

SCHOOL REINTEGRATION FOR STUDENTS WITH CHRONIC ILLNESSES: A SCHOOL  
COUNSELING PERSPECTIVE

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Jessica Michelle Hotchkiss

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**Title**

SCHOOL REINTEGRATION FOR STUDENTS WITH CHRONIC  
ILLNESSES: A SCHOOL COUNSELING PERSPECTIVE

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Jessica Michelle Hotchkiss

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The Supervisory Committee certifies that this *disquisition* complies with North Dakota  
State University's regulations and meets the accepted standards for the degree of

**MASTER OF SCIENCE**

SUPERVISORY COMMITTEE:

Dr. Robert Nielsen

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Chair

Dr. Carol Buchholz Holland

---

Dr. Joel Hektner

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Approved:

4-14-15

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Date

Dr. William Martin

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Department Chair

## ABSTRACT

The purpose of this study was to assess the level of perceived preparedness and the education/training needs of school counselors when working with students returning to school following hospitalization for chronic illnesses. Participants for this survey were recruited through the NDSCA listserv. Screening questions were used to select participants who (1) were credentialed school counselors in the state of North Dakota, and (2) were currently practicing school counselors. Results from the electronic survey indicated that most school counselors perceived that their graduate program did not prepare them to work with students with chronic illnesses, and that they were not aware of available trainings on chronic illness. Participants identified past trainings they had taken, but indicated nothing specific to chronic illness or strategies to use with students returning to school following hospitalization. Limitations, recommendations for future research, discussion and implications for school counselors and counselor educators were addressed as well.

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## DEDICATION

For my grandmother and best friend— Shirley Kuha James. Thank you for always reminding me to stay silly, courageous, and driven. You are greatly missed.

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## CHAPTER I. INTRODUCTION

### Overview of the Issue

The consequences of chronic illness on children's socio-emotional development and well-being are apparent, and school counselors are in a position to facilitate the reintegration of these children back into school following hospitalization (Kliebenstein & Broome, 2000). Through the help of advanced medical techniques and continued treatment options, children are able to live longer, fuller lives, ultimately creating a special population all its own (Thies & McAllister, 2001). Furthermore, increased longevity increases the issue of reintegration into past environments, such as school. Depending on the illness, the recovery process and time away from normal routines can vary greatly; therefore, time spent away from school can be up to months at a time (Shaw & McCabe, 2008). When the opportunity arises for the student to return to his or her school setting, there is potential for both academic and socio-emotional problems to arise, affecting self-confidence, achievement and cognitive processing (Thies, 1999). Classmates of the student, as well as children throughout the school, might also have a difficult time adjusting to the diagnosis, treatment, and recovery process without proper coping strategies (Nabors & Lehmkuhl, 2004). This could become a catalyst for concerns within the classroom.

School counselors have the ability to work with students on a variety of levels; however, school counselors need to expand their role to accommodate for the growing population of students reintegrating into the school system following hospitalization from a chronic illness (Hamlet, Gergar, & Schaefer, 2011). This researcher, being a current certified child life specialist and future school counselor, observed that a gap in services between the hospital and school environment was apparent. According to Kliebenstein and Broome (2000), school counselors were considered crucial in the re-entry process, and parents looked to a school counselor as the

go-to person within the school regarding their child's chronic illness. Nonetheless, school counselors experience barriers when finding additional training or education in this area affecting their level of competence (Kaffenberger, 2006). Standards set forth by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) describe the importance of competence and ethical practice for counselor education graduate students (Even & Robinson, 2013). However, research concludes that training in the area of school reintegration for children with chronic illnesses is either not available or leaves school personnel insufficiently prepared to work with students reentering school following hospitalization from these chronic conditions (Kliebenstein & Broome, 2000). In addition, even mere opportunities to participate in training are few and far between (Irwin & Elam, 2011). There is a need for adequate training and education in the area of school reentry for children with chronic illness.

#### Research Question and Significance of Study

The purpose of the study was to identify the extent to which school counselors in North Dakota perceived they were equipped to work with students diagnosed with chronic illnesses reentering the school system following hospitalization. This will be determined by examining one's educational background and applicable training opportunities. Specifically, this study focuses on the perceived needs of school counselors regarding their educational preparation as well as professional development opportunities on the topic of children with chronic illnesses. The research questions are:

- 1) To what extent do school counselors perceive they are prepared to work with children with chronic illnesses reentering school following hospitalization?
- 2) What are the perceived educational/training needs of school counselors when working with students with chronic illnesses returning to school following hospitalization?

Significance of the study is associated with the ethical practice of counselors. The American Counseling Association (ACA) has set forth ethical standards for professional counselors. According to the 2014 ACA code of ethics, counselors practicing outside of their area of competence in respect to previous education, supervision, training, credentialing and appropriate experience are violating the ethical code of C.2.a, Boundaries of Competence (ACA, 2014). In addition, counselors need to consider the ethical code of C.2.b, New Specialty Areas of Practice, which states that counselors can only work with new areas of practice after they have had the proper education, training and supervision (ACA, 2014). Determining school counselors' educational background, as well as professional development involvement, will speak to the scope of practice when working with this special population.

## CHAPTER II. LITERATURE REVIEW

### Impact of Chronic Illness

Kaffenberger (2006) defined chronic illness as “an illness that has no cure but is not necessarily terminal, requires medical interventions over time, and can result in debilitating consequences” (p. 223). Chronic illness is additionally categorized as any illness lasting three months or longer (Kliebenstein & Broome, 2000). According to Sexson and Madan-Swain (2001), severe chronic illness affects roughly 1 million children in the United States, and of that 1 million, 20% deal with consistent interruptions in daily functioning. Furthermore, the occurrence of chronic illness is not uncommon. Up to 30% of children in the United States will develop some form of chronic illness during their childhood (Kliebenstein & Broome, 2000). According to Irwin and Elam (2011), many previously coined “terminal illnesses,” have now evolved into chronic illnesses. Fatal prognoses received years ago are no longer valid due to advanced medical technology available today. More students are getting diagnosed with chronic illnesses, but are being able to live longer, fuller lives with the help of new medical treatments.

According to Shaw and McCabe (2008), the medical field is ever-changing, and the amount of time children spend in the hospital is becoming shorter and shorter. However, depending on the illness, students may still have absences from school that range anywhere from one day to months at a time. In addition, 6.5% of children have an illness so severe that it interferes with day-to-day activities, such as school attendance. Depending on the type of chronic illness, hospital and clinic visits will also vary which inevitably effects school attendance.

According to Sexson and Madan-Swain (2001), school absences have an effect on students’ academic performance as well. School attendance and academic performance were both identified as major obstacles for children with chronic illness. Much like adults have jobs, a

student's job is school. The experiences provided within the school setting enhance development in all areas, resulting in challenges for students who are forced to miss school. Impairments experienced by students can include classroom learning struggles, reading comprehension issues and acceptance by peers. Poor cognitive functioning, attention difficulties, and issues with reading and numeracy were also identified as potential challenges (Shaw & McCabe, 2008).

Nevertheless, academic ability is not the only concern for students living with chronic illnesses; they are more likely to exhibit behavioral and emotional problems as well (Layte & McCrory, 2013). Students within this special population have the potential for increases in negative affect, social withdrawal, and peer-related issues (Martinez & Ercikan, 2009). Depending on the type of chronic illness, students may experience higher levels of anxiety as well (Pinquart & Shen, 2011). Side effects from medication also create a much harsher environment for students as they may have an effect on both mood and learning style (Sexson & Madan-Swain, 2001). Essentially, children with chronic illnesses have been found to have deficits in psychological adjustment leading to concerns of emotion regulation and overall socio-emotional development (Layte & McCrory, 2013). Social development is ever-evolving for children who are in the school setting, and depending on the student's illness and symptoms, one's social relationships may be more affected than others (Sexson & Madan-Swain, 2001). Behavioral issues may also arise due to feeling misunderstood by school personnel in conjunction with frustration from repeated absences (Shaw & McCabe, 2008).

#### School Reintegration Following Hospitalization

The hospital-to-school transition is difficult for most children after being diagnosed with a chronic illness (Shaw & McCabe, 2008). Students with chronic illnesses are often faced with more challenges reentering the school system following hospitalization than an adult would have

to deal with reentering the workforce (Sexson & Madan-Swain, 2001). Most students who are dealing with a chronic diagnosis have a difficult time with the adjustment back into school as they may have to adjust to new limitations in physical capabilities and/or pain as well (Layte & McCrory, 2013).

School is a safe place for children and an environment that provides an opportunity to simply grow and develop (Sexson & Madan-Swain, 2001). Thus, assisting students with successful reintegration into the school environment after hospitalization for chronic illness is of the utmost importance (Botcheva, Hill, Kane, Grites & Huffman, 2004). Reentry into the school system for a student with a chronic illness also has the ability to affect the student's learning capabilities and desire to learn (Bethell, et al., 2012). School counselors play a vital role in working with these students by helping to facilitate coping and address students' needs regardless of ability level (Studer & Quigley, 2003).

Understanding the impact of peer relationships is another major concern for students reentering school (Saxson & Madan-Swain, 2001). Most students fear that upon returning to school, their peers will not understand their diagnosis and develop misconceptions that may lead to social isolation (Boonen & Petry, 2012). Students and their classmates need opportunities to be able to conceptualize and learn about a diagnosis before or during the transition back to school because of the fear that is often associated with the unknown (Saxson & Madan-Swain, 2001).

According to Sexson and Madan-Swain (2001), incorporating a school reentry program to successfully assist students with the adjustment back to school is absolutely crucial. Environments for children with chronic illnesses continue to change frequently; this includes the student's home, school, and visits to the hospital or clinic (Kliebenstein & Broome, 2000). The

rapidly changing of environments may also have an effect on the developmental contributions of a student's environment to his or her success in all aspects of life as well (Sexson & Madan-Swain, 2001).

According to Canter (2011), school reentry interventions were predicted to be correlated with an increase in illness/injury knowledge and a decrease in negative thoughts or feelings for the student upon his/her return to school. Therefore, interventions would have a positive effect on the student's self-worth as well as the counselors' ability to fully understand the diagnosis; this would allow the counselor to be able to adequately provide services for the student. Interventions that accurately explain a diagnosis provide an increase in overall competence for educators and peers in addition to enhancing the student's self-esteem (Pinquart, 2013). Preparation of the student's classmates also allowed an opportunity for the student to work on addressing his or her own diagnosis and facilitated coping. School reentry programs or additional interventions are intended to facilitate coping for that student and provide a sense of normalcy (Shaw & McCabe, 2008).

According to Kliebenstein and Broome (2000), when students were given the opportunity to present their illness to the class, it provided a way to empower the student to describe his/her own experiences to classmates and address questions. Students with chronic illnesses who are reintegrating into school worry that physical changes due to their illness, or medication, might be unnerving for their peers if their peers do not fully understand the diagnosis and treatment options (Boonen & Petry, 2012). Children, depending on age level, might also assume that an illness such as cancer is something they can "catch" (Saxson & Madan-Swain, 2001). Therefore, school counselors need to feel prepared to provide adequate services to not only the student with

chronic illness (Milsom, 2002), but also to the other students within the school as well to help facilitate coping and enhance understanding (Studer & Quigley, 2003).

#### Effects on School Counselors

Due to the increase in medical advances, the frequency of students reentering the school system following hospitalization from chronic illnesses continues to increase (Martinez & Ercikan, 2009). However, according to Milsom and Akos (2003), the knowledge and training needed by school counselors to work with students with disabilities, which encompasses those with chronic illnesses reentering the school system (Irwin & Elam, 2011) is lacking. Medical issues experienced by students are foreign to most school personnel, and ultimately elicit a feeling of unpreparedness and nervousness (Saxson & Madan-Swain, 2001). The American School Counselor Association (ASCA) has encouraged school counselors to become involved in the area of students with disabilities, yet formal preparation is not readily available (Milsom & Akos, 2003).

The Individuals with Disabilities Education Act (IDEA) sparked increased recognition from ASCA to have school counselors become involved with students with disabilities (Scarborough & Deck, 1998). However, increasing the school counselor's involvement with students with disabilities still does not address the needs of those students reentering school following hospitalization due to chronic illness (Irwin & Elam, 2011). In addition, according to Milsom and Akos (2003), graduate programs that are accredited through CACREP do not necessarily require their students to work with individuals with disabilities. Standards within CACREP state that students only need to have the *chance* to work with clients who are representative of the community. No additional requirements are in place by CACREP stating



that students need to gain experience working with individuals with disabilities, or more specifically, students with chronic illnesses.

Examination of the most recent school counseling standards set forth by CACREP (2009) state that school counselors need to understand how health, wellness, and ability level affect students. In addition, the section regarding knowledge expected from school counselors dictates that counselors need to know of effective strategies to facilitate coping related to environmental and developmental issues (CACREP, 2009). Even though the standards set forth by CACREP address the need for special education knowledge among school counselors, education and specific training in this area prior to entering the workforce is non-existent for counselors (Studer & Quigney, 2005).

In addition to CACREP, the American School Counselor Association also took a stance on the importance of working with students with disabilities. According to ASCA (2013), school counselors have the obligation to work with every student in order to enhance student success and advocate for those with special needs. ASCA utilizes IDEA's definition of children with disabilities within its position statement on professional school counselors and students with disabilities. According to ASCA (2013),

IDEA defines 'child with a disability' as a child with:

- autism
- deaf-blindness
- developmental delay
- emotional disturbance
- hearing impairments (including deafness)
- intellectual disability (formerly mental retardation)

- multiple disabilities
- orthopedic impairments
- other health impairments
- specific learning disabilities
- speech or language impairments
- traumatic brain injuries,
- visual impairments (including blindness)

and,

who, by reason thereof, needs special education and related services (p. 48).

According to Irwin and Elam (2011), chronic conditions had been considered a part of these categories in the past; however, lumping chronic illness underneath the umbrella of students with disabilities allows for misrepresentation of this population as well as a potential violation of best practices. The researchers went on to state that within section 504 of the Rehabilitation Act of 1973, students with chronic illnesses were identified as having disabilities in order to provide protection from discrimination. Nonetheless, just as there are differences in disabilities, there are substantial differences between those who are living with chronic illnesses as well.

Professional school counselors are identified within ASCA's position statement as those who are committed to helping the student reach his/her potential regardless of barriers associated with a disability (ASCA, 2013). Although standards for professional school counselors address the need for continued professional development, opportunities for training or educational preparation regarding students with chronic illnesses is lacking (Irwin & Elam, 2011). The role of school counselors has since been expanded to consider the needs of the student, yet the lack of

training and preparation is identified as a challenge school counselors face when trying to meet the demands of their growing role (Scarborough & Deck, 1998). Due to this lack of training, students who are identified with disabilities are often referred to special education staff for assistance as school counselors feel inadequately prepared to work with that population (Studer & Quigney, 2005).

Comprehensive school counseling programs strive for unification of programs in order to enhance student success through all domains (ASCA, 2012). However, even though the ASCA standard depicts that comprehensive school counseling programs should follow the same guidelines, there are vast amounts of variation in the implementation of these programs (Scarborough & Luke, 2008). Counselors in the school setting are expected to advocate for students and collaborate with other professionals in order to provide adequate services to students (Studer & Quigney, 2005). Although school counselors can attest to the importance of a comprehensive school counseling program, lack of training in the area of special populations becomes a barrier to the implementation of unified programs (Scarborough & Luke, 2008). Consequently, school counselors are not required in CACREP accredited graduate programs to take courses on working with students with disabilities (Milsom & Akos, 2003), including those with chronic illnesses (Irwin & Elam, 2011), even though it has been found to increase preparedness of school counselors in their professional roles (Milsom & Akos, 2003).

According to Hamlet et al. (2011), assisting students with the reintegration process into school following hospitalization from a chronic illness is becoming increasingly complex for school counselors. Students are not only dealing with the academic component, but the socio-emotional piece as well. Students returning to school following hospitalization for chronic illnesses have an increased possibility of experiencing social-emotional, cognitive, and

behavioral difficulties (Irwin & Elam, 2011). Rejection from peers, attachment issues, and emotional trauma due to the student's illness may all play a part in this as well (Boonen & Petry, 2012).

According to Kliebenstein and Broome (2000), chronic illness is a rising issue among students. Students are reintegrating into school following hospitalization without proper assistance from school personnel. The lack of assistance is consistent with an absence of training as most school counselors are having to learn by trial-and-error in their professional roles making it increasingly difficult to meet the needs of students (Studer & Quigley, 2005). Staff, educators, and various personnel within the school often report feeling helpless in regard to preparation when working with students experiencing chronic illness (Kliebenstein & Broome, 2000). Students diagnosed with chronic illnesses do not fit into pre-determined specialized programs, therefore, resources are not readily available to staff, educators, and administrators to enhance understanding of students with chronic illnesses (Irwin & Elam, 2011). Additionally, with the lack of knowledge from school counselors, as well as other school personnel, parents feel as though they need to continually explain the diagnosis in order to obtain additional assistance and accommodations (Kliebenstein & Broome, 2000).

Although changes in the school system continue to be made to ensure student needs are being met, students with chronic illnesses are still identified as having major gaps in services (Kliebenstein & Broome, 2000). Children identified with chronic illnesses are getting left behind in the school system (Irwin & Elam, 2011). Special education programs were introduced as a potential solution to be implemented in schools, however, they would still not be adequate enough resources for students living with chronic illnesses (Thies & McAllister, 2001).

According to Irwin & Elam (2011), children with chronic illnesses have been lumped together with other disabilities under the Individuals with Disabilities Education Act (IDEA); however, that is not specific enough to be effective. Students with chronic illnesses need to be given individualized attention just as children with disabilities. Children may learn to live with struggles related to their chronic illness, but it is still the duty of school personnel to embrace practices that increase education for staff and best practices when working with these students.

Feelings of inadequacy from both lack of education and professional development were prevalent among school counselors with respect to working with students with chronic illnesses (Studer & Quigney, 2005). However, these feelings of inadequacy were lessened when school personnel had established communication between both the parents/caregivers and health care teams (Saxson & Madan-Swain, 2001). Cooperation between medical staff, school personnel, and the student's caregiver(s) were considered important components to the student's school reintegration (Kliebenstein & Broome, 2000). Students who were sent directly back into the school system after extended absences due to hospitalization experienced negative outcomes if collaboration among professionals was missing (Saxson & Madan-Swain, 2001).

### Summary

In chapter II, the literature on the impact of chronic illnesses and its effect on students was reviewed. Areas that were covered included the definition of chronic illness, its overall effect on students during the school reintegration process, and the competency of school counselors when working with this population. Overall, school reintegration for students within this population was connected to a lack of education and training for school counselors. The transition from hospital to school can be difficult for students and affect both academic and socio-emotional development (Layte & McCrory, 2013); therefore, interventions for successful

school reentry were identified in the literature. Accreditation through CACREP and ASCA standards stated the need for specific education and training, yet there is substantial lack of available training and education in this area (Scarborough & Luke, 2008). The need for additional support for students living with chronic illnesses and the lack of experience regarding the school counseling profession speaks to the significance of the two research questions in this study. The gap in services ultimately hinders the successful reintegration of students, and the lack of education and training prevent school counselors from being able to work ethically with this population.

## CHAPTER III. METHODOLOGY

The purpose of this study was to examine the topic of school reintegration for students with chronic illnesses and how well school counselors perceived they were prepared through their school counseling programs to meet the needs of these students.

The focus of this research was on the level of perceived preparedness of school counselors in the state of North Dakota when working with students reentering school following hospitalization from chronic illnesses. Research questions were developed to identify the education and training needs of school counselors regarding the topic of school reintegration for students in this population.

The following research questions were developed to investigate the perceived preparedness and competence of school counselors when working with students identified with chronic illnesses reentering the school system following hospitalization.

- 1) To what extent do school counselors perceive they are prepared to work with children with chronic illnesses reentering school following hospitalization?
- 2) What are the perceived educational/training needs of school counselors when working with students with chronic illnesses returning to school following hospitalization?

### Instrumentation and Data Collection

The survey used in this research was developed in consultation with other researchers, counselor educators, school counselors, and certified child life specialists. Child life specialists were involved due to their professional experience. Certified child life specialists are professionals who specialize in working with children and families while in the hospital, especially those children diagnosed with chronic illnesses (Child Life Council, 2015). Therefore, questions were developed from this researcher's professional experience and academic research.

To further enhance the quality of questions included in the survey, this researcher consulted with other certified child life specialists, counselor educators, researchers, and school counselors after the initial draft of the survey.

The information in the literature review focused on the importance of coping strategies for students, areas of development that were affected when students reenter school following hospitalization, and the ability of professionals in the school setting to be competent when working with students identified as having chronic illnesses. Consultation with a certified child life specialist/coordinator of the school reentry program at Sanford Children's Hospital in Fargo, ND assisted with the validation of this survey. Communication both in person and via email assisted with identifying the purpose of each question, as well as ensuring that each possible component regarding school reentry was covered. Open and close-ended questions were developed and included in the survey in order to accurately assess each question. According to Dillman (2000), varying the types of questions is a useful tool to address potential problems faced by survey designers. Questions in this survey were also grouped together based on content. Therefore, questions regarding educational preparation were placed together, just as questions pertaining to training were close in proximity. The design of the instrument may influence the motivation of the individual to respond (Dillman, 2000), so this researcher considered both placement and ease of initial questions as well.

In order to test reliability, the survey was pilot tested with three Minnesota school counselors. According to Roberts, Priest, and Traynor (2006) "Reliability describes how far a particular test, procedure or tool, such as a questionnaire, will produce similar results in different circumstances, assuming nothing else has changed" (p. 41). Information provided by the subjects of the pilot test assisted with clarification of survey questions as no changes regarding question



content were made. However, the assistance from the pilot study did prompt this researcher to add the definition of what constitutes a chronic illness at the beginning of the survey. The Group Decision Center at North Dakota State University was used to create an electronic version of the survey. Upon completion of the survey, the North Dakota School Counseling Association (NDSCA) listserv was used to administer the survey to participants. An email was sent out through the NDSCA listserv that included informed consent, as well as a link to the electronic survey on January 14<sup>th</sup>, 2015. A total of two email reminders containing the survey link and informed consent were sent via the NDSCA listserv on week two and week three (January 21<sup>st</sup> and January 28<sup>th</sup> 2015). The last day participants could access the survey was February 4<sup>th</sup>, 2015.

The survey consisted of both open and close-ended questions. The closed-ended questions included YES/NO, checked boxes, or questions in the form of a 4-point Likert scale. Additional data were collected from information provided in text-boxes from those open-ended questions presented in the survey. The survey was utilized to determine both the perceived level of preparation and the educational/training needs of school counselors when working with students returning to school following hospitalization from chronic illnesses. See Appendix for attached survey.

### Participants

The population for this study consisted of school counselors in the state of North Dakota. School counselors were to identify as having one of nine credentials: SC03, CG03, CG02, CG01, CG3G, CG2G, CG1G, CD16, or the Plan of Study option. According to the North Dakota Department of Public Instruction (DPI; 2010), the SC03 credential refers to school counselors who are credentialed to serve students in Pre-Kindergarten through the 12<sup>th</sup> grade. CG01, CG02, and CG03 are those who were previously credentialed and re-designated as school counselors

who serve pre-kindergarten, kindergarten, elementary and secondary students. Plan of Study counselors are those who are licensed teachers who plan on continuing their education to become a fully credentialed school counselor. CD16 is the counselor designate credential indicating that the counselor has at least sixteen semester credits of master's level accepted coursework which would allow that individual to work as a school counselor. To further understand the remaining credentials, professional contact was made with the past Assistant Director of Counseling, Testing, and Career Development from the North Dakota DPI and the following clarifications occurred: the CG1G, CG2G, and CG3G were the initial credentials given to school counselors in the state of North Dakota who did not have a teaching license. The CG1G was for non-licensed teachers to practice counseling in an elementary setting, while the CG2G was for non-licensed teachers to become secondary counselors, and the CG3G allowed non-licensed teachers to work in K-12 settings as a professional school counselor.

Participants were comprised of counselors from each grade level: kindergarten, elementary school, middle school, high school and those responsible for serving the entire K-12 student population. Only school counselors who were included on the NDSCA listserv had the opportunity to take part in the survey. School counselors and other individuals who were members of NDSCA could receive emails as part of the NDSCA listserv. However, in order to participate in this study, participants had to meet two requirements. School counselors had to identify as being a credentialed North Dakota school counselor as well as currently practicing as a professional school counselor. Email communication with the Assistant Director of the North Dakota DPI assisted with the demographic information of school counselors in the state of North Dakota. The Assistant Director stated that there was a total of 297 school counselors in the state of North Dakota serving 470 schools. The number of individuals who had access to the survey

totaled 120 on the NDSCA listserv as given by the Executive Director of the North Dakota Counseling Association. Sixty-seven individuals responded to the survey; however, only 63 of those individuals were both credentialed and currently practicing school counselors in North Dakota. The results of this research reflect the opinions of that sample.

Participants included school counselors who had been a part of the North Dakota School Counseling Association, and a member of the NDSCA listserv. Participants from all school levels were sent a link to an electronic survey via NDSCA's listserv. Selection was based upon the respondent self-reporting he or she met the criteria of being a credentialed North Dakota school counselor and that he or she was currently practicing as a professional school counselor. The surveys were collected and analyzed in order to depict any trends in information. Survey results from the 63 respondents were utilized in analyzing the data. The information was then summarized in order to draw results and conclusions.

#### Data Analysis

Descriptive statistics were used to aggregate and summarize data to clarify the North Dakota school counselors' perceptions regarding their preparedness, education, and training needs when working with students returning to school after being hospitalized for chronic illnesses. The results of this data analysis are presented in chapter IV.

#### Summary

The nature of this study provided the opportunity to address the research questions by examining the opinions of school counselors in the state of North Dakota who met the sampling criteria. The NDSCA listserv provided access to all school counselors in the state of North Dakota who were members of NDSCA and on the listserv. This researcher sent the survey link allow with informed consent through the NDSCA listserv in order to grant those school

counselors on the listserv access. Due to the electronic nature of the study, no discussion took place with participants. The survey consisted of open and close-ended questions in order to examine both the needs and preparation level of school counselors when working with this population. Participants were given four weeks to complete the survey, with reminders sent at week two and week three. Data collection took place throughout the four week period. Data analysis was then conducted in order to determine patterns in responses. Descriptive statistics were used to present the information.

## CHAPTER IV. RESULTS

The purpose of this study was to examine the topic of school reintegration for students with chronic illnesses, and the role of school counselors when working with this population. The study focused on two research questions:

- 1) To what extent do school counselors perceive they are prepared to work with children with chronic illnesses reentering school following hospitalization?
- 2) What are the perceived educational/training needs of school counselors when working with students with chronic illnesses returning to school following hospitalization?

Data were collected from school counselors in North Dakota who were members of NDSCA as well as listed on the NDSCA listserv. To be included in the final data set, participants needed to (1) be a credentialed North Dakota school counselor, and (2) be currently practicing as a school counselor.

### Demographics

A descriptive analysis of the demographic information was conducted. Survey questions 1 and 2 were used as screening questions at the beginning of the survey to determine eligibility of the participants. If participants had answered “No” to either of the first two questions they were not included in the final data analysis. There were a total of 67 respondents to the first screening question. Of those who responded, 4 individuals chose “No” when asked if they were a credentialed North Dakota school counselor. Therefore, of the 67 respondents, 94% ( $n = 63$ ) were eligible to continue on with the survey. The second screening question asked participants to identify if they were currently practicing as a school counselor. All 63 of the participants responded “Yes” making them all eligible to continue with the survey. Therefore, a total of 63 individuals were able to complete the survey in its entirety based on (1) being a credentialed

North Dakota school counselor and (2) currently practicing as a professional school counselor. A response rate of 55.8% was calculated by dividing the total number of eligible respondents ( $n = 63$ ) by the total number of individuals who had access to the NDSCA listserv ( $n = 120$ ). It is understood that not all members of the NDSCA listserv were professional school counselors. For instance, a number of graduate students in counseling programs were registered on the listserv as well as other interested individuals. However, through phone conversations with the Executive Director of the North Dakota Counseling Association and the Assistant Director of the North Dakota Department of Public Instruction, data to differentiate between professional school counselors and other individuals on the listserv were not available.

Survey question 3 asked school counselors how many years they had worked as a professional school counselor. Table 1 depicts the demographic information of participants regarding years of employment as a professional school counselor. Participants had to indicate how many years they had been employed in a school counseling role, regardless of the time associated with certain schools. The table ranges from less than one year of employment to 21 years or more of service in the profession.

Table 1.  
*Years Worked as a School Counselor*

Years	Frequency	Percentage
< 1	1	2
1-5	18	29
6-10	10	16
11-15	8	13
16-20	13	21
21+	13	21
Total	63	100

Table 1 shows that 29% ( $n = 18$ ) of the research participants worked as professional school counselors for 1-5 years, with most participants having worked either 16-20 years ( $n = 13$ , 21%) or 21 years or more ( $n = 13$ , 21%). The mean was 3.84 and standard deviation was 1.58.

Survey question 4 addressed the type of credentialing each of the respondents held. Participants were asked to identify from the following credentials: SC03, CG03, CG02, CG01, CG3G, CG2G, CG1G, CD16, or the Plan of Study option. Descriptions of the credentials can be found in chapter III.

Table 2.  
*Credentials of Eligible Research Respondents*

Credentials	Frequency	Percentage
SC03	28	48
CG03	16	28
CG02	1	2
CG01	3	5
CG3G	1	2
CG2G	1	2
CG1G	0	0
CD16	5	9
Plan of Study	3	5
Total	58	100

The majority of participants reported holding a SC03 credential 48% ( $n = 28$ ) or a CG03 credential 28% ( $n = 16$ ). No respondent indicated that he or she held the CG1G credential. A total of 5 participants chose not to respond to this question. The mean was 2.64 and standard deviation was 2.55.

Survey question 5 asked school counselors to indicate the grade levels they had worked with throughout their professional career as a school counselor. The number of responses per grade level ranged from 68%-83% ( $n = 43$ -52). This indicated that the majority of the school counselors worked with more than one grade level. Due to the fact that participants could select more than one answer for this question, the total number of responses was greater than the

number of participants ( $n = 63$ ). Table 3 includes the grade level, the number of respondents who picked each grade level, and percentages.

Table 3.  
*Population Served by School Counselors*

Grade	Frequency	Percentage
Kindergarten	49	78
1 <sup>st</sup>	49	78
2 <sup>nd</sup>	49	78
3 <sup>rd</sup>	49	78
4 <sup>th</sup>	50	79
5 <sup>th</sup>	51	81
6 <sup>th</sup>	52	83
7 <sup>th</sup>	51	81
8 <sup>th</sup>	51	81
9 <sup>th</sup>	48	76
10 <sup>th</sup>	46	73
11 <sup>th</sup>	46	73
12 <sup>th</sup>	43	68

Survey question 6 asked school counselors to identify the number of students they had worked with who had returned to school following hospitalization. Table 4 illustrates the range of students reentering school following hospitalization who school counselors had identified as having worked with throughout their careers. Participants had the option of indicating between 0 and 9 or more students.

Table 4.  
*Number of Reentry Students School Counselors Identified Having Worked With*

Range of Students	Frequency	Percentage
0	9	14
1-2	17	27
3-4	18	29
5-6	6	10
7-8	2	3
9 or more	11	17
Total	63	100



The majority of school counselors (86%,  $n = 54$ ) indicated that they had worked with at least one student who had returned to school following hospitalization from a chronic illness. A total of 14% ( $n = 9$ ) stated that they had worked with zero students who identified as having a chronic illness and returning to school after being hospitalized. The mean was 3.13 and the standard deviation was found to be 1.63.

Survey question 7 asked school counselors to identify which grade levels they had worked within when they assisted with the reentry of a student back into school following hospitalization for a chronic illness. Overall, the lower percentages clustered around the K-5 grade levels. A total of 8% ( $n = 5$ ) of the school counselors surveyed stated they had worked with a reentry student in kindergarten, 15% ( $n = 9$ ) responded that they had worked with a student in the first grade, 15% ( $n = 9$ ) in the second grade, 16% ( $n = 10$ ) in the third grade, 20% ( $n = 12$ ) in the fourth grade, and 20% ( $n = 12$ ) in the fifth grade. Grades 6-12 had higher rates of school counselors who reported working with students returning to school following hospitalization from chronic illnesses. Responses from the 6<sup>th</sup>-12<sup>th</sup> grades ranged from 23-30% ( $n = 14$ -18). Grade 6 had 26% ( $n = 16$ ), grade 7 had 28% ( $n = 17$ ), grade 8 had 30% ( $n = 18$ ), grade 9 had 25% ( $n = 15$ ), and grade 10 had 28% ( $n = 17$ ). The 11<sup>th</sup> grade had the lowest percentage of responses within the 6-12 grade range with only 23% ( $n = 14$ ), and the 12<sup>th</sup> grade had 26% ( $n = 16$ ) of participants stating they had worked with a reentry student. Grade 8 had the highest number of school counselors who reported working with reentry students throughout the K-12 grade levels with 30% ( $n = 18$ ). Only 15% ( $n = 9$ ) of school counselors reported that they had not worked with any students returning to school following hospitalization from a chronic illness. Due to the fact that school counselors could indicate more than one response, the total number of responses was greater than the total number of participants ( $n = 63$ ).

## Preparation

Survey question 8 asked participants to indicate whether they felt strategies to facilitate coping for children with medical needs were addressed in their graduate program. When asked that question, participants were to choose between “Yes” or “No.” Overall, 77% ( $n = 46$ ) of participants said “No,” they did not feel that their graduate program addressed strategies to facilitate coping regarding students with medical needs. Only 23% ( $n = 14$ ) of participants said they felt their graduate program had addressed strategies to facilitate coping in that area. There were a total of three participants who did not respond to this question.

Survey questions 9-24 were presented with 4-point Likert response scales. Survey question 9 asked school counselors if their graduate program adequately prepared them to work with students diagnosed with chronic illnesses. Participants in this question were instructed to respond using the following scaling categories: *strongly disagree*, *somewhat disagree*, *somewhat agree*, and *strongly agree*. Results showed that most school counselors somewhat disagreed or somewhat agreed on whether they felt their graduate program had adequately prepared them to work with students diagnosed with chronic illnesses. There were 10% ( $n = 6$ ) of participants who strongly disagreed, 40% ( $n = 25$ ) who somewhat disagreed, 49% ( $n = 31$ ) who somewhat agreed, and only 2% ( $n = 1$ ) who strongly agreed that their graduate programs had adequately prepared them to work with students diagnosed with chronic illnesses. The mean was 2.43 and standard deviation was 0.69.

Survey question 10 asked participants if they thought that their graduate program provided adequate information on ways to help a student understand his or her chronic illness. Again, the results showed that the majority of school counselors somewhat agreed or somewhat disagreed regarding their perception of whether their graduate program provided adequate

information on ways to help a student conceptualize his or her chronic illness. A total of 16% ( $n = 10$ ) of participants indicated that they strongly disagreed, 41% ( $n = 26$ ) somewhat disagreed, 41% ( $n = 26$ ) somewhat agreed, and only 2% ( $n = 1$ ) strongly agreed that their graduate program provided adequate information on ways to assist a student in understanding his/her chronic illness. The mean was 2.29 and the standard deviation was 0.75.

Survey question 11 addressed the socio-emotional needs of the students. Participants were asked if they thought they were adequately prepared to address the socio-emotional needs of a student related to his or her chronic illness. Eighty-seven percent ( $n = 54$ ) of school counselors did somewhat agree or strongly agree about feeling adequately prepared to address the socio-emotional needs of a student related to his or her chronic illness. There was a total of 18% ( $n = 11$ ) who strongly agreed, 69% ( $n = 43$ ) who somewhat agreed, 11% ( $n = 7$ ) of participants who somewhat disagreed, and 2% ( $n = 1$ ) who strongly disagreed about their level of preparedness to address the socio-emotional needs of the student related to chronic illness. Only one participant did not respond to this question. The mean was 3.03 and the standard deviation was 0.60.

Survey question 12 asked participants how prepared they were to assist teachers and other school personnel in addressing the needs of a student returning to school following hospitalization from a chronic illness. Of the total participants, 52% ( $n = 33$ ) thought they were moderately prepared to assist teachers and other school personnel in addressing the needs of a student returning to school following hospitalization. A total of 21% ( $n = 13$ ) thought they were very prepared, while a total of 19% ( $n = 12$ ) thought they were slightly prepared, and a total of 8% ( $n = 5$ ) thought they were not at all prepared. The mean was 2.86 and standard deviation was 0.84.

Survey question 13 asked participants to indicate if their graduate program adequately prepared them to work with students reentering school after extended hospital stays. Most of the respondents stated that they either strongly disagreed or somewhat disagreed regarding whether they thought their graduate program had adequately prepared them to work with students following extended hospital stays. A total of 19% ( $n = 12$ ) of respondents stated that they strongly disagreed, 32% ( $n = 20$ ) somewhat disagreed, 46% ( $n = 29$ ) somewhat agreed and 3% ( $n = 2$ ) stated they strongly agreed that their graduate program had adequately prepared them to work with those students returning from extended hospital stays. The mean was 2.33 and the standard deviation was 0.82.

Question 14 in the survey assessed whether or not school personnel in the school counselor's current school were informed about a student's chronic condition when a student reentered school after having been hospitalized. Participants were to select from the following four responses: *never*, *rarely*, *often* or *always*. Most participants indicated that their school personnel were made aware of a student reentering school after hospitalization. There were 48% ( $n = 30$ ) of participants who had indicated that their school personnel were often made aware of a student's chronic condition when the student reentered school, while 42% ( $n = 26$ ) said they were always aware, 8% ( $n = 5$ ) were rarely aware, and 2% ( $n = 1$ ) indicated they were never made aware of a student's chronic condition when he/she reentered school following hospitalization. Only one participant did not respond to this question. The mean was 3.31 and the standard deviation was 0.69.

#### School Environment

Survey question 15 looked at the side effects and treatments for students living with chronic illnesses. Participants were asked if they were made aware of the potential side-effects

and treatment interventions of the student's diagnosis when the student reenters school. Of the total respondents for this question ( $n = 62$ ), 56% ( $n = 35$ ) of school counselors indicated that they somewhat agreed that they were made aware of side-effects and treatment interventions regarding the student's diagnosis once the student returned to school, 21% ( $n = 13$ ) strongly agreed, 11% ( $n = 7$ ) somewhat disagreed and 11% ( $n = 7$ ) strongly disagreed. The mean was 2.87 and the standard deviation was 0.88.

Question 16 of the survey had participants rate their level of familiarity regarding resources available to aid children with chronic conditions. Participants rated this question based on the following four response options: *not at all familiar*, *somewhat familiar*, *moderately familiar*, and *very familiar*. There was a total of 53% ( $n = 33$ ) of respondents who indicated they were only somewhat familiar with available resources to aid children with chronic conditions. Of those who responded, 13% ( $n = 8$ ) that said they were not at all familiar, 19% ( $n = 12$ ) said they were moderately familiar, and 15% ( $n = 9$ ) indicated they were very familiar. Only one participant did not respond to this question. The mean was 2.35 and the standard deviation was 0.89.

Survey question 17 looked at the available trainings for school counselors in the area of chronic illness. Participants were asked to rate their level of awareness regarding available trainings on therapeutic interventions when working with children with chronic illnesses. Results indicated that the majority of participants were either not at all aware of trainings, or only slightly aware of trainings on therapeutic interventions. A total of 38% ( $n = 24$ ) indicated that they were slightly aware, 30% ( $n = 19$ ) were not at all aware, 27% ( $n = 17$ ) were moderately aware, and 5% ( $n = 3$ ) indicated that they felt extremely aware of trainings in that area. The mean was 2.06 and the standard deviation was 0.88.

## School Reintegration

Question 18 in the survey asked participants to rate their level of awareness regarding available services to help prepare a classroom when a student diagnosed with a chronic illness reenters school. Only 10% ( $n = 6$ ) of participants indicated they were extremely aware of services to help prepare a classroom for a student's reintegration into school. Further data showed that 35% ( $n = 22$ ) were moderately aware of services, 32% ( $n = 20$ ) were slightly aware, and 24% ( $n = 15$ ) were not at all aware of services to help prepare a classroom when a student diagnosed with a chronic illness reentered school. The mean was 2.30 and the standard deviation was 0.94.

Survey question 19 asked participants if they had the adequate training needed to educate the student's classmates when one of their classmates reentered school after having been hospitalized from a chronic illness. Fifty-six percent ( $n = 35$ ) of participants indicated that they somewhat agreed that they had the adequate training needed to educate the student's classmates, 22% ( $n = 14$ ) somewhat disagreed, 13% ( $n = 8$ ) strongly agreed, and 10% ( $n = 6$ ) strongly disagreed regarding adequate training. The mean was 2.71 and the standard deviation was 0.81.

Question 20 asked participants about their level of involvement when a student reentered school following hospitalization. School counselors who completed the survey were asked how involved they were in a student's reintegration process when he/she returned to school after having been hospitalized for a chronic illness. Of the total participants, 35% ( $n = 22$ ) indicated they were very involved, 26% ( $n = 16$ ) were moderately involved, 27% ( $n = 17$ ) were minimally involved, and 11% ( $n = 7$ ) said they were not at all involved with a student when he/she returns to school after having been hospitalized for a chronic illness. Only one participant did not answer this question. The mean was 2.85 and the standard deviation was 1.04.

Survey question 21 asked participants how important they felt it was for school counselors to be involved in a student's school reintegration after the student had been hospitalized due to a chronic illness. The results showed that 75% ( $n = 47$ ) of participants felt it was very important for school counselors to be involved in a student's reentry into school following hospitalization, 19% ( $n = 12$ ) felt it was moderately important, 5% ( $n = 3$ ) felt it was slightly important, 2% ( $n = 1$ ) felt it was not at all important. The mean was 3.67 and the standard deviation was 0.65.

Question 22 addressed a holistic approach when working with students and discussed the possibility of family involvement. Participants were asked how important they thought it was to involve the student's family in the reentry process after the student returned to school following hospitalization. In total, 87% ( $n = 53$ ) of participants indicated that it was very important to involve a student's family in the reentry process. In addition, 13% ( $n = 8$ ) indicated that it was moderately important, and no participants ( $n = 0$ ) indicated either not at all important, or slightly important. Only two participants did not answer this question. The mean was 3.87 and the standard deviation was 0.34.

Question 23 looked at level of preparedness for school counselors when working with the families of students in this population. Participants were asked how prepared they were to talk to a student's family regarding needs for successful school reintegration after the student returned from hospitalization. A majority of school counselors in this survey indicated that they were either moderately or very prepared to talk with the student's family. A total of 44% ( $n = 27$ ) indicated they were moderately prepared, 37% ( $n = 23$ ) were very prepared, 16% ( $n = 10$ ) of respondents that said they were only slightly prepared, and 3% ( $n = 2$ ) indicated they were not at

all prepared. Only one participant did not answer this question. The mean was 3.15 and the standard deviation was 0.81.

Survey question 24 asked participants how important they believed it was to incorporate the topic of school reintegration for students with chronic illnesses into a master's level training for school counselors. A majority of the respondents indicated having this topic incorporated into training for master's level counselors was important. A total of 48% ( $n = 30$ ) indicated it was moderately important, 37% ( $n = 23$ ) thought it was very important, 15% ( $n = 9$ ) thought it was only slightly important, and no participants ( $n = 0$ ) thought it was not at all important. Only one participant did not answer this question. The mean was 3.23 and the standard deviation was 0.69.

Question 25 was a "Yes" or "No" question for school counselors in this survey with a follow-up question regardless of whether the respondent selected "Yes" or "No." Participants were asked if they were aware of available services to help prepare the entire school population when a student diagnosed with a chronic illness reentered school. If the respondent chose "Yes," he or she was prompted with a textbox that asked that respondent to identify at least one service they found the most valuable. If the respondent selected "No," then he or she was prompted with a textbox that asked the respondent to *suggest* one service they thought could be the most valuable. Of the total respondents, 56% ( $n = 35$ ) selected "No," that they were not aware of available services. Respondents were then prompted with the textbox. There were a total of 23 responses. Throughout those responses, themes were evident from participants who indicated they were not aware of available services.



The following themes are ordered by frequency, from the most prevalent to the least prevalent response:

- Collaboration between medical personnel and school staff
- Having access to websites with various strategies and tips for working with this population
- Learning strategies to help explain a diagnosis to different classrooms
- Coordinating with a professional to help explain impacts on the home, school, and overall well-being of the student
- Trainings and breakout sessions at conferences

There were 28 (44%) respondents who said “Yes,” they were aware of available services to help prepare the entire school population when a student returns to school following hospitalization from a chronic illness. Respondents were then prompted with a textbox to identify at least one service they identified as most valuable when preparing an entire student body. There were a total of 27 responses for this sub-question. Of those responses, themes were identified. The following themes are ordered by frequency, from the most prevalent to the least prevalent response:

- Contacting local hospitals and medical professionals (Sanford Children’s Hospital—child life specialists)
- Utilizing outside agencies such as the American Cancer Society or Hospice
- Making referrals to more educated professionals as needed
- Increasing communication between the parent, student, school, and medical community
- Utilizing the “Monkey in My Chair Program”

Survey question 26 asked school counselors if they knew how to access information on side-effects that may be present either from the student's illness or treatment interventions. Results indicated that 81% ( $n = 51$ ) of the participants knew how to access that information. Nineteen percent ( $n = 12$ ) stated that they did not know where to access information on side-effects related to the student's illness or treatment interventions.

Question 27 investigated the available training for school counselors related to chronic illnesses. Participants were asked if they had been made aware of trainings on the topic of students with chronic illnesses. The majority of respondents (76%,  $n = 47$ ) indicated "No," that they had not been made aware of any trainings centered on students with chronic illnesses, while 24% ( $n = 15$ ) indicated that they had been aware of available trainings. Only one participant did not answer this question.

Question 28 asked school counselors who completed the survey if they were made aware of trainings regarding students who were returning to school following hospitalization. Of the total respondents, 85% ( $n = 53$ ) indicated "No," that they were not made aware of trainings on the topic of school reentry for students with chronic illnesses while 15% ( $n = 9$ ) indicated "Yes," that they were made aware of trainings regarding school reentry. Only one participant did not answer this question.

Question 29 asked participants to indicate trainings they had taken on the effects of chronic illness on a student's self-worth, behavior, or physical appearance. Respondents also had the option of checking the "other—please specify" box and then putting additional information in the available textbox, or checking the "I have received no training in the above areas" box. In total, 67% ( $n = 42$ ) of participants indicated that they had received no training in the areas of self-worth, behavior, or physical appearance related to a student's chronic condition. In areas of

self-worth, behavior and physical appearance, 29% ( $n = 18$ ) of participants stated they had taken at least one training on self-worth, 29% ( $n = 18$ ) on behavior, and 16% ( $n = 10$ ) had taken one on physical appearance. Three people (5%) chose “other” but did not give names of other trainings.

Question 30 asked school counselors to select trainings that they had already taken regarding children with chronic illnesses or the school reintegration process from the options displayed in Table 5. Participants had the option to “select all that apply,” therefore, the number of responses was greater than the total number of participants ( $n = 63$ ). Only two participants did not answer this question. Participants could also indicate “other, please specify in textbox below” or “I have not taken any training in the above areas.” Table 5 depicts the various trainings that school counselors indicated as previously taken regarding the topic of students with chronic illness and/or the school reintegration process.

Table 5.  
*Previous Trainings Participants Have Taken*

Topic	Frequency	Percentage
Child/Adolescent Development	34	56
Coping Strategies	33	54
Grief	30	49
Stress Management	30	49
Socio-Emotional Well-Being	30	49
Mental Health in the School	25	41
Parent/Child Relations	20	33
Collaboration with Medical Personnel	18	30
Disabilities that Affect Children Throughout the Lifespan	17	28
No Training in These Areas	14	23
Chronic Illnesses	8	13
Therapeutic Interventions for Children with Chronic Illnesses	7	11
Conceptualizing Illness	6	10
Enhancing the Presence of the Student during Extended Absences	5	8
Other Trainings	4	7

As displayed in Table 5, 13% ( $n = 8$ ) of respondents stated that they had taken a training on chronic illnesses, while 11% ( $n = 7$ ) indicated that they had taken a training on therapeutic interventions when working with children with chronic illnesses. School counselors who had taken a training in conceptualizing illness totaled 6 (10%), and 5 people (8%) selected having experienced a training in enhancing the presence of students during extended absences. In addition, only 49% ( $n = 30$ ) of respondents indicated they had trainings on grief, and 41% ( $n = 25$ ) had training on mental health in the school system. Four people (7%) had selected the “other” box and stated that they have had training on anxiety, trauma, or depression, but nothing specific to chronic illnesses.

Question 31 utilized the same list of trainings and asked participants to select those trainings that would be deemed helpful for school counselors in understanding the circumstances of the returning student and assist with successful school reintegration. Due to the opportunity that participants had to “check all that apply,” the total number of responses was greater than the total number of participants ( $n = 63$ ). Respondents could also select “other please specify in textbox below” if they had additional information to add. Table 6 displays the various trainings that participants would consider helpful when working with students with chronic illnesses and those reentering the school system following hospitalization.

Table 6.  
*Training Topics Participants Find Beneficial*

Topic	Frequency	Percentage
Coping Strategies	55	87
Therapeutic Interventions for Children with Chronic Illnesses	50	79
Grief	49	78
Stress Management	47	75
Mental Health in the School	45	71
Chronic Illnesses	45	71
Socio-Emotional Well-Being	44	70
Conceptualizing Illness	43	68
Collaboration with Medical Personnel	42	67
Disabilities that Affect Children Throughout the Lifespan	42	67
Enhancing the Presence of the Student During Extended Absences	40	63
Parent/Child Relations	37	59
Child/Adolescent Development	34	54
Other Trainings	3	5

Responses in Table 6 for trainings that school counselors thought would be helpful ranged from 54-87% ( $n = 34-55$ ) based on the same list in question 30. Coping strategies was the largest training indicated by participants to be helpful with an 87% ( $n = 55$ ) response, then 79% ( $n = 50$ ) of participants had indicated that training on therapeutic interventions for children with chronic illnesses would be helpful, and following close behind was grief training at 78% ( $n = 49$ ). The “other training” box had a total of three respondents (5%), however, no additional information was provided in the textbox from those participants.

Question 32 asked for additional educational information from school counselors who completed the survey. Participants were to select “Yes” or “No” to signify whether or not they had graduated from a CACREP program. The majority of participants (72%,  $n = 44$ ) had responded “Yes,” that they did graduate from an accredited CACREP program, while 28% ( $n =$

17) had selected “No,” that they did not graduate from an accredited program. Only two participants did not respond to this question.

### Summary

This chapter presented the data analysis of the information obtained from this study’s survey. There were a total of 63 participants included in the final data set. Demographic information as well as descriptive analyses were described for all 32 research questions presented in this chapter. Summary, discussion, and recommendations are included in chapter V.

## CHAPTER V. SUMMARY, DISCUSSION, AND RECOMMENDATIONS

The results of this descriptive research indicated that there appears to be a strong need for school counselors to have a variety of experiences and preparation when working with students with chronic illnesses. In addition, the results indicated the importance of utilizing educational information and collaboration with appropriate parties to further implement programs that focus on the reentry of students back into the school system following hospitalization. Information resulting from the survey utilizing check boxes, Likert scales, YES/NO and subjective text boxes supports the need for further education and training. This chapter includes (1) the purpose of the study, (2) an overview of methodology, (3) discussion of results, (4) limitations of the current study, (5) recommendations for future research, (6) discussion and implications for school counselors and counselor educators, and (7) the conclusion.

### The Purpose of the Study

The purpose of this study was to examine the topic of school reintegration for students with chronic illnesses. An electronic survey was developed to assess the perceptions of school counselors regarding their level of preparedness when working with students reentering school following hospitalization. The survey also assessed the educational/training needs of school counselors when working with this population. Ultimately, the study focused on school counselors and their level of perceived preparedness to meet the needs of reentry students in their school counseling programs.

### Methodology Overview

The population for this study consisted of K-12 school counselors in the state of North Dakota who were members of the North Dakota School Counseling Association (NDSCA) and registered on the NDSCA listserv. Screening questions at the beginning of the survey were used

to determine if participants (1) were credentialed North Dakota school counselors and (2) currently practicing as a professional school counselor.

An electronic survey was created after consultation with other researchers, counselor educators, school counselors, and certified child life specialists in conjunction with this researcher's own professional experience and academic research. The survey was used to assess the level of preparedness of school counselors when working with students with chronic illnesses as well as their education/training needs. Participants were recruited via email through the NDSCA listserv. The survey was open for a total of 28 days. The initial survey link that contained informed consent was sent out on January 14<sup>th</sup>, 2015. Two additional reminders were emailed on January 21<sup>st</sup> and January 28<sup>th</sup>, 2015. The last day for participants to access the survey was February 4<sup>th</sup>, 2015. Out of the 67 participants who took the survey, 63 were considered eligible based on the two initial screening questions. Therefore, 63 respondents were included in the final data set.

## Discussion of Results

### *Demographics*

All of the participants ( $n = 63$ ) included within the final data set were credentialed North Dakota school counselors and as well as currently practicing professionals. Of the 63 participants, majority had indicated working between 1-5 years as a professional counselor. Additionally, the majority also reported being eligible to serve students throughout all grade levels as the SC03 credential represented school counselors who were eligible to serve pre-kindergarten through grade 12, and the CG01, CG02, and CG03 credentials were re-designated by the North Dakota Department of Public Instruction to also serve prekindergarten, kindergarten, elementary and secondary students (DPI, 2010).



The majority of school counselors indicated having worked with more than one grade level throughout their careers, and with at least one student who was returning to school following hospitalization from a chronic illness. Therefore, school reintegration for students with chronic illnesses is prevalent regardless of grade level, as school counselors reported working with reentry students at each level throughout their professional careers. Survey respondents were also asked to identify accreditation information regarding their graduate program. The majority of eligible participants indicated that they had graduated from a CACREP accredited program.

#### *Research Question 1*

*To what extent do school counselors perceive they are prepared to work with children with chronic illnesses reentering school following hospitalization?*

The majority of eligible survey respondents indicated that they did not feel that strategies to facilitate coping were addressed in their graduate programs. Additionally, participants reported that they disagreed when asked if their graduate program adequately prepared them to work with students diagnosed with chronic illnesses. Respondents indicated a lack of preparation from their graduate program in three areas: working with students diagnosed with chronic illnesses, working with students reentering school following extended hospital stays due to chronic illnesses, and strategies to help a student understand his/her diagnosis. Although the majority of school counselors reported working with at least one student diagnosed with a chronic illness, most school counselors indicated that their graduate program did not adequately prepare them to do so.

The results were consistent with what is found in the literature regarding level of preparation for school counselors on this topic. Milsom and Akos (2003) stated that the

knowledge needed by school counselors to work with students with disabilities, which encompasses those students reentering the school system following hospitalization due to chronic illnesses (Irwin & Elam, 2011), is lacking and little formal preparation is available. In addition, CACREP programs do not currently require graduate students to work with individuals with disabilities and therefore have no additional requirements in place for Counselor Education programs (Milsom & Akos, 2003). Data from the survey coincides with the literature in that majority of school counselors reported that they do not feel prepared by their graduate programs to work with this population. Furthermore, school counselors indicated having little awareness of available resources or training on the topic, affecting their ethical ability to work with that population.

The survey also assessed participants' perceived level of preparation for assisting teachers and other school personnel in addressing the needs of a student returning to school following hospitalization from a chronic illness. Most school counselors indicated that they were only moderately prepared to assist teachers and other school personnel in addressing the needs of the reentry student. This is congruent with the research in that school counselors, as well as school personnel, feel that they do not have the adequate knowledge needed when working with this population which results in their feelings of inadequacy (Saxson & Madan-Swain, 2001).

The perceived level of preparation of school counselors is indicative of a need for additional education services. School counselors reported feeling inadequately prepared by their graduate programs in various areas regarding working with students diagnosed with chronic illness. Yet, the majority of school counselors also reported having worked with at least one student reentering school following hospitalization from chronic illness. Therefore, school

counselors are still working with this population, but report lacking the formal preparation needed to be within their scope of practice.

### *Research Question 2*

*What are the perceived educational/training needs of school counselors when working with students with chronic illnesses returning to school following hospitalization?*

Participants were asked to rate their level of familiarity regarding resources available to aid children with chronic conditions. The majority of participants indicated they were only somewhat familiar with available resources in that area. Furthermore, participants were also asked to rate their level of awareness regarding available trainings on therapeutic interventions when working with children with chronic illnesses. Results indicated that the majority of participants were either not at all aware of trainings, or only slightly aware of trainings on therapeutic interventions. The data matches the literature which indicated an absence of available trainings for school counselors in this area, proving it difficult to meet the needs of students (Studer & Quigley, 2005). This signifies the importance of adding additional training for school counselors in order to meet the standards set forth by ASCA, which highlights the importance of working with all students regardless of disability (ASCA, 2012), and the ACA code of ethics which states that school counselors need to have education and training in order to practice competently (ACA, 2014).

Survey respondents were also asked to address their awareness of services or trainings to prepare the student's classroom and educate the student's classmates when a student becomes diagnosed with a chronic illness and reenters school. Majority of the respondents were not at all or only slightly aware of services to help prepare a classroom when a student diagnosed with a chronic illness reentered school. Furthermore, some participants disagreed that they had adequate

training to help educate students' classmates. Participants were then asked if they were aware of available services to help prepare the entire school population when a student diagnosed with a chronic illness reentered school. The majority of respondents reported being unaware of available services to help prepare the entire school.

The data showcases a lack of awareness regarding available training and services which signifies the need for additional training in these areas. According to Shiu (2001), having the opportunity to access training and programming in this area will allow school counselors to respond to the needs of students in a more effective and timely manner. School counselors indicated that information and training regarding school reintegration for students with chronic illness was lacking, but provided suggestions on trainings they would find helpful in order to practice competently.

Participants were also asked if they had been made aware of trainings on the topic of students with chronic illnesses or on school reentry for students with chronic illnesses. The vast majority of participants reported not being made aware of trainings on either topic. Therefore, not only do more trainings need to occur on these topics, but the availability of these trainings for school counselors needs to be taken into consideration as well (Studer & Quigley, 2005). Survey respondents had the opportunity to indicate specific trainings they had taken that were associated with this topic. Most school counselors indicated that they had not completed trainings in most areas, but did indicate that trainings on coping strategies, therapeutic interventions for children with chronic illnesses, and grief would be beneficial. Ultimately, school counselors indicated that they need training and further education regarding working with students with chronic illnesses who are returning to school following hospitalization in order to comply with ASCA and CACREP standards, and the ACA code of ethics.

School reintegration for students with chronic illnesses was addressed in the questions presented in this study. Most school counselors reported being only moderately or minimally involved with the school reentry process; yet, when asked how important involvement was, the majority of participants indicated it was very important for school counselors to be involved in the school reintegration process for students with chronic illnesses. According to ASCA (2013), school counselors have the obligation to work with every student and advocate for those with special needs. Yet, participants in this survey reported an overall lack of involvement which could indicate the need for further advocacy from school counselors. However, advocacy may prove difficult as school counselors may not be within their scope of practice without adequate preparation and available trainings (Studer & Quigley, 2005). In addition, the majority of school counselors reported that it was very important to involve the student's family in the reintegration process; however, less than half of school counselors who answered that question indicated being moderately prepared to talk to a student's family who was returning to school following hospitalization. Ultimately, when asked about the importance of incorporating school reintegration for students with chronic illness into a master's level training, the majority of participants reported that it was important to include.

Overall, school counselors reported feeling unprepared to work with students returning to school following hospitalization from chronic illnesses. This was evident from the survey responses that addressed the first research question. Additionally, school counselors reported a lack of available trainings regarding this topic as well as opportunities for continued education evident from responses that corresponded with the second research question. Therefore, the information provided in the discussion was used to make recommendations for future research and implications for school counselors and counselor educators.

## Limitations of the Current Study

Limitations to the current survey were categorized into three areas: (1) sample, (2) methodology, and (3) instrumentation.

### *1. Limitations associated with the sample:*

- a. According to email communication with the Assistant Director of the North Dakota Department of Public Instruction, the total number of school counselors in the state of North Dakota is currently 297. However, only individuals who were members of the North Dakota School Counseling Association (NDSCA) and registered on the listserv had access to the survey ( $n = 120$ ). Not all registered members of the listserv were school counselors.
- b. It could not be determined how many of the individuals on the NDSCA ( $n = 120$ ) listserv were professional school counselors and how many were graduate students or other interested individuals due to confidentiality set forth by NDSCA. Therefore, an accurate percentage for sample size could not be determined.
- c. The decision was made to survey only currently practicing North Dakota school counselors; therefore, information from previous counselors who may have worked with reentry students was not included.
- d. The survey did not include an option for school counselors who serve pre-kindergarten students. Therefore, information regarding students with chronic illnesses returning to school following hospitalization did not include those in pre-kindergarten.
- e. The sample was self-selected. Therefore, school counselors who had never experienced working with a student identified with chronic illness may have

elected not to participate. Thus, the prevalence of working with these students may be over-estimated by this sample.

2. *Limitations to the web-based survey methodology:*

- a. The sample was limited to those school counselors who utilize and had access to the internet, more specifically, individuals who were able to receive email via the NDSCA listserv.
- b. Technological ability and computer literacy vary between participants (Heiervang & Goodman, 2011).

3. *There are limitations to the survey instrument.*

- a. Due to the fact that this survey was developed by this researcher, reliability of the instrument could only be explored subjectively through collaboration between this researcher and the use of three pilot-testers (Minnesota school counselors).
- b. Validity of the instrument was not measured due to the lack of prior existing instruments related to the perceptions of school counselors when working with students with chronic illnesses. However, the three Minnesota school counselors involved in the pilot study recommended no changes to the questions which supported the effectiveness of the instrument to measure what it was intended to measure.

#### Recommendations for Future Research

The survey presented in this study was used to assess the perceptions of school counselors regarding their preparation and education/training needs with students reentering school following hospitalization. Based on the information presented in the discussion from the research and findings, the following recommendations were made for future research in this area:

1. *Survey school counselors nationwide.* The purpose of this research was to gain an understanding of the level of preparedness and educational/training needs of school counselors in North Dakota. Future studies could expand throughout all 50 states in order to determine the level of programming for school reentry available through the hospitals or schools and its connection to school counselors across the country.
2. *Assess availability of counseling graduate programming on the topic of students with chronic illnesses and/or school reintegration for students following hospitalization.* Future research could look at the master's level degree curriculum available across the country for school counselors in order to determine courses available specific to this topic.
3. *Examine the perceptions of school counselors from CACREP vs. non-CACREP graduate programs regarding educational preparation on the topic of school reentry.* Future research could also look at comparing participants who graduated from CACREP programs with those who did not, on their perceptions of educational preparation. This would determine any differences in educational information presented by accredited vs. non-accredited programs.
4. *Determine what (if any) post-master's trainings are available for school counselors on the topic of school reintegration for students with chronic illnesses.* Researchers could look at available trainings, post master's degree, outside of North Dakota to determine if there are any resources for school counselors across the country to help enhance scope of practice for school counselors when working with this population.



5. *Further assess validity and reliability of instrument.* Researchers could perform a more extensive study to gather additional information on survey organization, reliability, and validity.

6. *Conduct research on the reintegration of students following mental health absences.*

Additional research could be conducted on the school reintegration process for students returning to school following mental health related absences. The ambiguity surrounding those absences can have a similar effect on both the student as well as his or her classmates as it does with student absences related to chronic illness. Just as with students returning to school following chronic illness, students returning from mental health related absences may benefit from individualized reentry plans. (Clemens, Welfare, & Williams, 2011). Future studies could look at any programming that is currently in place, or the possible development of this programming.

7. *Assess potential implications on career development for students with chronic conditions.*

Chronic illness can affect all areas of development. Research in the literature discussed implications on two of the three ASCA domains (Layte & McCrory, 2013); however, more research could be done on the implications related to the career domain for students as well. According to Stevens and Wilkerson (2010), ASCA sets forth three domains in school counseling to assist with development: academic, personal/social, and career. Concerns both academically and socio-emotionally for students with chronic illnesses are mentioned within the literature (Layte & McCrory, 2013), yet, this researcher recognized the importance of further investigation into the potential career implications that may be prevalent for this population as well.

## Discussion and Implications for School Counselors and Counselor Educators

1. *Graduate coursework in Counselor Education programs should include education on students with chronic illnesses.* Data analysis from the survey indicates that the majority of school counselors did not feel adequately prepared by their graduate program to work with students in this population. Therefore, by implementing graduate coursework germane to this topic, future school counselors will have the opportunity to learn about this special population, as well as develop strategies to assist students with coping. Ultimately, adding this coursework would align with both CACREP (CACREP, 2009) and ASCA standards (ASCA, 2013) to close the gap for school counselors who are currently practicing outside of their scope of practice.
2. *Training should be provided to professionals on the topic of school reintegration for students with chronic illnesses.* School districts as well as state and national counseling associations should create and make available trainings on this topic. In order to practice ethically, school counselors need to be able to have education, training and supervision when working with populations outside of their scope of practice (ACA, 2014). Therefore, trainings on this topic would provide intervention strategies for school counselors on the reintegration process, as well as pertinent medical information.
3. *Education and training on the topic of death should be made available to school counselors.* Although the research in this study focused on the topic of chronic illness, it is also true that at times, chronically-ill students may also be terminal. This creates another area that school counselors need to obtain knowledge on—death education. According to Jackson and Colwell (2001), death is a concept that most individuals do not talk about. This is especially true for children as most adults want to “protect” them from

the worry that can be associated with death. However, death is a part of everyday life, and allowing death to have a place in the curriculum of schools would assist in the level of coping for students that have, or may, experience the death of a loved one or classmate (Jackson & Colwell, 2001). Therefore, school counselors need to receive education and training on death so that they may further assist students through the grieving process regardless of the circumstances surrounding the death.

4. *Implement school-based mental health services into school districts.* Additional support in the form of “specialized” school-based mental health practitioners will allow for greater support for students at all grade levels. According to the American Academy of Pediatrics (2004) the addition of school-based mental health services provided additional opportunities to enhance intervention strategies. In order to be deemed competent through the ACA ethical codes (2014) school-based mental health practitioners would need to obtain additional training and education to provide this support for various school districts. These specialized school counselors would assist the schools when a student receives a chronic illness diagnosis, and throughout their process of reentering the school system. Due to increased case-loads and lack of additional education/training, school counselors are currently unable to provide the adequate support to these students (Hamlet et al., 2011). Therefore, specialized school-based mental health practitioners could float between schools and implement both individual and group counseling for students with chronic illnesses.
5. *Assess the importance of expanding the role of specialized school-based mental health practitioners to assist students who have family members or friends living with chronic illnesses.* The significance of relationships throughout the lifespan is evident. The parent-

child relationship especially has a significant impact on emotional development (Turculeț & Tulbure, 2014). Therefore, just as the student is experiencing the impact of his/her own chronic illness, so are that student's family members and friends. Therefore, additional research could look at the significance of a family member or friend's illness on students during the school years. Researchers could then look at the impact of the family member or friend's chronic illness on the student's development and any additional implications it might have for the student during school. Taking a holistic approach, researchers could address any potential needs for future work on the family unit and the other relationships of that student in the school setting.

6. *Collaboration between school counselors and certified child life specialists.* Child life specialists are those who work in the hospital or clinic setting and specialize in working with children facing medical related issues (Child Life Council, 2015). School counselors and child life specialists could establish a partnership between the school system and the hospital in order to provide adequate programming to assist students not only with the initial school reentry, but the ongoing process of living with a chronic illness while navigating the school system. Additional training could also be provided to school staff by the certified child life specialists to create opportunities for continued professional development.
7. *Implementation of school reentry programs.* Through collaboration between the hospital and the school, school reentry programs should be implemented for each student returning to school following hospitalization from chronic illnesses. School counselors should have a protocol within their comprehensive school counseling program to address the needs of these students when they return to school following hospitalization.

Coordination between the schools and hospitals can allow for specialized training regarding the students' illnesses so that the school counselors may be better prepared to work with students, classmates, and family members. This coincides with the research provided by Canter (2011), which states that the implementation of school reentry programs assists in the student's knowledge of the illness or injury, as well as the counselors' understanding of the overall diagnosis; this would also increase competency for school counselors, therefore solving the ethical issues related to ACA code C.2.a, Boundaries of Competence and C.2.b, New Specialty Areas of Practice (ACA, 2014).

### Conclusion

The results of this descriptive research indicated that there appears to be a strong need for a variety of experience, preparation and implementation of programs for school counselors that focuses on the reentry of students back into the school system following hospitalization. Information resulting from the survey supported the need for further education and training as well. School counselors have the unique opportunity to work with students on a variety of levels. However, there is a clear lack in perceptions of preparedness from school counselors when it comes to working with students diagnosed with chronic illnesses—more specifically, the school reintegration process. The descriptive analysis also determined that the majority of school counselors did not indicate that they were made aware of trainings on the topics of students with chronic illnesses or school reentry, and that their graduate program did not adequately prepare them to work with this population.

According to ACA (2014), school counselors practicing outside of their area of competence would be violating the ethical code of C.2.a, Boundaries of Competence, due to a lack of proper and/or available education, supervision, training as well as experience with this

specific population. In addition, school counselors would also be violating the ACA ethical code C.2.b, New Specialty Areas of Practice, because counselors can only work with new areas of practice after they have had the proper education, training and supervision which the data from this survey indicate is not available.

Students reentering school following hospitalization from chronic illnesses face a variety of developmental and academic issues. The most appropriate professionals within the school to assist students through that process would be the school counselors. However, if these professionals do not have the education or training to work with these students, they will not be able to provide the best support possible to their students. School counselors are only as effective as the education and training they receive. Therefore, by strengthening that background through graduate-level coursework and available post master's degree trainings, school counselors will be able to facilitate the successful reintegration of these students as well as simultaneously provide a supportive learning environment.

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## APPENDIX A. SURVEY

Kaffenberger (2006) defines chronic illness as, "an illness that has no cure but is not necessarily terminal, requires medical interventions over time, and can result in debilitating consequences" (p. 223). Chronic illness is additionally categorized as any illness lasting three months or longer (Kliebenstein & Broome, 2000).

1) Are you a credentialed North Dakota school counselor?

Yes       No

2) Are you currently practicing as a school counselor?

Yes       No

*(# 1 and 2 are screening questions).*

3) How many years have you worked as a school counselor?

<1    1-5    6-10    11-15    16-20    21+

4) What is your current type of North Dakota school counseling credentialing?

SC03       CG03    CG02    CG01    CG3G    CG2G    CG1G

CD16               Plan of Study

5) During my career as a school counselor, I have worked with the following grades: (Check

all that apply)

Kindergarten

1st

2nd

3<sup>rd</sup>

4<sup>th</sup>

5<sup>th</sup>

6<sup>th</sup>

7<sup>th</sup>

8<sup>th</sup>

9<sup>th</sup>

10<sup>th</sup>

11<sup>th</sup>

12<sup>th</sup>

6) During my career as a school counselor, I have worked with \_\_\_\_ students who are returning to school after being hospitalized for chronic illness

0    1-2    3-4    5-6    7-8    9 or more

7) Please indicate which grade levels you worked with when you assisted in the reentry of a student/s returning to school following hospitalization from a chronic illness: (check all grades that apply)

Kindergarten

1st

2nd

3<sup>rd</sup>

4<sup>th</sup>

5<sup>th</sup>

6<sup>th</sup>

7<sup>th</sup>

8<sup>th</sup>

9<sup>th</sup>

10<sup>th</sup>

11<sup>th</sup>

12<sup>th</sup>

I have not worked with any students returning to school following hospitalization from a chronic illness.

8) In my graduate program, strategies to facilitate coping for children with medical needs were addressed.  YES  NO

9) My graduate program adequately prepared me to work with students diagnosed with chronic illnesses.

<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

10) My graduate program provided adequate information on ways to help a student understand his/her chronic illness.

<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

11) I am adequately prepared to address the social-emotional needs of a student related to his/her chronic illness.

<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

12) How prepared are you to assist teachers and other school personnel in addressing the needs of a student returning after hospitalization for a chronic illness?

<i>Not at all prepared</i>	<i>Slightly prepared</i>	<i>Moderately prepared</i>	<i>Very prepared</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

13) My graduate program adequately prepared me to work with students reentering school after extended hospital stays.

<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

14) In my current school, school personnel are informed about a student's chronic condition when a student reenters school after having been hospitalized.

<i>Never</i>	<i>Rarely</i>	<i>Often</i>	<i>Always</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

15) Following school reintegration of a student diagnosed with chronic illness, I am made aware of the potential side-effects and treatment interventions of the student's diagnosis.

<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

16) Please rate your level of familiarity of resources available to aid children with chronic conditions.

<i>Not at all familiar</i>	<i>Somewhat familiar</i>	<i>Moderately familiar</i>	<i>Very familiar</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

17) Please rate your level of awareness regarding available trainings on therapeutic interventions when working with children with chronic illness.

<i>Not at all aware</i>	<i>Slightly aware</i>	<i>Moderately aware</i>	<i>Extremely aware</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

18) Please rate your level of awareness regarding available services to help prepare a classroom when a student diagnosed with a chronic illness reenters school.

<i>Not at all aware</i>	<i>Slightly aware</i>	<i>Moderately aware</i>	<i>Extremely aware</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

19) I have the adequate training needed to educate the student's classmates when one of their classmates reenters school after having been hospitalized due to a chronic illness.

<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

20) In general, how involved were you in a student's reintegration process when he/she returned to school after having been hospitalized for a chronic illness?

<i>Not at all involved</i>	<i>Minimally involved</i>	<i>Moderately involved</i>	<i>Very involved</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

21) How important do you feel it is for school counselors to be involved in a student's school reintegration after he/she has been hospitalized due to a chronic illness?

<i>Not at all important</i>	<i>Slightly important</i>	<i>Moderately important</i>	<i>Very important</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

22) How important is involving the student's family in the school reentry process after the student returns to school following hospitalization?

<i>Not at all important</i>	<i>Slightly important</i>	<i>Moderately important</i>	<i>Very important</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>





29) I have received training on ways to identify the effects of a student's illness on his/her:

(check all that apply)

Self-worth

Behavior

Physical appearance

Other (please specify in textbox below)

*Click on textbox to begin typing*

I have received no training in the above areas

30) Please select trainings you have taken regarding children with chronic conditions, or the school reintegration process from the list below. (Select all that apply).

Grief

Child and Adolescent Development

Parent/Child Relations

Conceptualizing Illness

Disabilities that affect children throughout the lifespan

Coping Strategies

Stress Management

Enhancing the presence of the student during extended absences

Therapeutic Interventions for children with chronic illness

Collaboration with medical personnel

Mental health in the school

Socio-emotional well-being

Chronic Illnesses (ex. cancer and traumatic brain injuries)

- Other training, please specify in textbox below:

Click on textbox to begin typing

- I have not taken any trainings in the above areas

31) Please identify trainings from the list below that would be helpful for school counselors in understanding the circumstances of the returning student and assist with successful school reintegration: (check all that apply)

- Grief
- Child and Adolescent Development
- Parent/Child Relations
- Conceptualizing Illness
- Disabilities that affect children throughout the lifespan
- Coping Strategies
- Stress Management
- Enhancing the presence of the student during extended absences
- Therapeutic Interventions for children with chronic illness
- Collaboration with medical personnel
- Mental health in the school
- Socio-emotional well-being
- Chronic Illnesses (ex. cancer and traumatic brain injuries)
- Other training, please specify in textbox below

Text Box Click in textbox to begin typing

32) Did you graduate from a CACREP accredited counseling program?

- YES
- NO

## APPENDIX B. INFORMED CONSENT



Dear North Dakota School Counselor,

My name is Jessica Hotchkiss and I am a graduate student in the Counseling Education department at North Dakota State University.

I am conducting a research study on school counselors and their work with students who are identified with chronic medical conditions. The focus of my research is to identify the extent to which school counselors are prepared to work with students returning to school following hospitalization for a chronic illness.

Kaffenberger (2006), defines chronic illness as, "an illness that has no cure but is not necessarily terminal, requires medical interventions over time, and can result in debilitating consequences" (p. 223). Chronic illness is additionally categorized as any illness lasting three months or longer (Kliebenstein & Broome, 2000).

You are invited to take part in this research project by completing the following survey. To be eligible for this study, you must be a credentialed North Dakota school counselor, as well as currently practicing in a school counseling position. Participation in this survey is optional, and you may decide to exit the survey at any time. However, your responses would be greatly appreciated to assist with the significance of this study. The survey does not ask for any identifying information; therefore, your responses will be kept confidential.

To complete the survey, please click on the link below. This survey should take less than 10 minutes to complete.

*\*\*Link will be provided once the electronic survey has been made*

If you have any questions regarding this study, please contact me via email at [Jessica.M.Hotchkiss@ndsu.edu](mailto:Jessica.M.Hotchkiss@ndsu.edu) or my advisor, Dr. Robert Nielsen, at [Robert.Nielsen@ndsu.edu](mailto:Robert.Nielsen@ndsu.edu).

If you have questions about the rights of human participants in research, or wish to report a complaint about this research, contact the NDSU Human Research Protection Program, at (701) 231.8908, or via email at [ndsu.irb@ndsu.edu](mailto:ndsu.irb@ndsu.edu). *\*Once received, IRB approval number will be placed here.*

Thank you for your participation in this study. If you wish to receive a copy of the research results, please send an email to [Jessica.M.Hotchkiss@ndsu.edu](mailto:Jessica.M.Hotchkiss@ndsu.edu).

Thank you for your consideration,

Jessica Hotchkiss  
School Counseling Graduate Student  
North Dakota State University

### SCHOOL OF EDUCATION

NDSU Dept 2625 | PO Box 6050 | Fargo ND 58108-6050 | 701.231.7921 | Fax 701.231.7416 | [www.ndsu.edu/education](http://www.ndsu.edu/education)

Counselor Education  
SGC Suite C

Educational Leadership  
210 Family Life Center

Education Doctorate  
216 Family Life Center

Teacher Education  
155 EML Hall

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## APPENDIX C. IRB APPROVAL FORM



December 10, 2014

Dr. Robert C. Nielsen  
School of Education  
SGC C119

Re: IRB Certification of Exempt Human Subjects Research:  
Protocol #HE15121, "School Reintegration for Students with Chronic Illnesses: A School Counseling Perspective"

Co-investigator(s) and research team: Jessica Hotchkiss

Certification Date: 12/10/14 Expiration Date: 12/9/17  
Study site(s): varied  
Sponsor: n/a

The above referenced human subjects research project has been certified as exempt (category # 2) in accordance with federal regulations (Code of Federal Regulations, Title 45, Part 46, Protection of Human Subjects). This determination is based on the original protocol submission with revised information sheet (received 12/10/14).

Please also note the following:

- If you wish to continue the research after the expiration, submit a request for recertification several weeks prior to the expiration.
- The study must be conducted as described in the approved protocol. Changes to this protocol must be approved prior to initiating, unless the changes are necessary to eliminate an immediate hazard to subjects.
- Notify the IRB promptly of any adverse events, complaints, or unanticipated problems involving risks to subjects or others related to this project.
- Report any significant new findings that may affect the risks and benefits to the participants and the IRB.

Research records may be subject to a random or directed audit at any time to verify compliance with IRB standard operating procedures.

Thank you for your cooperation with NDSU IRB procedures. Best wishes for a successful study.  
Sincerely,

Kristy Shirley Digitally signed by Kristy Shirley  
DN: cn=Kristy Shirley, o=NDSU, ou=SPA,  
email=kristy.shirley@ndsu.edu, c=US  
Date: 2014.12.10 09:52:39 -0800

Kristy Shirley, CIP, Research Compliance Administrator

For more information regarding IRB Office submissions and guidelines, please consult [www.ndsu.edu/irb](http://www.ndsu.edu/irb). This Institution has an approved FederalWide Assurance with the Department of Health and Human Services: FWA00002439.

### INSTITUTIONAL REVIEW BOARD

NDSU Dept 4000 | PO Box 6050 | Fargo ND 58108-6050 | 701.231.8995 | Fax 701.231.8098 | [ndsu.edu/irb](http://ndsu.edu/irb)

Shipping address: Research 1, 1735 NDSU Research Park Drive, Fargo ND 58102

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