add to the prediction, $\beta = -.083$, $p > .05$; however, it still showed an inverse relationship with the dependent variable. Table 7 presents the regression coefficients and standard errors for the *post hoc* analysis.

Table 7.

Pos hoc Multiple Regression Results for Counseling Activities

Counseling Activities	*B*	95% CI for *B*		*SE B*	β	*R*2
		LL	*UL*			
Model						.220
Constant	27.64**	16.24	39.06	5.76		
Counselor Self-Efficacy	.189	.107	.270	.041	.383**	
Internal Motivation	.183	.039	.328	.073	.224*	
External Regulation	-.126	-.402	.149	.139	-.083	
Amotivation	.103	-.278	.484	.192	.046	

Note. Model = "Enter" method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = confidence interval; *LL* = lower limit; *UL* = upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; *R*2 = coefficient of determination.
*p < .05. **p < .001.

Conversely, the researcher performed additional *post hoc* analyses using actual counseling activities subscale as the dependent variable, findings suggested that preferred counseling activities, β = .562, *p* < .001 was a strong, statistically significant predictor of actual counseling activities, *F*(5,119) = 15.437, *p* < .001, *R*2 = .393 over any of the other independent variables. However, though not statistically significant, results suggested both internal motivation and external regulation have an inverse relationship with the dependent variable. Table 8 displays the regression coefficients and standard errors for the *post hoc* analysis.

Table 8.

Post hoc Multiple Regression Results for Actual Counseling Activities

Actual Counseling Activities	B	95% CI for B		SE B	β	R2
		LL	UL			
Model						.393
Constant	7.607*	1.643	13.57	3.01		
Counselor Self-Efficacy	.040	-.002	.083	.022	.148	
Internal Motivation	-.002	-.075	.072	.037	-.004	
External Regulation	-.116	-.251	.020	.068	-.137	
Amotivation	.094	-.075	.072	.094	.075	
Preferred Counseling Activities	.555	.396	.713	.080	.562**	

Note. Model = "Enter" method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = confidence interval; *LL* = lower limit; *UL* = upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; R2 = coefficient of determination.
* *p* < .05. ** *p* < .001.

This result led the researcher to run another MLR to discover which factors predict *preferred* counseling activities. The multiple regression model statistically significantly predicted *preferred* counseling activities $F(5,119) = 19.287$, *p* < .001, R2 = .448. Findings indicated that actual counseling activities, β = .519, *p* < .001, internal motivation, β = .186, *p* = .016; and counselor self-efficacy, β = .170, *p* = .025, all statistically significantly added to the predictor. Further, though not statistically significant, amotivation had an inverse relationship with the dependent variable, β = -.035, *p* > .05. Table 9 presents the regression coefficients and standard errors for the *post hoc* analysis.

Table 9.

Post hoc Multiple Regression Results for Preferred Counseling Activities

Preferred Counseling Activities	*B*	95% CI for *B*		*SE B*	β	*R2*
		LL	UL			
Model						.448
Constant	5.23	-.617	11.08	2.95		
Actual Counseling Activities	.519	.371	.667	.075	.512	
Counselor Self-Efficacy	.047*	.006	.088	.021	.170	
Internal Motivation	.086	.017	.155	.035	.186	
External Regulation	.055	-,077	.187	.067	.064	
Amotivation	-.044	-.226	.137	.092	-.035	

Note. Model = "Enter" method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = confidence interval; *LL* = lower limit; *UL* = upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; *R2* = coefficient of determination.
*$p < .05$. **$p < .001$.

Exploratory Research Questions

To further explore the data, the researcher utilized (a) independent t-tests, (b) Pearson's product-moment correlation, (c) Spearman's rank-order correlation, (d) one-way ANOVA, and (e) MLR. Prior to analyses, the researcher transformed most categorical data into dichotomous variables. The categorical data transformed and used in independent *t*-tests includes (a) school agency, public vs. private; (b) race/ethnicity to White vs. Racially Diverse; and (c) membership to ASCA vs. non-member. The researcher chose to not transform school geographic environment and used a one-way ANOVA to test for statistically significant differences. Furthermore, age and

years of experience were ratio variables and were analyzed using Pearson's product-moment correlation. Moreover, the researcher treated level of education and grade level as ordinal variables and performed a Spearman's rank-order correlation analyses.

After the initial analyses, the researcher utilized MLR using total subscale scores and total scale scores as the dependent variable, and the demographic variables found to have a statistically significant correlations as the independent variables. Prior to running the analyses, the researcher checked assumptions and found no issues with outliers, normality, or linearity; thus, all assumptions were met.

Exploratory Research Question 1

What is the effect of PSCs' reported demographic variables on their level of counseling self-efficacy beliefs?

The researcher conducted an independent *t*-test to check if the dichotomous demographic variables were associated with differences in PSCs' SBMHS total scores. There were 107 public school PSCs and 16 private school PSCs. Results found that there was a statistically significant difference in counselor self-efficacy scores between private school PSCs and public school PSCs, with those PSCs who work in a private school scoring higher than public school PSCs, *M* = 10.43, 95% CI [2.28, 18.6], *t*(123) = 1.82, *p* = .013, *r* = .67. The other demographic groups of gender, caseload, race/ethnicity, ASCA membership, and Title I schools, did not show a statistically significant difference in scores. Table 10 presents the *t*-test results comparing demographics to counselor self-efficacy.

Table 10.

Results of Independent t-tests of Demographic Variables with Self-Efficacy

	N	SBMHS Total		t (123)	p	Cohen's d
		M	SD			
School Agency						
Private School	16	144.60	13.40	2.53	.013*	.07
Public School	107	134.16	17.45			
Gender						
Female	112	136.12	16.89	.556	.579	.15
Male	13	133.31	20.64			
Caseload						
Under 250	22	138.73	18.61	.866	.388	.20
Over 250	103	135.21	16.97			
Race/Ethnicity						
Racially Diverse	25	139.20	17.17	1.12	.265	.25
White	99	134.86	17.29			
Professional Membership						
Non-ASCA Member	55	136.87	14.41	.678	.499	.13
ASCA Member	69	134.75	19.27			
Title I	45	138.68	15.85	-1.39	.166	.26
Non-Title I	80	134.23	17.88			

Note. SBMHS = School-Based Mental Health Services Survey.
*$p < .05$.

The researcher conducted a one-way between groups analysis of variance to explore the impact of school geographic environment on counselor self-efficacy. Results revealed that there was not a statistically significant difference in SBMHS total scores, $F(2, 122) = .640$, $p > .05$, between rural, $M = 138.8$, $SD = 17.74$; suburban, $M = 135.1$, $SD = 17.37$; or urban schools, $M = 134.3$, $SD = 16.62$.

The researcher utilized Pearson's product-moment correlation to explore the relationship between PSCs' age, years of experience, and SBMHS total scores. PSCs' reported age had a

small, positive correlation with SBMHS total score, $r_2 = .042$, $p = .024$. Further, years of experience has statistically significant relationship with the SBMHS total score, $r_2 = .084$, $p < .001$. Table 11 presents the results from the Pearson's product-moment correlation.

Table 11.

Pearson's Product-Moment Correlation of Demographic Variables with Self-Efficacy

Variable	1	2	3
1. SBMHS Total	-	.204*	.289**
2. Age	.204*	-	.710**
3. Years of Experience	.289**	.710**	-

Note. SBMHS = School-Based Mental Health Services Survey.
*$p < .05$. **$p < .01$.

A Spearman's rank-order correlation was performed to identify relationships between level of education, grade level, and SBMHS total scores. Further, school agency was added to the correlation analysis to support earlier findings from the independent *t*-test. Results suggested a statistically significant inverse relationship between SBMHS total scores and school agency, $r_s = -.223$, $p = .012$. Conversely, level of education and grade level did not have a statistically significant relationship with SBMHS total scores. Table 12 presents the results from the Spearman's rank-order correlation.

Table 12.

Spearman's Rank-Order Correlation of Demographic Variables with Self-Efficacy

Variable	1	2	3	4
1. SBMHS Total	-	.104	.077	-.223*
2. Grade Level	.104	-	.078	-.097
3. Level of Education	.077	.078	-	.036
4. School Agency	-.223*	-.097	.036	-

Note. SBMHS = School-Based Mental Health Services Survey.
*p < .05.

The preliminary analyses of demographic variables identified three variables that yielded statistically significant difference or relationships to counselor self-efficacy. Thus, the researcher executed MLR using SBMHS total scores as the dependent variable and the demographic data of age, years of experience, and school agency as the independent variables. Overall, the multiple regression model suggested that years of experience (β = .316, p = .011) and school agency (β = -2.12, p = .017) were statistically significant predictors of counselor self-efficacy, $F(3,119)$ = 5.739, p = .001, R_2 = .126. The inverse effect that school agency has on self-efficacy suggests that PSCs who work in private schools reported higher counselor self-efficacy than PSCs who work in public schools. Though not statistically significant, the age variable had a negative coefficient; thus, indicating that younger PSCs report lower levels of self-efficacy. Table 13 presents the regression coefficients and standard errors of the MLR using SBMHS total scores as the dependent variable.

Table 13.

Multiple Regression Results for Counselor Self-Efficacy

SBMHS Total Scores	B	95% CI for B		SE B	β	R^2
		LL	UL			
Model						.126
Constant	140.09**	123.2	156.9	8.51		
Age	-.098	-.508	.312	.207	-.059	
Years of Experience	.756	.177	1.33	.292	.316*	
School Agency	-9.92	-18.0	-1.81	4.10	-.212*	

Note. Model = "Enter" method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = confidence interval; *LL* = lower limit; *UL* = upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; R^2 = coefficient of determination.
*$p < .05$. ** $p < .001$.

<u>Exploratory Research Question 2</u>

What is the effect of PSCs' reported demographic variables on their level of situational motivation?

Prior to running the MLR, the researcher performed independent t-tests, one-way ANOVA, Pearson's product-moment correlation, and a Spearman's rank-order correlation to check for statistical significance between the demographic variables and SIMS total scores. For the independent *t*-tests, only race and ethnicity showed a statistically significant difference in scores. Out of the sample ($N = 125$), 99 participants identified themselves as White, while 25 of the participants identified themselves as a race/ethnicity other than White. Results found that there was a statistically significant difference in counselor motivation scores between Racially Diverse PSCs and White PSCs, with Racially Diverse PSCs scoring higher than White PSCs, *M* = 6.83, 95% CI [.454, 13.21], *t*(123) = 2.12, *p* = .036, *r* = .423. None of the other demographic

variables indicated a statistically significant difference in scores. Furthermore, results from the

one-way ANOVA using school geographic environment did not show a statistically significant

difference in SIMS total scores, $F(2, 122) = 1.03$, $p > .05$, between rural, $M = 58.00$, $SD = 17.88$;

suburban, $M = 57.43$, $SD = 12.83$; or urban schools, $M = 62.00$, $SD = 14.21$. Table 14 presents

the t-test results comparing demographics to counselor motivation.

Table 14.

Results of Independent t-tests of Demographic Variables with Counselor Motivation

	N	SIMS Total		t (123)	p	Cohen's d
		M	*SD*			
School Agency						
Private School	16	62.95	11.59	1.45	.148	.38
Public School	107	57.81	14.94			
Gender						
Female	112	58.92	14.52	-.629	.531	.18
Male	13	56.23	15.03			
Caseload						
Under 250	22	56.50	15.27	-.758	.450	.17
Over 250	103	59.09	14.41			
Race/Ethnicity						
Racially Diverse	25	64.08	18.76	2.12	.036*	.42
White	99	57.24	13.11			
Professional Membership						
Non-ASCA Member	55	58.45	14.41	-.160	.874	.03
ASCA Member	69	58.88	14.81			
Title I	45	60.93	16.39	-1.33	.186	.24
Non-Title I	80	57.34	13.32			

Note. SIMS = Situational Motivation Scale.
*$p < .05$.

Results of Spearman's rank-order correlation suggested that the higher PSCs' reported

their level of education (e.g., EdS, EdD, PhD), the higher their overall motivation score, $r_s =$

.248, p = .005. Contrariwise, race/ethnicity was found to have a statistically significant inverse

relationship with motivation, r_s = -.237, p = .008. Finally, grade level did not have a statically

significant correlation with motivation, r_s= -.105, p > .05. Table 15 presents the results from the

Spearman's rank-order correlation.

Table 15.

Spearman's Rank-Order Correlation of Demographic Variables with Motivation

Variable	1	2	3	4
1. SIMS Total	-	-.105	.248*	-.237*
2. Grade Level	-.105	-	.078	.326*
3. Level of Education	.248*	.078	-	-.009
4. Race/Ethnicity	-.237*	.326*	-.009	-

Note. SIMS = Situational Motivation Scale.
*p < .01.

       Two variables were used in the Pearson's product-moment correlation with SIMS total

scores. From the results, neither age nor years of experience had a statistically significant

relationship with motivation. Table 16 presents the relationships identified between PSCs'

reported demographic data and their situational motivation.

Table 16.

Pearson's Product-Moment Correlation of Demographic Variables with Motivation

Variable	1	2	3
1. SIMS Total	-	-.034	.049
2. Age	-.034	-	.710*
3. Years of Experience	.049	.710*	-

Note. SIMS = Situational Motivation Scale.
*p < .01.

The researcher performed MLR using SIMS total scores as the dependent variable and the demographic data of level of education and race/ethnicity as the independent variables. Results of the analyses suggested that the regression model was statistically significant in predicting motivation, $F(2,121) = 5.732$, $p = .004$, $R^2 = .087$. Findings indicated that level of education, ($\beta = .226$, $p = .011$), and race/ethnicity, ($\beta = -.184$, $p = .037$), both statistically significantly added to the predictor. Table 17 presents the regression coefficients and standard errors of the MLR using the SIMS total scores as the dependent variable.

Table 17.

Multiple Regression Results for Counselor Motivation

SIMS Total	B	95% CI for B		$SE\ B$	β	R^2
		LL	UL			
Model						.087
Constant	56.87**	49.97	64.67	3.94		
Level of Education	6.209	1.479	10.94	2.39	.226*	
Race/Ethnicity	-6.63	-12.84	-.418	3.14	-.184*	

Note. Model = "Enter" method in SPSS Statistics; B = unstandardized regression coefficient; CI = confidence interval; LL = lower limit; UL = upper limit; $SE\ B$ = standard error of the coefficient; β = standardized coefficient; R^2 = coefficient of determination.
*$p < .05$. **$p < .001$.

Exploratory Research Question 3

What is the effect of PSCs' reported demographic variables on their frequency of service delivery?

Results of the independent *t*-test indicated that there was a statistically significant difference in SCARS total scores between PSCs who identified as Racially Diverse and PSCs who identified as White, with Racially Diverse PSCs scoring higher than White PSCs, $M = 3.78$,

95% CI [.071, 7.49], $t(123) = 2.02$, $p = .046$, $r = .46$. No other demographic variables were

found to have a statistically significant difference in scores. Further, results from a one-way

ANOVA did not indicate statistically significant differences in SCARS total scores, $F(2, 122) =$

.268, $p > .05$, between rural, $M = 59.16$, $SD = 8.58$; suburban, $M = 58.04$, $SD = 8.72$; or urban

schools, $M = 59.17$, $SD = 8.09$. Table 18 presents the results from the independent t-tests.

Table 18.

Results of Independent t-tests of Demographic Variables with Counseling Activities

	N	SCARS Total		t (123)	p	Cohen's d
		M	SD			
School Agency						
Private School	16	59.05	10.13	.267	.790	.06
Public School	107	58.50	8.20			
Gender						
Female	112	58.71	8.17	.502	.617	.13
Male	13	57.46	11.29			
Caseload						
Under 250	22	57.00	7.58	-.963	.337	.24
Over 250	103	58.92	8.68			
Race/Ethnicity						
Racially Diverse	25	61.52	8.08	2.02	.046*	.46
White	99	57.74	8.45			
Professional Membership						
Non-ASCA Member	55	57.89	9.31	-.831	.407	.15
ASCA Member	69	59.17	7.87			
Title I	45	60.29	8.06	-1.70	.093	.32
Non-Title I	80	57.63	8.64			

Note. SCARS = School Counselor Activity Ratings Scale.
*$p < .05$.

Results from Pearson's product-moment correlation revealed PSCs' reported age had a

small, positive correlation with SCARS total score, $r_2 = .227$, $p = .011$. Years of experience was

likewise statistically significant with the SCARS total score, $r_2 = .218$, $p = .014$. Table 19 presents the results from the Pearson's product-moment correlation.

Table 19.

Pearson's Product-Moment Correlation of Demographic Variables with Counseling Activities

Variable	1	2	3
1. SCARS Total	-	.227*	.218*
2. Age	.227*	-	.710*
3. Years of Experience	.218*	.710*	-

Note. SCARS = School Counselor Activity Ratings Scale.
*$p < .05$.

Spearman's rank-order correlation found that neither level of education nor grade level had a statistically significant correlation with SCARS total scores. However, results did identify that race/ethnicity demographics had a small, negative correlation with SCARS total score $r_s = -.181$, $p = .044$. Table 20 presents the relationships identified between PSCs' reported demographic data and frequency of service delivery.

Table 20.

Spearman's Rank-Order Correlation of Demographic Variables with Counseling Activities

Variable	1	2	3	4
1. SCARS Total	-	-.141	.114	-.181*
2. Grade Level	-.141	-	.078	.326**
3. Level of Education	.114	.078	-	-.009
4. Race/Ethnicity	-.181*	.326**	-.009	-

Note. SCARS = School Counselor Activity Ratings Scale.
*$p < .05$. **$p < .01$.

The researcher utilized MLR with SCARS total scores as the dependent variable and the demographic data of age, years of experience, and race/ethnicity as the independent variables. The multiple regression model was statistically significant in predicting counseling frequency, $F(3,118) = 4.323$, $p = .006$, $R^2 = .10$. Results of the analyses found that race/ethnicity was the only added variable that was a statistically significant predictor, $\beta = -.208$ $p = .023$. Table 21 presents the regression coefficients and standard errors of the MLR using the SCARS total scores as the dependent variable.

Table 21.

Multiple Regression Results for Counseling Activities

SCARS Total	*B*	95% CI for *B*		*SE B*	β	R^2
		LL	*UL*			
Model						.10
Constant	56.42**	48.46	64.38	4.02		
Years of Experience	.220	-.079	.518	.151	.186	
Age	.076	-.130	.282	.104	.092	
Race/Ethnicity	-4.40	-8.15	-.629	1.90	-.208*	

Note. Model = "Enter" method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = confidence interval; *LL* = lower limit; *UL* = upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; R^2 = coefficient of determination.
*$p < .05$. **$p < .001$.

Summary

Chapter four presented the data analysis and results for this investigation. Specifically, the researcher reviewed the data screening and testing of statistical assumptions. Next, descriptive results and preliminary analyses were explored regarding response rates, participant demographic data, and initial instrument psychometrics. The researcher then tested the

hypothesis using MLR. Lastly, to answer the exploratory research questions, the researcher used bivariate correlation and MLR. In chapter five, the researcher presents the discussion and interpretation of results, as well as implications for practicing school counselors, counselor educators, and potential future directions.

CHAPTER 5:
DISCUSSION

Introduction

Chapter 5 contains a synopsis of the present study, research methods, and discussion of

the results. This chapter expands on the results presented in Chapter 4 and compares them to

previous research reviewed in Chapter 2. Furthermore, Chapter 5 presents the results from this

investigation within the context of the literature and provides implications for the field of

counseling and counselor education. Limitations of the study are discussed, and

recommendations for future research are provided.

Study Summary

According to the WHO (2014), CDC (2017), and Data Resource Center for Child and

Adolescent Health (DRCCAH, 2018), the needs of U.S. students are changing and the rise in

mental health concerns are impacting their development. Additionally, suicide and school

shooting rates in the United States continue to grow, making them the first and third leading

cause of death, respectively, among American youth (AFSP, 2019; CHDS, 2019). Yet, research

estimates that 80% of youth identified with a mental health disorder go untreated due to multiple

barriers to care (Kaffenberger & O'Rorke-Trigiani, 2013). If left untreated, mental health issues

can have an adverse effect on students' scholastic achievement (Lenares-Solomon et al., 2019).

Moreover, lack of mental health care during developing years can lead to symptomology

enduring into adulthood (CDC, 2017), poor academic achievement (Jones & Kahn, 2017),

homelessness (NAMI, 2020), and incarceration (Brown et al., 2019). According to the National

Alliance on Mental Illness (2020), untreated mental health disorders cost the global economy a

$1 trillion-dollar loss in productivity each year. Thus, early intervention and continued support of

youth mental health is significant in mitigating future behavioral and emotional issues (Reback,

2018).

In response to the connection between youth mental health and academic achievement,

current educational legislation (ESSA, 2015; School Safety Act, 2017) has adopted policies and

allocated funding to address this gap in schools (Donohue et al., 2015; Lambie et al., 2019b).

Further, studies have shown schools to be an ideal and neutral setting for youth and families to

access mental health care (CDC, 2017), where services can be as effective as traditional

outpatient clinics (Owens et al., 2008). In most communities, PSCs are the only staff members

with the necessary knowledge and training on mental health issues that youth encounter on a

regular basis (DeKruyf et al., 2013). Nevertheless, many PSCs may not address or may only be

reactive to mental health concerns due to high caseloads, other assigned duties, paperwork, and

role ambiguity (Goodman-Scott, 2015). Moreover, PSCs lack clinical supervision and may

perceive themselves to have lower self-efficacy of the necessary counseling skills needed to

provide such services (Lambie et al., 2019b).

There have been several studies that investigated PSCs specific responsibilities, duties,

and daily activities (Astramaovich & Holden, 2002; Goodman-Scott, 2015; Scarbourough,

2005). Many other investigations have observed PSCs' self-efficacy and competency

(Bodenhorn & Skaggs, 2005; Holcomb-McCoy et al., 2008; Mullen & Lambie, 2016). However,

there is a dearth of research discerning the extent to which PSCs value and persist in

implementing counseling practices that address the mental health needs of their students (Barna & Brott, 2012; Privette, 2018).

As a result, this research investigation utilized the principles of SCT (Bandura, 1986) and SDT (Ryan & Deci, 2017) to explore the relationship between PSCs' perceived self-efficacy of mental health counseling skills and level of situational motivation to the extent of counseling services provided to students. Upon approval from the researcher's Institutional Review Board (IRB; Appendix A), the researcher collected data via email through Qualtrics between February and April 2020. The final sample for this investigation included 125 practicing PSCs from across the U.S. Participants completed a survey consisting of (a) SBMHS (developed by A. D. Waliski & A. Barthel; adapted and published by Carlson & Kees, 2013), (b) SIMS (Guay et al., 2000), (c) SCARS (Scarborough, 2005), and (d) a general demographic questionnaire. Further, participants could elect to receive a $5 eGift card to the company of their choice for completing the survey. To analyze the data from this investigation, the researcher utilized several quantitative procedures including (a) MLR, (b) descriptive statistics, (c) Pearson's product-moment correlation, (d) Spearman's rank-order correlations, (e) independent t-test, (f) one-way ANOVA, and (g) univariate and multivariate analyses.

<div align="center">Primary Research Hypothesis</div>

Practicing school counselors with higher levels of perceived self-efficacy of mental health counseling skills (as measured by the SBMHS; Carlson & Kees, 2013) and higher level of intrinsic motivation (as measured by the SIMS; Guay et al., 2000) will report a higher frequency of providing counseling services to students (as measured by the SCARS; Scarborough, 2005).

Specifically, this investigation tested factors that predict the actual counseling activities level of PSCs.

<center>Participant Demographics</center>

The general demographics questionnaire requested the following information from participants: (a) gender, (b) age, (c) race/ethnicity, (d) certifications/licensures held, (e) degrees earned/level of education, (f) counselor training, (g) grade/developmental level worked in K-12 education, (h) school location (e.g., rural, suburban, urban), (i) years of experience in the field, (j) caseload size, (k) geographic location, (l) school setting, (m) professional organization membership, and (n) school designation (e.g., Title I, charter, public).

In total, 128 observations were eligible for analysis. This sample was reflective of the target population as it was comprised of PSCs from 29 different states, with Ohio ($N = 31$, 24.2%), North Carolina ($N = 25$, 19.5%), Wisconsin ($N = 7$, 5.5%), Florida ($N = 6$, 4.7%), Illinois ($N = 5$, 3.9%), Texas ($N = 5$, 3.9%), and Washington ($N = 5$, 3.9%) having the highest rates of respondents. The sample predominately identified as female ($N = 115$, 89.8%), White (99.2%), working in a public school ($N = 107$), and having a caseload higher than 250 students (82.8%). The reported average age was 42.90 years ($SD = 10.40$, Range = 25 to 77, $Mdn = 42$, Mode = 37) and *total years of experience as a practicing school counselor* was 10.99 years ($SD = 7.28$, Range = 0 to 33, $Mdn = 9.50$, Mode = 8). Furthermore, more than half of the sample reported working in a Title I school (51.1%), were members of ASCA (55.5%), and were employed in a suburban school system (52.3%). PSCs' grade level was evenly split, with 53 working with primary grades, 46 in middle schools, and 55 working at the high school level. The

demographic characteristics of the PSCs in the current study was consistent with PSCs in other similar investigations (e.g., Barna & Brott, 2012; Goodman-Scott, 2015; Harris et al., 2019; Limberg et al., 2017; Randick et al., 2018).

Instrumentation

This study utilized three instruments and a demographics questionnaire. Prior to data collection, the researcher acquired consent to use the instruments (SBMHS [Carlson & Kees, 2013]; SIMS [Guay et al., 2000]; and SCARS [Scarborough, 2005]) from the developers (*see* Appendix). Preceding to data analyses, a composite total score for each subscale was calculated utilizing an average score for all participants ($N = 125$) based on their scale scores for each item. Results of these total scores are discussed in the following sections.

School-Based Mental Health Services Survey Data

The SBMHS is a self-report instrument and was used to assess PSCs' perceived self-efficacy of responding to certain student issues and their mental health counseling skills using a Likert scale (1-7). The two sub-scales utilized for this survey were: (a) the Skills Scale (11 items, $M = 58.94$, $SD = 7.55$), and (b) Student Issues Scale (14 items, $M = 76.90$, $SD = 10.75$). Similar to Carlson and Kees (2013), the three counseling skills respondents reported the highest confidence with included (a) collaboration/teamwork ($M = 6.64$, $SD = .614$), (b) consultation with parents, teachers, and administrators ($M = 6.56$, $SD = .70$); and (c) ethical practice ($M = 6.35$, $SD = .765$). The three skills rated lowest were (a) using the DSM to diagnose client issues ($M = 3.06$, $SD = 1.76$), (b) family counseling ($M = 4.28$, $SD = 1.48$), and (c) treatment planning ($M = 4.42$, $SD = 1.72$).

Results from the Student Issues subscale also mirrored findings from Carlson and Kees (2013), with the three issues with the highest confidence level of addressing being (a) academic concerns ($M = 6.29$, $SD = .940$), (b) stress management ($M = 6.29$, $SD = .771$), and (c) relationship concerns ($M = 6.21$, $SD = .873$). The issues rated lowest by respondents included (a) immigration concerns ($M = 4.10$, $SD = 1.37$), (b) addiction and substance use ($M = 4.18$, $SD = 1.64$), and (c) spirituality ($M = 5.08$, $SD = 1.43$).

However, the results from the current study identify that PSCs perceived themselves to be confident in consultation, collaboration, and ethical practice, as these three skills are cornerstones of a comprehensive school counseling program (CSCP; ASCA, 2019; Goodman-Scott, 2015; Vaughn et al., 2007). Further, PSCs in this study signified a lower degree of self-efficacy attending to mental health concerns as items like academic concerns were rated highest and items such as family counseling and addiction were rated low (Carlson & Kees, 2013). However, these results show PSCs are generally confident in the skills essential to carrying out job roles and are in line with previous research of the SBMHS (Carlson & Kees, 2013). Implications of the findings for school counselor training and research are discussed later in the chapter.

<center>Situational Motivation Scale Data</center>

The SIMS (Guay et al., 2000) consists of four sub-scales, including (a) intrinsic motivation (4 items), (b) identified regulation (4 items), (c) external regulation (4 items), and (d) amotivation (4 items). Participants were asked a question (e.g., *why are you currently engaged in mental health counseling with students?*), then provided 16 reasons they are engaged in the

activity. For each item, participants selected the level of agreement of how much that reason corresponds (1-7) to their level of engagement.

In the current study, respondents reported an average score of 58.64 (*SD* = 14.54; Range = 16 to 112) on the total SIMS (Guay et al., 2000) score. The SIMS subscale scores were as follows: (a) Intrinsic Motivation (*M* = 19.45, *SD* = 5.45), (b) Identified Regulation (*M* = 16.92, *SD* = 5.78), (c) External Regulation (*M* = 15.98, *SD* = 5.60), and (d) Amotivation (*M* = 6.29, *SD* = 3.75). Based on these scores, while not high scores, PSCs find some value in performing counseling activities with students and are less likely to exhibit signs of amotivation towards this specific task (Barna & Brott, 2012; Privette, 2018). Further, prior research has found that women exhibit higher intrinsic motivation towards a task than men (Çetinkalp, 2012; Gillet & Rosnet, 2008). The findings from this study did not support these earlier investigations, as there was not a statistically significant difference in total intrinsic motivation scores between female PSCs (*N* = 115, *M* = 19.71, *SD* = 5.41) and male PSCs (*N* = 13, *M* = 17.23, *SD* = 5.51), *M* = 19.71, 95% CI [-5.92, .959], *t*(125) = -1.54, *p* > .05, *r* = .454. Implications of the results are discussed later in the chapter.

<center>School Counselor Activity Ratings Scale Data</center>

The SCARS is a self-report measure to examine the frequency of PSCs' daily activities. For this study, the researcher adapted the SCARS and provided participants with 8-items related to counseling specific activities. Using an ordinal scale (1-5), PSCs reported the day-to-day frequency at which they preferred to perform counseling activities and the regularity of actual counseling activities currently being performed.

Overall, results of a paired samples *t*-test indicated that respondents would prefer to do more counseling activities (*M* = 30.12, *SD* = 4.78) compared to the actual counseling activities performed daily (*M* = 28.46, *SD* = 4.72), with a statistically significant mean increase of 1.66, 95% CI [2.407, .905], *t*(124) = 4.37, *p* < .001. The three most preferred counseling activities rated highest included (a) counsel students regarding academic issues (*M* = 4.38, *SD* = .840); (b) counsel with students regarding personal/family concerns (*M* = 4.30, *SD* = .698); and (c) counsel with students regarding relationships (*M* = 4.16, *SD* = .807). The three preferred activities with the lowest ratings included (a) conduct small group counseling for students regarding substance abuse issues (*M* = 2.46, *SD* = 1.29), (b) counsel students regarding crisis/emergency issues (*M* = 3.39, *SD* = 1.05), and (c) conduct small groups regarding family/personal issues (*M* = 3.62, *SD* = 1.01).

In terms of actual counseling activities, the three highest activities included (a) counsel with students regarding personal/family concerns (*M* = 4.39, *SD* = .761), (b) counsel with students regarding relationships (*M* = 4.38, *SD* = .748), and (c) counsel with students regarding school behavior (*M* = 4.28, *SD* = .809). The three activities performed with the least frequency included (a) conduct small group counseling for students regarding substance abuse issues (*M* = 1.74, *SD* = 1.01), (b) conduct small groups regarding family/personal issues (*M* = 2.63, *SD* = 1.25), and (c) provide small group counseling addressing relationship/social skills (*M* = 3.10, *SD* = 1.28). These results are comparable to findings by Goodman-Scott (2015) and Ruiz et al. (2019), which examined PSCs' frequency of actual job activities and counseling functions.

Respondents in this study show a preference to work with students regarding academic, personal/family concerns, and relationship issues. Nevertheless, the PSCs in this investigation

favor individual counseling over group counseling, which is surprising considering the facilitation of groups would allow them to interact with more students. Furthermore, data indicates that PSCs would choose to avoid more serious topics like substance abuse. Though this inquiry cannot ascertain causality, prior research has shown that CSCPs, such as the *ASCA National Model* (2019), training programs, and outside influences (e.g., administrators, time) can affect PSCs' roles and responsibilities (Bardhoshi et al., 2014; McCarthy et al., 2010; Rayle & Adams, 2007). Thus, PSCs may not do what they prefer, because these extraneous authorities may limit their scope of practice. Implications of the findings are discussed later in the chapter.

<u>The Relationship of Self-Efficacy and Motivation to Counseling Activity</u>

According to SCT, self-efficacy represents individuals' attitudes about their capability to be successful at attempting and successfully accomplishing a task (Bandura, 1986; Cinotti & Springer, 2016). Prior literature in school counseling research has indicated a positive link between PSCs' self-efficacy and their service delivery (Harris et al., 2019; Mullen & Lambie, 2016; Sawyer et al., 2013). However, unlike SCT, Ryan and Deci (2017), assert that motivation lies on a continuum and can come from a magnitude of phenomenal sources (e.g., values, joy, incentives, social approval) beyond just competence. Situational motivation assesses for these considerations to understand the motives to attempt and accomplish a certain task (Barna & Brott, 2012; Privette, 2018). Therefore, the current study utilized the principles of SCT (Bandura, 1986) and SDT (Ryan & Deci, 2017) to explore the relationship between PSCs' perceived self-efficacy of mental health counseling skills and level of situational motivation to the extent of counseling services provided to students.

Multiple linear regression (MLR) analyses were used to test the hypothesis. Overall, the model was statistically significant in predicting PSCs' frequency of counseling activities, and PSCs' beliefs in counselor self-efficacy added to the predictor, $\beta = .375$, $p < .001$. However, intrinsic motivation did *not* predict frequency of counseling activities, $\beta = .170$, $p > .05$. Further, though external regulation did *not* add to the predictor, $\beta = -.094$, $p > .05$, it displayed a negative coefficient; therefore, suggesting an inverse relationship. A more in-depth discussion of these findings appears in the next section.

Discussion of Results

Results from the current study both support and contradict past literature concerning PSCs' self-efficacy, service delivery, and situational motivation. First, counseling literature examining self-efficacy consistently documents positive effects on counseling practice. Meaning, stronger beliefs of PSCs' self-efficacy can lead to stronger relationships with stakeholders (Harris et al., 2019), a higher frequency of program delivery (Mullen & Lambie, 2016), and an increase in their ability to address and manage crisis situations (Sawyer et al., 2013). The established positive correlation between PSCs' self-efficacy and frequency of counseling activities in the present study further supports these earlier investigations. Meaning, PSCs' knowledge and confidence in basic counseling skills, such as individual counseling and addressing relationship issues, strongly encourages them to perform counseling duties and activities. This result is promising, as PSCs with higher self-efficacy are more motivated to pursue demanding goals, such as addressing the mental health concerns of students.

Second, prior literature has specified on more than one occasion that PSCs spend much of their time on other tasks (e.g., bus duty, administrative tasks, etc.), data collection, and consultation than they do on counseling activities (Bardhoshi et al., 2014; Scarborough & Culbreth, 2008; Vaughn et al., 2007). As previously stated, participants' preferred counseling activities scores were statistically significantly higher than their actual counseling activities scores. These results identify that PSCs would prefer to perform more counseling activities, and is parallel with previous research; however, the results of this study do not reflect amount of time spent on activities. Hence, there is uncertainty if that degree of preferred counseling activities performance is higher or lower compared to other assigned tasks.

Third, the results of this study mirror both Barna and Brott's (2012) and Privette's (2018) investigations of PSCs' situational motivation, which concluded that intrinsic motivation did *not* contribute to the frequency of counseling services delivered to students. These findings are inconsistent with earlier research on situational motivation, which has found intrinsic motivation to be the only positive predictor of activities (Çetinkalp, 2012; Gao et al., 2011; Ning et al., 2015). There are many likely reasons that intrinsic motivation was not found to be a predictor.

One potential explanation is the relatively low total scores of the intrinsic motivation subscale ($M = 19.45$, $SD = 5.45$, Range = 4 to 28), which may relate to PSCs not perceiving themselves as mental health counselors; thus, their responses and scores were skewed. In addition, intrinsic motivation is achieved by spontaneous enjoyment of the activity itself (Ryan & Deci, 2017). The presence of a strong external incentive, such as improving academic success, may have reduced the level of intrinsic motivation. Therefore, PSCs may perform counseling

activities because they personally believe them to be valuable, but they may be performing these activities out of a sense of professional obligation.

Further, both Barna and Brott (2012) and Privette (2018) had issues with identified regulation interfering with intrinsic motivation. The researcher noticed that when the total scores of intrinsic motivation and identified regulation subscales were analyzed side-by-side, they had no statistical effect; however, if you remove one or the other, they were statistically significant. Though identified regulation is a level of external regulation, its characteristics resemble those of intrinsic motivation. That is, identified regulation and intrinsic motivation are both autonomously motivated, infer participants value the activity being performed, and each provides a reward for completing the activity (Guay et al., 2000).

The researcher examined probable justifications for these issues, and considered issues with the SIMS, participant error or lack of understanding, and wording of the survey question and response items. Investigations in other academic arenas have encountered comparable issues with identified regulation and intrinsic motivation (Guérin & Fortier, 2012; Lonsdale et al., 2011). These issues leads the researcher to believe that the two constructs are too closely aligned to one another, further impacting the results. This supposition is further supported by the finding of this study's follow-up analyses. Therefore, the researcher combined the two total scores into a single total score of internal motivation. Internal motivation was found to be a statistically significant predictor of counseling activities ($\beta = .224$, $p = .013$); therefore, PSCs may find fulfillment in providing counseling services to students and this is harmonious with their personal and professional values.

Lastly, the results of this study found that PSCs' external regulation scores had an inverse relationship with their counseling activities. According to Guay and colleagues (2000), people who act with external regulation behave so out of obligation to an outside phenomenon and not with autonomy. Based on the findings, the higher the level of external regulation exhibited by PSCs, the lower the frequency of their counseling activities. Therefore, PSCs demonstrate a need to work autonomously. That is, administrators should interfere less in the direction of PSCs functioning and allow them the autonomy to determine their role within the school.

Exploratory Research of Demographic Variables

The Effect of PSCs' Demographic Variables on Self-Efficacy

What is the effect of PSCs' reported demographic variables on their level of counseling self-efficacy beliefs?

The researcher identified marked relationships with PSCs' age, years of experience, and school agency to their level of counseling self-efficacy beliefs. Using an independent *t*-test, the researcher confirmed difference between scores and found that PSCs who work in private school settings had a statistically significant higher score on the SBMHS, $M = 10.43$, 95% CI [2.28, 18.6], $t(123) = 1.82$, $p = .013$, $r = .67$. It was further determined through Spearman's rank-order correlation, that school agency had a statistically significant relationship with total SBMHS scores, $r_s = -.223$, $p = .012$. However, findings around school agency should be considered with caution, as there was a large difference in group size of public ($N = 107$) and private ($N = 15$) schools.

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Results from Pearson's product-moment correlation found participants' years of experience as a school counselor, $r_2 = .084$, $p < .001$, and age, $r_2 = .042$, $p = .024$, were statistically significant with total SBMHS scores. These findings align with previous investigations that identified relationships between PSCs' self-efficacy scores and their age and years of professional experience (Clark, 2006; Mullen & Lambie, 2016).

The researcher performed MLR on these three demographic variables to test their predictive relationship with counselor self-efficacy. Both years of experience ($\beta = .316$, $p = .011$) and school agency ($\beta = -.212$, $p = .017$) were found to be statistically significant predictors of self-efficacy. The counter influence that school agency has on self-efficacy suggests that public school PSCs reported lower counselor self-efficacy beliefs than those who work in private schools. This is contrary to other studies where public-school PSCs were found to have higher levels of self-efficacy (Behrend, 2016). Most times, private schools may only have one PSC in the building or school system. Lack of appropriate supervision or colleagues to consult with, might give PSCs in a private setting an inflated sense of confidence in skills. In addition, Bandura (1986) posits, that years of experience has direct correlation to self-efficacy. This is unsurprising, as counseling research literature suggests that PSCs who have practiced longer have a stronger sense of self-efficacy of skills (Cinotti & Springer, 2016; Hayden et al., 2015). The current model further supports this claim as shown by the positive predictive value years of experience has with self-efficacy.

The Effect of PSCs' Demographic Variables on Situational Motivation

What is the effect of PSCs' reported demographic variables on their level of situational motivation?

Two demographic variables were found to have statistically significant effect on situational motivation. First, the results of an independent t-test established that race/ethnicity had statistically significant difference in scores. Participants who identified as Racially Diverse were found to score higher in motivation than their White peers, $M = 6.83$, 95% CI [.454, 13.21], $t(123) = 2.12$, $p = .036$, $r = .423$. Second, Spearman's rank-order correlation ascertained statistically significant relationships between level of education ($r_s = .248$, $p = .005$) and race/ethnicity ($r_s = -.237$, $p = .008$) to total SIMS scores. Nonetheless, findings around race/ethnicity should be considered with caution, as there was a large difference in group size of Racially Divers ($N = 25$) and White ($N = 99$).

Results of MLR corroborated race/ethnicity ($\beta = -.184$, $p = .037$) and level of education ($\beta = .226$, $p = .011$) as statistically significant predictors of total SIMS scores, $F(2,121) = 5.732$, $p = .004$, $r_2 = .087$. The inverse relationship race/ethnicity has with motivation indicates that those PSCs who identify as White scored lower on the SIMS compared those who identified as Racially Diverse. Lonsdale et al. (2011) reported an inverse relationship between ethnicity and SIMS scores, which was credited to the fact that identified regulation and intrinsic motivation constructs were not distinguishable by participants. While the researcher cannot determine causality, there is the potential that an issue akin to Lonsdale and colleagues' (2011) findings happened in this investigation.

Further, the researcher could not find any investigations using the SIMS that explored the relationship between level of education (e.g., college degrees) and scale scores. Nonetheless, other studies on motivation have found graduate students to be highly motivated (Hegarty, 2011). Thus, the statistically significant relationship that level of education has with motivation in the present study suggests that those with advance degrees possess a higher degree of motivation.

The Effect of PSCs' Demographic Variables on Service Delivery

What is the effect of PSCs' reported demographic variables on their frequency of counseling service delivery?

Race/ethnicity, age, and years of experience were found to have statistically significant relationships with total SCARS scores. An independent t-test revealed statistically significant difference in scores, with racially diverse PSCs scoring higher than White PSCs, $M = 3.78$, 95% CI [.071, 7.49], $t(123) = 2.02$, $p = .046$, $r = .46$. Again, findings around race/ethnicity should be considered with caution, as there was a large difference in group size between groups. Results from Pearson's product-moment correlation disclosed PSCs' reported age ($r_2 = .227$, $p = .011$) and years of experience ($r_2 = .218$, $p = .014$) both had statistically significant correlations with the SCARS total score. Like findings by Mullen and Lambie (2016), who found significant correlations between PSCs age and ethnicity with counseling service delivery. Further, Scarbourough and Culbreth (2008) likewise found a relationship between years of experience and preferred practices of school counselors. The correlations of age and experience with total SCARS scores may be because those with more experience have the know how to navigate the

school environment and the confidence to advocate for appropriate counseling duties. However, results of the MLR analyses found that race/ethnicity was the only added variable that was a statistically significant predictor of total SCARS scores, $\beta = -.208$ $p = .023$. The negative coefficient indicates that White PSCs report performing fewer counseling activities than their Racially Diverse peers.

Implications

Findings from this investigation contribute to current literature on school counseling, self-efficacy, and situational motivation. Specifically, the findings provide (a) an increased understanding of PSCs' counseling activities, self-efficacy, and situational motivation; (b) further awareness of how PSCs' motivation and self-efficacy contribute to their frequency of counseling activities; and (c) an increased knowledge of how PSCs' demographic qualities affect self-efficacy, motivation, and counseling activities. The implications of the findings from this investigation are provided for school counselors, school administrators and educational policy, and counselor educators.

Implications for Practicing School Counselors

In the current study, PSCs reported self-efficacy in their ability to address student issues, including (a) academic concerns, (b) stress management, and (c) relationship concerns. Further, PSCs were confident in their abilities to (a) collaborate, (b) consult with parents, teachers, and administrators; and (c) practice ethically. Most importantly, PSCs level of self-efficacy predicted their counseling activities. Though motivated by their self-efficacy, results indicated that other levels of motivation (e.g., intrinsic, external, amotivation) did not predict counseling service

delivery. However, scores on the SIMS indicated that PSCs overall find value in performing counseling activities; specifically, participants in this study indicated a preference to perform more counseling activities compared to their actual counseling service delivery.

Of the PSC respondents, 46% felt they had a great deal of confidence in providing individual counseling to students. In addition, 38% reported having quite a bit of confidence in facilitating group counseling. When asked about addressing student concerns, 46% of PSCs perceived themselves to have a great deal of confidence assisting with relationship issues. Moreover, 32% and 41% of participants believed to have quite a bit of confidence in addressing issues of abuse/neglect and suicidal ideation respectively. These findings provide support that PSCs recognize the importance of performing counseling activities and may prefer to provide more of these services.

The conclusions of this investigation add to the growing literature that is a call to action to put counseling back into the role of the school counselor (Bardhoshi et al., 2014; Lambie et al., 2019b; Ruiz et al., 2019). PSCs are taught to be student advocates and teach their students to advocate for themselves. Yet, PSCs must start advocating for themselves when it comes to job roles and responsibilities. While having open and direct conversations with administration are sometimes a challenge, the knowledge and information gained from this study can help to start the conversation.

There continues to be a call for more counseling services to be provided to our youth in our nation's schools. The results of this study indicate that the self-efficacy and motivation to address mental health issues exists among PSCs, which is in direct alignment with the values of

the profession. A factor which should be heeded by professional organizations, such as ASCA, when developing and implementing frameworks.

<p style="text-align:center">Implications for School Administrators and Educational Policy</p>

As previously stated, participants in this investigation demonstrated that they have the self-efficacy and ability as a counselors to address mental health concerns in schools. As such, ESSA has provided the ground work for more inclusive practices within schools, where supporting healthy and safe students involves eliminating exclusionary discipline methods and encourages constructive school discipline; introducing bullying and harassment initiatives; and developing relationship-building practices to foster safety (Brown et al., 2019). Section 4108 in Title IV of ESSA (2015) allows educational agencies to use funds to "develop, implement, and evaluate comprehensive programs and activities that … foster and support safe, healthy, supportive and drug free environments that support academic achievement; [and] promote the involvement of parents in the activity of the program" (§ 4108, p. 178). Some of these Title IV programs include (a) drug and violence prevention, (b) SBMHC services, and (c) bullying and harassment prevention, and relationship-building skills (National Association of School Psychologists [NASP], 2018). Programs that could be led by school counselors.

Programs and frameworks that address mental health issues of students in schools are not new to ESSA (Brown et al., 2019). In fact, the new legislation provides schools with increased flexibility and some additional funding to address nonacademic issues (Lenares-Solomon et al., 2019). Funding that could be used to hire more PSCs to lighten caseloads and better distribute services to the whole school. However, the school counseling profession is slow to move with

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these latest policy changes and continues to hold onto NCLB era ideas and procedures (Bardhoshi et al., 2014; Lambie et al., 2019b).

Policy makers are beginning to bridge the connections between research outcomes and needed changes to educational practice. The findings of this study show PSCs value counseling activities and have the self-efficacy to perform these tasks; thus, they would be open to the needed changes. Nonetheless, school administrators' perceptions and misuse of PSCs' time continues to slow the implementation of such programs (Goodman-Scott, 2015; Reback, 2018). In view of this national call for schools to address the mental wellbeing of students, it is essential for school leaders and personnel to make continued alignment of academic standards and mental health care (King-White, 2019).

Implications for Counselor Educators

Though the results identify that PSCs are confident in the skills essential to carrying out job functions, there were some inconsistencies that should be addressed in their training. For instance, 30.4% of PSCs reported that they have no confidence in diagnosing client issues using the DSM, 27.2% indicated only having some confidence with writing treatment plans and goals, and 30.4% perceived themselves to have only some confidence in performing family counseling. Moreover, 34.4% perceived themselves to have some confidence when dealing with gender/sexuality concerns, and 24.8% reported that they had little confidence in addressing immigration concerns. Further, 24% reported only having some confidence in addressing addiction and substance use issues; which is in line with this investigation's findings from the SCARS, where 56% of the respondents indicated that they never conduct small group counseling

for students regarding substance abuse issues. Likewise, 28.8% of the participants would prefer never to perform counseling activities regarding addiction or substance use issues. In addition, 38.4% reported that they would prefer to only occasionally counsel students regarding crisis/emergency issues. These results are parallel with previous research, which show PSCs have a degree of apprehension attending to concerns outside of academic achievement (Carlson & Kees, 2013).

School counselor training programs can help to discourage apprehension towards addressing more serious issues, such as substance abuse, by building mental health competence and confidence in their students. According to the CDC (2019), 38% of school-aged youth used illicit drugs in the last year and 20% have offered, sold, or given an illegal drug on school property, indicating that substance use or abuse might be a concern with which PSCs will be confronted. Moreover, students' lives at home can overlap with and impact their school experiences. Whereas participants in this study indicated that they want to address family concerns with their students, they may not have the training to adequately do so (Joe & Harris, 2016). Therefore, programs should consider adopting plan of studies that incorporate classes such as addictions and family counseling. Likewise, though PSCs do not diagnose, it is important for them to have an understanding of mental health symptoms, interventions, and goal setting. Therefore, it would be beneficial for PSCs to take diagnosis class and have some formal clinical training outside of a school. Providing school counselors-in-training with these necessary classes will strengthen their self-efficacy to address such situations and be more apt to apply their skills in the field (Sayer et al., 2013).

Further, as student needs become more complex, the lack of clinical supervision paints a ominous depiction for PSCs (Peed, 2017). The development of clinical skills can assist in creating a more counseling focused and competent professional identity for school counselors. Studies have found correlations between clinical supervision, self-efficacy, and effects of interventions (Schiele et al., 2014). Thus, counselor educators can help lead the charge in changing the way PSCs receive clinical supervision during and post training.

Counselor educators should consider providing multiple options for field experience options during practicum and internship. Encouraging school counselors-in-training to work in clinics outside of schools can provide an essential understanding of what it is like in other therapeutic settings (Peed, 2017). According to school counselor supervision literature, PSCs who receive clinical supervision beyond the school setting in their training programs exhibit expanded counseling skills development (Dollarhide & Miller, 2006), heightened responsiveness to issues (Neyland-Brown et al., 2019), and increased case conceptualization skills (Peed, 2017). Further, having experience in such settings can enhance their professional connections with other specialized counselors that they can later turn to for referral and consultative purposes (DeKruyf, & Pehrsson, 2011).

Post graduate training, a majority of PSCs receive administrative supervision from their school administrators (Dollarhide & Miller, 2006). While this type of supervision is formal and evaluative, it lacks in the attention to counseling skill development, client case conceptualization, and is often provided by someone outside the counseling profession. Consequently, counselor educators should contemplate working with their colleagues in other disciplines, such as educational leadership, by providing guest lectures on the roles and needs of PSCs in education.

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Providing future school administrators such an education could help ensure that schools are putting the right people in the role of clinical supervisor. Yet, there is still more that could be done.

According to DeKruyf and Pehrsson (2011), less than half of the school counseling supervisors had any formal training in counseling supervision. Therefore, developing a post-graduate clinical supervision certificate with the state department of education could help to foster more appropriate policy and training around school counselor supervision. Moreover, such policy changes could provide the language necessary to advocate proper roles and responsibilities of PSCs at the local level. In addition, literature indicates that PSCs with clinical supervisory training possesses a higher site supervisor self-efficacy compared to those without training (Neyland-Brown et al., 2019; Peed, 2017). Lastly, using the supervisory certificate for professional development and needed hours for licensure/certificate renewal would entice PSCs to take a more active role in clinical supervision.

Limitations

There were several limitations noted in this study. Specifically, the researcher identified the following limitations (a) research design, (b) sampling procedures, and (c) instrumentation.

Research Design Limitations

This study commissioned a nonexperimental descriptive, correlational research design that is inherent to limitations of internal validity and external validity (Creswell & Creswell, 2018). Correlational research permitted the researcher to explore relationships between variables and to predict the effect of one variable on another (Gall et al., 2007). Nevertheless, the

correlation of two items does not represent causality (Lee, 2007). Therefore, the researcher

cannot identify the cause of counseling service frequency, but instead allows the testing of the

hypothesized model from the data collected.

Furthermore, this investigation did not control for extraneous variables that might have

influenced the explored relationships. To moderate the influence of extraneous variables, the

researcher collected demographic data related to the constructs to account for the possible effect

on variable relationships. However, the inability to specify which variable is the cause and which

is the effect is a significant limitation to this study (Gall et al., 2007). Though the researcher

tested the demographic variables for potential relationships, the results may not accurately reflect

the phenomenon and interpreted with caution (Creswell & Creswell, 2018).

Sampling Procedures

The researcher noted limitations to the sampling procedure of this investigation. This

study utilized both convenient and simple random sampling. Though the researcher attempted to

recruit a national sample, two states (e.g., Ohio and North Carolina) dominated the number of

observations; which could skew the generalizability of the data. Further, the overall response rate

was low (11.32%), consequently, the elevated degree of nonresponse makes it a limitation.

Participants who chose not to complete the survey may have a perspective different from the

investigation's goal. In addition, the sample size between group variables (e.g., school agency,

gender, race/ethnicity) were unequal and could distort the results of comparative analyses

performed in this study. Nevertheless, the overall response rate in this study parallels other

studies with practicing school counselors (e.g., Goodman-Scott, 2015; Limber, 2013; Randick et

al., 2018). Moreover, a *post hoc* power analysis revealed that the sample size of this investigation did not impact the results of the tested model.

Environmental conditions and their influence on generalizability are another consideration (Gall et al., 2007). This study transpired during the spring semester of the academic year, which might yield different results than if administered in the fall or summer. Furthermore, the study took place between the months of February and April 2020, at the height of the COVID-19 pandemic. Therefore, it is uncertain how the timing of this study or probable sway of the pandemic influenced the results. This draws concern on whether similar correlations would appear if data collection took place during another period.

Instrument Limitations

One key limitation to this study is the instrumentation used for data collection. The instruments used for data collection relied upon participants' self-report. Participants freely report their answers with no way for the researcher to verify their responses. Thus, respondents might respond in a more socially desirable manner, rather than provide an accurate reflection of their perceptions.

First, both the SBMHS and SCARS were adapted to fit the goals of this study, which changed them into different instruments. Due to changes to the SBMHS, the researcher was not able to determine PSCs self-efficacy of diagnosing mental health disorders or knowledge of the DSM. Further, with the removal of the additional subscales from the SCARS, this study could not determine the frequency at which PSCs spend their time on activities other than counseling.

Second, all instruments contain a measurement of error. While SIMS and SCARS are established instruments, the SBMHS had only been used in one other study. Nonetheless, the researcher tested each instrument to reduce the chance of error. All three instruments initially yielded good psychometric properties. The researcher further assessed item modifications to the SIMS and SCARS; however, these modifications did not have a significant impact and the instruments went unchanged. Still, all instruments are vulnerable to threats of validity (Cresswell & Cresswell, 2018), and, by adapting the SBMHS and SCARS, the researcher may have missed out on other important pieces of information.

Last, the survey used for this investigation had a total of 71 items. Participants may have experienced test fatigue, resulting in false responses or missing values towards the end of the survey. Therefore, the length of the instrument might have contributed to respondents not finishing the survey.

Future Research

Future research with PSCs should consider the limitations of the current study. The fact that this investigation was non-experimental, results could not establish causality. Future research could try testing the same hypothesis using other instruments not used in this study. Further, investigations exploring the effects of interventions (e.g., professional development or clinical supervision) on PSCs counseling service delivery should be considered. Moreover, results from *post hoc* analyses found that intrinsic motivation predicted the frequency of preferred counseling activities. Endeavors should be made to explore the factors that contribute to counseling activities (e.g., barriers, values). Moreover, existing research has shown a link

between mental health and academic achievement. Though peripheral to the current study, limited experimental investigations have examined the impact of PSCs' counseling interventions; thus, more research should be conducted to understand PSCs' influence within the school setting.

Additionally, the researcher proposed that the type of situational motivation internalized by PSCs would predict the frequency of counseling activities. Specifically, it was hypothesized that intrinsic motivation would be the type of motivation PSCs would associate with counseling activities. The results of this investigation did not support the hypothesis; therefore, more research could explore the type of motivation present in PSCs and their professional identity. In addition, a deeper examination of PSCs' external regulation should be done to gain more understanding of their autonomy. Further, the researcher ran into similar issues as other investigations with the constructs of intrinsic motivation and identified regelation on the SIMS (Barna & Brott, 2012; Guérin & Fortier, 2012; Privette, 2018). Continued research on the instrument and the validity of its constructs is necessary.

Other concepts of Self-Determination Theory could provide further insight on PSCs motivation and identity. Particularly, research could utilize SDT to explore PSCs' type of work value orientation on motivation and service delivery. Moreover, several studies utilizing the SIMS have examined the effect of situational motivation on performance (Gillet et al., 2013). Therefore, one could look at the motivation profiles of PSCs and compare it to their annual performance evaluations. Finally, since there is a dearth amount of counseling literature using SDT, qualitative investigations around PSCs' motivation could help to bridge the gap.

Chapter Five Summary

In chapter five, the researcher provided a review of the current investigation and compared results to prior literature. The results indicated that PSCs' self-efficacy of counseling skills contributes to their frequency of actual counseling activities. Despite the statistical support of findings, it is necessary to interpret the results of this study with caution due to the noted limitations. Overall, the findings of the study result in implications for practicing school counselors, counselor educators, and k-12 stakeholders. Thus, the conclusions of this study contribute to the current body of literature concerning PSCs' self-efficacy, program delivery, and motivation.

APPENDIX A:
UNIVERSITY OF CENTRAL FLORIDA INSTITUTIONAL REVIEW
BOARD APPROVAL LETTER

Institutional Review Board
FWA00000351
IRB00001138
Office of Research
12201 Research Parkway
Orlando, FL 32826-3246

EXEMPTION DETERMINATION

December 20, 2019

Dear Jon Borland:

On 12/20/2019, the IRB determined the following submission to be human subjects research that is exempt from regulation:

Type of Review:	Initial Study, Category 2
Title:	The Relationship between Professional School Counselors' Extent of Counseling Services, Level of Motivation, and Self-Efficacy of Counseling Skills
Investigator:	Jon Borland
IRB ID:	STUDY00001280
Funding:	Name: UCF/College of Graduate Studies
Grant ID:	

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made, and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request so that IRB records will be accurate.

If you have any questions, please contact the UCF IRB at 407-823-2901 or irb@ucf.edu. Please include your project title and IRB number in all correspondence with this office.

Sincerely,

Racine Jacques, Ph.D.
Designated Reviewer

Page 1 of 1

APPENDIX B:
EMAIL INVITATION TO POTENTIAL PARTICIPANTS

Dear ${m://FirstName} ${m://LastName},

You have been selected to receive this email as an invitation to participate in an online survey. The purpose of this study is to learn about professional school counselors' motivation, self-efficacy of counseling skills, and how they affect the extent of counseling services offered to students. This study is in partial fulfillment of my Ph.D. from the University of Central Florida. The results of this study will be used to improve school counselor training, preparation, and practices.

The survey will take approximately 10-15 minutes to complete. If you choose to participate in this study, your information will be kept confidential and no names nor email addresses will be identified with your responses. You may withdraw or decline without penalty at any time.

A $5 eGift card *(to such places as Amazon, Apple, Starbucks, and several more!)* will be provided to the first 300 participants who complete the survey and provide their name and email address. If you do not wish to provide your name and email, you may still complete the survey, but cannot receive the eGift card. The names and email addresses of those who wish to receive the gift will only be used to distribute the eGift cards and will not be collected nor kept as part of the data.

Follow this link to the Survey:
http://ucf.qualtrics.com/jfe/form/SV_cP9VM35vNLpP4ZD?Q_DL=ctM9QRtquVRyOep_cP9 VM35vNLpP4ZD_MLRP_2aVuUpiSvv8qRqR&Q_CHL=email

Your participation and time are greatly appreciated!

Sincerely,

Jon Borland, M.A., PSC (OH)

APPENDIX C:
INFORMED CONSENT

EXPLANATION OF RESEARCH

Title of Project: *The Relationship between Professional School Counselors' Extent of Counseling Services, Level of Motivation, and Self-Efficacy of Counseling Skills*

Principal Investigator: *Jon Borland, M.A.*
Faculty Supervisor: *J. Richelle Joe, Ph.D.*

You are being invited to take part in a research study. Whether you take part is up to you.

The purpose of this study is to examine the relationship between professional school counselors' extent of counseling services provided to students, level of situational motivation, and perceived self-efficacy of counseling skills. This research is being conducted by Jon Borland, M.A., under the supervision of J. Richelle Joe, Ph.D., at the University of Central Florida.

This study is not approved for the enrollment of anyone under the age of 18. If you agree to participate in this study, you will be asked to fill out an online survey. The online survey will include questions about school counselors' self-efficacy of skills, motivation to provide services, and the extent of services provided to students. Additionally, there is a section that will collect demographic information such as years of experience, ethnicity, gender, and education. If there is a question you do not want to answer, you may skip it and you may quit the survey at any time.

A $5 eGift card will be provided to the first 300 participants who complete the survey and provide their name and email address. Your name and email address will not be collected or kept as part of the data. If you do not wish to provide your name and email, you may complete the survey anyways, but cannot receive the eGift card. The names and email addresses of those who wish to receive the eGift card will only be used to distribute the eGift cards and will not be collected or kept as part of the data.

The online survey will take approximately 10-15 minutes of your time. It is best if you take the survey on a computer or tablet instead of a mobile phone.

The research records will be kept and stored securely. All online data collected will be stored on a secure computer with password protection. Your information will be combined with information from other people taking part in the study. When this study is written about, published, or shared with other researchers, names and other identifying information will not be included to maintain your anonymity. However, some people might review or copy the data records that may identify you in order to make sure the researcher is following the required rules, laws, and regulations. For example, the University of Central Florida Institutional Review Board (IRB) may review your information. If this were to happen, they will keep your information confidential. While the software program used does receive IP addresses, your survey responses will be kept confidential.

You must be 18 years of age or older, an active, employed school counselor with at least a

Master's degree and a state certification or license in school counseling to take part in this research study.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints, please contact *Jon Borland, Graduate Student, Counselor Education program, College of Community Innovation and Education, by email at jon.borland@knights.ucf.edu or Dr. Richelle Joe, Faculty Supervisor, Department of Counselor Education and School Psychology by email at Jacqueline.joe@ucf.edu.*

IRB contact about your rights in this study or to report a complaint: If you have questions about your rights as a research participant, or have concerns about the conduct of this study, please contact Institutional Review Board (IRB), University of Central Florida, Office of Research, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901, or email irb@ucf.edu.

APPENDIX D:
DEMOGRAPHICS QUESTIONNAIRE

School Counselor Motivation

Q1.2. Which of the following best describes your main role?

School Counselor

College Counselor

Counselor Educator

School Counselor Trainee

None of the above

Q1.3. Credentials - please select all that apply.

Licensed/Certified School Counselor

Licensed/Certified Clinical Mental Health Counselor

Licensed/Certified Marriage and Family Therapist

Nationally Certified School Counselor

Nationally Certified Counselor

None of the above

Q5.1. Demographics

Q5.2. Please select your highest level of education completed:

MA/MS

EdS

EdD

PhD

Q5.3. The counseling program I attended was CACREP accredited.

Yes

No

Unsure

Q5.4. Total years of experience as a practicing school counselor:

[   ]

Q5.5. State in which you are currently employed:

[∨]

Q5.6. Current school setting:

Rural

Suburban

Urban

Q5.7. I currently work within the following grade levels (check all that apply):

Preschool

Elementary

Middle/Junior High School

High School

College

Q5.8. Does your current school have any of the following designations? (Check all that apply)

Career and Technical Education Center (C-TEC)

Charter School

Magnet School

Private or Religious Affliation

Public

STEM or STEAM

Title I

Q5.9. My current caseload is

250 or less students

more than 250 students

Q5.10. I am a member of the following professional organizations (please select all that apply):

American School Counseling Association (ASCA)

ASCA-State Affiliate

American Counseling Association (ACA)

Other

Not a member of any professional organizations

Q5.11. Your current age in years:

Q5.12. Gender:

Female

Male

Transgender - Female

Transgender - Male

Non-binary

Other - please specify

Q5.13. Race/Ethnicity:

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latinx or Spanish Origin

Native Hawaiian or Other Pacific Islander

Two or more races

White

APPENDIX E:
SCHOOL BASED MENTAL HEALTH SERVICES SURVEY

Q2.2. How would you rate your level of confidence in your counseling skills?

	1: Cannot do at all	2: Very little confidence	3: Little confidence	4: Some confidence	5: Enough confidence	6: Quite a bit of confidence	7: A great deal of confidence
Individual counseling	O	O	O	O	O	O	O
Group counseling	O	O	O	O	O	O	O
Family counseling	O	O	O	O	O	O	O
Testing and assessment	O	O	O	O	O	O	O
Diagnose client issues using the DSM	O	O	O	O	O	O	O
Treatment planning (goals and objectives)	O	O	O	O	O	O	O
Ethical practice	O	O	O	O	O	O	O
Consultation with parents, teachers, and administrators	O	O	O	O	O	O	O
Collaboration/teamwork	O	O	O	O	O	O	O
Reading counseling research	O	O	O	O	O	O	O
Program development & evaluation	O	O	O	O	O	O	O

Q2.3. How would you rate your level of confidence in helping students with the following issues?

	1: Not confident at all	2: Very little confidence	3: Little confidence	4: Some confidence	5: Enough confidence	6: Quite a bit of confidence	7: A great deal of confidence
Academic concerns	○	○	○	○	○	○	○
Transitions and post-secondary planning	○	○	○	○	○	○	○
Relationship concerns	○	○	○	○	○	○	○
Stress management	○	○	○	○	○	○	○
Addiction & substance use	○	○	○	○	○	○	○
Multicultural concerns	○	○	○	○	○	○	○
Gender/sexuality concerns	○	○	○	○	○	○	○
Abuse/neglect	○	○	○	○	○	○	○
Suicidal concerns	○	○	○	○	○	○	○
Grief/loss	○	○	○	○	○	○	○
Concerns related to living in poverty (homelessness and hunger)	○	○	○	○	○	○	○
Immigration concerns	○	○	○	○	○	○	○
Spirituality	○	○	○	○	○	○	○
Divorce and family disruption	○	○	○	○	○	○	○

APPENDIX F:
THE SITUATIONAL MOTIVATION SCALE

Q3.1.

Using the scale below, please select the number that best corresponds to the reasons why you are currently engaged in mental health counseling with students.

Why are you currently engaged in mental health counseling with students?

	1: Corresponds not at all	2: Corresponds a very little	3: Corresponds a little	4: Corresponds moderately	5: Corresponds enough	6: Corresponds a lot	7: Corresponds exactly
I think mental health counseling is interesting	O	O	O	O	O	O	O
I provide mental health services for students for my own good	O	O	O	O	O	O	O
I am supposed to provide mental health services for students	O	O	O	O	O	O	O
There may be good reasons to provide mental health counseling, but personally I don't see any	O	O	O	O	O	O	O
I think doing mental health counseling is pleasant	O	O	O	O	O	O	O
I think that doing mental health counseling is good for me	O	O	O	O	O	O	O
Providing mental health services for students is something that I have to do	O	O	O	O	O	O	O
I do mental health counseling but I am not sure if it is worth it	O	O	O	O	O	O	O

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Q3.2.

Using the scale below, please select the number that best correspond to the reasons why you are currently engaged in mental health counseling with students.

Why are you currently engaged in mental health counseling with students?

	1: Corresponds not at all	2: Corresponds a very little	3: Corresponds a little	4: Corresponds moderately	5: Corresponds enough	6: Corresponds a lot	7: Corresponds exactly
I think mental health counseling is fun	O	O	O	O	O	O	O
Providing mental health services for students is a personal decision	O	O	O	O	O	O	O
I don't have any choice	O	O	O	O	O	O	O
I don't know; I don't see what mental health counseling brings me	O	O	O	O	O	O	O
I feel good when doing mental health counseling	O	O	O	O	O	O	O
I believe that providing mental health services for students is important for me	O	O	O	O	O	O	O
I feel that I have to provide mental health services for students	O	O	O	O	O	O	O
I provide mental health services for students, but I am not sure it is a good thing to pursue it	O	O	O	O	O	O	O

APPENDIX G:
SCHOOL COUNSELOR ACTIVITY RATING SCALE

Q4.1.

School Counseling Activity Rating Scale

Below is a list of functions that may be performed by school counselors. In Column 1, please select the number that indicates the frequency with which you ACTUALLY perform each function.
In Column 2, please select the number that indicates the frequency with which you would PREFER to perform the function.

Q4.2.

Please select the corresponding number in each column as it relates to COUNSELING ACTIVITIES.

Ratings:	ACTUAL	PREFER
1 =	I never do this	I would prefer never to do this
2 =	I rarely do this	I would prefer to rarely do this
3 =	I occasionally do this	I would prefer to occasionally do this
4 =	I frequently do this	I would prefer to frequently do this
5 =	I routinely do this	I would prefer to routinely do this

	ACTUAL					PREFER				
	1 Never	2 Rarely	3 Occasionally	4 Frequently	5 Routinely	1 Never	2 Rarely	3 Occasionally	4 Frequently	5 Routinely
Counsel with students regarding personal/family concerns	O	O	O	O	O	O	O	O	O	O
Counsel with students regarding school behavior	O	O	O	O	O	O	O	O	O	O
Counsel students regarding crisis/emergency issues	O	O	O	O	O	O	O	O	O	O
Counsel with students regarding relationships (e.g. family, friends, romantic)	O	O	O	O	O	O	O	O	O	O

Counsel with students regarding relationships (e.g. family, friends, romantic)	O	O	O	O	O	O	O	O	O	O
Provide small group counseling addressing relationship/social skills	O	O	O	O	O	O	O	O	O	O
Conduct small groups regarding family/personal issues (e.g. divorce, death)	O	O	O	O	O	O	O	O	O	O
Conduct small group counseling for students regarding substance abuse issues (own use or family/friend use)	O	O	O	O	O	O	O	O	O	O
Counsel students regarding academic issues	O	O	O	O	O	O	O	O	O	O

School Counselor Motivation

Thank you for participating in this study! If you have any questions, suggestions, concerns, or would like additional information, please contact Jon Borland, M.A. at jon.borland@knights.ucf.edu.

APPENDIX H:
REQUEST FOR INCENTIVE

Q6.1. **Survey Incentive**

A $5 eGift card will be provided to the first 300 participants who complete the survey and provide their name and email address in the fields below. If you do not wish to provide your name and email address, you may still submit the completed survey by clicking on the arrow button below, but you will not receive the eGift card. The names and email addresses collected from those who wish to receive the eGift card will only be used to distribute the eGift cards and will not be collected or kept as part of the data.

Please provide the following information to receive the $5 eGift card. If you are one of the first 300 participants to complete the survey, a message will be sent to the email you provide with directions and a link to the eGift card.

Q6.2. First and Last Name:

[   ]

Q6.3. Email address:

[   ]

APPENDIX I:
PARTICIPANT REMINDER EMAIL

Dear ${m://FirstName} ${m://LastName},

There are still over 150 $5 eGift cards available!

Just a friendly reminder...you have been selected to receive this email as an invitation to participate in an online survey. The purpose of this study is to learn about professional school counselors' motivation, self-efficacy of counseling skills, and how they affect the extent of counseling services offered to students. This study is in partial fulfillment of my Ph.D. from the University of Central Florida. The results of this study will be used to improve school counselor training, preparation, and practices.

The survey will take approximately 10-15 minutes to complete. If you choose to participate in this study, your information will be kept confidential and no names nor email addresses will be identified with your responses. You may withdraw or decline without penalty at any time.

A $5 eGift card *(to such places as Amazon, Apple, Starbucks, and several more!)* will be provided to the first 300 participants who complete the survey and provide their name and email address. If you do not wish to provide your name and email, you may still complete the survey, but cannot receive the eGift card. The names and email addresses of those who wish to receive the gift will only be used to distribute the eGift cards and will not be collected nor kept as part of the data.

Follow this link to the Survey:
${l://SurveyLink?d=Take the Survey}

Or copy and paste the URL below into your internet browser:
${l://SurveyURL}

Sincerely,

Jon Borland, M.A., PSC (OH)

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APPENDIX J:
MAIL PERMISSION TO USE AND MODIFY SBMHS

Subject: RE: Instrument Permission
Date: Sunday, October 13, 2019 at 6:49:59 PM Eastern Daylight Time
From: Waliski, Angie D.
To: Jon Borland

Jon,

Does that have anything to do with me😊? Been a while.

But sure, as long as you make sure and site everything appropriately that would be fine. If I am remembering correctly this is all work that I did since I was employed by the Dept of Veterans Affairs, and I just want to make sure it can be linked back to that funder.

If I am totally off based then you will have to give me a little more info.

Good luck and let me know if you need anything further.

Angie Waliski, PhD, LPC, NCC
Central Arkansas Veterans Healthcare System
Health Services Research and Development
2200 Fort Roots Drive
Bldg 58 (152/NLR)
North Little Rock, AR 72114
479-713-0485
Angie.Waliski@va.gov

From: Jon Borland <jon.borland@Knights.ucf.edu>
Sent: Wednesday, October 9, 2019 1:22 PM
To: Waliski, Angie D. <Angie.Waliski@va.gov>
Subject: [EXTERNAL] Instrument Permission

Hello Dr. Waliski,

I hope this email finds you well! My name is Jon Borland and I am doctoral candidate in the Counselor Education program at the University of Central Florida. For my dissertation, I am interested in the relationship between professional school counselors' level of motivation, self-efficacy of counseling skills, and extent of counseling services. While gathering research for my literature review, I cam across an article (Carlson & Kees, 2013) that utilized the School-Based Mental Health Services Survey to gather data. I received a copy of the survey from Dr. Carlson, but I was wondering if I would have you permission to adapt the survey further; specifically, I want to change the scale from 100-point to a 9-point Likert scale to match current and changing practices in self-efficacy research. Would this be okay with you?

Thank you for your time and consideration.

Take care,
Jon

APPENDIX K:
PERMISSION TO USE SIMS

Metrics & Methods: Questionnaires

You are logged in as jonborland83

- Click to log out.
- Begin using the site.

Research on Self-Determination Theory has included laboratory experiments and field studies in several different settings. In order to do this research, we have developed many questionnaires to assess different constructs contained within the theory. **Each questionnaire page will typically include:**

- the scale
- description of the scale
- a key for the scale, and
- references for articles describing studies that used the scale

*** Please note that all questionnaires on this web site, developed for research on self-determination theory, are copyrighted. You are welcome to use the instruments for academic (non-commercial) research projects. However, you may not use any of them for any commercial purposes without written permission to do so from the Center for Self-Determination Theory.

To inquire about a commercial request, please email: shannon@selfdeterminationtheory.org

Click on any questionnaire name below to access the scale or set of questionnaires and other information.

APPENDIX L:
PERMISSION TO USE SCARS

SCARS: School Counselor Rating Activity Scale

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

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

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

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

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

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

REFERENCES

Amatea, E. S., & Clark, M. A. (2005). Changing schools, changing counselors: A qualitative

    study of school administrators' conceptions of the school counselor role. *Professional*

    School Counseling, 9(1), 16-27. https://doi.org/10.1177/2156759X0500900101

American Foundation for Suicide Prevention. (2017). *Suicide statistics.*

    https://afsp.org/about-suicide/suicide-statistics/

American School Counselor Association. (2019). *The ASCA National Model: A framework for*

    school counseling programs (4th ed.).

American School Counselor Association. (2019). *The role of the school counselor*.

    https://www.schoolcounselor.org/asca/media/asca/Careers-Roles/RoleStatement.pdf

Astramovich, R. L., & Holden. J. M. (2002). Attitudes of American School Counselor

    Association members toward utilizing paraprofessionals in school counseling.

    Professional School Counseling, 5(3), 203-210. https://search.proquest.com/openview

Auerbach, E. R., Chafouleas, S. M., & Briesch, A. M. (2019). State-level guidance on school

    based screening for social, emotional, and behavioral risk: A follow-up study. *School*

    Mental Health, 11(1), p. 141-147. http://doi.org/dtxz

Baggerly, J., & Osborn, D. (2006). School counselors' career satisfaction and commitment:

    Correlates and predictors. *Professional School Counseling, 9*(3), 197-205.

    https://www.jstor.org/stable/42732671

Baker, S. B., & Gerler, E. R. (2001). Counseling in schools. In D. C. Locke, J. E. Myers, & E. L.

    Herr (Eds.), *The handbook of counseling* (pp. 289-313). Sage Publications.

Bandura, A. (1977a). Self-efficacy: Toward a unifying theory of behavioral change.

Psychological Review, 84(2), 191-215.

Bandura, A. (1977b). *Social learning theory*. Prentice Hall.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*.

Prentice-Hall.

Bandura, A. (1997). *Self-efficacy: The exercise of control*. W. H. Freeman.

Bardhoshi, G., Schweinle, A., & Duncan, K. (2014). Understanding the impact of school factors

on school counselor burnout: A mixed-methods study. *Professional Counselor, 4*(5),

426-443. https://doi.org/10.15241/gb.4.5.426

Barna, J. S. (2009). *Elementary school counselors' situational motivation, perception of*

importance, and level of implementation of personal/social development standards as a

strategy for supporting student academic achievement [Doctoral dissertation, Virginia

Polytechnic Institute and State University]. Virginia Tech Electronic Theses and

Dissertations Archive. https://vtechworks.lib.vt.edu/handle/10919/26948

Barna, J. S., & Brott, P. E. (2012). Elementary school counselors' motivation to support student

academic achievement through identified standards. *Journal of School Counseling, 10*(8).

https://files.eric.ed.gov/fulltext/EJ978864.pdf

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal

attachments as a fundamental human motivation. *Psychological Bulletin, 117*(3),

497-529. https://psycnet.apa.org/buy/1995-29052-001

Bear, L., Finer, R., Guo, S., & Lau, A. S. (2014). Building the gateway to success: An appraisal

of progress in reaching underserved families and reducing racial disparities in school-based mental health. *Psychological Services, 11*(4), 388-397.
https://doi.org/10.1037/a0037969

Beland, L. P., & Kim, D. (2016). The effect of high school shootings on schools and student performance. *Educational Evaluation and Policy Analysis, 38*(1), 113-126.
https://doi.org/10.3102/0162373715590683

Benningfield, M. M., Potter, M. P., & Bostic, J. Q. (2015). Educational impacts of the social and emotional brain. *Child and Adolescent Psychiatric Clinics of North America, 24*(2), 261-275. https://doi.org/10.1016/j.chc.2014.12.001

Bodenhorn, N., (2006). Exploratory study of common and challenging ethical dilemmas experienced by profession school counselors. *Professional School Counseling, 10*(2), 195-202. https://doi.org/10.1177/2156759X0601000203

Bodenhorn, N., & Skaggs, G. (2005). Development of the school counselor self-efficacy scale. *Measurement and Evaluation in Counseling and Development, 38*(1), 14-28.
http://doi.org/dtx2

Bodenhorn, N., Wolfe, E. W., & Airen, O. E. (2010). School counselor program choice and self-efficacy: Relationship to achievement gap and equity. *Professional School Counseling, 13*(3), 165-174. https://www.jstor.org/stable/42732890

Brown, M. H., Lenares-Solomon, D., & Deaner, R. G. (2019). Every student succeeds act: A call to action for school counselors. *Journal of Counselor Leadership and Advocacy, 6*(1), 86-96. https://doi.org/10.1080/2326716X.2018.1557574

Buchanan, D. K. (2011). *A comparative analysis of school counselors' and school principals'*

perceptions of school counselors' activities [Doctoral dissertation, The University of

Tennessee, Knoxville]. Tennessee Research and Creative Exchange.

https://trace.tennessee.edu/utk_graddiss/1170/

Caballero, T. M., Ross DeCamp, L., Platt, R. E., Shah, H., Johnson, S. B., Sibinga, E. M. S., &

Polk, S. (2017). Addressing the mental health needs of Latino children in immigrant

families. *Clinical Pediatrics, 56*(7), 648-658. https://doi.org/10.1177/0009922816679509

Capp, G. (2015). Our community, our schools: A case study of program design for school-based

mental health services. *Children & Schools, 37*(4), 241-248.

https://doi.org/10.1093/cs/cdv030

Cappella, E., Frazier, S. L., Atkins, M. S., Schoenwald, S. K., & Glisson, C. (2008). Enhancing

schools' capacity to support children in poverty: An ecological model of school-based

mental health services. *Administration Policy Mental Health, 35*, 395-409.

https://doi.org/10.1007/s10488-008-0182-y

Carey, J., & Dimmitt, C. (2018). School counseling and student outcomes: Summary of six

statewide studies. *Professional School Counseling, 16*(2), 146-153.

https://doi.org/10.1177/2156759X0001600204

Carlson, L. A., & Kees, N. L. (2013). Mental health services in public schools: A preliminary

study of school counselor perceptions. *Professional School Counseling, 16*(4), 211-221.

https://doi.org/10.1177/2156759X150160401

Carrell, S. E., & Carrell, S. A. (2006). Do lower student to counselor ratios reduce school

disciplinary problems? *Contributions to Economic Analysis & Policy, 5*(1), 1-26.

https://doi.org/10.2202/1538-0645.1463

Carrell, S. E., & Hoekstra, M. (2014). Are school counselors an effective education input?.
Economic Letters, 125(1), 66-69. https://doi.org/10.1016/j.econlet.2014.07.020

Centers for Disease Control and Prevention. (2018). *Making sure children get the mental health they need.* https://www.cdc.gov/features/child-mental-healthcare/index.html

Centers for Disease Control and Prevention. (2019). *Youth risk behavior surveillance system*.
https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf

Center for Homeland Defense and Security. (2018). *K-12 school shooting database.*
https://www.chds.us/ssdb/category/graphs/

Cervoni, A., & DeLucia-Waack, J. (2011). Role conflict and ambiguity as predictors of job satisfaction in high school counselors. *Journal of School Counseling, 9*(1).
http://www.jsc.montana.edu/articles/v9n1.pdf

Çetinkalp, Z. K. (2012). Men's and women's achievement goals and self-perception in sport situational motivation. *Studia Psychologica, 54*(1), 23-35.
https://studiapsychologica.com/uploads/CETINKALP_SP_01_vol.54_2012_pp.23-35.pdf

Cham, H., Reshetnyak, E., Rosenfeld, B., & Breitbar, W. (2017). Full information maximum likelihood estimation for latent variable interactions with incomplete indicators.
Multivariate Behavioral Research, 52(1), 12-30.
https://doi.org/10.1080/00273171.2016.1245600

Cinotti, D. A., & Springer, S. I. (2016). Examining the impact of non-counseling supervisors on school counselor self-efficacy. *Vistas Online*, Article 71. http://counseling.org/
knowledge-center/vistas

Conroy, D. E., Kaye, M. P., & Coatsworth, J. D. (2006). Coaching climates and the destructive

effects of master-avoidance achievement goals on situational motivation. *Journal of Sport & Exercise Psychology, 28*, 69-92. https://doi.org/10.1123/jsep.28.1.69

Creswell, J. W., & Creswell, J. D. (2018). *Research design*: *Qualitative, quantitative, and mixed methods approaches*. Sage Publications.

Currie, J. (2009). Healthy, wealthy, and wise: Socioeconomic status, poor health in childhood, and human capital development. *Journal of Economic Literature, 47*(1), 87-122. https://doi.org/10.1257/jel.47.1.87

Curry, J. R., & DeVoss, J. A. (2009). Introduction to special issue: The school counselor as leader. *Professional School Counseling, 13*, 64-67. https://doi.org/10.1177/2156759X0901300201

Dahir, C. A. (2001). The national standards for school counseling programs: Development and implementation. *Professional School Counseling, 4*(5), 320-327.

Dahir, C. A. (2004). Supporting a nation of learners: The role of school counseling in educational reform. *Journal of Counseling & Development, 82*(3), 344-353. https://doi.org/10.1002/j.1556-6678.2004.tb00320.x

Dahir, C. A., Burnham, J., & Stone, C. (2009). Listen to the voices: School counselors and comprehensive school counseling programs. *Professional School Counseling*, *12*(3), 182-192. https://www.jstor.org/stable/42732775

Data Resource Center for Child and Adolescent Health. (2018). Child and adolescent health measurement initiative [Data set]. https://childhealthdata.org

Deci, E. L., & Ryan, R. M. (2004). *Handbook of self-determination research.* University of Rochester Press.

DeKruyf, L., & Pehrsson, D. E. (2011). School counseling site supervisor training: An

    exploratory study. *Counselor Education and Supervision, 50*(5), 314-327.

    https://doi.org/10.1002/j.1556-6978.2011.tb01918.x

DeKruyf, L., Auger, R. W., Trice-Black, S. (2013). The role of school counselors in meeting

    students' mental health needs: Examining issues of professional identity. *Professional*

    School Counselor, 16, 271-282. https://doi.org/10.1177/2156759X0001600502

DeMato, D. S., & Curcio, C. C. (2004). Job satisfaction of elementary school counselors: A new

    look. *Professional School Counseling, 7*(4), 236-245. https://www.jstor.org/stable/

    42732587

Dolcos, F., Iordan, A. D., & Dolcos, S. (2011). Neural correlates of emotion-cognition

    interactions: A review of evidence from brain imaging investigations. *Journal of*

    Cognitive Psychology, 23(6), 669-694. http://doi.org/bnmtkb

Doll, B. (2019). Addressing student internalizing behavior through multi-tiered system of

    support. *School Mental Health, 11*(2), 290-293. https://doi.org/10.1007/s12310-019-

    09315-3

Dollarhide, C. T., & Miller, G. M. (2006). Supervision for preparation oand practice of school

    counselors: Pathways to excellence. Counselor Education and Supervision, 45(4), 242-

    252. https://doi.org/10.1002/j.1556-6978.2006.tb00001.x

Donohue, P., Goodman-Scott, E., & Betters-Bubon, J. (2015). Using universal screening for

    early identification of students at risk: A case example from the field. *Professional*

    School Counseling, 19(1), 133-143. https://doi.org/10.5330/1096-2409-19.1.133

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The

impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Society for Research in Child Development, 82*(1), 405-432. https://doi.org/10.1111/j.1467-8624.2010.01564.x

Dweck, C. S. (2017). From needs to goals and representations: Foundations for a unified theory of motivation, personality, and development. *Psychological Review, 124*(6), 689-719. https://doi.org/10.1037/rev0000082

Education Week. (2020). *School shootings this year: How many and where* [School shooting tracker]. https://www.edweek.org/ew/section/multimedia/school-shootings-this-year-how-many-and-where.html

Edwards, L., Grace, R., & King, G. (2014). Importance of an effective principal-counselor relationship. *Alabama Journal of Educational Leadership, 1*, 34-42. https://files.eric.ed.gov/fulltext/EJ1097546.pdf

Eklund, K., Meyer, L., Way, S., & McLean, D. (2017). School psychologists as mental health providers: The impact of staffing ratios and Medicaid on service provisions. *Psychology in the Schools, 54*(3), 279-293. https://doi.org/10.1002/pits.21996

El-Khodary, B., & Samara, M. (2020). Effectiveness of a school-based intervention on the students' mental health after exposure to war-related trauma. *Frontiers in Psychiatry, 10*, Article 1031. https://doi.org/10.3389/fpsyt.2019.01031

Every Student Succeeds Act of 2015. Pub. L. No. 114-95 § 114 Stat. 1177 (2015-2016).

EveryTown. (2019). The impact of gun violence on children and teens. https://everytownresearch.org/impact-gun-violence-american-children-teens/#foot_note_16

Farahmand, F. K., Grant, K. E., Polo, A. J., & Duffy, S. N. (2011). School-based mental health

and behavioral programs for low income, urban youth: A systematic and meta analytic

review. *Clinical Psychology: Science and Practice, 18*(4), 372-390. http://doi.org/bjd9h8

Fein, A. H., Carlisle, C. S., & Isaacson, N. S. (2008). School shootings and counselor leadership:

Four lessons from the field. *Professional School Counseling, 11*(4), 246-252.

https://www.jstor.org/stable/42732830

Foster, L. H., Young, J. S., & Hermann, M. (2005). The work activities of professional school

counselors: Are the national standards being addressed? *Professional School Counseling,

8*(4), 313-321. https://www.jstor.org/stable/42732625

Furey, A. W. (2014). *Adolescent mental health: Exploring the school counselor experience*

[Doctoral dissertation, Northeastern University]. Northeastern Electronic Dissertation

Repository. https://repository.library.northeastern.edu/files/neu:336577/fulltext.pdf

Fye, H. J., Gnilka, P. B., & McLaulin, S. E. (2018). Perfectionism and school counselors:

Differences in stress, coping, and burnout. *Journal of Counseling & Development, 96*(4),

349-360. https://doi.org/10.1002/jcad.12218

Gall, M. D., Gall, J. P., & Borg, W. R. (2007). *Educational research: An introduction*. Pearson

Education, Inc.

Glenn, C. R., Lanzillo, E. C., Esposito, E. C., Santee, A. C., Nock, M. K., & Auerbach, R. P.

(2017). Examining the course of suicidal and nonsuicidal self-injurious thoughts and

behaviors in outpatient and inpatient adolescents. *J Abnorm Child Psychol, 45*(5),

971-983. https://doi.10.1007/s10802-016-0214-0

Gilbert, A. L., Grande, T. L., Hallman, J., & Underwood, L. A. (2015). Screening incarcerated

juveniles using the MAYSI-2. *Journal of Correctional Health Care, 21*(1), 35-44. https://doi.org/10.1177/1078345814557788

Gillet, N., & Rosnet, E. (2008). Basic need satisfaction and motivation in sport. *Athletic Insight: The Online Journal of Sport Psychology, 10*(3).

Gillet, N., Vallerand, R. J., & Paty, B. (2013). Situational motivational profiles and performace with elite performers. *Journal of Applied Social Psychology, 43*, 1200-1210. https://doi.org/10.1111/jasp.12083

Goodman-Scott, E. (2015). School counselors' perceptions of their academic preparedness and job activities. *Counselor Education & Supervision, 54*(1), p. 57-67. https://doi.org/10.1002/j.15566978.2015.00070.x

Grandclerc, S., De Labrouhe, D., Spodenkiewicz, M., Lachal, J., & Moro, M. R. (2016). Relations between nonsuicidal and self-injury and suicidal behavior in adolescence: A systematic review. *PloS one, 11*(4), Article e0153760. https://doi.org/10.1371/journal.pone.0153760

Grinshteyn, E., & Hemenway, D. (2016). Violent death rates: The US compared with other high-income OECD countries, 2010. *The American Journal of Medicine, 129*(3), 266-273. https://doi.org/10.1016/j.amjmed.2015.10.025

Grusec, J. E. (1992). Social learning theory and developmental psychology: The legacies of Robert Sears and Albert Bandura. *Developmental Psychology, 28*(5), 776-786.

Guay, F., Vallerand, R. J., & Blanchard, C. (2000). On the assessment of situational intrinsic and extrinsic motivation: The Situational Motivation Scale (SIMS). *Motivation and Emotion, 24*(3), 175-213. https://doi.org/10.1023/A:1005614228250

Guérin, E., & Fortier, M. S. (2012). Situational motivation and perceived intensity: Their

interaction in predicting changes in positive affect from physical activity. *Journal of

Obesity*, Article 269320. https://doi.org/10.1155/2012/269320

Gysbers, N. C. (2010). *School counseling principles: Remembering the past, shaping the future.*

American School Counselor Association.

Gysbers, N. C., & Henderson, P. (2014). *Developing and managing your school guidance

counseling program*. (5th ed.). American Counseling Association.

Hair Jr., J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2014). *Multivariate data analysis*

(7th ed.). Pearson.

Harris, P. N., Shillingford, M. A., & Bryan, J. (2019). Factors influencing school counselor

involvement in partnerships with families of color: A social cognitive exploration.

Professional School Counseling, 22(1), 1-10. https://doi.org/10.1177/2156759X18814712

Hatch, T., & Chen-Hayes, S. (2008). School counselor beliefs about ASCA national model

school counseling program components using the SCPCS. *Professional School

Counseling*, *12*(1), 34-42. https://doi.org/10.1177/2156759X0801200104

Hawkins, J. D., Kosterman, R., Catalano, R. F., Hill, K. G., & Abbott, R. D. (2008). Effects of

social developmental intervention in childhood 15 years later. *Archives of pediatrics &

Adolescent Medicine, 162*(12), 1133-1141. https://doi.org/10.1001/archpedi.162.12.1133

Hayden, L., Cook, A., Gracia, R., Ray Silva, M., & Cadet, M. (2015). Evaluating fieldwork and

a targeted curriculum on urban counselor trainees' self-efficacy. *Counseling Outcome

Research and Evaluation, 6*(1), 33-46. https://doi.org/10.1177/2150137815573789

Hegarty, N. (2011). Adult learners as graduate students: Underlying motivation in completing

graduate programs. *The Journal of Continuing Higher Education, 59*(3), 146-151.

    https://doi.org/10.1080/07377363.2011.614883

Holcomb-McCoy, C., Harris, P., Hines, E. M., & Johnston, G. (2008). School counselors'

    multicultural self-efficacy: A preliminary investigation. *Professional School Counseling,*

    11(3), 166-178. https://doi.org/10.5330/PSC.n.2010-11.166

Joe, J. R., & Harris, P. N. (2016). Family matters: An investigation of family coursework in

    school counseling programs. *Journal of School Counseling, 14*(11).

    http://www.jsc.montana.edu/articles/v14n11.pdf

Jones, D. J., Greenberg, M. T., & Crowley, M. (2015). The economic case for SEL. In Durlak,

    J.A., Domitrovich, C.E., Weissberg, R.P., Gullotta, T.P., & Comer, J. (Eds.), *Handbook*

    of social and emotional learning: Research and practice (pp. 97-113). Guilford Press.

Jones, S. M., & Kahn, J. (2017). *The evidence base for how we learn: Supporting students'*

    social, emotional, and academic development. The Aspen Institute.

    http://files.eric.ed.gov/fulltext/ED577039.pdf

Jones, K. T., & Procopio, C. H. (2017). Mentoring at-risk middle school students to reduce

    communication apprehension. *Mentoring & Tutoring: Partnership in Learning, 25*(2),

    185-201. http://doi.org/dkrh

Juszczak, L., Melinkovich, P., & Kaplan, D. (2003). Use of health and mental health services by

    adolescents across multiple delivery sites. *Journal of Adolescent Health, 32*, 108-118.

    http://doi.org/c38m7z

Kaffenberger, C. J., & O'Rorke-Trigiani, J. (2013). Addressing student mental health needs by

    providing direct and indirect services and building alliances in the community.

Professional School Counseling, 16, 323-332. http://doi.org/dtxp

Kann, L., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., Queen, B., … Ethier, K. A.
 (2018). *Youth risk behavior surveillance – United States, 2017* (Morbidity and Mortality
 Weekly Report Surveillance Summaries Volume 67, Issue 8). Centers for Disease
 Control and Prevention. https://www.cdc.gov/healthyyouth/data/yrbs/
 pdf/2017/ss6708.pdf

Kase, C., Hoover, S., Boyd, G., West, K. D., Dubenitz, J., Trivedi, P. A., Peterson, H. J., &
 Stein, B. D. (2017). Educational outcomes associated with school behavioral health
 interventions: A review of the literature. *Journal of School Health, 87*(7), 5545-562.
 https://doi.org/10.1111/josh.12524

Kessel, E. M., Huselid, R. F., Decicco, J. M., & Dennis, T. A. (2013). Neurophysiological
 processing of emotion and parenting interact to predict inhibited behavior: An affective-
 motivational framework. *Frontiers in Human Neuroscience, 7*, Article 326.
 http://doi.org/dtxn

King-White, D. L. (2019). The role of school counselors in supporting mental health models
 in schools. *Journal of School Counseling, 17*(4).
 http:/www.jsc.montana.edu/articles/v17n4.pdf

Kolodinsky, P., Draves, P., Schroder, V., Lindsey, C., & Zaltev, M. (2009). Reported levels of
 satisfaction and frustration by Arizona school counselors: A desire for greater
 connections with students in a data-driven era. *Professional School Counselor, 12*(3),
 193-199. https://doi.org/10.1177/2156759X0901200307

Kraemer, K. L. (1991, January). *Survey research methods*. [Paper presentation]. The Information

Systems Research Challenge.

LaMorte, W. W. (2019, September 9). *Behavioral change models*. Boston University School of Public Health. http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories5.html

Lambie, G. W., & Vaccaro, N. (2011). Doctoral counselor education students' levels of research self-efficacy, perceptions of the research training environment, and interest in research. Counselor Education & Supervision, 50(4), 243-258. https://doi.org/10.1002/j.1556-6978.2011.tb00122.x

Lambie, G. W., & Williamson, L. L. (2004). The challenge to change from guidance counseling to professional school counseling: A historical proposition. *Professional School Counseling, 8,* 124-128. https://www.jstor.org/stable/42732614

Lambie, G. W., Solomon, C., Joe, J. R., Kelchner, V. P., & Perleoni, M. K. (2019a). A school-based mental health counseling intervention with students in Title I elementary schools. *Children & Schools, 41*(3), 161-168. https://doi.org/10.1093/cs/cdz011

Lambie, G. W., Stickl Haugen, J., Borland, J. R., & Campbell, L. O. (2019b). Who took "counseling" out of the role of professional school counselors in the United States?. *Journal of School-Based Counseling Policy and Evaluation, 1*(3), 51-61. https://doi.org/10.25774/7kjb-bt85

Larson, S., Chapman, S., Spetz, J., & Brindis, C. D. (2017). Chronic childhood trauma, mental health, academic achievement, and school-based health center mental health services. *Journal of School Health, 87*(9), 675-686. https://doi.org./10.1111/josh.12541

Lauterbach, A. A., Harrington, K., Yakut, A. D., & Krezmien, M. (2018). School counselor

knowledge, beliefs, and practices related to the implementation of standards-based

comprehensive school counseling in the United States. *Journal of School-Based*

Counseling Policy and Evaluation, 1, 1-16. https://www.umass.edu/

schoolcounseling/JSCPE_cissue.php

Lenares-Solomon, D., Brown, M. H., & Czerepak, R. (2019). The necessity for school-based

mental health services. *Journal of Professional Counseling: Practice, Theory &*

Research, 46(1), 3-13. https://doi.org/10.1080/15566382.2019.1674074

Lewis, K. M., Schure, M. B., Bavarian, N., DuBois, D. L., Day, J., Ji, P., Silverthron, N., Acock,

A., Vuchinich, S., & Flay, B. R. (2013). Problem behavior and urban, low-income youth:

A randomized controlled trial of positive action in Chicago. *American Journal of*

Preventive Medicine, 44(6), 622-630. https://doi.org/10.1016/j.amepre.2013.01.030

Limberg, D., Lambie, G. W., & Robinson, E. H. (2017). The contribution of school counselors'

altruism to their degree of burnout. *Professional School Counseling, 20*(1), 127-138.

https://doi.org/10.5330/1096-2409-20.1.127

Lonsdale, C., Sabiston, C. M., Taylor, I. M., & Ntoumanis. (2011). Measuring student

motivation for physical education: Examining the psychometric properties of the

Perceived Locus of Causality Questionnaire and the Situational Motivation Scale.

Psychology of Sport and Exercise, 12(3), 284-292.

https://doi.org/10.1016/j.psychsport2010.11.003

McCarthy, C., Van Horn Kerne, V., Calfa, N. A., Lambert, R. G., & Guzmán, M. (2010). An

exploration of school counselors' demands and resources: Relationship to stress,

biographic, and caseload characteristics. *Professional School Counseling, 13*(3), 146-158.

https://doi.org/10.1177/2156759X1001300302

Mendez, J. L., Carpenter, J. L., LaForett, D. R., & Cohen, J. S. (2009). Parental engagement and

barriers to participation in a community-based prevention intervention. *American Journal*

of Community Psychology, 44, 1-14. https://doi.org/10.1007/s10464-009-9252-x

Messina, K. C., Kolbert, J. B., Hyatt-Burkhart, D., & Crothers, L. M. (2015). The role of

mental health counselors in promoting school-family collaboration within the tiered

school-wide positive behavioral intervention and support (SWPBIS) model. *The Family*

Journal: Counseling and Therapy for Couples and Families, 23(3), 277-285.

https://doi.org/10.1177/1066480715574471

Miller, N. E., & Dollard, J. (1941). *Social learning and imitation*. Yale University Press.

Moon, J., Williford, A., & Mendenhall, A. (2017). Educators' perceptions of youth mental

health: Implications for training and the promotion of mental health services in schools.

Children and Youth Services Review, 73, 384-391.

https://doi.org/10.1016/j.childyouth.2017.01.006

Moyer, M. (2011). Effects of non-guidance activities, supervision, and student-to-counselor

ratios on school counselor burnout. *Journal of School Counseling, 9*(5).

http://www.jsc.montana.edu/articles/v9n5.pdf

Muehlenkamp, J. J., Claes, L., Havertape, L., & Plener, P. L. (2012). International prevalence of

adolescent non-suicidal self-injury and deliberate self-harm. *Child Adolesc Psychiarty*

Ment Health, 6(10). https://doi.org/10.1186/1753-2000-6-10

Mullen, P. R., & Lambie, G. W. (2016). The contribution of school counselors' self-efficacy to

their programmatic service delivery. *Psychology in the Schools, 53*(3), 306-320.

https://doi.org/10.1002/pits.21899

Nathans, L. L., Oswald, F. L., & Nimon, K. (2012). Interpreting multiple linear regression: A

guidebook of variable importance. *Practical Assessment, Research & Evaluation, 17*(9),

1-19. https://hdl.handle.net/1911/71096.

National Association of School Psychologists. (2018). *Building capacity for student success:*

Every student succeeds act opportunities [Title IV funding opportunities].

file:///Users/Cerebro/Downloads/ESSA_TItle%20IV_Funding_Members_FINAL.pdf

National Center for Education Statistics. (2020). *Common Core Date and Private School Survey:*

Public and private school directories, 2018-2019 [Data set]. Elementary/Secondary

Information System. https://nces.ed.gov/ccd/elsi/

National Institute of Mental Health. (2020). *Child and adolescent mental health: Is this just a*

stage?. https://www.nimh.nih.gov/health/publications/children-and-mental-health/20-mh

8085-childrenmenthealth_157169.pdf

Neyland-Brown, L., Laux, J. M., Reynolds, J. L., Kozlowski, K., & Piazza, N. J. (2019). An

exploration of supervision training opportunities for school counselors. Journal of School

Counseling, 17(1). http://www.jsc.montana.edu/articles/v17n1.pdf

Ning, W., Pope, Z., & Gao, Z. (2015). Associations between adolescents' situational motivation

and objectively-determined physical activity levels in physical education. *JTRM in*

Kinesiology, 2, 1-13. https://files.eric.ed.gov/fulltext/EJ1060199.pdf

No Child Left Behind Act of 2001. Pub. L. No. 107-110, 20 U.S.C. § 6319 (2002).

Nock, M. K. (2010). Self-injury. *Annual Review of Clinical Psychology, 6,* 339-363.

https//doi.org/10.1146/annurev.clinpsy.121208.131258

Okon-Singer, H., Henlder, T., Pessoa, L., & Shackman, A. J. (2015). The neurobiology of

emotion-cognition interactions: Fundamental questions and strategies for future research.

Frontiers in Human Neuroscience, 9, Article 58. http://doi.org/gf7dds

Orcutt, H. K., Bonanno, G. A., Hanna, S. M., Miron, L. R. (2014). Prospective trajectories of

posttraumatic stress in college women following a campus mass shooting. *Journal of*

Traumatic Stress, 27, 1-8. https://doi.org/10.1002/jts.21914

Owens, D., Bodenhorn, N., & Bryant, R. (2010). Self-efficacy and multicultural competence of

school counselors. *Journal of School Counseling, 8*(17), 1-20.

http://www.jsc.montana.edu/articles/v8n17.pdf

Pallant, J. (2016). *SPSS survival manual: A step-by-step guide to data analysis using SPSS* (6th

ed.). Maidenhead: Open University/McGraw-Hill.

Paolini, A. C. (2015). School shootings and student mental health: Role of the school counselor

in mitigating violence. *Vistas Online,* Article 90. http://counseling.org/knowledge-

center/vistas

Paolini, A. C. (2020). Reducing gun violence in schools: A school counselor's role. *Journal of*

School Counseling, 18(12). http://www.jsc.montana.edu/articles/v18n12.pdf

Paulhus, D., & Reid, D. (1991). Enhancement and denial in socially desirable responding.

Journal of Personality and Social Psychology, 60(2), 307-317.

Peed. T. (2017). *School counselor clinical supervision: An exploration of relationships between*

supervision training, professional experience, professional identity, and site supervisor

self-efficacy [Doctoral dissertation, Northern Illinois University]. Northern Illinois

University Huskie Commons Institutional Repository.

https://commons.lib.niu.edu/hanle/10843/21123

Perou, R., Bitsko, R. H., Blumberg, S. J., Pastor, P., Ghandour, R. M., Gfoerer, J. C., . . . Huang, L. N. (2013). *Mental health surveillance among children – United States, 2005-2011*. Morbidity and Mortality Weekly Report Surveillance Summaries Volume 62, Issue 2). Centers for Disease Control and Prevention. https://www.cdc.gov/mmwr/preview/ mmwrhtml/su6202a1.html

Phillips, D., & Clancy, K. (1970). Response biases in field studies of mental illness. *American Sociological Review, 35*(3), 503-515.

Pisani, A. R., Schmeelk-Cone, K., Gunzler, D., Petrova, M., Goldston, D. B., Tu, X., & Wyman, P. A. (2012). Associations between suicidal high school students' help-seeking and their attitudes and perceptions of social environment. *Journal of Youth and Adolescence, 41*(10), 1312-1324. https://doi.org/10.1007/s10964-012-9766-7

Powers, J. D., Swick, D. C., Wegmann, K. M., & Watkins, C. S. (2016). Supporting prosocial development through school-based mental health services: A multisite evaluation of social and behavioral outcomes across one academic year. *Social Work in Mental Health, 14*(1), 22-41. https://doi.org/10.1080/15332985.2015.1048842

Privette ,D. (2018). *Relationships of school counselors' work motivation, perceived importance, and implementation of ASCA standards* [Doctoral dissertation, Grand Canyon University]. ProQuest Dissertations Publishing. https://search.proquest.com/

Randick, N. M., Dermer, S., & Michel, R. E. (2018). Exploring the job duties that impact school counselor wellness: The role of RAMP, supervision, and support. *Professional School Counseling, 22*(1), 1-11. https://doi.org/10.1177/2156759X18820331

Reback, R. (2010a). Noninstructional spending improves noncognitive outcomes: Discontinuity

    evidence from a unique elementary school counselor financing system. *Education*

    Finance and Policy, 5(2), 105-137. https://doi.org/10.1162/edfp.2010.5.2.5201

Reback, R. (2010b). Schools' mental health services and young children's emotions, behavior,

    and learning. *Journal of Policy Analysis and Management, 29*(4), 698-725.

    https://doi.org/10.1002/pam.20528

Reback, R. (2018). *Investments in student health and mental health in California's public*

    schools. The Getting Down to Facts Project.

    https://files.eric.ed.gov/fulltext/ED594678.pdf

Rees, C. A., Lee, L. K., Fleegler, E. W., & Mannix, R. (2019). Mass school shooting in the

    United States: A novel root cause analysis using lay press reports. *Clinical Pediatrics,*

    58(13), 1423-1428. http://doi.org/dt3g

Ruiz, M., Peters, M. L., & Sawyer, C. (2019). Principals' and counselors' lens of the school

    counselor's role. *Journal of Professional Counseling: Practice, Theory & Research,*

    45(1), 1-16. https://doi.org/10.1080/15566382.2019.1569321

Ryan, R. M., & Deci, E. L. (2000a). Intrinsic and extrinsic motivations: Classic definitions and

    new directions. *Contemporary Educational Psychology, 25*, 54-67.

    https://doi.org/10.1006/ceps.1999.1020

Ryan, R. M., & Deci, E. L. (2000b). Self-determination theory and the facilitation of intrinsic

    motivation, social development, and well-being. *American Psychologist, 55*(1), 68-78.

Ryan, R. M., & Deci, E. L. (2017). *Self-determination theory: Basic psychological needs in*

    motivation, development, and wellness. The Guilford Press.

Ryan, W. S., & Ryan, R. M. (2019). Toward a social psychology of authenticity: Exploring within-person variation in autonomy, congruence, and genuineness using self-determination theory. *Review of General Psychology, 23*(1), 99-112. https://doi.org/10.1037/gpr0000162

Sawyer, C., Peters, M. L., & Willis, J. (2013). Self-efficacy of beginning counselors to counsel clients in crisis. *The Journal of Counselor Preparation and Supervision*, *5*(2), 30-43. http://dx.doi.org/10.7729/52.1015

Scarborough, J. L. (2005). The school counselor activity rating scale: An instrument for gathering process data. *Professional School Counseling, 8*, 274-283. https://www.jstor.org/stable/42732469

Scarborough, J. L. & Culbreth, J. R. (2008). Examining discrepancies between actual and preferred practice of school counselors. *Journal of Counseling and Development, 86*(4), 446-459. https://doi.org/10.1002/j.1556-6678.2008.tb00533.x

Schiele, B. E., Weist, M. D., Youngstrom, E. A., Stephan, S. H., & Lever, N. A. (2014). Counseling self-efficacy, quality of services and knowledge of evidence-based practices in school mental health. The Professional Counselor, 4(5), 467-480. https://doi.org/10.15241/bes.4.5.467

Schmidt, R. C., Iachini, A. L., George, M., Koller, J., & Weist, M. (2015). Integrating a suicide prevention program into a school mental health system: A case example from a rural school district. *Children & Schools, 37*(1), 18-26. https://doi.org/10.1093/cs/cdu026

Séguin, M., Chawky, N., Lesage, A., Boyer, R., Guay, S., Bleau, P.,…Roy, D. (2013). Evaluation of the Dawson College shooting psychological intervention: Moving toward

a multimodal extensive plan. *Psychological Trauma: Theory, Research, Practice, and Policy, 5*, 268-276. https://doi.org/10.1037/a0027745

Shillingford, M. A., & Lambie, G. W. (2010). Contribution of professional school counselor's values and leadership practices to their programmatic service delivery. *Professional School Counseling, 13*, 208-217. https://doi.org/10.5330/PSC.n.2010-13.208

Solomon, C., Bierbrauer, S., Harris, S., Belser, C., Wheeler, N., Crunk, E., & Lambie, W. G., (2016). Experiences of caregivers and students in an elementary school-based mental health counseling practicum program. *Journal of Child and Adolescent Counseling, 2*(2), 125-142. https://doi.org/10.1080/23727810.2016.1228771

Standage, M., & Treasure, D. C. (2002). Relationship among achievement goal orientations and multidimensional situational motivation in physical education. *British Journal of Educational Psychology, 27*, 87-103.

Standage, M., Treasure, D. C., Duda, J. L., & Prusak, K. A. (2003). Validity, reliability and invariance of the situational motivation scale (SIMS) across diverse physical activity contexts. *Journal of Sports and Exercise Psychology, 25, 19-43.*

Stempel, H., Cox-Martin, M., Bronsert, M., Dickinson, L. M., & Allison, M. A. (2017). Chronic school absenteeism and the role of adverse childhood experiences. *Academic Pediatrics, 17*(8), 837-843. https://doi.org/10.1016/j.acap.2017.09.013

Studer, J. R., Diambra, J. F., Breckner, J. A., & Heidel, R. E. (2011). Obstacles and successes in implementing the ASCA national model in schools. *Journal of School Counseling, 9*(2). https://files.eric.ed.gov/fulltext/EJ914272.pdf

Tabachnick, B. G., & Fidell, L. S. (2013). *Using multivariate statistics* (6th ed.). Pearson.

Tempelaar, W. M., de Vos, N., Plevier, C. M., van Gastel, W. A., Termorshuizen, F., MacCabe, J. H., & Boks, M. P. M. (2017). Educational level, underachievement, and general mental health problems in 10,866 adolescents. *Academic Pediatrics, 17*(6), 642-648. https://doi.org/10.1016/j.acap.2017.04.016

Tyng, C. M., Amin, H. U., Saad, M. N. M., & Malk, A. S. (2017). The influences of emotion on learning and memory. *Frontiers in Psychology, 24*(8). Article 1454. https://doi.org/10.3389/fpsyg.2017.01454

Vaughn, L., Bynum, R., & Hooten, M. A. (2007). Perceptions of the school counselor's role: A challenge for the profession. *The Alabama Counseling Association Journal, 33*(2), 8-18. https://files.eric.ed.gov/fulltext/EJ901592.pdf

Vallerand, R. J. (1997). Toward a hierarchical model of intrinsic and extrinsic motivation. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (pp. 271-360). Academic Press.

Vicary, A. M., & Fraley, R. C. (2010). Student reactions to the shootings at Virginia Tech and Northern Illinois University: Does sharing grief and support over the internet affect recovery? *Personality and Social Psychology Bulletin*, *36*(11), 1555-1563. https://doi.org/10.1177/0146167210384880

Walker, S. C., Kerns, S. E. U., Lyon, A. R., Bruns, E. J., & Cosgrove, T. J. (2010). Impact of school-based health center use on academic outcomes. *Journal of Adolescent Health, 46*(3), 251-257. http://doi.org/fkk7g6

Walter, H. J., Gouze, K., Cicchetti, C., Arend, R., Mehta, T., Schmidt, J., & Skvarla, M. (2011). A pilot demonstration of comprehensive mental health services in inner-city public

schools. *Journal of School Health, 81*(4), 185-193. http://doi.org/bxfgpr

Wilder, C. (2018). Promoting the role of the school counselor. *Journal of Professional*

Counseling: Practice, Theory & Research, 45(2), 60-68. http://doi.org/dwzb

Woodrow Cox, J., & Rich, S. (2018, March 25). Scarred by school shootings. *The Washington*

Post. https://www.washingtonpost.com/graphics/2018/local/us-school-shootings-history/

World Health Organization. (2014). Fact file: 10 Facts on mental health.

http://www.who.int/features/factfiles/mental_health/mental_health_facts/en/