ABSTRACT

BROWN, LA VERA C. Ecological School Counseling in High- Poverty Elementary Schools: Counselors' Backgrounds and Perceptions Regarding the Effects of Poverty, Importance of Advocacy and School-Based Mental Health Programs. (Under the direction of Drs. Stanley Baker and Lisa Bass.)

Elementary school counselors working in high-poverty schools experience several challenges due to the multiple barriers associated with serving children from low-SES families. Research shows that children from low-SES families are at risk of adverse consequences to their developmental and psychological progress due to negative environmental factors (i.e., violence, crime, abuse, homelessness, inadequate schools). This qualitative study was conducted to understand the lived experiences of eight elementary school counselors from various school districts across the U.S.

A positioned-subject qualitative approach was used to provide multiple perspectives of elementary school counselors that served to contextualize their views and perceptions and offer an explanation as to how they interpret their work with children from low-SES families (Conrad et al., 2001). Additionally, the principles of autoethnographic methods were utilized to offer the researchers' perspectives as a former elementary school counselor who was reared in a low-SES family. Semi-structured interviews were conducted, and open-ended questions were used to elicit responses of depth from the participants (Charmaz, 2014). A virtual protocol format, Adobe Connect was used to conduct the interviews.

Findings indicated that motivation to advocate, prioritizing mental health, complex trauma, school-based (micro-level advocacy) and school district (macro-level advocacy) supports, and preparedness, affect the school counselors' advocacy efforts for children of low-SES with mental health issues. Most of the counselors experienced minimal success while advocating for mental health programs in their schools while others shared their

experiences as counselors working in schools with school-based mental health (SMH) programs. The counselors with existing programs discussed how incorporating SMH have enhanced their school environments. The findings suggested implications for professional school counselors, best practices, theory, as well as advocacy and policy. Increased attention to the professional identity development and certification/training related to trauma informed practice for elementary counselors serving in high-poverty schools would be valuable for professional school counselors seeking to advocate for mental health programs in schools.

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Ecological School Counseling in High-Poverty Elementary Schools: Counselors' Backgrounds and Perceptions Regarding the Effects of Poverty, Importance of Advocacy and School-Based Mental Health Programs

by
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DEDICATION

This dissertation is dedicated first to God, who has always provided me with guidance and the assurance that I could achieve my goals. I thank God for the warmth of his security in countless ways throughout my life and the faith that he inspired that all things are possible for those who believe in the power of his love. Secondly, I dedicate this dissertation to my parents Annie P. Carter and Elvin K. Carter. They provided me with the skills to overcome challenges and to never discount the value of hope, love, forgiveness, and perseverance. Thirdly, to the children, adolescents, and families I have had the privilege to work with throughout my professional career. Finally, this dissertation is dedicated to elementary school teachers, counselors, administrators, and staff. These individuals are first responders in identifying the physical, emotional, and social needs of children. All elementary school personnel are uniquely positioned to make a significant difference in the lives of children. Children are worthy of the highest benefit of quality education regardless of their ethnic, racial, cultural or socioeconomic backgrounds. Please continue to create environments that are inviting and where all children feel they belong.

There is always one moment in childhood when the door opens and lets in the future.

Deepak Chopra

BIOGRAPHY

La Vera received her undergraduate degree from North Carolina Central University, a graduate degree in Counselor Education from North Carolina A&T State University. She is a National Certified Counselor, a Licensed Professional Counselor Supervisor for the States of North Carolina and Virginia, as well as, a Board Certified Forensic Mental Health Evaluator. La Vera is also a National Board of Certified Counselors-2014 Minority Fellowship recipient (NBCC-MFP) as well as a current member of the Advisory Council of the NBCC-MFP Master's level program.

La Vera has worked extensively in the Guilford and Wake County Public Schools as counseling professional. Throughout her career of nearly twenty years, she has served as a community advocate, educator, and therapist for adolescents, children, and families from low socioeconomic communities. In private practice, her mission is to promote the well-being of individuals and families by providing accessible, quality, mental health and substance abuse/addiction programs.

Through her programs, she provides interactive and practical lessons regarding the value of embracing life's challenges and how to use every experience as a springboard to fulfilling destiny and purpose. She conveys to children, adolescents, and adults alike, the importance of forgiveness, balance, and gratitude, as they embark on their life's journeys. Through compassion and understanding, she emphasizes the reality of disappointment, betrayal, separation, and hurt and how learning to move beyond anger, bitterness, and despair will provide opportunities for growth and abundance in all areas of life. La Vera has a particular passion for assisting individuals on their path of self-discovery as they develop a roadmap for the fulfillment of their personal and career related goals and objectives.

La Vera is a speaker on the local, state, and national levels. Throughout her career, she has demonstrated a strong commitment to community engagement as shown by her work during the summer of 1993. La Vera was the writer, director, and producer of "Jacob's Cry" a faith-based drama

production. This presentation was the result of collaboration with Dudley Products, Inc. and Bennett College. This community-based project provided approximately thirty disadvantaged youth within the city of Greensboro, North Carolina with the opportunity to participate in a summer drama camp experience. With the support of local business and church sponsorship this experience promoted leadership and outreach opportunity for children who would otherwise not receive supervision or summer enrichment opportunity.

La Vera has formed collaborations and alliances with various agencies including the Departments of Social Services, Juvenile Justice, Vocational Rehabilitation, Domestic Violence Organizations, Residential Treatment Facilities, and Public Schools Systems. La Vera has professional leadership experience in several organizations including: (a) The National Board of Certified Counselors (NBCC)- Minority Fellowship Program Advisory Council (Master's) the North Carolina Association of Multicultural Counseling and Development (NCAMCD), (b) North Carolina Association for Counselor Education and Supervision (NCACES), (c) The North Carolina School Counselor Association-Government Relations Committee, and (d) The North Carolina School Counselor Association-State Board of Education/North Carolina Department of Public Instruction Subcommittee, and Chi Sigma Iota.

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CHAPTER 1: INTRODUCTION

Child poverty in the United States is greater than in other advanced industrialized countries (Danziger & Danziger, 2010). According to the Annie E. Casey Foundation (2013), approximately 5.5 million children live in families that have experienced the loss of homes due to foreclosures, and 8 million children live in families where at least one parent has lost a job. Moreover, the research literature on poverty and child welfare provides information on how exposure to impoverished environments has negative effects on child development and academic attainment (Amatea & West-Olatunji, 2007; Dixon & Frolovra, 2011; Evans, 2004). Marquis-Hobbs (2014) explains that in the United States, "one of every five public schools is classified as high-poverty as reported by the U.S. Department of Education" (p. 34). Marquis-Hobbs also indicates that the number of high-poverty schools has increased by 60% in the past 10 years.

The obstacles that children from impoverished communities experience place them in danger of serious emotional and academic consequences (Evans, 2004; Evans, Li, & Whipple, 2013). These consequences include developmental delays, behavior problems, and poor school outcomes (Dobbie & Fryer, 2011; Evans, 2004; Marquis-Hobbs, 2014). In addition, children from low socioeconomic status (SES) are more likely to enter school less prepared and have greater health and behavioral problems than their higher-income peers (Danziger & Danziger, 2010). Furthermore, research conducted over the past decade reveals that working class and poor families are more likely than those from wealthier families to have lower tests scores, lower academic performance, higher dropout rates and are less likely to enroll in colleges and universities (Herbers, et al., 2012; Ho, Li, & Chan, 2014; Kingston,

2001).

According to Evans (2004), professionals in public health, medicine, and psychology have begun to value the importance of studying the effects of poverty on children from an ecological perspective. Evans maintains that the environmental factors that are most detrimental to children include exposure to high-risk neighborhoods, inadequate housing, domestic violence and ineffective school personnel. Children from low-SES families are also more likely to live with parents who experience difficulty coping with and managing the stress associated with their economic conditions. Therefore, as early as infancy, children may experience parenting styles that are unresponsive, harsher, and more punitive than others (Evans, 2004). Exposure to these various risk factors increases the probability that children will develop psychological disorders (Amatea & West-Olatunji 2007; Barnett & Allison, 2012; Chabbra, Chavez & Harris, 1999)

Chabbra Chavez and Harris (1999) found that the prevalence of children who meet the criteria for one or more mental health disorders is between 14% to 20% in industrialized and developing countries, which presents increased challenges for educators because of the limited accessibility of community resources available for referrals (Baker-Ericzen, Jenkins, & Haine-Schlagel, 2013; Brown, Dahlbeck, & Sparkman-Barnes, 2006; Danziger & Danziger, 2010). Because children spend the majority of their time in schools rather than at home, one solution to the concerns about limited accessibility to mental health resources is for schools to offer School Mental Health (SMH) programs.

School Mental Health (SMH) programs are intended to address the behavioral and emotional challenges of children in high poverty school districts (Baker-Ericzen et al., 2013;

Barnett & Allison, 2012; Brown, 2006; Conners, Arora, Curtis, & Stephan, 2015; Green, et al., 2013). One caveat against offering school-based mental health programs is the belief that most school districts have inadequate infrastructures designed to effectively address the psychological needs of children on school campuses (Amatea &West-Olatunji 2007; Baker-Ericzen et al., 2013; Brown et al., 2006). Professional school counselors are school-based resources who have the knowledge and skills necessary to identify, intervene, consult with and refer students who present emotional and behavioral concerns (Gruman, Marston, Koon, 2013). The school counselor's role as a mental health resource might serve as a viable component to the promotion of School Mental Health Programs (SMH).

ASCA's (2012) national model identified professional school counselors as those individuals uniquely positioned to serve as leaders and advocates for children with mental health issues. The national model encourages school counselors to increase their knowledge and develop skills to intervene for, consult with, and refer students who present at school with clinical symptoms (2012). The national guidelines and the school counselors' unique positioning generate an opportunity for them to serve as advocates and leaders in the movement of school mental health promotion in high poverty schools.

Connecting the Theoretical Framework of Ecological Theory and the Social Justice Advocacy Perspective

In this study, the literature was examined from a range of social science disciplines to identifying key factors that seemed related to poverty and its influence on learning. The analysis includes an overview of *Ecological Theory* and its effect on human development and learning as well as the tenets and assumptions that inform ecological school counseling.

Additionally, the social justice advocacy perspective was examined in conjunction with ecological theory to explore how elementary school counselors combining the two might inform their work with students who have mental health issues in high poverty schools.

Ecological Counseling

Ecological counseling is derived from the work of Bronfenbrenner (1979, 1984, 1986, 1994). According to Bronfenbrenner, human development occurs through processes of progressively complex reciprocal interactions between active, evolving human beings. Ecological models include a body of theory and research concerned with "the processes and conditions that govern the lifelong course of human development in the actual environments in which people live" (Bronfenbrenner 1994, p. 37). The ecology of development focused on the influence of immediate or proximal settings, and for children, the home and school environments represent such settings.

Conyne and Cook (2004) contextualized proximal settings by referring to clients' most immediate settings as their ecological niche. The ecological niche includes animate and inanimate objects present in clients' daily lives such as their region, neighborhood, and school. Moreover, Conyne and Cook explained that the ecological niche "can be described by the person inhabiting it and observed by an outsider tracking a person throughout their daily life" (p. 17). Elementary school counselors' ecological niche includes the attitudes, policy, procedures, and culture of their school. Because ACSA's (2012) guidelines encourage school counselors to address systemic issues that impede students' academic, career, and personal/social development by creating respectful, inclusive environments conducive to

learning (Dollarhide & Saginak, 2012), it is imperative that the school counselor obtain knowledge that pertains to their ecological niche defined as school.

Developing an ecological consciousness will ensure that the fit between the student and school environment is conducive to promote growth for all students (Conyne & Cook, 2004; McMahon, Mason, Daluga-Guenther, & Ruiz, 2014). The mutuality and "fit" between students and the school environment is often based on the perceptions of individuals interacting in the school setting. School counselors who explore the effects of environmental influence demonstrate the essence of ecological counseling.

Social Justice Advocacy

The literature supports the notion that schools represent a system with established concepts, values, and perceptions that serve to either create spaces for positive student outcomes or barriers that serve to encumber student success (Amatea & West-Olatunji, 2007). The social justice perspective implies advocacy on behalf of those who are underrepresented in order to change and transform practices that are potentially harmful to them (Dixon, Tucker, & Clark., 2010; Hunsaker, 2011; Odegard &Vereen, 2010). Educational institutions might perpetuate inequality for students from low-SES families and other marginalized populations if advocacy and leadership is not evidenced in practice. Therefore, school counselors are charged to identify and eliminate systemic barriers that create inequality and impede learning for children (ASCA, 2012). The concept of social justice is grounded in the notion of equitable allocation of resources including economic, cultural, and social capital (Simpson, Lumsden, & Clark, 2015). Schools that assess their environments for evidence of inequality are positioned to make gains towards implementing

new and innovative solutions that positively impact academic outcomes for children from low-SES families.

Statement of the Problem

Brown (2006) maintains that meeting the needs of children and families impacted by mental health issues "presents a formidable professional challenge that requires the coordinated efforts of many disciplines, including health educators, nurses, nutritionists, school counselors, and school psychologists" (p. 187). Reback (2010) conducted the first nationally representative study that emphasized the value of developing school-based interventions for elementary students. The Reback (2010) study revealed that many school districts in the United States do not offer counseling in elementary schools and, therefore, lack empirically supported interventions designed to address the needs of children with mental health issues. The absence of mental health provisions for children is a concern, particularly with the increased attention in the literature regarding the impact of untreated mental health issues, including school safety, bullying, and disruptive classroom behaviors (Brown et. al., 2006, Chabbra et al., 1999; Funkhourser, 2012; Gonzalez, 2005).

Understanding the factors that promote success among children with behavioral and emotional concerns in high-poverty schools is a complex issue that requires researchers to consider a wide range of personal, familial, social, and environmental factors (Amatea & West-Olatunji 2007; Brown, 2006; Daniziger & Daniziger, 2010). Given the increased numbers of students with mental health diagnoses who are also raised in low-SES familes, school counselors would benefit from incorporating an ecological perspective while assessing, planning and allocating resources. The framework provides a broader

understanding of the social, political, and economic dynamics that effect student's psychological well-being when assessing with ecology (Conyne & Cook, 2004). This approach may provide useful information for school counselors who serve students from diverse populations, particularly those who work in high-poverty schools, thereby increasing the school counselor's ability to advocate effectively to eliminate institutionalized barriers that might obstruct student success (Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006).

School counselors who possess a heightened awareness of the ecological dynamics associated with student behaviors will be better equipped to explore innovative solutions for addressing challenges at the school level. Incorporating an ecological orientation also provides a framework to assess how interactions between students and the school environment might impact behaviors and affect student learning. Efforts towards this end begin with each professional school counselor's willingness to embrace a new paradigm for school counseling that incorporates the constructs of ecology in their roles as advocates and leaders for students in high-poverty schools with mental health concerns.

Research Purpose and Questions

The purpose of this study was to understand school counselor advocacy for students with mental health issues in high poverty schools. An examination of participants' experiences pertaining to their roles as social justice advocates and leaders toward the promotion of school-based mental health programs for students informed this study.

The school counselor's role as student advocate is a concept that has a long history extending as far back as the vocational guidance movement when the primary focus of the school counselor was to assure that students received vocational guidance (Chang, Crethar,

and Ratts, 2011). Contemporary school counselors, face many challenges in the 21st century due to the complexity and composition of schools (i.e., racial, ethnic, socioeconomics). If high- poverty schools lack the presence of leadership and advocacy, then the daily process of educating children from low-SES can perpetuate inequality and create barriers to overall student success (Toporek et al., 2006). The elimination of systemic barriers is the responsibility of all school personnel. Professional school counselors are encouraged by ASCA (2012) guidelines to provide leadership in this domain through advocacy.

Despite the increasing need to address mental health issues for children and ASCA's call for school counselors to address student health needs, research findings suggest that systemic barriers serve to impede school counselors' efforts towards advocacy for school-based mental health programs. The barriers include: (a) a lack of clear and concise counselor roles and responsibilities; (b) the urgency to meet proficiency standards, despite economic and cultural concerns that create inequality; and (c) lack of resources designed to address the needs of students with emotional and behavioral concerns (Amatea &West-Olatunji, 2007; Eschenauer & Chen-Hayes, 2005; Gruman et al., 2013; Tucker, 2009).

Given these concerns, school counselors who serve children in high poverty schools continue to face challenges of promoting programs that support the academic, social and emotional well-being for children from low-SES families. Understanding the nature of these challenges is a critical step in responding to them. Consequently, the general goal of the present study was to understand those challenges more clearly. The following objectives were explored using a qualitative research framework to understand how school counselors advocate for students with mental health issues in high poverty schools by exploring the

following topics: (a) the ecological dynamics that affect children from low-SES families, (b) their roles as social justice advocates in public schools, (c) the perceived barriers to advocating in schools for students from low-SES families with mental health issues, and (d) perceptions about school mental health (SMH) programs.

The following research questions guided this study:

1. What knowledge do elementary school counselors have about the impact of environmental factors affecting students from low-SES families?
2. What are the perceived barriers that impede the process of social justice advocacy while serving students from low-SES families with mental health issues?
3. How do elementary school counselors use social justice advocacy to serve students with mental health issues in high poverty schools?
4. How do the participants narrate their roles as social justice advocates for the expansion of school mental health (SMH) programs?

Significance of the Study

An important focus of this study was addressing the current assumptions that the field of counseling and other related social science disciplines often hold theorizing that the cumulative risk associated with poverty leads to adverse psychological and academic consequences (Evans, 2004; Evans, Li, & Whipple, 2013; Gerald & Buehler, 2004). Previous studies have also revealed that while this may often be true, the effects of poverty and the volume of students diagnosed with mental health issues is impacting the educational process for all students (Amatea & West-Olatunji, 2007; Brown, 2006; Chabbra et al., 1999).

Very little is known about the dynamics, processes, and functions of school counselors who serve successfully as advocates for children from low-SES families with mental health disorders. However, exploring school counselors' depth of knowledge of the influence of ecology on academic attainment and their perceptions regarding their roles as advocates can provide information relevant to the selection and training of future professional school counselors.

Methodology

The current study focused on the experiences of elementary school counselors who serve in high poverty schools about their perceptions regarding social justice advocacy for children with mental health issues. The research was grounded in qualitative principles through the use of narratives. One basic assumption of narrative writing is that participants make sense of their experiences and communicate meaning through story-telling. Polanyi (1985) asserted that through the process of story-telling the participant is able to "make a point…and transmit a message…about the world they share with other people" (p.12). The types of narratives that will be used are autoethnographic and positioned-subject.

The current study contains the narratives of participants as they apply meaning to their experiences as employees of various school districts across the United States. The analysis also explores the participants' life histories as it informs their work with children from low-SES families. The stories are examined from a social, economic, and cultural context in the tradition of qualitative research that will include, "the voices of participants, the reflexivity of the researcher, complex descriptions and interpretations of the problem, and its contribution to literature or a call for change" (Creswell, 2013, p. 44).

I also served as a participant in the study and provided narratives of my own experience as a former elementary school counselor who was reared in poverty with those of other elementary school counselors in an effort to provide a broader understanding of the issues related to working with children from low-SES families. The purpose of including my experiences was to provide information about my life story that represented authenticity and transparency with the intent of eliminating potential bias. Throughout the analysis section, I included reflections of my personal and professional experiences. These reflections were intended to illuminate the challenges many children from low-SES families with mental illness encounter in high-poverty schools.

An additional goal of the research design was to focus on a diverse group of participants who have a vital stake in the elementary school counseling profession. I evaluated the participants as "positioned subjects" and throughout this study referred to them as counselors to acknowledge the positions and roles they represent in the high-poverty schools (Conrad, Haworth, and Millar, 2001, p. 203). The positioned-subject approach to inquiry assumes that participants are individuals with, "particular needs, perceptions, and capabilities for action, and the position refers to the environment in which they are located" (Conrad et al., 2001, p. 203). One major assumption about the position-subject method is that the participants actively create meaning from and interpret their work (Theoharis, 2007). The position-subject inquiry was utilized in this study because it provided an opportunity to consider the diverse perspectives of elementary school counselors serving in high-poverty schools and interpret their experiences through the lens of their unique work positioning and social justice goals.

Definitions of Key Terms

For the purposes of this study, the following definitions are used:

Cumulative risk: A constellation of factors to which children may be exposed when growing up in poverty, including teenage parenting, inadequate housing, homelessness, violence, maltreatment, parental mental health issues, unemployment and substance abuse. Furthermore, cumulative risk factors are comprised of the attitudes, beliefs, and behaviors that place individuals in jeopardy (Blizzard, 2007; Dixon & Frolovra, 2011; Evans, 2004).

Ecological counseling: Derived from Bronfenbrenner (1979, 1996), ecological counseling represents a process grounded in an examination of the effects of ecosystems on client development. Additionally, ecological counseling focuses on the context by which clients construct meaning based on interactions that occur within their most immediate and influential settings (Conyne & Cook, 2004).

Social justice advocacy: The process for determining how advantages and disadvantages are distributed among individuals in society (Toporek et al., 2006). Equity is a viable component in the distribution of advantage for individuals from historically oppressed communities (Toporek et al., 2006). In addition, counselors are called to actively work to promote change within social institutions in an effort to eliminate systemic barriers and ensure equitable distribution of resources.

School mental health (SMH) promotion: This is the process of students receiving mental health assessment and treatment in schools. SMH promotion offers a full spectrum of mental health programs in schools that emphasizes the value of early intervention and

treatment. SHM promotion also involves the process of (a) enhancing school environments; (b) broadly offering training and development opportunities in the area of social, emotional, and life skills; and (c) preventive emotional and behavioral programs (Weist & Murray 2007).

Chapter Summary

This first chapter presented the background of the study, specified the problem, described the significance and presented an overview of the methodology used. The purpose of this study was to develop a better understanding of the factors that might serve to improve social justice advocacy efforts of elementary school counselors who serve children with mental health issues in high-poverty schools. Data collection was based primarily upon one-on-one interviews of elementary school counselors who serve children with mental health issues in high poverty schools. Qualitative indicators are used to demonstrate that successful elementary school counselors have an understanding of the effects of poverty and use this knowledge to serve as advocates for students from low-SES families with mental health issues. Therefore, the participants are considered potential advocates for children with mental health issues in high poverty schools and their interviews are used to discover factors within the advocacy process.

CHAPTER 2: ECOLOGICAL SCHOOL COUNSELING LITERATURE REVIEW

School counselors are uniquely positioned to support students who are impacted emotionally by exposure to poverty (Ansari, 2012; Bray & Schommer-Aikins, 2015; Shimoni & Greenberger, 2014). Students from impoverished communities are affected by multiple factors that influence learning; including violence, crime, inadequate housing, and unemployment (Brown et. al., 2006; Chabbra et al., 1999; Funkhourser, 2012; Gonzalez, 2005). As these cumulative risk factors affect the learning process for many children and adolescents, schools must discover how to address the needs of students who have developed mental health issueses (Gruman, et al., 2013; Marquis-Hobbs, 2014; Shahnawaz & Ansari, 2012). Mental health disorders create barriers to learning and require school-based initiatives with multiple and integrated solutions to meet the challenges associated with children who are diagnosed with acute and chronic mental health issues (Bhugra, Till, & Sartorius, 2013; Taylor & Adelman, 2000).

Research findings reveal that children from low-income environments are twice as likely as those from middle and upper-class families to demonstrate serious mental health needs and are less likely to have access to mental health care (Amatea & West-Olatunji, 2007; Murphy et al,, 2015). In the school setting, mental health symptoms can potentially serve as a barrier to learning for all children because symptomatic children and adolescents often disrupt classroom instruction. Therefore, finding innovative solutions to managing students with emotional issues is necessary, particularly for schools located in impoverished communities where resources are scarce (Amatea & West-Olatunji, 2007; Murphy et al., 2015). Barnett and Allison (2012) reported that one solution for assuring accessibility to

quality mental health to children is the development of Expanded School Mental Health (ESMH) and School-Based Health Centers (SBHC's). Because school counselors represent the most significant school personnel responsible for helping to develop mentally healthy students, their involvement in the promotion of School Mental Health Programs (SMH) in high-poverty schools is essential (Gruman et al., 2013; Shahnawaz & Ansari, 2012; Weist & Murray, 2007).

The emotional support that school counselors provide to students helps them obtain firsthand knowledge of the academic and emotional impact of poverty on pupils. School counselors are often called upon to serve as liaisons between home and school when economic hardships, including homelessness, occur. These professionals are often first responders to students in crisis and are viable resources for other school personnel when emergency situations arise when working with students with chronic mental health issues (Gruman, et al., 2013; Murphy et al., 2015; Whelley, Case, & Bryson, 2002).

One of the challenges for educators in high- poverty schools is the inefficient resources for providing quality education to children with emotional and psychological disorders. As a result, school personnel who serve in high-poverty schools are confronted with depleting options as they struggle to meet the demands of new school reform initiatives that have high stakes for children and educators alike.

This literature review:

1. Examines how poverty is measured and the implications of poverty for children and educators in the United States.
2. Explores cumulative risk and ecological systems.

3. Reviews the assumptions and constructs related to ecological counseling.
4. Examines mental health and barriers to mental health treatment for children from low-SES.
5. Reviews the definition, history, and barriers to School Mental Health promotion.
6. Examines the school counselors' role as advocates for students with mental illness in high-poverty schools.
7. Explores social justice advocacy in the context of professional school counselors who work with elementary students in high-poverty schools.

Poverty in America

An examination of poverty reveals that there are many factors that researchers attribute to increases in the poverty rate. Ducan (2005) and Kerbow (1999) argued that there is a correlation between increased poverty rates and increases in rates of unemployment, particularly among young mothers or large populations of poor immigrants. In addition, other researchers claim that the rise in poverty rates in 2003 to 2004 was due to a sudden decrease in the amount of relative income that adults earned in 2004 (U.S. Census Bureau, 2005). Furthermore, there has been a significant increase in children living on "virtually no income," and this phenomenon coincides with the implementation of the 1996 welfare reform and is impacted by the great recession of 2009 (Shaefer & Edin, 2013, p. 3). In recent years, the measure of "extreme poverty" has been derived from one of the World Bank's key indicators of poverty, which is based on an estimate of individuals who live on $2 per person per day (Shaefer & Edin, 2013, p. 3).

The U.S. Census Bureau (2005) noted a few characteristics of families in poverty and reported that impoverished families are twice as likely to live in homes with disabled water heaters and three times more likely to suffer infestations of rats, mice or other pests. Poor families are also more likely to have more than one person sleeping in each bedroom. Data from the National Center for Children in Poverty (NCCP) revealed that disadvantaged families often lack health care coverage and spend more than a third of their monthly income on rent and food (NCCP, 2006).

The Census Bureau (2005) also revealed that there were close to 13 million children in the United States in 2004 that lacked adequate food, clothing, shelter, health care, and transportation. The Census Bureau (2004) data indicated that in Mississippi, nearly one out of every three children under 18 (31%) lived in poverty (Kids Count, 2005). The research literature revealed that poor children in Mississippi face the adverse effects of poverty, including inadequate health care and poor nutrition. The report also noted that these children encounter the effects of poverty more often than children in the 49 other states (Prince et al., 2006).

Poverty rates are also differentiated based on ethnicity and race. In the United States, poverty rates are higher for children of color than for white children, and according to the National Poverty Center (2004), non-white children are more likely to be raised in families with a combined income of less than $20,000 per year. Data from the National Center for Children in Poverty (NCCP, 2006) indicates that 35% of African-American children, 28% of Latino children, and 29% of American Indian children live in families with incomes well below the national average. The National Poverty Center (2004) reveals that poverty rates

were highest among children living in homes headed by single African-American and Hispanic females.

Children are linked to the economic experiences of their parents and therefore encounter social and cultural barriers that often limit their accessibility to basic living standards, including housing, health, education, and public space (Huston, 2011; Ladd, 2012; Ridge, 2002). Previous research that examines the methods used to define poverty and the topic has been the subject of numerous debates over the past 50 years (Mckinney, 2014; Meyer & Sullivan, 2012). The methods of measuring poverty have remained largely unchanged since the 1960s (Meyer & Sullivan, 2012). However, recent contributions to the literature highlight three methods for measuring poverty that include: (a) the official poverty measure; (b) the supplemental poverty measure; and (c) the consumption-based poverty measure (Meyer & Sullivan, 2012).

The Official Measure of Poverty

The official poverty rate is determined by comparing the "pretax income of a family or a single unrelated individual, to poverty thresholds that vary by family size and compositions" (Meyer & Sullivan, 2012, p.113). A family with an income below the poverty threshold as determined by the size of the family, results in the entire family being classified as poor. The official measure of poverty represents a discrete head count measure and has been the focus of political and social research for decades (Huston, 2011; Meyer & Sullivan, 2012). The official measure uses an absolute definition of poverty that is an approximation of the minimum income needed by an individual or family to avoid severe material hardship (Huston, 2011). This definition originated in 1963 from estimates of the minimum food

budget required for adequate nutrition and implies that food constitutes approximately one-third of a family's total expenditures (Huston, 2011). The number varies depending on family size and is adjusted annually for inflation based on the consumer price index. This definition of poverty has limitations, including the fact that adjustments are not based on regional differences in cost of living or for "in-kind" benefits that some families receive from government assistance (Huston, 2011). For example, the official measure does not account for tax liabilities and family resources beyond income, resources that might be within the family's disposal, including food stamps, housing, lunch subsidies, or public health insurance (Meyer & Sullivan, 2012).

One additional limitation of official rates is the adequate assessment of the effectiveness of federal children's programs on the levels of poverty and inequality. This is due to the measurement of a fraction of individuals and families who fall below the defined thresholds (Joo, 2011). Furthermore, according to Joo (2011), the official absolute measure of poverty does not provide information related to the "depth of poverty or the severity of a family's economic need" (p.1205). Poverty rates that are exclusively determined by a family's pre-taxed dollars fail to account for fluctuations in family income or living standards; this might result in the dissemination of data that does not accurately report how changes in federal programs affect the economic wellbeing of children (Joo, 2011).

In contrast to the absolute measure of poverty, the relative measure determines how federal programs have affected the economic well-being of children by assessing the depth of a family's economic circumstances (Huston, 2011). For example, children might describe themselves as poor because they do not have electricity, food, or a television and are often

homeless. However, they might indicate that a neighbor is also poor even though that neighbor has a television, car, and food, thus demonstrating their understanding of the relativism of poverty.

The relative definition is utilized in most European countries and generates higher poverty rates for the United States. The relative definition provides for the percentage of median income in the country. According to Huston (2011), the international comparisons of poverty revealed that the lowest poverty rates are in Denmark and Finland with 3% of the population living in poverty. The highest rates were in the United States with a reported 22%. Currently, in the richest nation on earth, the United States has many people living in poverty (Nichol, 2013). The national comparisons on poverty are discouraging, and greater levels of poverty occur among children in the United States than any other advanced industrial democracy (Nichol, 2013).

Supplemental Poverty Measure

In 2011, the U.S. Census Bureau introduced the Supplemental Poverty Measure designed to complement the current official measure (Meyer & Sullivan, 2012). One major difference between the official and supplemental measures is that the latter utilizes: (a) a definition of income that accounts for the resources available for consumption; (b) a more justifiable adjustment for family size and composition; and (c) an expanded definition of family that includes cohabitors (Myer & Sullivan, 2012).

The inclusion of cohabitors is an important aspect of the supplemental measure primarily because the official measure classifies cohabitors and their children as separate units residing in one household and does not account for variability in family composition.

One limitation in using this approach is that it excludes groups of individuals who might reasonably consider themselves family members. This is evident by the change of composition of families over the past 50 years. In spite of the evolution in family structure, the U.S. Census continues to define family as a, "group of two or more people (one of whom is the householder) related by birth, marriage, or adoption and residing together" (Greenstein & Davis, 2013, p. 8). The omission of information that pertains to family structure might challenge the reliability and validity of studies that involve families, particularly those that might use existing data with poverty as a criteria (Greenstein & Davis, 2013). Additionally, the supplemental measure, unlike the official measure, includes thresholds that are based on "expenditure data for food, clothing, shelter, and utilities" (Greenstein & Davis, p. 115); whereas, the official measure accounts for pre-taxed income exclusively.

Consumption-Based Poverty Measures

The consumption-based measure "appears to be a better predictor of deprivation than income" (Meyer & Sullivan, 2012. p. 117). There are several disadvantages cited regarding the use of the official compared to the consumption measure in determining rates. They include (a) income as a stand-alone will not capture the standard of living of those who use savings for the purpose of consumption, (b) income based measures fail to account for income variations over time or across households as it pertains to wealth accumulation, and (c) antipoverty programs provide insurance value to families that are not added to their income (Meyer & Sullivan, 2012).

According to Myer and Sullivan (2012) consumption is a more desirable predictor of deprivation than income because material hardship and other adverse family outcomes are more severe for families with low consumption than for families with low income.

Two studies were conducted in the United Kingdom (Children's Commission, 2013; Larkins, Thomas, & Judd, 2013) that provided opportunities for children to share their thoughts about how poverty should be measured. The child participants defined poverty in absolute and relative terms and according to Carter (2014) were able to clearly demonstrate knowledge of:

> choices that had to be made because of extremely limited home finances.
>
> The children also understood how poverty affected other aspects of their lives, such as schooling and housing, jobs and employment, being able to travel outside of their own community and access to other opportunities. The children were clear that poverty limited their chances and that the government should do more to help families living in poverty (p. 4).

Those living in poverty are identified as families and groups of persons whose resources (i.e., material, cultural, and social) are so scarce that their condition excludes them from the minimum standard of living (Huston, 2011). The children in the aforementioned study understood the dynamics of social exclusion. They were able to identify the impact of poverty on their ability to fully integrate into society and navigate effectively within institutions (Huston, 2011). Dixon and Frolovra (2011) maintained that an individual who lives near persistent material poverty while also experiencing social exclusion, marginalization, or disadvantage are also living an "existential poverty" existence (p.1). Dixon further suggests that this is a disempowering experience resulting in learned

helplessness that has grave implications for health risk perceptions among those living in poverty.

It should be noted that the literature about measuring poverty rates indicates that they are significantly different from the standards used to determine Socioeconomic Status (Hartwell, 2010; McKinney, 2014). An examination of socioeconomic status (SES) is necessary because it is the most widely used variable in educational research and the impetus for national and state programs intended to support poor children, including the National School Lunch (NSLP) and the Free and Reduced Lunch (FRL) Programs (Hartwell, 2010).

Defining Socioeconomic Status (SES)

Despite differences about how to measure poverty, research studies reveal that economic disadvantage creates barriers to obtaining quality education for poor children (Mckinney, 2014; Peske & Haycock, 2006). In an effort to evaluate the need for school-based mental health resources for high-poverty schools, it is important to discuss how socioeconomic status (SES) is measured and its influence on the development of programs that serve children from low-SES families.

According to Harwell and LeBeau (2010), SES is a variable widely used in educational research and is distinguished from poverty thresholds used in the public health and social welfare domains (i.e.,The Department of Health and Human Services). As previously stated, the U.S poverty rates are used to identify the “disadvantaged” in society (Meyer & Sullivan, 2012, p. 111). Poverty thresholds produce data that are based strictly on income; and the statistical outcomes are used to establish criteria of eligibility for non-poverty government initiatives (i.e., The Supplemental Nutrition Program for Women,

Infants, and Children [WIC] and Temporary Assistance for Needy Families [TANF]) (Joo, 2011; Meyer & Sullivan, 2012).

Socioeconomic Status (SES) is a construct that has received considerable attention in social science research. The inclusion of SES establishes a platform for the exploration of multiple social issues, including disparities in income. Moreover, SES has been used to examine the effects of deprivation on child development, health, community development, and mobility (Bradley & Corwyn, 2002; Demakakos, Nazroo, Breze, & Marmot, 2008; Harwell & LeBeau, 2010; Hebers et al., 2012)

As a variable used in educational research, SES is typically assessed with measures that vary in their connection to income and might include the following: (a) parental occupation, (b) parent income,(c) Free and Reduced Lunch (FRL) eligibility, (d) neighborhood quality,(e) teacher salaries, (f) level of residential mobility, (g) home environment, or (h) parental level of education (Hartwell & LeBeau, 2010). The American Psychological Association (APA, 2007) commissioned a task force on SES. According to the APA (2007), as cited in Harwell and LeBeau (2010), the impetus for the establishment of the task force was to explore the importance of SES and to define the "scope, nature, range, parameters, and effects of socioeconomic inequalities in the United States; and recommend structures that would more effectively address, on an association-wide basis, the causes and the impact of socioeconomic (SES) inequality" (p. 120).

Figure 1 below provides an overview of the literature that suggests that the efforts to evaluate and identify those considered disadvantaged has been a costly endeavor for state and governmental agencies (Meyer & Sullivan, 2012). Despite increased spending and the

expansion of antipoverty programs, poverty continues to plague our society, and the outcomes have not served to advance efforts toward decreasing health and other disparities for children and families in the U.S (Children's Commission, 2013; NCCP, 2006; Nichol, 2013). This is evidenced by the intergenerational implications of economic disadvantage for families that experience chronic poverty over extended periods of time (Dixon & Frolovra, 2011). Marginalization, disempowerment, oppression, and inequality describe the state of our nations' children living in neighborhoods saturated with inadequate housing, schools, crime and unemployment (West-Olatunji, Frazier, & Kelley, 2011). Providing a social justice advocacy forum that is designed to re-evaluate current poverty measures, antipoverty programs, schools, and other institutions would establish a platform for the empowerment of poor families and their children. Establishing a platform of empowerment will provide a space for the marginalized and oppressed to be heard in institutions where their voices are rarely represented (Cohen, Vega, & Watson 2013). It is through social justice advocacy that barriers can be eliminated and advancement toward breaking the cycle of poverty can begin.

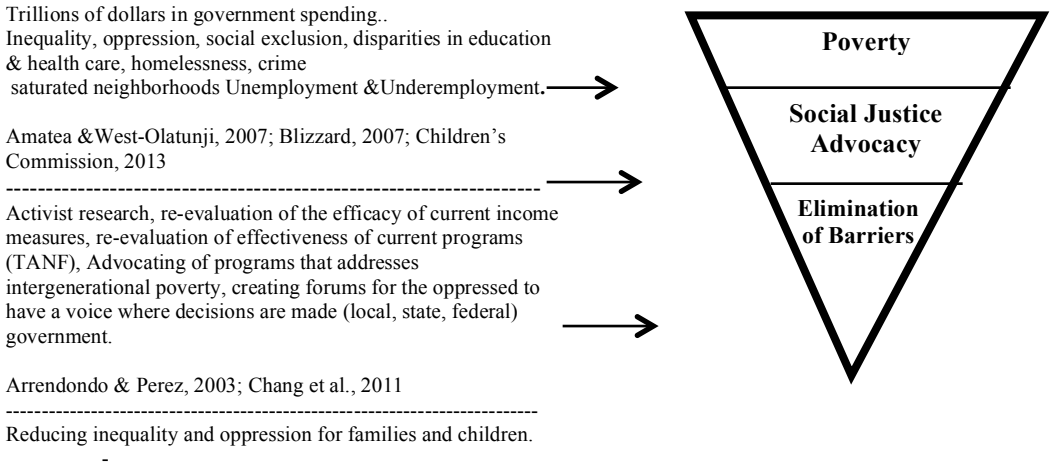

Figure. 1: Illustrates the association between the poverty, inequality, and social justice advocacy.

Education Policy and Low-SES Students

Evidence-based policymaking has become an important process for state and federal agencies as they explore the effects of poverty on education. Many legislators argue that the current initiatives are misguided and deny an essential body of evidence to document that students from disadvantaged environments perform less well in schools than their affluent counterparts (Ladd, 2012). The effects of denial are that proficiency standards remain constant for all children regardless of their economic status. Aptitude standards leave educators who serve in high-poverty districts subject to punitive measures for not meeting standards when students fail. It is equally important that research findings reveal that children from low-SES families begin school behind their peers, creating a gap in academic achievement (Ladd, 2012).

There is considerable information in the literature addressing the achievement gap between children of low-SES and those of more affluent families (Amatea & West-Olatunji, 2007; Funkhouser, 2012; Jussim, 1989; Kingston, 2001; Ladd, 2012; Lareau, 2011). Exploring options for closing the gap has become a priority for policy-makers and educators as evidenced by initiatives for: (a) higher quality early childhood and preschool programs, (b) after school summer programs for disadvantaged youth, and (c) school-based health clinics and social services (Ladd, 2012). These programs were designed to provide vehicles to balance the environmental deficiencies for children and adolescents from low-SES families. In spite of these initiatives, many argue that it is not beneficial for policymakers to address the environmental factors that impede academic performance in isolation.

Improvement in academic performance also requires that students from low-SES families have "quality-learning" environments (Ladd, 2012). Quality-learning environments consist of culturally competent teachers, administrators, staff, and resources.

Additionally, schools in high-poverty districts are being held accountable for internal processes and practices that are detrimental to promoting student success. Researchers disagree about the extent to which schools and school policies contribute to the low achievement of children from low-SES families (Ladd, 2012). However, internal processes requiring resources that are not readily available to all students in their homes (i.e., internet access, computers) result in students' exclusion from certain aspects of their learning experience. Educators who are aware of the effects of inequitable internal processes can attempt to provide environments that are inclusive through advocacy efforts.

School counselors are advocates and leaders, and they can serve as gateways of influence for systemic change. The influential nature of the profession provides unique positioning for counselors in their role as student advocates and school leaders. School counselors on the micro (schools) and macro (social/political) levels are encouraged to become emergent leaders for students from low-income families (Amatea & West-Olatunji, 2007).

Low-SES Children and Education

The literature is rich with empirical evidence of the relationship between socio-economics and educational outcomes (Ali, McWhirter, & Chronister, 2005; Amatea &West-Olatunji, 2007; Ladd, 2012; Lareau, 2011; Lee, Hill, & Hawkins, 2012; Levin, 2007). Regardless of empirical evidence in the area of poverty and its impact on education,

researchers disagree about whether the relationship between family incomes on educational attainment is "correlational or causal" (Ladd, 2012). For example, Ladd (2012) indicates that factors correlated with low income such as poor child health or single-parent family structures may account for the relationship rather than income itself. In spite of ongoing debate, research findings indicate that multiple factors related to low-SES are relevant to educational outcomes for children and account for performance gaps between children of high and low-SES (Ladd, 2012). Research conducted over the past decade revealed that working class and poor families are more likely than those from wealthier families to have lower test scores, lower academic performance, and higher dropout rates and are less likely to enroll in colleges and universities (Kingston, 2001).

Children from working class and poor families enter schools less equipped with cultural capital and, therefore, are disadvantaged academically before entering school (Lareau, 2011). The differences between high and low-SES income families also reflect the preferences and behaviors of parents and teachers. For example, compared to low-SES families, middle and upper- class families are positioned to work the educational system to their advantage. Moreover, children of higher income homes attend the best schools and have access to more highly qualified teachers. Additionally, upper-class families are more likely to invest in extracurricular activities that are directed toward positive academic outcomes, including tutoring, camps, and travel (Ladd, 2012).

The literature also reveals that poverty can have intergenerational implications. Lareau (2011) conducted a longitudinal qualitative study that highlighted the differences between childrearing of the middle class and working class families. According to Lareau's

findings, upper-class families provide their children with opportunities to cultivate skills designed to reproduce wealth and privilege for their offspring. Lareau maintains that the regeneration of capital perpetuates privilege and rewards. Rewards manifest through educational and social opportunities for the wealthy that ultimately provide high social positioning; while the lower class maintain a disadvantaged position at the base of the social hierarchy (Lareau, 2011).

Students in high-poverty schools often have new and fewer experienced teachers. Inexperienced teachers struggle to meet needs inside the classroom specific to the lack of economic, social, and cultural capital of their students. Lack of resources in high-poverty schools leaves students and teachers with fewer resources with which they can engage in learning in the classroom (Ali, et al., 2005). As a result, many educators feel that they share a parallel existence of alienation with low-SES students (Funkhouser, 2012). Funkhouser (2012) offered an example of learning environments in high-poverty schools that revealed conditions characterized by shared and marginalized spaces in remedial classroom settings. Students in these settings are expected to learn while teachers teach for the purpose of raising test scores. This results in loss of agency for both groups. Students who fail to test well are discouraged, and teachers who have difficulty meeting proficiencies are ridiculed (Funkhouser, 2012).

Teachers and pupils in these environments frequently share burnout and a loss of passion for learning and teaching. Many students will remain in these conditions, but teachers with experience and advanced credentials often leave high-poverty schools for positions outside of the profession or alternative teaching environments (Clotfelter, Ladd, &

Vigdor, 2011). Moreover, as the number of children living in poverty continues to rise, educators are faced with the challenge of improving services for students who are highly vulnerable to developing psychological disorders (Evans, Li, & Whipple, 2013).

Cumulative Risk and Children

Compared with high-SES children, children from low-SES families are at higher risk for developing a variety of socio- emotional problems including depression, internalizing and externalizing symptoms, lower levels of sociability and initiative, problematic peer relations, and disruptive classroom behaviors (Bronfenbrenner, 1994; Eamon, 2001; Gerald & Buehler, 2004). According to Johnson (1994), the origin of the word "risk" appeared in English literature in the 1600s and was defined as "exposure to danger, hazard, mischance, or peril" (p. 34). In addition, Johnson (1994) maintains that a contemporary assessment of risk can no longer be considered a "unitary" concept. Cumulative risk in the context of ecology is appropriate when assessing the impact of poverty on child mental health in academic settings. Bronfenbrenner (1994) proposed an ecological systems model that is often utilized to examine the processes by which economic deprivation results in children's socio-emotional and academic problems.

Understanding the effects of poverty on child emotional and psychological development requires a thorough examination of the impact of multiple environmental risk factors, primarily because the literature suggests that risk does not occur in isolation (Eamon, 2001; Gerard &Buehler, 2004). Flouri (2008) asserts, "Contextual risk factors do not occur in isolation and that the combination of various risk factors portends numerous adverse child outcomes (p. 913). Flouri also maintains that, "risk is viewed as an accumulation of stressors

and the number of risks that children experience carries more gravity than the experience of any particular risk" (p. 914). Exploring the effects of cumulative risk has been used to test phenomena related to a broad spectrum of child-related maladaptive behaviors and socio-emotional development (Bronfenbrenner, 1994; Eamon, 2001; Evans, 2004; Evans et al., 2013; Flouri, 2008; Gerard & Buehler, 2004; Johnson, 1994).

Ecology of Human Development

Bronfenbrenner (1994) first introduced the ecological model in the 1970s. The inception of the ecological theory was in response to his opinion that developmental theories were "out- of-context" rather than inclusive of interrelations between the developing person and changing micro and macro environmental systems. Ecological models include a body of theory and research concerned with "the processes and conditions that govern the lifelong course of human development in the actual environments in which people live" (Bronfenbrenner 1994, p. 37). According to Bronfenbrenner (1979), ecology infers an adjustment between the organism and the environment. Bronfenbrenner referred to his model as a "bioecological paradigm" that represents two assumptions within a process-person-context-time model. Emmon (2001) describes the two assumptions:

> Human development occurs through processes of progressively complex reciprocal interactions between active, evolving "biopsychological" human beings. Second, the effectiveness of proximal processes are determined by the "biopsychological" characteristics of the individual, the immediate and distant environments in which the proximal processes occur, and the developmental outcome being examined (p. 257).

Proximal processes represent interactions that occur between the developing individual across various settings over time (i.e., parent and child/ teacher and student). Likewise, Eamon (2001) asserts that effective interactions occur in proximal processes with regularity over extended periods of time. To this end, children spend the majority of their time in schools and interactions that occur in this setting can have long-term implications on their emotional, social and academic development. Therefore, schools represent one of the most influential settings on child development, and interactions that occur in this setting can either inhibit or promote learning.

Bronfenbrenner (1979, 1994) indicated that ecological environments serve as the platform for human development. He also maintained that interactions exist within a set of "nested structures" referred to as the *microsystem*, *mesosystem, exosystem, macrosystem,* and *chronsystem*. Microsystems as defined by Bronfenbrenner (1979, 1994) represent immediate settings that contain the developing person (i.e., home, school, church or daycare). When evaluating the effects of poverty on children and academic attainment, the research literature has focused on microsystems (Eamon, 2001). Mesosystems represent the processes and interactions that occur among two or more microsystems (i.e., the home and school). Within the mesosystem, the developing person is an active participant in both settings and reciprocity is apparent and manifested through either the facilitation or impediment of growth for the developing individual (Brofrenbrenner, 1994; Eamon, 2001). Additionally, the existence of two or more settings where only one includes the developing person is termed exosystem (Bronfrenbrenner, 1994). An example of the exosystem includes a child and her parent's place of employment. Within the work environment, the child is not situated, yet she

is influenced by interactions that occur from within, such as the loss of employment, which may exacerbate the family's economic dynamic, therefore creating an unstable financial positioning for a child, particularly if she is of a working class or low-SES family (i.e., homelessness, lack of food and clothing, loss of transportation, and loss of healthcare benefits). Ecological settings that represent a broader cultural and socio-economic context are macrosystems. Embedded in the macrosystem are state and federal agencies, legal systems, and international structures. The developing individual is not situated within these systems; however, the activity that evolves from within may have a direct impact on the developing individual. For example, changes in social welfare programs and immigration guidelines have implications on low-SES families and present obstacles for families attempting to navigate within newly established regulations, guidelines, or mandates.

Finally, the construct of "time" was included in the model to build on the term chronsystem. The chronsystem is comprised of a constellation of environmental events that occur over the lifespan of the developing individual. Rosa and Tudge (2013) stated, "The individual's own developmental life course is seen as embedded in, and powerfully shaped by conditions and events occurring during the historical period thorough which the person lives" (p.254). Examples of historical events with possible implications on childhood development include the great depression, civil rights movement, or World War II.

School counselors as agents for inclusion can advance student outcomes by obtaining knowledge of ecological systems and their impact on students' academic achievement. Possessing an environmental awareness can provide a framework for developing programs for students from impoverished communities with emotional and psychiatric disorders.

Conyne and Cook (2004) conceptualized person-environment interactions and provided an approach that is applicable to professional school counselors.

Ecological Counseling

McMahon et al. (2014) explained that a number of scholars have applied ecological counseling to "group work, career and family counseling, organizational consultation, and social justice counseling and advocacy" (p. 461). Despite the utilization of ecological models across several counseling domains, there is limited empirical evidence of the effectiveness of ecological models to the counseling profession. However, the application of ecology models has been widely used in the public health domain to assess the effectiveness of behavioral interventions including smoking, unhealthy eating, and sexual risk taking behaviors (McMahon et al., 2014).

Conyne and Cook (2004) believe that ecological counseling consists of 14 principles and constructs that serve as a framework for practitioners, that is, ecological counseling: (a) is interdisciplinary, (b) is metatheoretical, (c) considers individuals to be integrated beings (d) views individuals as a part of an ecosystem (e) is interactional, (f) considers multiple contexts, (g) recognizes the importance of time, (h) is concerned with meaning, (i) seeks concordance, in which there exists "mutually beneficial interaction between person and environment" (p. 24), (j) utilizes a wide range of intervention targets, (k) implements parsimonious interventions, (l) is collaborative, (m) seeks empowerment of clients and systems and (n) recognizes interdependence.

Similar to Bronfenbrenner's (1994) explanation of proximal processes, Conyne and Cook (2004) referenced the client's proximal and immediate settings, referring to proximal

settings as the client's "ecological niche" (p. 17). The ecological niche includes animate and inanimate objects present in clients' daily lives (i.e.,. region, weather, neighborhood, school). Moreover, Conyne and Cook explained that the ecological niche "can be described by the person inhabiting it and observed by an outsider tracking a person throughout their daily life" (p. 17).

According to the literature, the goal of ecological counseling is to ensure that the fit between the client and environment is conducive to promote client success (Conyne & Cook, 2004; McMahon et al., 2014). Mutuality and "fit" between students and the school environment is often based on the perceptions of individuals interacting in the school setting. Capra (1996) describes human interactions within their environments as a network of mutually defining influences. Capra also explains that a social paradigm is occurring in the 21st century that he describes as "a constellation of concepts, values, perceptions, and practices shared by a community (system), which forms a particular vision of reality that is the basis of the way the community (system) organizes itself" (p. 6). Schools represent a system with established concepts, values, and perceptions that serve to either create spaces for positive student outcomes or barriers that serve to encumber student success. School counselors who embrace the concept of interconnectedness create a platform for discussion regarding the perceptions and realities formulated by school personnel and students in an effort to organize the school based on values that promote "fit" between students and the school environment (Conyne & Cook, 2004; McMahon et al., 2014).

Ecological School Counseling Model

McMahon et al. (2014) expanded on the ecological framework established by Conyne and Cook (2004) by offering an ecological counseling model specific to professional school counselors. The basic assumptions of the McMahon et al. model included the following:

1. Schools are part of an interconnected web of subsystems and suprasystems. According to McMahon et al. (2014) schools are divided among multiple subsystems that are supported by global school-based systems including the classrooms, grade levels or clubs. The larger subsystems are organized and sanctioned by the schools themselves or the districts they represent. Less structured yet equally influential are those subsystems that are natural systems (i.e., cliques). McMahon et al. also describe suprasystems that are representative of systems that influence schools from the macro context, including school districts and communities. The combination of these various sub and supra systems creates an interconnectedness that has an effect on each system and also extends to larger ecosystems.

Although student characteristics (i.e., behaviors, social-economic status, communities) have an integral part in the creation of the social dynamic that is present in schools, equally important is the interaction between the student and the school environment (i.e., proficiency standards, disciplinary guidelines, attendance, school placement). Therefore, the school setting and the students within represent an interdependent "person-environment unit" (Williams & Greenleaf, 2012, p. 144).

This process of "person-environment" was originated by Lewin (1936) and consisted of the formula B=f (P XE) (Williams & Greenleaf, 2012, p. 144). The person-environment formula " is where human behavior (B) is a function of dynamic and continuous interactions

between the person (P) and the environment (E) and has been supported by research linking mental health and environmental stressors" (Williams & Greenleaf, 2012. p. 144). Therefore, school counselors would benefit from obtaining a broader perspective of how the dynamics of student behaviors and school environment might contribute to student mental health and wellbeing.

2. Healthy, well-functioning school systems are dynamic, balanced, and flexible. McMahon et al. (2014) submit that "schools operate as a network of interdependently connected components and, like cells, ponds, and families, they are in a constant state of change, yet they work to maintain a health balance within change" (p. 462). In order for schools to maintain health, balance, and flexibility, clear boundaries are necessary to create cohesiveness and structure between groups (i.e., teachers, students, administrators).

3. Diversity within school systems is necessary and adaptive. Diversity is necessary to establish environments that are dynamic, balanced, and flexible. Diversity is important to student success because, according to McMahon et al. (2014), students often form close relationships with those from similar ethic and racial backgrounds. Additionally, McMahon et al. submits that the existence of diverse faculty, administration, and support specialists create environments with various perspectives and life experiences. Diversity among staff and school personnel also creates environments that are easily adaptable to changes that occur from the larger systems (McMahon et al., 2014).

4. Schools use feedback to identify and address emerging issues. McMahon et al., (2014) indicated that ecosystems function as "feedback loops" which identify imbalance or disturbances within a system (p.463). Furthermore, feedback loops make it possible to

reestablish structure and balance as a process of creating new structure and order. According to McMahon et al., often student behaviors are interpreted as problems; however, from an ecological perspective, new behaviors create new structures that provide feedback that might indicate an imbalance within the system. For example, a school-wide evaluation of students' attendance records might reveal that attendance has decreased significantly. Further evaluation of the issue might reveal that a local employer has moved their organization away from the community, causing the loss of jobs. Lack of employment has created stress in the home, which results in increased absences among the students who might be experiencing psychosomatic abdominal pain and other ailments. Moreover, the loss of employment has affected attendance and created imbalance in the system for children who have difficulty coping with the stressors of this new life structure.

5. Meaning is both constructed and experienced within schools and their subsystems. According to McMahon et al. (2014), meaning is constructed in schools in two ways; the first is related to the expressed identity and purpose of the school as a system. The identity is typically expressed through values and mission statements and is often demonstrated by the extent the values are represented in assigned lessons, interactions with student and parents, and other stakeholders. Moreover, across multiple settings, students encounter contextual variations that aid in the process of them living out their lives in "real time" and "real places;" this provides a platform for the construction of meaning (Conyne & Cook, 2004, p. 14). This is important for school counselors serving low-SES students because it provides a perspective of students from within the relevant context that exists in their lives.

Secondly, meaning is derived from the feedback that schools receive as a system through multiple venues that might represent formal or informal feedback (McMahon et al., 2014). For example, lack of parental involvement in a newly established evening parental skills building program might provide informal feedback related to transportation issues as a possible reason for lack of participation. Formal feedback might represent the results of a standardized data collection process (i.e., district wide end of grade assessments).

6. Healthy schools are sustainable. According to McMahon et al. (2014), ecosystems are efficient and adaptable. Adaptability is necessary to create environments that are able to flourish and maintain viability for future generations. Moreover, McMahon et al, stated that healthy schools are sustainable when they maintain a "reciprocal, collaborative relationship with the community system in which it exists, thereby enabling citizens and workers to sustain the functions of the community, this in turn, provides the school with a new generation of students ready to contribute to the school community" (p. 463).

Providing resources that are designed to promote the sustainability of low-SES students requires the commitment of all school personnel; however, school counselors are particularly important contributors to the process through their advocacy and leadership efforts. Additionally, due to the increased need for psychological services for low-SES students and limited access to resources within the community, sustainability requires the collaborative efforts of local, state, and regional stakeholders to identify alternative solutions to meet the psychological needs of students in an effort to prepare them to become healthy contributors to the school community.

Mental Health

Bhugra, Till, and Sartorius (2013) reported that an individual in a good state of mental health can form and maintain affectionate relationships with others and perform in the social roles usually played in their culture. Research findings suggest that emotionally healthy individuals can manage change as a natural course of life (Bhugra et al., 2013). Additionally, persons who possess the ability to function daily can recognize, acknowledge, and communicate positive actions and thoughts. Individuals described as emotionally well-balanced can manage emotions such as sadness and anger. Mentally healthy individuals have the ability to exhibit and maintain high levels of self-worth. Individuals with healthy emotional characteristics are capable of assessing the "internal and external" status of their emotional functioning (Bhugra et al., 2013). The Mental Health Foundation suggests that mental health is defined by how individuals assess their wellbeing and develop coping skills to sustain them in times of adversity (Bhugra et al., 2013). Additionally, Bhugra et al. stated that mentally healthy individuals can thrive and take advantage of opportunities. Mentally balanced individuals can also participate fully in their family, workplace, school and community.

Unfortunately, children who suffer from mental health issues are faced with challenges that impair their ability to function. The United States Surgeon General reported that approximately 20% of children under the age of 18 years old suffer from mental health issues, and nearly five million children have some form of impairment that considerably impacts their daily lives (Wilkinson, 2012). The specific causes of mental health issues are unknown; however, a number of factors may influence the probability of having a mental

disorder, including heredity, biology, psychological trauma and environmental stress (Wilkinson, 2012). Children with mental health issues exhibit behaviors that directly result in poor performance at school, and often they exhibit severe behaviors, including self-cutting and suicide (Wilkinson, 2012). According to Wilkinson (2012), suicide is the "third leading cause of death for 15-to-24-year-olds and the sixth-leading cause of death for 5-to-14 year-olds" (p. 12). Students who are suicidal and homicidal represent great concerns for professionals in the mental health and educational settings.

Mental Health and Youth

The needs of children and adolescents with mental health issueses are largely unmet despite their growing numbers (Chabbra, Chavez, & Harris, 1999; Ho et al., 2014; Rossen & Cowan, 2015). According to Chabbra et al. (1999), the prevalence of children who do not receive adequate accessibility to mental health care in industrialized and developing countries is approximately 14% to 20% of the children who meet the criteria for one or more mental health disorders. Gonzalez (2005) indicated that children are the “forgotten population” in the mental health care system. In 2006, the Canadian Senate Committee reported on mental health in a document entitled “Out of the Shadows At Last” that revealed the importance of accessibility of child mental health services. The report emphasized that the availability of treatment for children and youth will achieve the highest priority in a transformed mental health system (Kirby, 2013).

Kirby (2013) reported that 70% of adults with mental health issues had the first onset of the disease before the age of 20. Furthermore, if their conditions were diagnosed and treated when symptoms first emerged, in the vast majority of cases, the young persons would

go on to live healthy and productive lives. Today, about 20% of children receive the treatment they need, and 80% go untreated (Kirby, 2013). The percentage of youth who do not receive treatment for mental health issues is staggering, and because symptoms go unaddressed in the home, mental health issues has a significant influence on learning and child development (Whelley et al., 2002).

Gonzalez (2005) reported that children across our nation suffer from an array of mental health disorders, and the risk is exacerbated for poor children and those of color. Increased symptoms are due to daily exposure to community crime, gang-induced violence, neighborhood drug infestation, and substandard housing conditions. Therefore, there is a need for prompt and efficient access to mental health services for children from low-SES families (Gonzalez, 2005). However, availability of mental health services is disproportionately lower than the estimated rate of mental health disorders among children from low socioeconomic environments (Gonzalez, 2005). Gonzalez (2005) suggests that the unmet need for child and adolescent mental health services remains a social issue, and children seem to be more disadvantaged at the present than they have been at any time since the Great Depression era. Because children spend the majority of their time in educational settings, schools have become the platform of choice for delivery of mental health interventions (Balaguru, Sharma, & Waheed, 2013).

Barriers to Child Mental Health Services

Blizzard (2007) examined health care programs such as Medicaid and Medicare that are designed to provide medical and mental health coverage for low-income individuals and their families. In spite of government support, Blizzard concluded that dramatic health care

disparities for impoverished children and families remain. Assessing the issue of barriers to mental health services is complex because there is no unanimity on the causes and recognition of effective treatment for children (Owens et al., 2002). Owens et al. (2002) reported that the mental health system for children, unlike general medical care, is complex and fragmented. Complexity is evidenced by the fact that mental health services have different entry criteria, and, unlike physical health conditions, stigma is associated with mental health diagnosis and treatment (Owens et al., 2002).

Types of Barriers

Studies on barriers to mental health services are sparse, and few studies have explicitly examined barriers to children's mental health care (Owens et al., 2002). Types of barriers identified include: (a) structural barriers (i.e., transportation, expense, inconvenient locations of services), (b) perceptions of mental health (i.e., minimizing the problem, deciding to handle the problem on their own), or (c) perceptions about mental health services (i.e., lack of confidence in the individual recommending services, negative past experiences with treatment, stigma, and lack of trust).

Structural barriers. Murry, Heflinger, Suiter, and Broody (2011) examined perceptions about mental health care and help-seeking behaviors among rural African American families of adolescents. The research revealed that participants consistently reported a lack of access to formal mental health services. According to Murry et al. (2011) perceptions of lack or accessibility and low-quality care served as a structural barrier of families and adolescents. The belief that services are "better" in larger cities continues as a major concern in rural areas. Murry et al. (2011) noted that individuals needing treatment for

comorbid mental health issues and substance abuse rarely received treatment for both disorders as recommended, resulting in elevated hospitalizations. In addition to issues related to accessibility, as noted by Murry et al.(2011), affordability served as a major barrier for children in rural areas. Rural children are equally or more likely to be uninsured or to have Medicaid as are urban youth.

According to Wilkinson (2012) there are limited resources of child psychiatrists and other mental health care professionals. As a result, barriers exist to quality care because family doctors and pediatricians are asked to diagnose and treat young patients with severe mental health disorders, and this is beyond their scope of practice. According to research findings, most physicians are not trained to manage mental health problems in young children, and this has become a major concern for children in rural areas where mental health care specialists are scarce (Wilkinson, 2012). A deficiency in the number of trained psychiatrists and other mental health professionals compounds the problem of mental health for schools that service high-poverty schools.

Perceptions about mental health symptoms. Dupere, Neill, and Konick (2012) conducted a study on men living in poverty and the reasons why they avoid using health and social services during times of crisis. According to the investigators, participants in the study indicated that they experienced difficulty assessing the seriousness of their symptoms. Many of the men reported not engaging in services when in severe psychological distress because they could not articulate what was wrong. The fact that many of these men reported that they were experiencing suicidal ideation is disconcerting. Men in the Dupere et al (2012) study who presented with psychological symptoms indicated that they thought their symptoms

were typical and temporary while others stated that they failed to seek help because they believed the problem was the result of their behaviors. For example, those who reported violent actions, drug or alcohol consumption, a gambling addiction, or psychological stress revealed that consulting with a mental health professional would be useless (Dupere et al., 2012)

For clinically referred children, Zazdin and Wassels (2000) reported that the number of parents with psychological disorders combined with their quality of life determined parental perception of accessibility to treatment. According to Owens et al. (2002), parents who reported structural barriers revealed that the mental health concerns of their children were the result of parental stressors. Interestingly, these parents reported that their children were less likely to receive mental health services. Research findings also revealed the association between unemployment and perceived barriers to mental health services for children. Parents who were unemployed reported that they were too overwhelmed to access services for their children (Owens et al., 2002).

Stigmatization of mental health services. Stigmatization appears to be a significant factor associated with the underutilization of mental health services. Parents are often apprehensive about seeking mental health services for fear of being blamed for their children's problems. According to Gonzalez (2005), the stigma of mental health disorders is greater for children of color and their families because of societal-sanctioned discrimination, racism, and oppression. Children of impoverished communities also experience a disproportional number of school referrals to mental health agencies at young ages (Tucker, 2009). Research conducted by Tucker (2009) revealed that referrals to mental health

agencies failed to address the needs of families. Therefore, parents remain skeptical about the usefulness of referrals. The families represented in Tucker's study also questioned the motivation behind the referrals for their children and reported that mental health referrals for African-American males from impoverished communities were higher than those made for their middle class (African-American) peers, Latino, European-American, or Asian-American children.

Also, a disproportionate number of African-American males are often referred early to mental health intervention services (Tucker, 2009). These populations remain overrepresented in the special education diagnostic category of children with severe emotional disturbances, consequently resulting in suspension, expulsion, and corporal punishment at higher rates in comparison to their European-American and female peers (Tucker, 2009).

Based on research conducted by Tucker (2009), caregivers of children from low socioeconomic environments lament the lack of input that they have in the referral process. They expressed their perception that school personnel were not attentive to their concerns, and many indicated that they felt disempowered in relationships with school staff. The lack of egalitarian decision-making between caregivers and educators in the referral process can further hinder children receiving services and increase the stigmatization associated with mental health.

Perceptions about service delivery. A study conducted by Baker-Ericzen et al. (2012) revealed that parents who were previous mental health recipients reported high levels of frustration with service delivery. Some parents said that the therapist was not attentive to

their concerns and that they felt blamed for their children's mental health issues. Furthermore, parents' experiences of being blamed and ignored seemed to make them feel unimportant, and, in turn, they distanced themselves from the therapeutic process. The counselors, however, reported that the parents were disinterested in their youths' treatment, and this fueled the parents' frustration with service delivery (Baker-Ericze et al., 2012). Overall, parents reported dissatisfaction with the outpatient mental health services model, and this created a barrier to seeking additional services.

According to Vanderbleek (2004), families who were able to overcome the obstacles continued to report dissatisfaction with mental health services across many domains, and as a result, the mental health needs of their children remained unmet. Vanderbleek (2004) indicated that 40% to 60% of families who received community-based mental health services for their children terminated services prematurely. The barriers associated with accessibility of mental health treatment for children and adolescents within their communities are reasons to consider offering mental health services in schools.

School Mental Health (SMH) Promotion

For the purpose of this literature review, the concept of providing mental health in schools is referred to as School Mental Health (SMH) promotion. The review will also expound on terms historically used to describe the concept of school mental health including Expanded School Mental Health (ESMH) programs and School Based Health Centers (SBHCs).

Traditional mental health programs in schools include services provided by school counselors, psychologists, and social workers. However, the traditional model does not

include the clinical diagnosis and treatment of children with severe and chronic mental health disorders. The school counselors' involvement in addressing the needs of children with mental health issues is challenged by ambiguity and lack of distinction regarding their roles and responsibilities (Shimoni & Greenberger, 2014). ASCA's (2012) national model provides guidelines for addressing the needs of children with mental health issues that includes a process of identifying and referring students to community based agencies.

Consequently, the lack of accessibility and continuity of service in community based programs present barriers for children from low-SES families. To address the gap of mental health accessibility, treatment in schools or School Mental Health (SMH) has been promoted (Connors, Arora, Curtis, & Stephan., 2015; Green et al., 2013).

In recent studies, School Mental Health (SMH) promotion has emerged as a possible solution to the agenda of promoting mental health services for children in schools. The current infrastructure of SMH programs consists of school personnel (i.e., school psychologist, social workers, and counselors), and school-based mental health clinicians (Schiele, Weist, Youngstrom, Stephan, & Lever, 2014). The promotion of SMH programs is supported by the Center for School Mental Health at the University of Maryland Baltimore, which is a federally funded organization that offers technical assistance and training to SMH programs across the United States (Schiele et al., 2014; Weist & Murray, 2007). The Center also works collaboratively with other SMH centers, including the UCLA center for Mental Health in Schools (Weist & Murray, 2007).

School Mental Health (SMH) promotion is described as the process providing students with mental health assessment and treatment in schools. Weist and Murray (2007) defined school mental health promotion as:

> Providing a full continuum of mental health promotion programs and services in schools, including enhancing environments, broadly training and promoting social and emotional learning and life skills, preventing emotional and behavioral problems, identifying and intervening in these problems early on, and providing intervention for established problems. School mental health promotion programs should be available to all students, including those in special education, in diverse educational settings, and should reflect a shared agenda--with families and young people, school and community partners actively involved in building, continuously improving, and expanding them (p. 3).

Nevertheless, the demand for SMH programs is marginally increasing in the United States, and the mental health needs of children remain unmet. The lack of literature that offers evidence-based evaluations of existing SMH programs is equally problematic. The sustainability of SMH programs is dependent on research and program evaluation of the schools utilizing them (Connors et al., 2015; Leadbeater, Gladstone, Sukhawathanakul, 2015; Schiele et al., 2014).

Expanded School Mental Health

Expanded School Mental Health (ESMH) programs were introduced to augment traditional mental health services, (Weist & Christodulu, 2000). ESMH programs link traditional school professionals with community mental health centers, health departments,

and other social services (Weist & Christodulu, 2000). Although the idea of ESMH programs was conceived in the 1950s, discussions regarding implementation did not occur until the 1980s (Weist & Evans, 2005). Weist and Evans (2005) explained that the increase in these programs became prevalent due to several changes in the mental health profession, including (a) the implementation of the systems of care model, (b) the expansion of school-based health centers, and (c) problems that existed with the delivery of services provided by community based mental health clinics.

ESMH programs provide an array of mental health services, including assessment, case management, treatment, and prevention programs. The U.S. Public Health Service (2000) and the President's New Freedom Commission on Mental Health (2003) maintain that schools are appropriate settings for providing mental health support to children. Additionally, schools are recognized as critical to the utilization and development of programs designed to meet the needs of children with psychological disorders (Weist & Evans, 2005). The New Freedom Commission on Mental Health (2003) provided a description of appropriate settings for mental health screenings for children that included those that are in "readily accessible, low-stigma settings, such as primary health care facilities and schools, and in settings in which a high level of risk exists for mental health problems, such as criminal justice, juvenile justice, and child welfare systems" (p. 11). One major recommendation of the New Freedom Commission on Mental Health (2003) that was provided was the expansion and improvement of ESMH programs as a framework for transforming the mental health system to improve accessibility of services for children.

School-Based Health Centers

The most distinguishing difference between ESMH programs and SBHCs is the services each provides. ESMH programs are designed primarily to address mental health concerns for children while SBHCs provide primary medical treatment including injury and acute illness, physical examinations, lab tests, reproductive services and mental health treatment (Weist & Christodulu, 2000). There is a wide-range of services offered to students through SBHCs. These services include medical, dental, nutritional, case management, and mental health services. The model for SBHCs is:

> SBHCs usually use 1 to 3 primary staffing models. The primary care model, used by 25% of SBHCs, comprises a nurse practitioner or physician assistant who provides basic health services, with supervision by a doctor. The primary care mental health model (40%) also includes a mental health professional, such as a licensed clinical social worker or psychologist. Finally, the primary care mental health plus model (35%) comprises primary care and mental health providers and other professionals such as health educators, case managers, and nutritionists (Barnett & Allison, 2012, p. 388).

According to a recent census of SBHCs, the most common services provided are comprehensive health assessments (97%), treatment of acute illness (96%), medication management (96%), vision and hearing screenings (92%), sports participation examinations (92%), nutritional counseling (91%), and anticipatory guidance (90%) (Barnett & Allison, 2012).

Making the Grade

Making the Grade is a state and local partnership designed to establish school-based health centers as a national program of the Robert Wood Johnson Foundation (RWJF). This program supported state-local collaborations designed to expand comprehensive school-based health services for children and adolescents (Kanaan, 2007). The Robert Wood Johnson Foundation authorized the Making the Grade Initiative in 1992, and the program operated from 1994 to 2001. The objective of the program was to establish new school-based health centers (SBHCs) and promote policies in an effort to assure sustainability of SBHCs.

The primary result of the Making the Grade Initiative was the expansion of the total number of school-based health centers. This expansion led to the growth of SBHCs in nine states from 278 in 1994 to 442 in 2000, an increase of 59 %. This initiative also brought about more stable financing, primarily from state general funds, and stimulated more favorable state policies. Making the Grade was also instrumental in the expansion of the eligibility of SBHCs to participate in Medicaid and other managed care programs. In addition, this initiative strengthened quality improvement practices in SBHCs by creating a specialized and continuous quality improvement tool (CQI), which was a comprehensive model that was the gold standard for school-based health care. It also brought national recognition through the establishment of the National Assembly on School-Based Health Care with chapters in eight states (Kanaan, 2007).

Services Offered Through SBHC

Prior to the evolution of SBHCs in the 1970s and '80s, schools offered critical health services, including triage and management of medical emergencies (i.e., school nurses). Barnett and Allison (2012) indicated that pediatric and nursing health professionals addressed common pediatric health challenges within these settings and initiated the provision of school-based health services.

The Robert Wood Johnson Foundation (RWJF) also supported programs for the enhancement of health services for children since the early 1970s. According to Kanaan, (2007), RWJF offered support for a nationally recognized adolescent school-based program. SBCHs have continued to receive strong support on a national level for serving children and adolescents.

School-based health centers provide a process by which children can gain access to health care because the structure ensures that children receive treatment where they spend a significant amount of time, hence, eliminating the transportation barrier that families from low socio-economic homes experience. In addition, students, regardless of their financial ability to afford services, will receive treatment, and the uninsured will not be denied access through SBHCs. According to North and Parker (2010), the establishment of SBHCs initiated health visits as an integral part of the student's school experience. For students who are stigmatized by their experience with a chronic disease, having access to a school-based health facility provides medical access and management that would otherwise not be readily available.

There is clear evidence that supports the use of SBHCs as a means of serving underserved populations. North and Parker (2010) maintain that students with access to school-based facilities are more likely to receive care for their physical problems than students without access. Evaluations of the use of mental health services demonstrated that adolescents are 10 to 21 times more likely to come to an SBHC for mental health care than to a community based program (North & Parker, 2010).

Proponents of SBHCs agree that they are beneficial to children and adolescents. Unfortunately, mere support for SBHC's does not negate the work needed to promote the growth of SBHC centers (Weist & Christodulu, 2000). In the meantime, school mental health professionals continue to face challenges that limit their ability to address the mental health needs of children and adolescents.

Challenges to the Advancement of School-Based Health Centers

According to Lear, Eichner, and Koppelman (1999), the 11 states with the largest numbers of SBHCs were New York (158), Arizona (82), Texas (77), California (64), Florida (64), Connecticut (51), Maryland (43), Michigan (41), New Mexico (40), Oregon (39), and North Carolina (39). They concluded that state funding has been critical to the success of SBHCs.

Lear et al. (1999) reported that in 1998, an estimated 650, or more than half of all SBHCs, received state funding. They further reported that 37 states and the District of Columbia helped to fund some of the SBHCs operating in their locales. Eight states did not contribute any money to their SBHCs. State funding for SBHCs increased from $17 million in 1992 to $40 million in 1996. Funding for SBHCs was allocated from general state funds

and the Bureau of Maternal and Child Health (MCH), a federal government block grant. In 1998, SBHC grant funding from MCH declined to $38.9 million. This decrease was attributed to some states allocating 29% less of the block grant dollars to support SBHCs (Lear, et al. 1999). One explanation for this decrease was the increase in programs for low-income women and children who sought support from the MCH grant and the expansion of the Child Health Insurance Program (CHIP).

During the transition in the late 1990s from Medicaid Fee-for-Service to Medicaid Managed Care, publicly funded programs lost funding. In 1997, the Child Health Insurance program (CHIP) was signed into law, and its expansion became a national priority. CHIP was designed to provide health coverage to nearly eight million families with incomes that exceeded the limit for Medicaid qualification. Although these families exceeded the income requirement, they did not earn enough to afford private insurance. CHIP provided a federal dollar match for states that offered this level of support. Although these changes in funding sources have served to solve a social concern on the one hand, they have also created a barrier to SBHCs, primarily because these transitions have left many states that have been leading the effort to expand SBHCs struggling to remain viable.

Third-Party Reimbursement

During the early years of SBHCs, many states believed that funding would filter through general funds or state appropriated Maternal and Child Health (MCH) dollars. The concept of receiving additional support through Medicaid reimbursement would have constituted double payment for services. Many states either prohibited or discouraged third-party reimbursement for SBHCs. According to Lear et al. (1999), most states allowed

SBHCs to participate in Medicaid and CHIPS. In states that have converted their public insurance programs to managed care, SBHCs had to negotiate payment agreements with health plan organizations offered by Medicaid or CHIPS (Lear et al., 1999). These agreements present a challenge for SBHCs because states have documented that they often have difficulties securing these contracts.

Collaboration as an Essential Element to Advancement of SBHCs

Gonzalez (2005) stated that in order to assure that children from impoverished communities have access to mental health care, it is imperative that institutions collaborate. Since the mental health needs of children and adolescents surpass the current system's ability to meet the demand, significant collaborative efforts among professionals, paraprofessionals, and nonprofessionals are needed (Weist & Christodulu 2000).

SBHCs have consistently collaborated and formed partnerships with schools, hospitals, and other community health centers. According to Swider and Valukas (2004), partnerships bring strength to the SBHC, and they referenced a collaboration model in suburban Chicago. The Chicago SBHC's initiative involves collaboration between an SBHC with a three-way partnership between the school, a hospital, and the health department. Swider and Valukas (2004) assert that partnerships enhance sustainability and community support for the SBHC and its work. They also suggest that the process of collaboration provides SBHCs with partners able to offer support and a variety of strengths and resources. Furthermore, securing partnerships provides SBHCs with opportunities to develop a more comprehensive scope of services, adolescent-friendly providers, proven commitments to

community service, and active philanthropic resources and contacts. Additionally, collaboration benefits SBHCs through:

> Health work that augments their mission; increased resources to the community in terms of services and dollars; good public relations in providing care for community's youth; potential new referrals to existing specialists, or new clients and hospital admissions; new marketing potential by developing a new patient base; existence of easy fund-raising projects; and the creation of sites for multidisciplinary training by colleges and universities. (Swider &Valukas, 2004, p. 118).

School Counselors as Advocates for Students with Mental health issueses

The American School Counselor Association (ASCA) incorporated four major themes as part of the framework for ASCA's (2012) National Model, including leadership, advocacy, collaboration and systematic change. Schools that adopt this framework set the foundation for the development of viable comprehensive school counseling programs. These programs are essential to problem solving within schools as they provide a bridge between schools and communities and serve as a platform for political advocacy for students (ASCA, 2012).

As key contributors to school-based programming, school counselors serve as leaders within the cultural context by: (a) serving as cultural brokers among students, their families, and school staff; (b) partnering with staff members to design more culturally responsive instruction; and (c) developing family-centric school environments (Amatea & West-Olatunji, 2007). Cultural competency is essential for counselors regardless of their work environments and most critical to school counselors working in high-poverty schools.

Combining empathy and cultural competency, counselors have the power to impact persistent underachievement for children from impoverished communities (West-Olatunji, Frazier, & Kelley, 2011).

Counselors who are willing to increase their cultural awareness and extend their services beyond the boundaries of their designated schools create relationships with students and their families that have the potential to forge healthy relationships. Effective communication between families and schools, as Tucker (2009) indicates, is not a one-size-fits-all structure. Schools should consider the racial, ethnic, economic, and cultural backgrounds to establish the presence of more open and egalitarian relationships.

Advocacy Defined

Advocacy is a fundamental aspect of effective school counseling programs. Field and Baker (2004) assert that "advocacy is a central theme in counseling, with historical roots that date back to the inception of the profession" (p. 1). An advocate is defined by Cohen et al., (2013) as one seeking to," influence outcomes—including public policy and resources-allocation decisions within political, economic, and social systems and institutions—that directly affect people's lives" (p. 8).

Field and Baker (2004) conducted a qualitative study that explored how school counselors defined their role as student advocates. They also assessed when and how school counselors advocate on behalf of pupils. Common themes emerged as the result of the Field and Baker study that provided insight into school counselors' beliefs and behaviors about advocacy. Participants defined advocacy as "focusing on students, exhibiting specific advocacy behaviors, and going beyond educational business as usual" (p. 2). The American

School Counselor Association (2003) describes school counselor advocacy as a broad and multifaceted process. According to the national model, school counselors' advocacy efforts are aimed at:

> (a) eliminating barriers impeding students' development; (b) creating opportunities to learn for all students; (c) ensuring access to a quality school curriculum; (d) collaborating with others within and outside the school to help students meet their needs; (e) promoting positive, systemic change in schools. (p. 24-25)

ASCA's national model encourages professional counselors to develop competencies designed to promote empowerment for the individuals and families they serve. Empowered individuals are confident in using their voices in institutions where oppression and inequality might exist and their voices are rarely heard (ASCA, 2012; Cohen et al., 2013; Toporek et al., 2006). Professional school counselors committed to developing advocacy competence will be equipped to use their voices for the purpose of creating systemic change. Cohen, Vega and Waston (2013) describes advocacy as a process with purposeful results:

> To enable advocates to gain access and voice in the decision making of relevant institutions; to change the power of these institutions and the people affected by their decisions, thereby changing the institutions themselves; and to result in a clear improvement in people's lives. (p. 8)

Advocacy Competencies

Trusty and Brown (2005) provide a model for the structure and conceptualization of advocacy. In addition, Trusty and Brown provide a framework for advocacy that includes counselor dispositions, knowledge, and skills. School counselors who are proficient in

advocacy can utilize their skills to advance services for disadvantaged students. According to Trusty and Brown, school counselors with advocacy dispositions are aware of their advocacy roles. Also, counselors who embrace advocacy are "autonomous in their thinking and behavior. There is an altruistic motivation with the primary concern being students' wellbeing. Advocates are willing to take risks in helping individual students and groups of students meet their needs" (Trusty & Brown, p. 3).

There are various forms of advocacy dispositions including: (a) family support and empowerment, (b) social, and (c) ethics dispositions (Trusty & Brown, 2005). A counselor whose disposition is family empowerment believes that parents serve as primary advocates for themselves and their children. Trusty and Brown (2005) explained that school counselors should join parents in advocacy for their children and empower families to adapt and grow. Counselors whose mission is to empower are valuable resources when meeting the challenges faced with breaking the stigma and mistrust of mental health services for children (Trusty & Brown, 2005).

Tucker (2009) suggests that the feelings of alienation and disenfranchisement expressed by families create barriers and also asserts that building strong collaborative relationships between schools and homes is imperative. Tucker maintains that school counselors who intentionally create and foster relationships develop solid collaborations over time. Promoting this level of collaboration begins with the counselor's belief that parents are capable of advocating and supporting their children (Tucker, 2009). Social advocacy disposition is the school counselors' extension of advocacy that includes the efforts of eliminating inequities and barriers that affect all people. Trusty and Brown (2005) maintain

that school counselors advocate on behalf of their students-clients, others' students-clients, and non-clients.

In addition to counselors possessing advocacy dispositions, competent counselors are knowledgeable about resources available to assist in the advocacy process (Trusty & Brown, 2005). Furthermore, Trusty and Brown (2005) maintain that advocacy on the micro and macro levels require that school counselors are knowledgeable about: (a) school policies and procedures, (b) the legal rights of individuals and families, and (c) the scope of practice.

Because conflict is inevitable in the pursuit of change, counselors who are committed to advocacy should enhance their skills in the areas of conflict resolution and mediation. Conflict resolution is essential for facilitating interactions between students and other stakeholders for the purpose of eliminating systemic barriers (Trusty & Brown, 2005). Moreover, school counselors are instrumental in the process of forming partnerships across subsystems (e.g., parents, students, school staff, and community groups) to achieve positive outcomes for students. Therefore, school counselors should possess knowledge of how to "utilize a systems perspective to understand the systems and subsystems inherent in schools" (Trusty & Brown, p. 4).

Promoting positive change within the counseling profession was the impetus for *The Transforming School Counseling Initiative* (TSCI; Martin, 2002). TSCI served to provide a platform for the expansion of counseling competencies with the inclusion of social justice advocacy as the foundation. Including social justice advocacy as an essential component of school counseling initiatives will increase efforts towards eliminating inequalities and positioning schools towards the goal of creating a more just world for low-SES students.

Social Justice Advocacy

The concept of social justice is grounded in the notion of equitable allocation of resources including economic, cultural, and social capital (Simpson et al., 2015). There exists a significant amount of literature that addresses how to allocate and provide access to resources for children and families living in poverty. These resources include the implementation of social programs that account for more than a trillion dollars in government spending (Meyer & Sullivan, 2012; Shaefer & Edin, 2013; Simpson et al., 2015). Narrowing the gap between children in poverty and their wealthier peers will significantly improve outcomes for children. Furthermore, Schmidt, Hoffman, and Taylor (2006) argue that, "at the heart of social justice work, is the perspective that aims to liberate and transform conditions of living while elevating equity and fairness" (358).

Schools that assess their environments for evidence of inequality are positioned to make gains toward implementing new and innovative solutions that positively impact academic outcomes for children from low-SES families. However, because of the multi-systemic nature of poverty the pace of change is oftentimes gradual and requires a combination of patience, persistence, and resilience (Toporek et al., 2006). In spite of the unhurried pace associated with change, appropriate assessment of problems and gaining understanding of the culture of schools is necessary (See Figure 2). Gaining this knowledge creates a space for collaboration and identification of processes designed to implement resolution (Toporek et al., 2006).

Therefore, it is imperative that schools identify key personnel who are equipped to navigate through the complexity of institutions while promoting systemic change. Because

school counselors are positioned to identify multiple focal points of potential intervention, opportunities to identify areas of need for intervention are created. Identification of areas where the system might be more amenable to change allows stakeholders to adapt in ways that ensure " forward movement and empowerment" (Toporek et al., 2006, p.538). In the context of forward movement, schools are better able to meet the challenges associated with the elimination of oppression, and inequality for the students they serve.

Social Justice Advocacy and School Counselors

Social justice advocacy principles are closely related to support for marginalized groups. Therefore, promoting social justice advocacy is appropriate for program design and strategic planning for counselors who serve children from low-SES families. According to Trusty and Brown (2005), the school counselors' adherence to advocacy guidelines strengthens their ability and positioning in schools. Possessing stronger positioning within schools can offer opportunities for greater access, harmonious environments, and equitable programming.

Cohen et al., (2013) explained that social justice advocates "have a special challenge—to differentiate the advocacy that they do in a way that resonates with their experiences and values" (p. 7). Cohen et al. also indicated that social justice advocacy is the embodiment of powerful relationships that incorporate visions of a just, decent, society.

Professional school counselors, through the process of program planning and development, are positioned to influence the public policy and resource-allocation decisions for low-SES students on the micro and macro levels. ASCA's (2012) national model encourages school counselors to act as leaders through the development of comprehensive

school counseling programs. Acting in the capacity of leader, school counselors establish the foundation necessary to serve effectively across other domains of ASCA's national plan including advocacy, collaboration, and systemic change (ASCA, 2012). The function of leadership as described in the national model encourages school counselors' political involvement while exerting interpersonal and organizational power (ASCA, 2012).

One barrier that prevents counselors from being a mental health resource for students is the ambiguity that exists regarding counselors' roles and responsibility (Shimoni & Greenberger, 2014). Because of the lack of clarity regarding school counselors' roles, principals and district leaders often assign duties not consistent with published roles of school counselors. Therefore, professional school counselors who are able to clearly articulate to superiors and other decision makers the value additive of having defined roles and responsibilities that support children with behavioral and emotional concerns would also demonstrate adherence to ASCA's (2012) guidelines in the national model. The American School Counselor Association (2012) calls school counselors to:

> Present annual agreements to principals each year, including a formal discussion of the alignment of school and school counseling program mission and goals and detailing specific school counselor responsibility. (p. 3)

Additionally, pertaining to leadership on the macro level, ASCA recommends that school counselors

> Participate on school and district committees to advocate for student programs and resources. Establish advisory council including representatives of key

> stakeholders selected to review and advise on the implementation of the school-counseling program. Team and partner with ……parents, businesses, community organizations to support student achievement .(p.3)

Cohen et al., (2013) further expounded on the definition of social justice advocacy and indicated that advocacy:

> Consists of organized efforts and actions based on the reality of "what is." These organized actions seek to highlight critical issues that have been ignored and submerged, to influence public attitudes, and to enact and implement laws and public policies so that visions of "what should be" in a just, decent society become reality. Human rights—political, economic, and social –is an overarching framework for these visions. Advocacy organizations draw their strength from and are accountable to people—their members, constituents, and/or members of affected groups. (p.8)

Because the scholars across many social science domains including sociology, psychology, and counseling agree that the issue of mental health in children have long term implications on academic achievement as well as school and community safety, raising awareness of the need for School Mental Health Programs (SMH) is essential (Rossen & Cowan, 2015).

School counselors are accountable to the students they serve, and it is imperative that as leaders and advocates they consistently publicize and define beliefs about institutional barriers that might serve to encumber students from full participation in the education process. The school counselor is positioned to assess critical issues and influence attitudes on the micro and macro levels in an effort to have a direct impact on what is just and decent

for children from low-SES families with mental health issues (See Figure 2). The ability to effectively communicate and advocate for students begins with the development and implementation of comprehensive school counseling programs that publicize the vision of the counseling program and is specific to student needs. ASCA (2012) recommended that the comprehensive school- counseling program should be evaluated frequently to determine its effectiveness as well as to assess the program for strengths and needs.

As leaders, school counselors are involved with the "interpretation and re-interpretation of the meaning of change" (ASCA, 2012, p. 4). The process of interpretation and re-interpretation requires that the school counselor organizes and presents to stakeholders the school counseling programs' results data, including information related to the process, perception, and outcomes in an effort to promote awareness (See figure 2). Awareness of the needs that exists in high-poverty schools and school counselors' willingness to articulate gaps in program delivery are essential steps towards ensuring from a social justice perspective that services offered to children from low-SES families with mental health issues are just and decent (ASCA, 2012; Cohen et al., 2013; Toporek et al., 2006).

Tatum (1997) as cited in Toporek et al. (2006), defined seven categories of otherness commonly experienced in U.S. society as race/ethnicity, gender, religion, sexual orientation, socioeconomic status, age as well as physical and mental disabilities. In the context of children who attend public schools with limited economic resources and mental health concerns, innovative and relevant programs in academic environments are essential elements for improving the lives of children. School counselors who serve as social justice advocates are positioned to gain access to decision makers across various domains. School counselors

who acknowledge the leadership distinction associated with their roles as school-based mental health experts for children would offer a voice for those whose voices are rarely acknowledged in institutions where decisions that directly impact their lives are made. The Transforming School Counselor Initiative (TSCI; Martin, 2002) provided a platform for professional school counselors to advocate for students within institutions with the intent being the identification and elimination of oppression and inequality in schools.

As previously noted, the configuration of schools has changed significantly in the 21st century as the result of increased diversity and global technological advances. The close of the 20th century and new school reform provided an opportunity for reevaluating and transforming the role of school counseling within American schools (Marin, 2002). The primary function of TSCI was to prepare counseling graduates to serve as student advocates and academic advisors who can demonstrate the belief that all students can achieve success academically (Martin, 2002). TSCI's primary purpose was to promote the idea that school counselors should work with impoverished and minority populations to ensure equitable service delivery and eliminate systemic barriers to achievement. TSCI's objectives concentrated on closing the achievement gap between social classes, and the role of school counselors as advocates is essential to meeting the standards set forth by TSCI. Therefore, a shift in how programs operated through comprehensive developmental school programs provided a platform to define problems and assess the effectiveness of interventions utilized to address the needs of highly diverse populations.

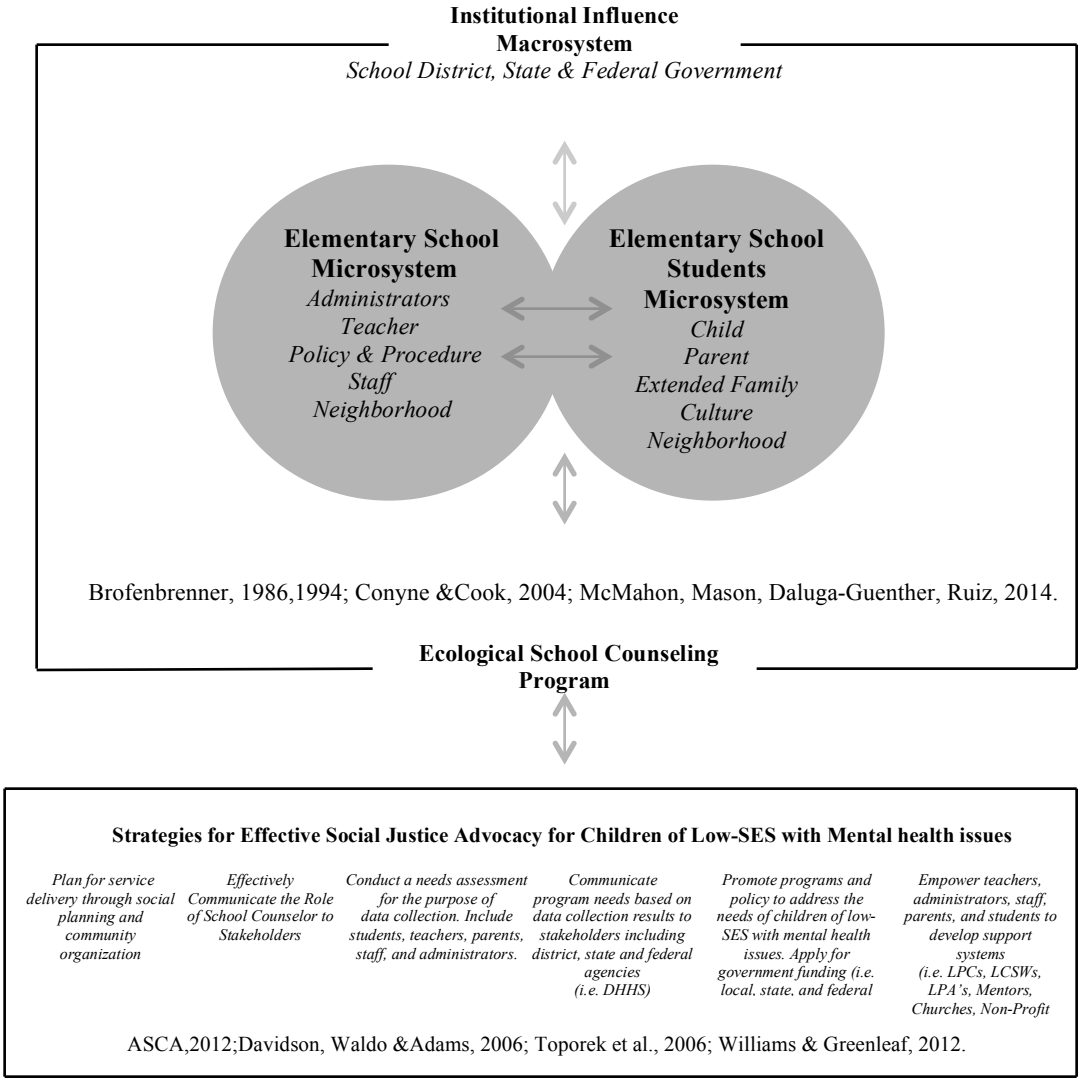

Figure. 2: Thematic Representation

Figure 2 represents the relationship between this study's two thematic findings: ecological and social justice advocacy theories. As previously noted, substantial findings published in the literature on the influence of poverty and the psychological wellbeing of children have emerged across many social science disciplines (Amatea & West-Olatunji

2007; Barnett & Allison, 2012; Chabbra, Chavez & Harris, 1999). Ecological development and social justice advocacy theoretical perspective will be used during this study in keeping with the post-positivist tradition of individuals' defining their own realities and identities (Charmaz, 2014). Both ecological development and social justice advocacy theories espouse a constructivist relationship between the researcher and participants in which knowledge is co-created and disseminated.

Conclusion

The literature review examined poverty, mental health issues, and school counselor advocacy in an effort to explore the need for mental health services in schools. Existing studies focused on defining mental health and accessibility of services, ESMH and SMH programs, school-based health centers, and social justice advocacy (Bhugra et al., 2013; Blizzard, 2007; Chabbra et al., 1999; Gonzalez, 2005; Leadbeater et al., 2015; Owens, 2002; Schiele, et al., 2014; Weist & Murray, 2007; Wilkinson, 2012).

Understanding the perceptions of elementary school counselors about poverty, mental health issues and their roles as social justice advocates is imperative for those serving in in the 21st century. The data collected from this study will provide school counselors and stakeholders with pertinent information designed to promote school- based initiatives and interventions.

The purpose of the Education Trust (Martin, 2002) initiative was to transform the role of school counselors by connecting the profession to standard-based educational reform. The initiative encouraged professions to reassess their work environments with the goal of eliminating systemic obstacles that serve to encumber academic achievement (Dimmitt,

Carey, & Hatch, 2007). To this end, school counselors were the focus of this initiative because they are trained to assess interactions that occur among staff, students, families, peers, and administrators. Moreover, school counselors are positioned to evaluate how efficiently students are able to navigate through the learning process and determine if any environmental barriers exist. Ecological evaluations in schools are essential for school counselors because the awareness of the environmental interactions are necessary for operative planning and program design (Dimmitt et al., 2007). Therefore, conducting appropriate program evaluation with an ecological orientation increases the possibility of inclusion of school-based programs for children from low-SES families with mental health issues.

CHAPTER 3: METHOD

In pursuit of answers to the research questions, I used qualitative methodology with a positioned subject approach and autoethnographic principles. Appropriating principles from autoethnography and situating the study within the custom of activist research, I served as a participant in the present study. I provided narratives of my own experience as a former elementary school counselor who was reared in poverty with those of other elementary school counselors in an effort to provide a broader understanding of the issues related to working with mental health issues in high poverty schools. Additionally, I interviewed eight elementary school counselors working in high-poverty schools, for the purpose of developing a better understanding of the factors that might serve to improve advocacy and leadership efforts as they work with children from low-SES families with behavioral and emotional concerns. This method section includes a description of the design, participants, procedures, instrumentation, analysis, ethical considerations and the selection process of counselors.

Rationale

Professional school counselors inform their work and practice under guidelines established by ASCA's (2012) national model. ASCA's model includes guidelines for developing comprehensive school counseling programs specific to the needs of students. Two major component of ASCA's model are advocacy and leadership. *The Transforming School Counseling Initiative* (TSCI) provided a platform for the expansion of counseling competencies with the inclusion of social justice advocacy as the foundation (Martin, 2002). For the purpose of this study participants were screened to identify their levels of

understanding related to ASCA's national guidelines pertaining to social justice advocacy and leadership.

A qualitative approach was employed because it offers methods for obtaining information about the experiences of elementary school counselors in their natural settings as they strive to apply meaning to the phenomena of poverty. The qualitative approach also produced rich narratives (Creswell, 2013) related to how school counselors ascribe social justice advocacy in their work while serving low-SES students with behavioral and emotional concerns.

My goal was to explore elementary school counselors' perceptions about how poverty influences their work and illustrate their victories, challenges, and efforts in eliminating systemic barriers to student success while accomplishing their social justice advocacy agendas. Creswell (2013) described the process and intended outcomes of qualitative research as:

> The collections of data in a natural setting sensitive to the people and places under study; and data analysis that is both inductive and deductive and establishes patterns or themes. The final written report or presentation includes the voices of participants, the reflectivity of the researcher, a complex description of the problem and contribution to the literature or a call for change. (p. 44)

The narratives used in this study represented the stories of eight elementary school counselors in "real-world conditions" (Yin, 2011, p.7). The participants represent a diverse group of elementary school counselors who work in various school districts across the U.S. Conducting the study using a positioned-subject approach provides multiple perspectives of

elementary school counselors that serve to contextualize their views and perceptions and offer an explanation as to how they interpret their work with children from low-SES families (Conrad et al., 2001). Additionally, the qualitative method provides an opportunity to gain insight into emerging concepts that might help to explain elementary school counselors' work with children from low-SES families with mental health challenges while utilizing the voice of multiple sources opposed to a singular source (Yin, 2011). Instead of using a singular definition, Yin (2011) provided a list of five features of qualitative research:

1. Studying the meaning of people's lives, under real-world conditions;
2. Representing the views and perspectives of the people in the study;
3. Covering the contextual conditions within which people live;
4. Contributing insights into existing or emerging concepts that may help to explain human social behavior; and
5. Striving to multiple sources of evidence rather than relying on a single source alone. (p. 7-8).

Both of these definitions framed this study and represent the intricacy and richness of qualitative research. In addition to the definitions provided, it is important to acknowledge that qualitative research is also based on a philosophy of epistemology referred to as interpretivism (Gall, Gall, & Borg, 2010). Interpretivism implies that "reality is constructed by individuals who participate in it" (Gall et al. p. 343). Moreover, the process of understanding reality and meaning is based on the viewpoint of individuals that is the subjective representation of their experiences. Documenting the stories of elementary school counselors positioned in high-poverty schools provide rich accounts of school counselors

regarding their roles as advocates and leaders within their respective schools as they strive to explore resources for low-SES students.

Research Design

Qualitative inquiry was appropriate for this study because the stories generated are based on perceptions constructed by elementary school counselors working in environments with high saturations of students from low-SES families. The participants consisted of elementary school counselors from various school districts across the United States. They were questioned about their perceptions about advocacy for students. The main premise of constructing meaning will involve discussions about the processes used to show evidence of "advocacy in action" in their respective schools (Cohen et al., 2013 p. 8). More specifically, strategies, points of intervention and actions taken, in addition to perceived barriers to advocacy efforts were examined.

Interviewing elementary school counselors from various school districts enriches the study by offering geographically specific descriptions of counselor roles, responsibilities, and expectations. The interview protocol included the use of semi-structured interviews, each lasting approximately 75 minutes. The interviews were conducted and video recorded via Adobe Connect and stored in a password-protected computer. Conducting virtual interviews was the most efficient and time sensitive way to collect data for the positioned -subject approach because elementary school counselors are typically positioned in the settings as the only counselor, therefore attempting to conduct interviews on site might have been challenging as the counselors would have had to be accessible to students throughout the day. In addition, as the investigator, I served as a participant in the study to offer a reflection of

my experience as a child reared in poverty who grew up and then embarked on a career as an elementary school counselor serving students from low-SES families. The study will be informed by the practices, concerns, and traditions of narrative research through the use of autoethnography, life story, and positioned-subject approaches (Reed-Danahay, 2001; Tierney, 1998).

In qualitative research, validity is referred to as "trustworthiness" as researchers attempt to assess the "accuracy" of the findings (Creswell, 2013, p. 249). Trustworthiness of findings can be determined through the use several strategies including, "extensive time spent in the field, detailed thick description, and the closeness of the researcher to participants.

Creswell (2013) indicated that to establish trustworthiness in qualitative research "triangulation" is an acceptable strategy (p.25). Triangulation involves the use of multiple sources, methods, investigators, and theories to provide collaborating evidence of trustworthiness. For this study, I used peer debriefing, clarification of researcher bias, and rich thick description.

Autoethnography Approach

In studying elementary school counselors driven by the need to do social justice work for the students they serve in high-poverty schools, I chose to include myself as one of the subjects. The rationale for this approach is that I would be able to combine a qualitative, positioned-subjects interviewing methodology with principles of autoethnography. According to Coles and Knowles (2001), utilizing the autoethnography design allows the researcher to become a part of the sociocultural context. The autoethnographic approach

additionally allows the researcher as a participant of the study to explore the sociocultural elements, issues, and concerns from a broader perspective (Coles & Knowles, 2001).

Incorporating principles of autoethnography provided an examination of my experiences as one raised in poverty that later worked with elementary students in high-poverty schools. The experiences represent a critical and reflective account of social justice advocacy in schools serving children from low-SES. The intention of this study was to combine my experiences with stories of other counselors to provide a deeper and broader understanding of the issues and strategies discussed. Including myself in a discussion of childhood poverty and social justice provided an opportunity for me to present a study with authenticity rather than shielding my experiences behind other social justice school counselors. Ellis (1997), as cited in Theoharis (2007), explains the value of authenticity during autoethnography inquiry; he explained, "Letting the audience feel the emotion of the autoethnography will bring life to research as well as bring research to life" (p. 2).

Tierney (1998) argues the merit of autoethnography as a method of qualitative inquiry and states that:

> Autoethnographic texts create the possibility for reclamation of voices that have been either absent from traditional social science texts or misrepresented as ways to understand whole schemas of cultures. By representing reality in our own ways and with our own categories, autoethnography confronts dominant forms of representation and power to an attempt to reclaim, through a self-reflex response, representational spaces that have marginalized those of us on the boarders. (p. 66)

Combining the principles of autoethnographic methods with traditional qualitative approaches makes the study more personal and insightful. The present research design is consistent with Tierney (1998), as he explained that autoethnography is a "necessary methodological device to move us towards a newer understanding of reality, ourselves and truths" (p. 56).

The goal of the present study was to illuminate the daily life experiences of elementary school counselors and the meaning they apply to their work with children from high-poverty neighborhoods. However, despite the significant gaps in literature related to elementary counselors as social justice advocates for low-SES children, the current research can prove promising to professional school counselors by offering insight while also applying meaning based on the realities of the participants.

Positioned Subject Approach

The literature review revealed that few studies have considered elementary school counselors serving in high-poverty schools; therefore, the voices represented in published literature are limited. The positioned subject approach (Cohen et al. 2013) was used for this study because it allowed me to explore the varied perspectives of a diverse group of participants and interpret their perspectives through the lens of their unique settings and situations. In the context of this study, the subjects of interest are elementary school counselors who are committed to social justice work for students of low-SES with mental health issues and/or behavioral concerns in schools. These elementary school counselors were positioned in their respective schools alongside their staff and school community across several school districts in the United States. The study utilized a narrative research design

through which the perspectives of "diverse stakeholders…..people who have a vital stake" in elementary school counseling for students from low-SES families, is explored (Conrad, Haworth, and Millar, 2001, p. 203).

Conrad, Haworth, and Millar (1993) describe positioned subjects as the process of examining subjects within the context of their "particular needs, perceptions, and capabilities for action "(p. 284). Theoharis (2007) indicates that when using the position subject approach, the researcher assumes that the participants under investigation create meaning from and interpret their work. The goal of using the positioned subject approach in this study was to assess how elementary school counselors working in high-poverty schools make sense of their experiences and what they value about their work with children from low-SES families. Additionally, I analyzed the participants' experiences in terms of positioning, for example the geographic location and the various patterns that are consistent within their work environments, in an effort to develop a broad-based understanding of school counselor advocacy for students with mental health issues in high poverty schools.

This approach includes a purposeful sampling of participants who acknowledge their adherence to ACSA's (2012) national guidelines pertaining to advocacy and leadership. Creswell (2013) defines purposeful sampling as a concept that enables the qualitative researcher who, "selects individuals and sites for the study because they can purposefully inform an understanding of the research problem and central phenomenon in the study"(p.156).

Participants

The participants in the present study were chosen to participate through snowball and criterion sampling. Creswell (2013) indicated that "snowball or chain sampling identifies cases of interest from people who know people who know what case are informative and rich" (p.158). The researcher recruited the participants through conversations with counseling colleagues, educators, and associates she had become acquainted with throughout her professional career. Some of the participants also became familiar with the study as the result of the researcher's conversations with counseling professionals at conferences and her participation in professional organizations (i.e., ACA, NBCC, ACES).

Recruitment Method

Snowball sampling was used to recruit the participants in the present study. Each participant became familiar with the study either through conversations with colleagues, educators, and associates of the researcher or the researcher's involvement in professional organizations.

Recruitment Method

Snowball sampling was used to recruit the participants in the present study. Each participant became familiar with the study either through conversations with their colleagues and associates or through the researcher's involvement in professional organizations. The potential participants received an email explaining the purpose of the research with a handout attachment that highlighted the thematic theme of ecological counseling and social justice perspective (see appendix A & B). The researcher then conducted a phone conversation with each potential participant to discuss the content of the handout (see appendix C) in an effort

to determine eligibility and the appropriateness of their inclusion in the study. Those who participated in the telephone call and were identified as eligible then received a demographic information survey via Survey Monkey that identified their age, date of graduation from graduate school, childhood economic status and general educational histories of the participants.

Michael is a 53-year-old White male with over 15 years of professional school counseling experience. Michael works in a rural school district located in North Carolina, and he became familiar with the study through a colleague of his who also works in his school district as an elementary school counselor. Michael's colleague is also a classmate in the researcher's doctoral program at North Carolina State University.

Terri is a 26-year old White female with less than five years of professional school counseling experience. Terri works in a rural school district located in Tennessee. Terri attended graduate school in the state of Florida with a counselor educator acquainted with the researcher who currently resides in the state of Texas. The counselor educator obtained information about the study and later shared details with Terri. Terri then contacted the researcher to inquire about her participation in the study.

Mark is a 38-year old Black male who has worked as a professional school counselor for one year. Mark worked in an elementary school located in Ohio and became acquainted with the study through a member of the National Board for Certified Counselors (NBCC). The researcher and the NBCC member were each recipient of the NBCC-Minority Fellowship and were in the same fellowship cohort.

Nancy is a 35-year old Black female. She has worked as a professional school counselor for less than five years. Nancy works in an elementary setting located in Ohio. Nancy became acquainted with the study through a member of the National Board for Certified Counselors (NBCC). The researcher and the NBCC member were each recipient of the NBCC-Minority Fellowship and were in the same fellowship cohort.

Cynthia is a 56-year old white female who has less than five years of professional school counseling experience. Cynthia works in a rural school district located in Arkansas. Cynthia became acquainted with the study through a colleague of the researcher who is a counselor educator at a university located in Texas. Cynthia expressed an interest in participating in the study and granted permission for the colleague to forward her contact information.

Rebecca is a 30-year old White female with less than five years of professional school counseling experience. Rebecca works in a rural school district located in the mountains of North Carolina. Rebecca became familiar with the study through a member of the North Carolina Association for Multicultural Counseling and Development (NCAMCD). The researcher researcher serves as treasurer for this organization. The NCAMCD member and Rebecca attended graduate school together, and the mutual acquaintance shared Rebecca's contact information because she felt Rebecca could offer insight into the challenges encountered by children of low-SES families.

Aisha is a 35-year old American-Palestinian, who has less than five years of professional school counseling experience. Aisha is a third-year doctoral student in Michigan where she was also raised, and she currently works. Aisha became acquainted with the study

through her association with the National Board for Certified Counselors (NBCC). The researcher and Aisha were each recipient of the NBCC-Minority Fellowship and were in the same fellowship cohort. Aisha received details about the study from the researcher and she later volunteered to serve as a participant.

Sandra is a 29-year old White female. She has less than five years of professional school counseling experience. Sandra works in an elementary school located in North Carolina. Sandra became familiar with the study through a member of the North Carolina Association for Multicultural Counseling and Development (NCAMCD). The member of NCAMCD obtained information about the study from the researcher who later referred Sandra as a potential participant.

Participant Criteria

The participants were screened to determine the appropriateness of their inclusion in the study and each met the following criteria. They (a) currently work in a high-poverty school, as evidenced by 70% or higher of the school population participating in the Free or Reduced Lunch (FRL) program or a school identified as Title I; (b) are elementary school counselors; (c) have an awareness of the various ecological factors that influence their work with children of low-SES; (d) advocate, lead, and keep at the center of their practice an understanding of issues related to race, class, gender, disability, sexual orientation and /other historically marginalized populations (Theoharis, 2007).

For the first criteria, counselors had to work in high poverty schools as evidenced by 70% or higher of the school population participating in Free or Reduced Lunch (FRL) or identified as Title I. Higher levels of low-SES were preferred as opposed to schools with

larger populations of students from higher-SES families, as a means of exploring public schools that have limited resources, yet are required to meet federal proficiently standards for students. It is my belief that schools should be the "great equalizer" and regardless of persistent economic inequalities, schools should strive to reduce disparities in achievement between children of low-SES and their wealthier peers. Children from low-SES families attend public schools; therefore, to explore elementary school counselors' perceptions about improving the lives of children of low-SES requires that studies be conducted in the heart of high-poverty communities, which is the reason for using qualifying schools based on the percentage of low-SES students.

The second criterion specifies the inclusion of elementary school counselors who identified as social justice advocates. The participants included in this study shared their stories related to their advocacy experiences on the micro and macro levels. This criterion was important because advocacy can be evidenced in a variety of ways including professional membership and active participation in state or national professional organizations that support the lobbying efforts of counselors (i.e., American School Counselor Association). Because social justice involves influencing policy across multiple levels including state and federal institutions, professional membership and active participation provides opportunities to network with those with similar professional agendas (Cohen et al., 2013). I was interested in this particular subset of school counselors because the literature review suggests that there are specific qualities necessary to meet the needs of children in high-poverty schools and early intervention is imperative (Chabbra et al., 1999; Danziger& Danziger, 2010, Evans, 2004). Furthermore, this population was desired because

research is sparse regarding elementary school counselors serving as social justice advocates for low-SES children.

For the third criterion, counselors had to possess an awareness of the various ecological factors that influence their work with children of low-SES because of the high risk associated with children from impoverished communities. The literature supports the concept of considering ecology as an indicator of student success (Dixon & Frolovra, 2011; Jussim, 1989; McMahon, 2014). Children begin their education at various levels of development, in part because of the variation in home environments. The home and school environments are the most immediate and influential settings on child development (Bronfenbrenner, 1994; Conyne & Cook, 2004). According to Downey and Von Hippel, and Broh (2004), researchers argue that schools play a role in "reproducing and exacerbating" inequalities (p.613). The reason for this is that children from wealthier homes often: (a) attend schools with higher resource levels (Ladd, 2012; Borg, Borg, & Stranahan, 2012); (b) are assigned to higher tracks and ability groups (Amatea & West-Olatunji 2007; Ladd, 2012) and (c) enjoy more positive interactions with teachers and administrators (Houston, 2010; Gollub, & Sloan, 1978). Additionally, school counselors as social justice advocates would benefit from developing an awareness of the ecological factors that might serve as barriers to student success; awareness will lead to increased knowledge and the development of skills needed to employ strategies and interventions designed to eliminate inequality and oppressive practices.

The fourth criterion is that elementary school counselors advocate, lead, and preserve at the center of their work with students issues related to race, class, gender, disability, sexual

orientation, and other historically marginalized populations. Counselors who acknowledge the issues identified in the third criterion are connected to how these issues affect the students they serve and are able to purposefully design comprehensive programs that are designed to address concerns across all ecological system that affect student performance.

Subjectivity Statement: A Garment that Cannot be Removed

Peshkin (1988) proposed that researchers offer meaningful attention to subjectivity. He described subjectivity as a fusion of persuasions resulting from the circumstances of "one's class, statuses, and values that interact with the particulars of one's object of investigation" (p. 17). The key to subjectivity is the researcher's awareness that these persuasions are ever present and serve to influence their ability to process clearly and analytically. Moreover, Peshkin referred to subjectivity as "a garment that cannot be removed" (p. 17).

During this research, I had an insider (emic) perspective that stemmed from my experience as a child reared in a low-SES family who also experienced chronic interpersonal trauma. A reflection of my childhood experiences revealed how my family dynamics imprinted a consciousness that would establish a life-long commitment to service of children, adolescents, and families of low-SES. Additionally, an interest in the topic of elementary school counselors' attitudes related to poverty and advocacy for low-SES families, occurred while working in high poverty schools on the elementary and high school levels. The schools resembled those from my own early childhood experiences that provided meaningful impressions of poverty. The experiences I had in these schools formed perceptions of teachers and their willingness to serve children from low-SES families; these perceptions

also influenced my career trajectory, leading me on a journey from accountant to licensed clinician.

Family: A Web of Relationships

A family system consists of a web of relationships. Within this web, the behaviors of any one family member are influenced by and in turn influences the behaviors of others (Bronfenbrenner, 1979, 1986, 1994, Gerald & Buehler, 2004, Lareau, 2011). Because the family environment is the first and most influential determinant of development, it is important that I discuss how my family has influenced my worldview and thoughts regarding the importance of ecological research and advocacy for elementary school counselors serving children from low-SES families.

I was born in Germany to a military family, the oldest of three children and the only girl. Upon completion of my father's tour in Germany my family moved to East Orange, New Jersey were we lived until I was age 8. Both of my parents worked, and I can recall them being able to sustain our family's basic needs. My childhood experience also consisted of periods of sexual, emotional, and physical abuse as well as exposure to domestic violence. The literature on childhood trauma indicates that chronic exposure to interpersonal trauma within the "caregiving system" can put children at increased risk for a wide range of symptoms that can negatively impact a number of developmentally relevant life domains," (Kisiel, et al., 2014, p.30). .

The trauma associated with the exposure to these events affected my ability to focus in primary school. In fact, as I reflect on my elementary experience, I am not able to recall how I progressed through elementary school. I often question how I learned to read or attain

any level of academic achievement because of the instability of my home life. I was the child who attended school each day only to sleep during the first part of the morning because I was often kept awake with noise from my parents' arguments and physical altercations. I remember teachers inquiring as to the reasons I slept during class; however, there was no one I felt I could confide in during that time.

When I was in the fourth grade my family relocated to North Carolina, and within a year of our move, my parents separated. As a result, I developed an awareness of poverty and its impact on families. My family's economic status was more closely classified as "working poor" because my mother was employed and often worked three jobs to maintain our household. In spite of my mother's efforts, her income remained within poverty limits and conversations regarding our economic situation began to surface. My father was estranged from our family due to his issues related to substance abuse and, my mother began to have her own emotional challenges resulting from the burden of raising three children on her own. Due to the level of stress in our home, my brothers and I were subjected to increased emotional and physical abuse.

It was a challenge to focus on academics because my brothers and I were consistently burdened with issues related to our parents. Therefore, we did not perform well in school. I was not a disrespectful or disruptive child in the classroom. To the contrary, I was quiet and internalized my problems. My brother however acted out consistently during this time and school administrators began to inquire about the issues we were facing in our home. As a young girl, this produced additional stress and embarrassment, and my behaviors began to shift. However, during my fifth grade year, I experienced a positive relationship

with an educator who recognized that my home environment was yielding a negative impact on my education, and she decided to take an interest and developed a mentoring relationship with me.

Ms. Gunther-A Gatekeeper Adult

Ms. Gunther was my fifth grade teacher. She was a southern White woman who was much older than most of my elementary teachers. The elementary school was located in a high-poverty district, and some of my classmates presented challenges for Ms. Gunther (i.e., disrespectful language, fighting). Because I was a quiet, unassuming student, I felt a little displaced most of time; however, Ms. Gunther began to recognize that I was attempting to "fit in" with a group of girls whose behaviors resulted in multiple suspensions and frequent removal from the classroom. Ms. Gunther was relentless in her efforts to separate me from the group. Her strategy was to move my seating so that it was placed in front of her during class. Additionally, she often kept me in the classroom during recess because the playground was where most of the problems occurred and my risk of exposure the greatest. During recess, she would allow me to help her around the classroom by making copies and running office errands while the others played. I resented the attention initially; however, over a period of time, I began to look forward to our conversations. She was very encouraging and also provided additional time for remediation when necessary, particularly in the area of math. My fondest memory of Ms. Gunther was her statements when I successfully completed an equation. She would state in her southern vernacular, "see La Vera, ain't nothing to it!"

After all of these years I continue to reflect on her sentiments of encouragement because she would often speak to the potential she saw in me. She was particularly concerned with my choice of friends and would often say to me in a stern yet caring voice, "La Vera, please find new friends!" Eventually, I separated myself from classmates whose behaviors where often identified as problematic and moved on to junior high school with a new perspective related to the value of education. I had developed an awareness related to the purpose of school that was rooted in many of the conversations I had with Ms. Gunther. The lessons she taught me aside from the traditional math, science, and language also instilled a little hope. Ms. Gunther was the first to impress upon me the idea that if I remained focused, stayed out of trouble, and continued to dream big, I would find success.

Research findings about children from low-SES families reveal that some children who grow up in high risk-environments become successful adults (Houston, 2010). This is possible when they maintain positive attitudes and temperaments and develop skills to improve their lives, have parents willing to engage in effective parenting and have the presence of supportive gatekeeper adults. According to Wong (2003) supportive gatekeepers are those who are present and willing to provide "timely opportunities at crucial life transition points" (p. 69). Ms. Gunther was the gatekeeper adult in my life, and her advocacy contributed to my desire to excel and serve as a gatekeeper for others throughout my professional and personal experiences.

My Journey from High School to College Graduate

My high school population included students from high-SES families and neighborhood students from a lower-SES community. My decision to later pursue a career in

accounting was based on information I received in a business course in high school that taught the value of securing a position in corporate America. Because I was a child reared in poverty, the motivations for career decisions were not based on the vicarious experiences received from successful family members or others within my social network. To the contrary, my ideas were formed exclusively by a desire to improve my life circumstance and obtain the financial resources that would provide an exodus out of poverty. There were no *Meyer-Briggs* or *Strong Interest Inventories* administered to assist me with post-educational decision- making. There were high school counselors, but most seemed interested in students who were identified as strong candidates for scholarships. Unfortunately, I was not in that category and like many students from my neighborhood, persistence was important while seeking guidance with college applications. Nevertheless, I applied for and was accepted to college where I pursued a major in business administration. Upon earning my undergraduate degree, I worked as a cost accountant for a brief period of time. However, my desire to work with children from low-SES families led me to a classroom located in a high poverty elementary school.

Why Is Bryon Holding on to This Tree?

In an effort to remain transparent, I felt it necessary to introduce an experience that has led to my belief that school counselors are essential personnel in the advocacy of children with mental health issues from low-SES families. I will refer to the student as Bryon and to the school as Vision Elementary School. These are pseudonyms.

My first professional experience in a high poverty school was in the position of teacher assistant for a 1st grade class. Vision Elementary School was an urban magnet school

of science and technology located in southeastern United States. The population consisted of approximately 500 students. Vision was a Title 1 school with a population of over 75% who received free and reduced lunch. Vision Elementary was unique because it served students who resided in a low-income housing community as well as those from high-SES families who were assigned to Vision Elementary because of its specialized distinction in math and science.

It was during this time that I was introduced to the concept of extreme poverty and the implications it had on students, parents, and educators. What I discovered was that there were children attending public schools who lived without water, electricity, adequate clothing or shelter. The students from the low-income housing community were most often the children who attended school hungry and were without sufficient medical attention. The students' homes were also situated in a high crime district. The parents were inactive and rarely attended open houses or special programs. Serving students from this population presented a set of professional and personal challenges that I found perplexing. I observed the effects of abuse, neglect, domestic violence, homelessness, absenteeism, parent incarceration, and despair in a school where resources where not allocated to address the challenges associated with the cumulative effects of poverty. The magnet aspect of the school was very successful as demonstrated by the attention it received for its science and technology programs; however the concerns that stemmed from the students who attended the school from the lower-income community were rarely noted.

The level of neglect and abuse was profound, and as a result, the school counselor regularly consulted with child protective services. She was an educator of nearly 25 years

and was ready for retirement. She was more than a school counselor, and because of the population we served, I observed the various roles she maintained, including assistant to the social worker, disciplinarian, and often nurse. Bryon was a student with severe behavioral and emotional issues. He was a student in my 1st grade class whose story is connected with my own because Bryon and many students like him at Vision Elementary led to my decision to pursue a career in counseling.

Bryon was a student whose behaviors resulted in multiple suspensions because he regularly assaulted classmates. Additionally, Bryon cried uncontrollably most days, and this resulted in his frequent removal from the classroom. He had several siblings, and his mother was a single parent. He often attended school with dirty clothing and often complained of hunger. The family also had a history with the department of social services. The school counselor worked with Bryon and his family; however, due to Bryon's behavioral and emotional problems, he required a higher level of academic placement. Unfortunately, because of the process of special programs, Bryon remained in a regular classroom setting throughout his 1st grade year. I can recall when he was absent from school that the classroom teacher often expressed her gratitude that he was not there.

Bryon was neglected, and his situation provided me with a broader perspective related to the effects of complex trauma on children. On one occasion, Bryon had missed a couple of days of school and returned without an explanation from his mother. It was not unusual that he cried excessively during class; however, there was a difference in his behavior and appearance upon his return on this particular day. He had an odor that was offensive, and the classroom teacher instructed me to take Bryon to the school counselor to

have her assess the issue. While in the counselor's office, she took his temperature and asked him if he was in pain. He pulled up his pant leg and, to our horror, he revealed a leg with several large open sores. He had contracted impetigo, a contagious skin infection that went unnoticed or treated by this mother. He was hospitalized and returned to school after a couple of weeks. The school counselor continued to work with social services and school administrators regarding Byron's situation; however, his behaviors continued throughout the academic year.

On the last day of Bryon's 1st grade year, class dismissed and students were led to either the bus or other modes of transportation for their journeys home. Bryon lived close to the school; therefore, he walked home each day. On this particular day, I watched from my classroom window and observed that Bryon was holding on to a tree and crying hysterically as those responsible for guiding him home attempted to persuade him to let go and proceed down the street. Eventually, I went out to assist along with the counselor, and we were able to convince him that it was time to go home. I asked the counselor to share her thoughts about why he was holding so tightly to the tree, and she stated that Bryon received two meals and snacks at school, and that he was fully aware that he would most likely go hungry during the course of the summer. She also enlightened me regarding Bryon's awareness of his home situation and the fact that he would not receive the attention he needed from his caregivers.

School offered far more to Bryon than language, math, and science. Vision Elementary was where he spent the majority of this time and also a place he could rely on to meet his physical and emotional needs. We were not, however, made aware of any official mental health diagnoses applied to Bryon. The school counselor at Vision Elementary served

as an advocate for Bryon and many students with similar behaviors. She assured that regardless of Bryon's behaviors and home situation, he was treated with respect and dignity within the school environment. I observed her advocacy efforts at work for Byron on days that he attended school and was in need of additional support. Bryon always had a place to retreat from the stressors in the classroom, and the school counselor worked diligently to assure that additional provisions where assessable to students including food, clothing, and a place to sleep when needed.

Bryon was one of several students attending Vision Elementary with similar challenges related to the cumulative effects of poverty. However, his behaviors highlighted a gap in the need of advocacy to address behavioral and emotional concerns in high-poverty schools. Additionally, I experienced similar situations with students when I became a school counselor serving students in high-poverty schools on the elementary and high school levels. It is because of these personal and professional experiences that the field of counseling and my research interest was birthed. Bryon's story like many other students and client's I have served throughout the years, along with my personal story, is a garment that cannot be removed and has acted as the impetus for how and why I have chosen to serve children, adolescents, and families.

A thorough review of the literature on the ecological influences of poverty on schools, led me to consider the value of school counselors as social justice advocates. As student advocates, school counselors are uniquely positioned to serve as effective and supportive gatekeepers for children of low-SES who have challenges with mental health issues. Thus, my beliefs were solidified that school counselors serve as essential school

personnel to lead the efforts toward school improvement for children and families from low-SES neighborhoods.

Connecting the Theoretical Framework

As previously mentioned, ecological development and social justice advocacy perspectives were used during this study in keeping with the post-positivist tradition of individuals' defining their own realities and identities (Charmaz, 2014). Both ecological development and social justice advocacy theories espouse a constructivist relationship between the researcher and participants in which knowledge is co-created and disseminated.

The research questions focused on promoting systemic change and understanding the influence of economic inequality on academic achievement. Developing an understanding of the effects of poverty provided a more in-depth understanding of how the confluence of cumulative risk might lead to psychological dysfunction (Evans, 2004; Evans et al., 2013; Flouri, 2008). The social justice perspective implies advocacy on behalf of those who are underrepresented in order to change and transform practices that are potentially harmful to them (Dixon et al., 2010; Hunsaker, 2011; Odegard &Vereen, 2010).

In addition, the data derived from the qualitative interviews inform and provide meaning to the participants' work as professional school counselor. Therefore, it was essential that the interview contained questions that served to enrich the discovery of new knowledge while providing the "interactive space and time" that allowed the participants' views and insights to develop (Charmaz, 2014).

Interview Question Development

The following section provides the structure of item development used for the interview protocol. The interview questions are based on the five objectives found in the introduction, which in turn, were derived from the literature review. The interview questions are also housed within four social justice categories that were also derived from the literature review and structured as depicted in Table 3.1.

Table 3.1

Research and Interview Questions

Research Questions	Interview Questions
Research Question #1- What knowledge do elementary school counselors have about the impact of environmental factors affecting students from low-SES families?	**Life Histories of Elementary School Counselors**: Describe your childhood;(a) what do you recall about your experience as an elementary student? (b) Was there an elementary school counselor present in your school? If, so what is your most vivid memory of them? Tell me a story that represented your fondest memory of your elementary school experience. Tell me a story that represents a challenge or difficult situations; (a) Who was there to support you? (b) What resources did you wish were available to you? These questions provided a broader explanation of the lives and academic histories of the participants (Amatea & West-Olatunji, 2007; Bray & Schommer-Aikins, 2015; Bronfenbrenner, 1986; Carter, 1996). **Attitudes Regarding Advocacy for Students and Families from Low-SES:** Tell me a story about a time you advocated for a student from a disadvantaged

Table 3.1 continued

	community. This item addressed the counselors' awareness of their roles as advocates within a cultural context (Ametea & West-Olatunji, 2007); Have you ever heard the term "Cumulative Risk"? If so, in what context do you feel this term applies to children of low-SES? This question addressed the definition of "cumulative risk" and the counselors' knowledge of the impact of environmental exposure on childhood behaviors (Bronfenbrenner, 1994; Eamon, 2001; Gerald & Buehler, 2004); What types of environmental risk have you identified while working with your students? How did you assess that the environment affected their mental health? This question was relevant to ecological theory, cumulative risk, and how school counselors perceive their role as assessors of symptoms of maladaptive behaviors in children from a psychological perspective (Bronfenbrenner, 1979; Whelley et al., 2002). **Perceptions Regarding the Value of Ecological Counseling:** Do you feel that the school environment has implications on the behaviors of students? If so, as an elementary school counselor charged with leadership and advocacy, how does your comprehensive school-counseling program reflect an assessment of the school environment and the influence it has on student achievement? This question supported the concept of promoting an ecological perspective in school counseling (McMahon et al., 2014).

Table 3.1 continued

Research Question #2: What are the perceived barriers that impede the process of social justice advocacy while serving students from low-SES families with mental health issues?	What barriers have you encountered while attempting to serve students with mental health issues? This item addressed barriers that impede children from impoverished communities from accessing mental health services (Owens et al., 2002).
Research Question #3: How do elementary school counselors use social justice advocacy to serve students with mental health issues in high poverty schools?	**Assumptions Regarding the Counselor's Role as Advocates for Students with Mental health issues:** Tell me a story about a time when you were presented with a difficult student with mental health issues. How was the student introduced to you? And, how did you discover that the student had a mental health diagnosis? The purpose of this item was to determine how school counselors are able to assess the frequency and severity of mental health concerns among their students. These questions are congruent with previous research that reports the increase number of children and adolescents with mental health concerns and the lack of adequate accessibility to treatment (Blizzard, 2007; Chabbra, Chavez, & Harris, 1999; Gonzalez, 2005). What is the protocol for school counselors in your school/district for serving students with severe mental health disorders? This item addressed the notion of accountability for school districts that serve high-poverty populations (Ladd, 2012). What are your thoughts about the value of addressing mental health disorders in schools? Do you feel that attempting to address severe mental health issues is beyond the scope of schools? The purpose

Table 3.1 continued

	of these questions was to determine whether the participants felt that offering mental health services in school settings would eliminate concerns related to accessibility of mental health services. The questions further explored the participants' perceptions about the link between addressing the emotional stability of students and improved academic performance (Balaguru et, al., 2013).
Research Question #4: How do the participants narrate their roles as social justice advocates for the expansion of school mental health (SMH) programs?	**Perceptions about Their Roles as Social Justice Advocates for School Mental Health Promotion:** What are your thoughts about school mental health promotion? This question was designed to explore the participants' knowledge about the function of school-based health centers (Barnett &Allison; North & Parker, 2010; Weist & Chrisodulu, 2000). Do you feel your faculty and staff would support you if you chose to advocate for the existence of a school-based mental health promotion on your campus? This question examined the participants' advocacy knowledge regarding resources on the micro-level including, school policy and scope of practice (Trusty & Brown, 2005). What do you see as potential barriers to the establishment of a school-based health center in your school or district? This question examined the participants' knowledge related to possible challenges to the advancement of school-based health centers within their schools and/or district (Gonzalez, 2005; Lear et al., 1999; Swider & Valukas., 2004).

Data Collection

Purposeful sampling was used to select elementary school counselors who meet the aforementioned participation criteria. Creswell (2013) indicates that in a narrative study with purposeful sampling, the investigator's primary goal is to focus on "whom to sample" (p.155). In the present study, the participants represented those selected for convenience because they came as referrals from their colleagues who identified them as appropriate and available to participate (Creswell, 2013).

The potential participants received an email explaining the purpose of the research with a handout attachment that highlighted the thematic theme of ecological counseling and social justice perspective (see appendix A & B). I then conducted a phone conversation with each potential participant to discuss the content of the handout (see appendix C) in an effort to determine eligibility and the appropriateness of their inclusion in the study. Those who participated in the telephone call and were identified as eligible then received a demographic information survey via Survey Monkey that identified their age, date of graduation from graduate school, childhood economic status and general educational histories of the participants. Upon final selection, I informed the participants of their rights and how confidentiality would be maintained. Additionally, I included information regarding an incentive of 15 dollars that each participant would receive upon completion of the study.

The participants were than interviewed in a face-to-face protocol format via Abode Connect. Abobe Connect is a virtual application that recorded and stored the interviews in a password-protected computer. Utilizing a virtual application was the most appropriate and

efficient process for data collection using multiple participants who are geographically situated in several school districts across the U.S. Wilkerson, Iantaffi, Grey,Bockting, and Rosser (2014) stated that online qualitative data collection has existed since the 1990s in the form of "emails, message boards, instant messaging and chat software" (p.561). Adobe Connect is a visual method for collecting data that allowed me to collect "visual images and metaphors to help describe the participants' identities, experiences, and practices, therefore I was able to obtain more detailed narratives" (p.567).

Semi-structured interviews were conducted, and I was able to ask open-ended questions to elicit responses of depth from the participants (Charmaz, 2014). The average lengths of the interviews were approximately 75 minutes and were transcribed by a professional transcriptionist. The transcripts were forwarded to two participants to assure the accuracy of the content. The other participants declined the opportunity to review their transcripts. The transcripts were altered if they contained specific names of people or organizations to assure anonymity of the participants. The video files and the transcripts were saved on a password-protected computer storage device.

Data Analysis

The semi-structured interview framework and a positioned-subject perspective that emphasizes the respondents' lived experiences, stories, and meanings informed the analysis in the current study (Charmaz, 2014). The analytic steps included: (a) an examination of the interview transcripts for general statements about how the influence of ecological theory knowledge affects elementary school counselors' attitudes towards social justice advocacy for children from low-SES families with mental health issues; (b) the development of themes

around these topics; (c) the construction of analytic categories from the themes; and (d) the linkage to the previously identified analytic categories into a coherent process (Charmaz, 2014).

Coding. Coding provided an opportunity to name aspects of the data and apply a label that categorized and accounted for each portion of data (Charmaz, 2014). There were two primary phases of coding. The initial phase involved the process of "naming" items prior to the focused selective phase. The focused selective phase was the process of extracting the most significant or frequent codes while sorting and integrating data (Charmaz, 2014).

Additionally, I combined a priori coding with focused codes that included the exploration of previous theory and literature to code larger portions of data. Interview transcripts were transcribed by a transcriptionist and coded by a former counselor education doctoral student and myself. Additionally, I worked with an auditor who read and verified the content of the information in an effort to eliminate research bias. The editor possesses a PhD in counselor education and has served as a mental health clinician in private practice for several years. The coder and auditor were recruited based on my personal relationship with each and our previous collaboration with clients in the community.

Initial coding. Initial coding consisted of code assignments that closely related to the data and reflected action rather than feelings. Initial codes were provisional and useful throughout the analysis. Initially, "line-by-line coding" was utilized, which included the process of naming each line of the written data (Charmaz, 2014). I then read the transcript

and assigned initial codes to each line of the transcript. These initial codes were based on the actions of each segment.

Focused coding. The second phase in the coding process was characterized by a synthesis of larger segments of data. This step was initiated after strong analytic directions were established and correlated directly to theories that might emerge from the literature review (Charmaz, 2014).

Axial coding. Axial coding was the process of connecting "categories to subcategories"; the axial phase provided property and specification categories. This coding phase was characterized by the cohesiveness of emerging data (Charmaz, 2014). In this step, I combined related themes to understand the motivations behind the situations in the data.

Theoretical coding. Theoretical codes specified possible relationships between categories developed during the earlier coding processes. These codes were integrative and moved the analysis in a theoretical direction (Charmaz, 2014).

Memo-writing. Memo writing is central to narrative writing because it formed the foundational structure of the emerging coding theme. It also prompted me to analyze the data and codes early in the research process (Charmaz, 2014). The memo-writing process included taking notes on thoughts, comparisons and connections in the data, possible theoretical directions, and directions for future pursuit.

Trustworthiness

This study focused on the experiences of elementary school counselors who serve in high poverty schools and their perceptions regarding social justice advocacy for children with mental health issues. The study contained the narratives of participants as they applied

meaning to their experiences as employees of various school districts across the United States. The analyses explored the participants' life histories as those histories informed their work with children from low-SES families. I served as a participant in the study and provided narratives of my own experience as a former elementary school counselor who was reared in poverty with those of other elementary school counselors in an effort to provide a broader understanding of the issues related to working with children from low-SES families. The purpose of including myself was to include information about my life story that represents authenticity, transparency, and is reflective and personal with the goal of exposing potential bias. The goal of eliminating potential bias as a participant was accomplished through "triangulation" and the subjectivity statement (Creswell, 2013, p. 251). Triangulation involves the use of multiple sources in an effort to provide collaborating evidence for the purpose of emanating potential bias.

CHAPTER 4: FINDINGS

This chapter will discuss the findings of the current study and how these findings were used to explore the phenomenon related to how elementary school counselors contextualize and interpret their work in high poverty schools while advocating for school mental health services (Conrad et al., 2001). This chapter includes detailed participant profiles that were formed from demographic information provided by each participant. The study was conducted to answer four research questions. As previously discussed, the qualitative questions that guided this study are the following:

1. What knowledge do elementary school counselors have about the impact of environmental factors affecting students from low-SES families?
2. What are the perceived barriers that impede the process of social justice advocacy while serving students from low-SES families with mental health issues?
3. How do elementary school counselors use social justice advocacy to serve students with mental health issues in high poverty schools?
4. How do the participants narrate their roles as social justice advocates for the expansion of school mental health (SMH) programs?

The data analysis revealed the development of 11 clusters. Out of these 11 clusters 6 themes emerged. The identified clusters are: (a) childhood experiences, (b) professional identity, (c) establishing protocols, (d) interpersonal trauma, (e) systemic trauma, (f) positive school support, (g) negative school support, (h) positive school district support, (i) negative school district support, (j) adequately prepared, and (k) not adequately prepared. These 11 clusters were used to form 6 themes including: (a) motivation to advocate, (b) prioritizing

mental health in schools, (c) complex trauma, (d) school-based support (micro-level advocacy), (e) school district support (macro-level advocacy), and (f) preparedness. The formation of the clusters and themes are depicted below:

Table 4.1

Themes and Clusters

Themes	**Clusters**
Motivation to advocate	Childhood experience
Prioritizing mental health in schools	Professional identity Establishing protocols
Complex trauma.	Interpersonal trauma Systemic trauma
School-based support (micro-level advocacy)	Positive school support Negative school support
School district support (macro-level advocacy	Positive school district support Negative school district support
Preparedness	Feeling prepared Not feeling prepared

Description of Participants

This study included eight participants currently working as elementary school counselors in high-poverty schools across several school districts in the United States. The participants work in schools that are classified as high poverty based on 70% or greater of the population receiving free and reduced lunch. Additionally, each elementary school is classified as Title I. Because of my own experience as a former elementary school counselor, I am also a participant in the present study. My life history and demographic information has been provided in Chapter 3.

Michael

Michael is a 53-year-old White male with over 15 years of professional school counseling experience. Michael works in a rural school district located in North Carolina. The counselor to student ratio is 1:510. Michael stated that he grew up in western New York where he was raised in a "traditional" two-parent family home. Michael stated, "I grew up in western New York outside of Buffalo. To a traditional family, mom stayed home, dad worked." Michael shared fond memories of his childhood. He stated, "Elementary school was a good time. I was a reasonably bright child and a little precocious. We had a small school. Much smaller than the schools we have here in North Carolina." Michael also recalled having a "temper" when he was a child, primarily because he was a "little guy" and he needed to defend himself against the harassment of classmates. He stated:

> I had a bit of a temper as evidenced… since I am a little guy. Sometimes little guys are targets, you know… It was 35 or 40 years ago… and expectations were considerably different about student behavior. Now if the kids get into fights, parents are called and its big deal…. back then, not so much.

He also described his family's socioeconomic status when he was a child as middle-SES. Michael is not a licensed practicing clinician.

Terri

Terri is a 26-year old White female with less than five years of professional school counseling experience. Terri works in a rural school district located in Tennessee. She was raised in Florida and described her childhood as challenging. Her parents were substance

abusers, and she was eventually removed from their custody and adopted at age 15. Terri stated, "I grew up in Florida, and I was adopted when I was 15 ...by a family when I was in high school…it was my best friend's family. My biological parents are substance abusers and so that's …basically my background." She described her family's socioeconomic status when she was a child as low-SES, and she also described periods of homelessness. Terri stated, "We were homeless at the time. And I remember all of our stuff was gone. You know like…it was just gone." Although Terri experienced economic hardships and her family dynamics often led to crisis situations, she shared fond memories of elementary school. Terri affirmed:

> I remember winning a writing contest when I was in 5th grade. It was a poetry contest, and I went to Barnes and Noble and … read poetry and got a medal and decaf coffee at a poetry reading. There were grown-ups there, and I remember just feeling … really important and appreciated at that event.

Terri currently works in a school that has a school-based mental health program. The school has a population of 360 students. The counselor to student ratio is 1:180. Terri is not a licensed practicing clinician.

Rebecca

Rebecca is a 30-year old White female with less than 5 years of professional school counseling experience. Rebecca works in a rural school district located in the mountains of North Carolina. She works in an elementary setting that has a school-based mental health program. Rebecca was born to a military family who later moved to Alabama where she grew up. Rebecca described her home life as "wonderful" as a child and her elementary

school experiences as "challenging", primarily because she was exposed to racial tension and violence while in elementary school. Rebecca stated:

> My parents didn't know a whole lot about the public school system there and how deep public school systems sometimes worked. So I went to the local public school near my house. My memories of that experience included busing…lower income and mainly minority kids… and that just caused a lot of animosity between the two groups.

Rebecca discussed that some of the issues were the result of class, but some of the tension was based on racial differences. She stated, "It was based on economic class which did fall a lot of times, along color lines…but not necessarily. And I remember in elementary school even then… it being really violent."

Rebecca described this experience as "scary", and after several violent incidences that occurred in the school, her parents placed her in a less volatile school setting. Rebecca described her family's socioeconomic status when she was a child as high-SES. Her father is veterinarian, and her mother is a teacher. Rebecca is a licensed professional counselor.

Mark

Mark is a 38-year old Black male who has worked as a professional school counselor for one year. Mark works in an elementary school located in Ohio. The counselor to student ratio is 1:550. He described his early educational experience as ineffective because he was randomly placed in classes for the learning disabled. Mark stated, "I was with a lot of low functioning kids. They didn't take the time to prepare us for the next grade level." Mark was raised in a single parent home and described his socioeconomic status as low-SES. Mark also

described his elementary school as disadvantaged. He recalled having to share textbooks with his peers and never being able to bring books home. Mark declared:

> Back then, there wasn't an academically challenged or a failing school system, but that's the kind of system I came from. Where we had to share books and we couldn't bring them home. There were between 25 to 30 students per classroom.

Mark also described his school environment as one that he had to fight often. He stated, "Elementary…it was rough… you had to fight everyday."

Mark shared that his mother eventually moved him to another school and his situation improved. He stated:

> When I switched elementary schools, I was making straight "A"s; they put me in a regular ED class; it helped build up my confidence. I got on the football team. I think I did a lot better at the other school because they put more into me. So I think… I know… I did a lot better in the other school. It was still similar to the first elementary school, but they spent more time with us individually.

Mark is not a licensed professional counselor.

Cynthia

Cynthia is a 56-year old white female who has less than five years of professional school counseling experience. Cynthia works in a rural school district located in Arkansas. She also works in an elementary school that has a school-based mental health program. Cynthia described her childhood as "not poor, but not rich by any means". Cynthia's father was a farmer who also worked in a factory. Her mother was a homemaker. Cynthia shared that she had fond memories of elementary school; however, she indicated that there were

challenges between the socioeconomic classes. She stated, "I loved school but I could remember there was a separation between kids that had a lot and kids that lacked things… but I loved school." Cynthia is not a licensed practicing clinician.

Aisha

Aisha is a 35-year old American-Palestinian who has less than five years of professional school counseling experience. Aisha is a third year doctoral student in Michigan where she was also raised and she currently works. The counselor to teacher ratio in her school is 1:580. Aisha described her family as "very large", and she indicated that her extended family members all actively participated in raising her. She stated, "Everyone was involved in raising me…uncles, aunts, grandparents, cousins…we have a large family." She described her family's socioeconomic status as middle-SES. Her mother was raised in a "very wealthy" family, and her father was raised "poor". She indicated that she and her siblings experienced an "economic" identity crisis because her parents did not often agree about how finances should be handled in their home. She recalled, "My mom and dad did not always agree about how we should spend money…they came from two different worlds, and my siblings and I experienced an identity crisis over how money should be spent." Aisha indicated that she grew up in a community where it was safe to walk to school, and she enjoyed elementary school. She recalled making friends in primary school who have remained her close friends since childhood. Aisha stated:

> I had fun in school, we lived in a neighborhood that was safe, and we could walk to school… I don't know many neighborhoods like that anymore…I also still have

friends that I had in elementary school. We keep up with each other's lives through Facebook.

Aisha is a licensed professional counselor.

Nancy

Nancy is a 35-year old Black female. She has worked as a professional school counselor for less than 5 years. Nancy works in an elementary setting located in Ohio with a 1:890 counselor student ratio. She described her childhood as "difficult", and as a result, she functioned with limited coping mechanisms throughout school. Nancy indicated that she developed mental health issues. Nancy stated, "I began to eat my feelings and engage in other self abusive stuff. I was a skin picker, I cut and binge ate, I abused drugs, and smoked cigarettes." She indicated that although she experienced challenges, she was able to maintain a "good GPA… but almost every other aspect of (her) life fell apart." Nancy is not a licensed clinician.

Sandra

Sandra is a 29-year old White female. She has less than five years of professional school counseling experience. Sandra works in an elementary school located in North Carolina. The school has 650 students with a counselor to student ratio of 2:325. Sandra was raised in Albany, New York and began elementary school in a district that was located "on the other side of Hudson river" or what Sandra described as a poor community. She indicated that her family eventually relocated to an area where, "you just leave the door unlocked". Sandra described her childhood as "typical" because she was raised with both parents who

she indicated are still together after 35 years of marriage. She described her family's socioeconomic status when she was a child as middle-SES.

Common Descriptive Characteristics

All of the participants work in high poverty schools. Seven out of eight participants have less than five years of professional school counseling experience. The participants were geographically located in several cities across various school districts in the United States; however, they all used similar descriptive language relating to the ecological factors that influence students' behaviors (i.e., homelessness, substance abuse, physical abuse, violent neighborhoods, parent incarceration, stigmatization). Four of the participants shared that they experienced some form of childhood trauma (i.e., violence, homelessness, substance abuse). Three participants described their childhood as having several environmental risk factors related to their being raised in a low-SES family (i.e., violence, ineffective schools, homelessness, substance abuse, neglect).

All participants expressed their interest in advocating for school-based mental health programs for children from low-SES families. Three of the participants work in elementary settings with established school-based mental health programs. One out of three school based programs is sponsored by the school district; the others are independently financed through collaboration with large community mental health organizations. The formations of the common descriptive characteristics are depicted below.

Table 4.2 Common Descriptive Characteristics

Participants	Works in a High-Poverty School	Less Than 5 Years of Professional School Counseling Experience	Similar Descriptive Language Regarding Ecological Factors	Experienced Childhood Trauma	Worked In a School With a SMH program
Michael	X		X		
*Terri	X	X	X	X	X
Rebecca	X	X	X	X	X
*Mark	X	X	X	X	
Cynthia	X	X	X		X
Aisha	X	X	X		
*Nancy	X	X	X	X	
Sandra	X	X	X		

*Denotes the participants who described their childhood as having several environmental risk factors related to their being raised in a low-SES family.

Research Question One

I found a great deal of hope in the responses to my first research question: "What knowledge do elementary school counselors have about the impact of environmental factors affecting students from low-SES families?" The counselors possessed remarkable knowledge about the influence of ecology on students' mental health and their ability to thrive in schools. Their knowledge was consistent with two ecological principles: (a) the subjective reality of students and the objective realties that exist in their environments (i.e.,

home, school, neighborhoods), are “inseparable and irreducible” of one another (Conyne & Cook, 2004, p.80); and (b) relationships between students and their environments are the primary reality of the students’ “social world” (Conyne & Cook, 2004, p.80). For the purpose of the present study, the student’s “social world” refers to their school

The counselors in this study discussed the value of “knowing” what realities exist for students as the primary function of their roles as school counselors in high poverty schools. They discussed that this knowledge better equipped them to implement processes and procedures with the goal of achieving schools that are healthy, well-functioning, dynamic, balanced, and flexible (McMahon et al. 2014). All of the counselors felt that raising awareness of the ecological factors specific to students from low-SES families would also result in their ability to address emerging issues. One emerging issue that was related to the influence of ecology on students’ mental health was complex trauma.

Trauma as a single theme emerged from research question number one. Complex trauma is the exposure to multiple and chronic, interpersonal traumatic events; these events occur most often within the family system and typically begin in early childhood (Kisiel et al., 2014; O'Neill, Guenette, & Kitchenham, 2010).

Embedded in the theme of trauma are interpersonal and systemic factors. Interpersonal factors are described as physical abuse, neglect, sexual abuse, and family violence (Kisiel et al., 2014; O’Neill et al., 2010). Systematic trauma refers to stressors that are caused by one social system or group(s) upon members of the same or different group(s). Examples of systemic trauma included bullying, neighborhood gang exposure, and harsh

consequences received from school personnel (Kira, Lewandowski, Chiodo, & Ibrahim, 2014).

Complex Trauma

Interpersonal factors. As previously discussed, children are linked to the economic experiences of their parents and, therefore, encounter social and cultural barriers that often limit their accessibility to basic living standards, including housing, food, health, education, and public space (Huston, 2011; Ladd, 2012; Ridge, 2002). Deprivation produces harmful effects for children that are observable in early childhood (D'Andrea, Ford, Stolbach, Spinazzola, & van der Kolk, 2012). According to the literature related to trauma, childhood privation often leads to traumatic interpersonal adversity (Kisiel et al., 2014; O'Neill et al., 2010). Based on the information obtained from the interviews, the school counselors acknowledged the existence of interpersonal factors that are related to child trauma among their students. All of the counselors reported that the interpersonal factors influenced behaviors and often created environments that were challenging for educators as well as the students.

Rebecca expressed concerns about her students who have been exposed to traumatic circumstances. She stated:

> You've got stressors of their family. They're food insecure and they're not getting their basic needs met… A lot of times if there are stressors in the family… then they are more likely to…act out. You know I see a lot of trauma kids because of domestic violence or neglect or abuse and that's the cumulative risk …of having those things happen …and then having a mental diagnosis because of those things too…. all

because they were lower SES and the parents couldn't handle all of the stress.

Michael also shared his thoughts related to the students in his elementary school who have food insecurities. Michael stated:

> My students who come from poverty, they don't have anything. And from my middle class background… I see students who are all getting lunch at the same time, within thirty seconds of each other and it's always about who is going to get theirs first. Even in higher grades where you would think they would grow out of this, it can still be an issue. It's a power thing…it's status. And I think sometimes it means more to our kids in poverty… Maybe they don't have that much and they don't get much food.

Interpersonal trauma was also discussed in the form of abuse and neglect. Abuse or neglect implies cases in which a child's parents or legal guardians fail to take action to provide adequate food, clothing, shelter, medical care, or supervision that a more conscientious parent would take (Kisiel et al., 2014; Pino, Herruzo, & Herruzo, 2015). Because child neglect is the most prevalent form of child maltreatment, it was a concern for a few of the counselors who reported that often what appeared as neglect was actually the parent not having resources to address a crisis situation. For example, children coming to school without clean clothing because the family was living without electricity or water. Additionally, a few counselors reported that the extent of the problems required creative logistical processes in an effort to meet students' needs. Nancy stated:

> I know multiple families that have utilities turned off. So we do what we can and we realize that a child wants to have a sense of pride. So we (counselors) have clean

> uniforms and the nurse has clean uniform and they (students) can shower and dress and just feel good about their day. It feels good to come in and have a hot shower and put on a clean uniform and learn.

Michael stated:

> Dental care is huge; they just don't get it. We used to do fluoride rinses for them up until about a year ago, but then the state cut the budget. Every child would get a fluoride rinse once a week. Because many of our students have wells and not city water, means that there is no fluoride in the water. So if they're dental care is shotty to begin with and this was helping…why not keep it…it was helping a lot. But they cut the budget for it.

Researcher's Reflection*: As a school counselor, securing a private space for children to clean themselves, particularly with the large population of homeless children in my high-poverty school, was paramount. Children are often harassed for not being clean, and this situation often results in fights. The staff in my school was always great about bringing in clothing and placing it in the storage area. Many students would also come to school without coats during the winter. The parents could not afford to purchase them. Often, I was caught between what was actual abuse or neglect or simply a family not having resources. I felt that I needed to exercise additional vigilance as it pertained to asking questions and reaching out to parents. I never wanted to alienate a family by reporting abuse or neglect when there was an opportunity to help. If not having resources was the case, then of course, as the counselor, I always felt responsible for linking them to resources. I was very fortunate to have a wonderful school social worker. However, she was divided between multiple*

schools, and this presented challenges when a child needed immediate support. Therefore, being proactive whenever necessary was the key in terms of making sure we had extra clothing, coats, etc. However, regardless of my efforts and the efforts of others, the emotional damage to the child was done, and unfortunately, our school did not have the clinical means to support the child's psychological needs when they were faced with a traumatic event.

All of the counselors shared their views related to the benefit of having effective communication with families as a strategy for identifying potential traumatization. This strategy was oriented specifically toward social justice advocacy because the school counselors' adherence to advocacy guidelines strengthens their ability and positioning among their stakeholders (ASCA, 2012). Possessing stronger positioning offers opportunities for greater access, harmonious environments, and equitable programming (Trusty & Brown, 2005). Additionally, because families from low-SES are traditionally without a voice within institutions, the school counselor in the capacity of social justice advocates is able to identify and serve as a voice for families whose exposure to risk is the greatest (ASCA, 2012; Martin, 2002).

The counselors in the present study indicated that remaining connected with the families provided insight into the complexity of the issues children face in their homes. Terri stated:

> We have family intakes and do a home visits before they (kindergarteners) even come to school. So we go into the homes, they (parents) sign a contract of excellence and then we talk to them about...What hurdles do you have in your family right now?

Where do you see your kid in 20 years? How can we help you get there? What are you gonna do to help your kid get there?

Remaining connected with families also provided opportunities for the counselors to assess for high levels of lethality that might exist in students' homes. This is necessary in an effort to implement effective school-based interventions, strategies and referrals (ASCA, 2012). Terri described an incident that might have resulted in the serious injury of one of her students. She stated, "His mom threw herself out of a car because of an abusive situation; he (student) threw himself out of the car to protect her (mom) while it was moving." Terri stated that the student was referred to counseling because he began acting out in school and demonstrating aggressive behaviors toward his peers. She stated," It wasn't like he was a bad kid,…. it was more like…. we knew something was going on in the home that needed to be addressed……so we thought he needed some help because he appeared angry all the time." She indicated that the student's parent was able to offer information that was used to address his aggressive behaviors and provide the school- based clinician to conduct therapy and establish interventions to help him cope with anger.

Researcher's Reflection: *Allen was a White male in the third grade. As a school counselor, I became acquainted with Allen when he was in the first grade. Allen's mother was murdered during his first grade year, and as a result, he was placed in his grandmother's home. Allen had an older brother who lived on his own.*

Allen was receiving grief and loss therapy from a community agency, and he also attended a small group that I conducted on campus that also related to grief and loss. During that time, grief was a major concern for our students. Allen was not a behavioral concern.

He was always a very polite student who got along well with his peers and teachers. This shifted during his third grade year. During the summer, Allen's grandmother died suddenly from an apparent heart attack. When Allen returned to school at the beginning of his third grade year, it was apparent that his home environment was altered, and his appearance and behaviors reflected the change.

Allen moved in with his older brother who was too young perhaps to attend to Allen's needs. Additionally, Allen began to defecate on himself during class and smeared feces on the bathroom walls. Allen's exposure to two known major traumatic events had altered his behaviors, and as the school counselor, I was paralyzed in my response to help him. His behaviors were beyond what any small group I could offer on campus could successfully address. Additionally, his behaviors created a major disruption in the classroom and a school wide concern.

The school psychologist conducted evaluations; however, the evaluations were academically focused and did not measure psychological issues. Allen was referred to counseling within the community for his behaviors. However, he rarely attended, and his behaviors continued to escalate. Allen also began working with the special programs teacher, and this provided him opportunities to have a retreat from the stressors of the classroom. Eventually, Allen's issues isolated him from his classmates, and he became the focus of bullying. Eventually, he was hospitalized for a self-injurious episode, and he and his brother moved out of our school district shortly after his release. As I reflect on Allen and others who were exposed to traumatic circumstances, I wonder what account they would

offer related to their experiences and what they would have shared with me regarding how I could have assisted them more efficiently.

Systemic factors. Advocacy is defined as the "act of arguing in favor of a particular idea, cause, or policy on one's behalf" (Coyne & Cook, 2004, p. 290). Recent literature has revealed that individuals with mental health issues could benefit from social justice advocacy (Lewis & Bradley, 2000; Toporek et al., 2006). School counselors who work in high poverty schools face two challenges to traditional school counseling service delivery (Coyne & Cook, 2004). First, school counselors might discover that students suffer institutional sources of oppression that might contribute to their problems. Second, the traditional focus on helping students adapt to the school environment is indefensible when the environment is unjust in the treatment of students (Coyne & Cook).

Many of the counselors shared concerns about the impact of the systemic factors that contributed to complex trauma. A few of the counselors discussed the presence of gang activity in communities as a systemic factor. Mark indicated that in the community where his school is located, gangs and drug use is a major concern. He stated, "Oh wow, the environment they live in. There is a lot of gang activity in my school area and we have a lot of folks who are dependent on drugs. It's a lot." Rebecca stated that, "when you're looking at a rural community like this…. it is really easy to build unseen meth labs, you know… to put it simply. So there's a high drug risk."

Rebecca expressed concerns about what she described as racial and ethnic "dogma" that produces an environment of hostility and violence in her school. Rebecca stated:

> Honestly I would say some of the culture…you are looking at here are mostly whites…and this is not always a positive thing. Some of my kids come to school spouting a whole lot of white supremacy dogma because that's what their families hold on to…. because they have nothing else. I think, that this kind of mindset that often breeds…. it just breeds violence…. it just does. And I say that about kids that I really like…and it hurts me to say this… that but it's true.

ASCA (2012) provided guidelines that reflect an appropriate response to systemic inequality in schools by encouraging school counselors to promote positive, systemic change in schools. (p. 24-25). The literature on systemic trauma reveals that ignoring the dynamics associated with systemic trauma might produce chronic and acute threats to students' social inclusion, belonging, and identity for children (Kira et al., 2014; Montenegro, & Matz, 2015).

A few counselors discussed how they felt that their school environments perpetuated inequality and inflexibility. Many counselors discussed that the inflexibility created conflict between the staff and the students (Coyne & Cook, 2004). Many also expressed that they felt that their school environments were disempowering to students and served to discourage positive and productive learning environments. Rebecca stated, "It has to do with administration … I think certain attitudes breed a certain amount of school anxiety and then that leads to behaviors that we don't want sometimes." Empowerment is a necessary component in advancing social justice. The counselors expressed the value of strengthening the school culture in an effort to eliminate systemic trauma for students. All of the counselors responded "yes" to the question, "Do you feel that the school environment has implications on student behaviors?" Cynthia stated:

> Yes, I can see that especially with the younger teachers. They haven't worked long enough I guess. If a student doesn't feel loved and they can tell. And, then they know that you (the educator) really don't care. Just like their parents are giving them the message that they really don't care. If we're not inviting at school and try to make them feel comfortable, then we're not going to make progress.

Social justice advocacy is the embodiment of powerful relationships that incorporate visions of a just society. All of the counselors discussed the importance of creating environments that support the cultivation of powerful relationships among school personnel and students (Cohen et al., 2013; Toporek et al., 2006). Many of the counselors discussed how they felt compelled to observe their school environments to become aware of the attitudes and perceptions of school personnel. Many of the counselors felt that this was necessary in an effort to create environments that are welcoming and less stress provoking for students who have experienced trauma. Assessing the school environments is consistent with one of the major tenets of ecological school counseling that implies that "meaning" is both constructed and experienced within schools and their subsystems (McMahon et al., 2014).

Nancy was concerned with the impact of the "dismissive" behaviors perpetrated by teachers and administrators and how her students might apply "meaning" to comments and behaviors of school leaders. She stated:

> If a teacher or an administrator have already dismissed or written a child off, they have no motivation to do better. If I (teacher/administrator) dismiss you (student) or write you (student) off ……then the children are going to behave poorly.

Inflexibility in providing consequences was also discussed. Nancy stated:

> If a child knows that (they're) going to be disciplined for one mistake that (they) may make 35 minutes at the beginning of the day…in (their) minds the rest of the day is a loss. If we create a culture and a climate of loving correction, accepting and learning and using mistakes ….to make us better then I think that will kind of fuel the child's inner motivation and their ability to try to be their best.

Conducting informal observations were discussed as a strategy for monitoring student and staff interactions. Aisha expressed her challenges related to the interactions that she has observed between students and teachers in her school that she felt re-traumatized students. Aisha stated:

> I have seen reactions from certain teachers that demonstrate absolutely no empathy. Because the needs are so great, we must meet the students where they are…. I have a kid who is traumatized at home and is also traumatized at school because of the teacher's reaction to them. When the child comes from a horrible home environment, he has no control over his situation and the reaction of the teachers makes life more challenging for him.

Research Question Two

All of the participants expressed a wide range of responses relevant to research question: "What are the perceived barriers that impede the process of social justice advocacy while serving students from low-SES families with mental health issues?" The majority of the responses were not consistent with the literature related to the barriers of advocating for mental health services for children that included: (a) structural barriers (i.e., transportation,

expense, inconvenient locations of services), (b) perceptions of mental health (i.e., minimizing the problem, deciding to handle the problem on their own), or (c) perceptions about mental health services (i.e., lack of confidence in the individual recommending services, negative past experiences with treatment, stigma, and lack of trust (Owens et al., 2002). The themes that emerged that related to the counselors' perceived barriers in the process of social justice advocacy for children from low-SES families with mental health issues were centralized to the issues of support on the school and district levels.

The first theme was school-based (micro) support, which includes support from administrators, teachers, and other school-based personnel. The second theme discussed is school district (macro) support, which includes support from district leaders. Additionally, imbedded within the two themes are four clusters. The clusters included both positive and negative school and district support factors. The positive support factors represent the level of security the counselors felt in advocating for students on the micro and macro levels. This is important because of the influential nature of the school counseling profession that provides unique positioning for counselors in their role as student advocates and school leaders (ASCA, 2012; Trusty & Brown, 2005). Equally viable is the involvement of school counselors on the district level which is the process of informing stakeholders about systemic barriers that affect student success and how their roles as school counselors can shape public policy to assure that the needs of their students are met across all levels of support (Ratts & Hutchins, 2009).

School-Based Support- Micro-Level Support

Positive school-based support factors. Conyne and Cook (2004) contextualized proximal settings by referring to clients' most immediate settings as their "ecological niche" (p.17). Elementary school counselors' ecological niche includes the attitudes, policy, procedures, and culture of their schools. Many of the counselors in the present study applied meaning to their experience as social justice advocates in high poverty schools to their perceived levels of support that they receive from teachers, staff, and administrators.

The interviews revealed that the counselors felt that securing school based support was essential to promoting advocacy for children with mental health issues in their schools. Rebecca indicated, "I feel like school is actually one of the best resources in my situation… in particular because every kid has to come to school". Cynthia stated, " I just feel I have the perfect job because the teachers all respect me as the counselor. Of course that comes from the principal and his being supportive." A few of the counselors discussed the importance of having the school administrators' support in their advocacy efforts. Aisha indicated that," because I am so active in the community and on the district level. My teachers respect me and I have support from my administrators and faculty." Mark shared his thoughts about receiving administrative support and how this has served to assist him with implementing programs for this students. Mark stated, "I've had for the most part supportive administrators. I try to bring things to school the students wouldn't otherwise get, I brought a chess club and I teach the kids chess every year…Our kids need that!"

Negative school-based support factors. The interviews also revealed that a few of the counselors were sensitive to the negative school-based support factors. One of the main

points of concern was regarding the possibility of sabotaging behaviors displayed by some teachers. Nancy stated, "Teachers sabotaging the program by talking negatively about the program to parents is what bothers me about trying to increase mental health services…also, teachers and administrators stereotyping students in mental health programs."

Additionally, a few of the counselors indicated that they felt that there were issues related to job security when considering advocating for mental health programs for children in schools. Mark stated that, " a lot of our counselors are feeling like their jobs are in jeopardy. If the district is bringing in these other outside agencies that can deal with these issues, then where do our jobs lie?"

Aisha also discussed the barriers that hinder her advocacy efforts among other professional school counselors. Aisha stated:

> If you were to ask my peers…well they feel threatened. They feel like they have the scope to handle the mental health concerns themselves. Even those with training or who are licensed feel that they can handle it all. It is impossible due to the number of students in need. I feel that as a counselor educator, I have a perspective that I can bridge this gap. Others fear for their positions. If you are just a school counselor trying to do this alone it is impossible. School counselors don't have the skills to manage students with mental health issues. We need programs that work!

District Support- Macro-Level Support

Positive school district support factors. Trusty and Brown (2005) maintain that school counselors advocate on behalf of their stakeholders that often include those who are not actual students within their schools. Many of the statements shared by the counselors in

the present study were consistent with advocacy as defined by Trusty and Brown. A few of the counselors expressed that their advocacy efforts on the macro level was essential to the wellbeing of their students and extended globally as they felt they served as a voice for families from low-SES.

A few of the counselors expressed during their interviews that they are invited to district meetings to discuss the mental health concerns of their students. Mark indicated that he is politically active and feels supported on the district level. Mark stated:

> I network a lot, and I sit on a lot of boards and other organizations within the school system. So, I think they (students) need a voice. Not only a voice, but somebody who has lived the same lifestyle that many them are living. Single parent home, no health benefits, and first- generation students. So, I think by me being from the same environment, the same situations, I've become a great advocate for them, a great voice. So whatever board I sit on, I represent the student. And what I noticed, a lot of people who are sitting on these boards come from two parent households, good environments and so forth, I have nothing against that… I just think that I bring another side to the table.

Aisha is also politically active and expressed her positioning on district and state level boards. She indicated that she has received support on the district level to implement district wide programs designed to promote mental health programs in schools. Aisha stated:

> I no longer wait in my office for individuals to come to me. I now serve on the macro level… the district level because I currently work with the district on developing programs. One program is that we have created allows for specific times during the

> day to address social skills practices and conflict resolution. I feel that I have a voice on the district and state levels. I have been invited to curriculum meetings to address the mental health concerns for students. I serve on professional counseling boards as well.

Negative school district support factors. A few of the counselors expressed their concerns regarding the lack of district level support that they receive towards their advocacy efforts. Terri attributes the district's lack of involvement to the insensitivity to the challenges students from low-SES communities face. Terri stated:

> Well, I guess the first thought would be politicians and people who don't live in poverty are barriers. Because there is perception that people who are in poverty deserve to be in poverty for a reason, you're in poverty because you did something wrong. Which is just not the case, it's a generational cycle of poverty and there's not a system in place to move that along.

Aisha expressed that she felt that school counselors have numerous constraints that place limitations on their ability to advocate for mental health services for children with mental health issues. She expressed that the guidelines related to how to address children with mental health issues represent a barrier for school counselors who are also licensed clinicians. Aisha indicated that the guideline for counselors to identify and refer should not apply to school counselors with clinical licenses. She stated:

> ASCA's guidelines is a barrier and I have to oftentimes ban what they say… because many kids are not going get to the referrals because their parents won't take

> them…kids need help in my school and because I am a licensed counselor…I work with them.

As previously mentioned, most of the responses were not consistent with the literature; however, one area that each of the counselors addressed as a potential barrier was the lack of financial support from the district level. Because of the financial limitations and the fact that many school counselors are not licensed, schools would need outside agencies to serve students. Rebecca discussed her school district's discomfort with the concept of non-school personnel working in her school. She stated that," it sounds scary to a lot of administrators and to a lot of superintendents to invite this mindset and even invite these non-school employed people to come. Also, money is an issue. That's going to be there."

Cynthia, who has a school mental health program, stated that she feels that "money" is the reason for other districts not supporting the school mental health agenda. Cynthia stated, "I think a lot of it is the money, how they're paid". Cynthia indicated:

> We have the therapist and the behavioral interventionist that helps her …kind of like a case manager. They're on campus and if we didn't have those people we would be in a world of hurt. I checked with them this week, there're 44 students that they serve. They're 414 students in our building and they see 44…. That's a pretty high percentage. That shows you how much that's needed and if we didn't have it ….I don't feel like I'm equipped.

When Cynthia was asked whether the district financially supported her school's need for additional mental health support, she replied, "The school district does not. They take their

insurance, we do private pay and a lot of the students have Medicaid and that will pays for some of it."

Although Cynthia's district does not financially support the efforts of school mental programs, it recognizes the value of their existence in their school district and has established a model where financial barriers are not significant enough to eliminate programing. This is consistent with the literature that supports school health models. School mental health programs can function independently through private pay and insurances. According to North and Parker (2010), regardless of a student's financial ability to afford services, they will receive treatment, and the uninsured will not be denied access through school based programs.

Research Question Three

Research question number three stated: "How do elementary school counselors use social justice advocacy to serve students with mental health issues in high poverty schools?" Social justice advocacy consists of the organized efforts and actions of school counselors with the intent of illuminating critical issues pertaining to mental health issues for children (Cohen et al., 2013). This is accomplished by assessing "what is" and enacting policies on the school based levels so that visions of, "what should be" becomes a reality (Cohen et al., 2013). A singular theme emerged related to question number three. The theme discussed was related to the concept of prioritizing mental health programs in schools. Additionally, within this theme, two factors were developed that included professional identity and establishing protocols.

Prioritizing Mental Health in Schools

Professional identity factors. School counselor professional identity involves the continuous growth and development of school counselors within a specialized context (Moss, Gibson, & Dollarhide, 2014). Professional development is a continuous process that occurs across the lifespan. A few of the counselors discussed their perceptions about developing professional identity as a precursor for prioritizing mental health programs in their schools. Aisha also indicated that her counselor identity is formed by the guidelines provided by ASCA. Aisha stated, "Before ASCA I felt that social justice was something that I did that stemmed for a moral consciousness. Now ASCA has provided a platform for me to use social justice advocacy in practice." Aisha shared that her history as an advocate began when she was in high school and she continues to advocate for marginalized groups as an adult. She stated, "I was a civil rights advocate in high school and college…. I advocated for resources for individuals who are without things…and now as a professional I advocate for my students."

Michael discussed that prioritizing mental health programs in schools would require that clear roles and responsibilities be established for the mental health clinician. Michael stated:

> Yes, that would work. If that person were employed by the school system there would have to be some separation. Like this person needs to know who they are and what they do… it's a tight rope, because again, your role is to come in a deal with the mental health of the kids and the families. You are not there to do car duty.

Mark's statement is consistent with the literature that revealed that the absence of clear and concise counselor roles and responsibilities serves as a hindrance to the growth and development of professional counselors.

Terri expressed similar sentiments regarding the constructs of social justice informing her professional identity. She discussed that social justice is present in every aspect of her work with students. Terri stated:

> Social justice means, empowering people to become on an equal playing level.. and not necessarily equal but equitable… So that everybody has opportunities for success whether that's kids going to college or kids going into a career. It doesn't have to be the same thing for everyone but it means giving equitable opportunities for every single person and the same consideration, and the same thought, and the same just effort put forth. And then being an advocate for that, for our clients, for our kids, for the families.

Terri also expressed that professional identity became grounded in social justice advocacy while she was in her graduate program.

Researcher's Reflection: *Professional development (i.e., trainings and conferences) is an essential element toward developing professional identity. However, equally important is clinical and administrative supervision. Though, as a school counselor I was not responsible to treat students with mental health issues, possessing the clinical knowledge would have assisted me in making appropriate referrals and establishing school based protocols to address the challenges associated with working in a high poverty school with a high number of students with mental health issues. I feel that it is important that new school counseling*

professionals have the opportunity to participate in post-graduate supervision. I feel that supervision is an essential component in assisting new counselors with the task of developing holistic comprehensive school counseling plans that meet the needs of all students. Supervision would have provided me with the opportunity to consult with seasoned professionals about my concerns regarding students with mental health issues and perhaps develop comprehensive school counseling plans that were specific to meeting their needs. This knowledge would have also provided a platform to increase my professional identity.

Establishing protocol factors. As previously mentioned, despite the increased need for mental health services for children, research findings suggest that systemic barriers serve to impede school counselors' efforts toward advocacy for school-based mental health programs. Many of the barriers include: (a) a lack of clear and concise counselor roles and responsibilities; (b) the urgency to meet proficiency standards, despite economic and cultural concerns that create inequality; and (c) lack of resources designed to address the needs of students with emotional and behavioral concerns (Amatea &West-Olatunji, 2007; Tucker, 2009). In spite of these challenges, a few of the counselors discussed the value of establishing protocols for children with mental health issues as an essential element toward creating an environment where mental health is a priority for students.

Many of the counselors indicated that their school districts had not established formal protocols for addressing mental health issues for children. They discussed that the guidelines are vague and offer general information about referring students with mental health issues to outside agencies. All of the counselors indicated that protocols have been implemented on

the school-based level and typically involve the use of the interdisciplinary teams. Sandra stated:

> If we have a student…. a teacher notices something either academically or behaviorally, they will refer them to us… the counselors, and we have a team meeting. The team consist of me and another counselor, there's a mental health coordinator, a parent liaison, a psychologist, and a social worker …so we bring them to the table and we see what they need depending on the data that the teachers have on the student…. we triage pretty much where that student would benefit. Either just talking to the counselors, maybe a social issue, conflict resolution, or a more in-depth mental health concern.

Aisha expressed concerns that her school's protocol primarily consisted of assessing for academic deficiencies rather than mental health issues for children. Aisha stated:

> It is sad to say that we don't have a protocol for addressing mental health issues in our district. Most of the referrals are made for academic testing or screening in my school. I feel that I am the protocol. I identify and refer out. Mental health issues is not even talked about.

Some of the participants discussed the value of establishing school-based protocols because they felt that the school is the most logical venue for establishing a therapeutic setting where children spend the majority of time. Terri stated, "It's the best way we have to create a stable therapeutic relationship with the kid and with the families is in the school….it works out in our favor because they get the services."

Mark discussed the idea of establishing protocols for mental health issues in schools as a means for addressing transportation issues that are prevalent among members of his population. He shared that because of the transportation concern, many of the children needing services will not receive the help they need. Mark stated:

> A lot of parents don't have cars or transportation to get their kids back and forth to the doctors ..so a lot of the kids are not helped. So if we worked collaboratively we could have an organization inside the school ….so we can get the kids back into the classroom so they can receive their education.

Research Question Four

Research question four stated: "How do the participants narrate their roles as social justice advocates for the expansion of school mental health (SMH) programs? All of the counselors indicated that they are operating as advocates for the expansion of School Mental Health Programs (SMH). Two themes emerged related to question four. The first theme involved the counselors' motivation to advocate for programs for children of low-SES with mental health issues. The term motivation is described as a "complex series of physical and mental behaviors" (Gultekin, & Erkan, 2014, p. 292). Gultekin and Erkan also defined motivation as the "inner state that stimulates and triggers behaviors" (p.292).

The literature is scarce related to elementary school counselors' motivation to work in high poverty schools and advocacy for children with mental health issues. However, the literature related to intrinsic motivation of classroom teachers indicates that educators in the 21st century must possess insight that will allow them to solve complex problems that would eventually " implant hope and resolution in the hearts of even the most helpless students"

(Gultekin, & Erkan, 2014, p. 296). In the present study, embedded in the theme of motivation was the childhood experience factor. A few of the counselors in the study shared their experiences as children reared in low-SES families. The counselors also discussed details related to childhood experiences that resulted in their motivation to work in high poverty schools.

The second theme discussed was counselor preparedness, which included factors related to feeling prepared and not feeling prepared. Watson (2011) conducted a study that measured school counseling preparedness to work with children from impoverished communities. The Watson study revealed that a majority of participants felt that their counseling education programs prepared them to work with clients from diverse economic backgrounds. However, despite the exposure to clients in poverty and homeless situations, "school counselors were less than satisfied with the supervision components of internship and practicum in working with this group of clients" (p.85).

Motivation to Advocate

Childhood experience factors. Many of the counselors discussed their childhood experiences and how it led to their becoming members of counseling profession. Some of the counselors discussed that their childhoods resembled those of the children in their schools. Mark indicated that he was arbitrarily placed in classes for the learning disabled based on his socioeconomic status. Mark stated:

> Elementary it was rough. ..Like you had to fight everyday, you had to fight for food. It was a low functioning school they actually put me in a learning disability

> classroom. Just threw us in the basement. We were away from everyone else. When I switched elementary schools, I made straight A's, they put me in a regular ED class, it helped build up my confidence. I got on the football team… I think ..I know..I did a lot better at the other school because they put more into me.. It was still similar to the other elementary school but they spent more time with us individually.

Mark discussed his desire to serve as a strong role model for young boys without fathers in the home. He stated, "So I think by me being from the same environment, the same situations, I've become a great advocate for them, a great voice, a great example for them."

Terri discussed her experience as a homeless child and not having anyone to confide in when she needed support. Terri stated:

> And at that time I didn't have my adopted family, I only had my biological family and we were homeless at the time. And I remember all of our stuff was gone. You know like it was just gone…. we didn't have it anymore. And I remember not having textbooks and getting yelled at by teachers, but I was too embarrassed to say I'm homeless. I don't know where those library books are, now I owe this money, you won't give me textbooks because I owe this money. Like it was just so many stupid hoops to jump through and like nobody was helping me with anything… and its not something you want to come out and say…. like, hey I'm homeless. And that's why I'm like dirty….or I can't get books…. and that's why I can't do a lot of these things.

Aisha discussed her concerns with minority students being treated unjustly. She indicated that her experience being arbitrarily selected to participate in a special language

course because of her race has motivated her to work with low-SES and minority populations. Aisha stated:

> Back then because I spoke a second language the school officials attempted to place me in a special program based on the fact that I was Arabic. They wanted to place me in special programs although English was my first language. It was only based on the way I looked. I don't want other children to experience that…

Preparedness

Feeling prepared. Responses to preparedness varied among participants. Aisha stated, "I think that my counselor education program prepared me somewhat… in the sense that we must attend to multiculturalism." This is consistent with the literature that revealed that 68.8% of participants felt adequately prepared through their counseling programs to work as a systemic change agent for students from impoverished communities (Watson, 2011). Cynthia stated her counselor education program prepared her by providing her information related to resources. Cynthia stated:

> They made us aware of some of the resources that they knew about. The professor knew what's going on in schools …and she opened up discussions and you just learned more and more about what's out there. So that was just a good gathering place for us when we had our discussions to even learn more detail about what students needed.

Terri discussed that her counselor education program prepared her to serve as a social justice advocate. She stated:

> Yeah, so I went to the university of ….for my graduate program and I remember my first year they had a club for counselors of social justice. I remember one of my professors, and he would talk about social justice all the time in my multicultural class in a group setting and things like that really put a frame around all of my work as a counselor. In my theories class we talked about it… it was woven in every part of the curriculum. It was an excellent program but I think that was in the forefront of a lot of my professor's minds… especially with the schools and the settings we were serving… I think they wanted social justice in our brains all the time. To just see the difference in like power, and privilege, and just all the things that especially in Florida that we're around.

Not feeling prepared. A few of the counselors indicated that they did not feel prepared to work with students with mental health issues. The counselors with school based mental health programs indicated that they felt secure having state licensed clinicians on campus to address the mental health concerns. Sandra stated:

> I don't really deal with mental health very often. We have mental health coordinator and we have collocated mental health in our school. So a collocated mental health is a therapist, an outside therapist that comes in once a week that actually does therapy sessions with kids that have a diagnosis. Which is great, we have a lot of support in our school and because of that we are able to delegate appropriate resources for students.

Aisha indicated that her program was not adequate in offering practical application toward advocating for children from low-SES families. She stated:

> What was missing was the how-to advocate…What would have been useful would have been practical application of social justice. I would have extended assignments to action research…. That is a piece that is talked about but not necessarily offered in our counselor education programs.

This is consistent with literature related to whether counselor education prepared counselor interns to work with students from low-SES families. According to Watson (2011), although the school counselors felt they received knowledge through their counseling preparation programs to work with children from low-SES families, they were less than satisfied with the supervision components of internship and practicum in working with low-SES students.

Michael shared that he is not prepared for many of the challenges he encounters while serving students in his high-poverty school. He stated:

> No, it wasn't really addressed. Training programs for a lot of counselors is training people to be school counselors. Which I've been for several years…And they do that ok… or now they also train them to be therapeutic counselors… which is not really what we do. I'm trying to solve problems between kids, or between kids and teachers or some of the social economic problems that come up. We've been hit with some families with bed bugs recently.

Michael indicated that he was not prepared to know how to support a family facing this type of economic risk factor. Michael further explains the impact of having bed bug infestations in the homes of his students and how it affects their ability to learn. He stated:

> Imagine what impact that has on a kid because he's not sleeping at night…or getting his work done. And then he's getting in trouble because his work's not done and now he thinks he's a stupid kid. And you know the cycle.

Summary

This chapter reported the findings of this qualitative study that explored the experiences of eight elementary school counselors who work in high poverty schools and serve large populations of students with mental health issues. This chapter also introduced the clusters and themes that were developed based on the findings. Chapter five will explore the insights gained from the research questions, limitations, policy/advocacy, and implications for theory and practice.

CHAPTER 5: DISCUSSION

In this chapter, the results of the study are examined and connected with prior research and theoretical frameworks. Additionally, this chapter includes discussions regarding implications on research, practice, and theory. The chapter also includes limitations and recommendations for future research and practice. The purpose of this study was to understand school counselor advocacy for students with mental health issues in high poverty schools. To accomplish this goal, semi-structured interviews were conducted. Four research questions guided this study: (a) What knowledge do elementary school counselors have about the impact of environmental factors affecting students from low-SES families? (b) What are the perceived barriers that impede the process of social justice advocacy while serving students from low-SES families with mental health issues? (c) How do elementary school counselors use social justice advocacy to serve students with mental health issues in high poverty schools? (d) How do the participants narrate their roles as social justice advocates for the expansion of school mental health (SMH) programs?

Discussion of Findings

The following themes emerged during this study: motivation to advocate, prioritizing mental health in schools, complex trauma, school-based support (micro-level advocacy), school district support (macro-level advocacy), and preparedness. These themes were used to develop the discussions of implications in this chapter. Additionally, the themes guided implications for practice, theory, policy and advocacy and future research.

Importance of Professional Identity

Prioritizing mental health concerns among children was a major theme found throughout the study. School based support and district level support factors were discussed in both positive and negative ways by the counselor participants and were influenced by the counselors' awareness and promotion of their professional identities. The process of professional identity development is defined as the, "successful integration of personal attributes and professional training in the context of professional community" (Gibson, Dillorhide, & Moss, 2010, p.3). Developing professional school counselor identities for many of the counselors enhanced their ability to serve as resources to their staff and community. Possessing an awareness of the their roles and competencies also served to build relationships with students, staff, administrators, and other stakeholders while serving as a voice for children with mental health issues from low-SES families.

In some instances, the knowledge obtained during the counselors' graduate and post-graduate studies served as a foundation for serving with a social justice consciousness. However, few counselors felt empowered to address the needs of children of low-SES families because of the lack of practical application provided within their graduate school curriculum. Because many of the participants are new professionals who have served as professional counselors for less than five years, their professional development is shaped by the training they received in their counselor education programs. Based on the results of this study, the counselors expressed confidence in their knowledge of advocacy that they received in their graduate programs; however, a few of the counselors expressed concerns that their voices have produced minimum results while attempting to expand School Mental Health

Programs (SMH) in their schools, which resulted in their continued pursuit to gain additional knowledge and skills related to mental health in children.

The development of professional identity also includes interpersonal and intrapersonal components. Many of the counselors discussed the value of participating in conferences and local professional development workshops as well as obtaining clinical state licensure as demonstration of their commitment to the development of professional identity. Post-graduate education was also found to affect the school counselors' levels of professional identity; this was found in two counselors who are currently doctoral candidates in counselor education programs.

Equally important are the intrapersonal dimensions in establishing counselor identity development. All of the counselors discussed that their roles as social justice advocates and their childhood experiences have informed the process of developing their professional identity. Moreover, a few of the counselors discussed that their counselor programs consisted of a strong social justice perspective. This is important because new counselor professionals form their identities that might be viewed by more seasoned counselors as idealistic and might create unrealistic expectations in the workplace (Gibson et al., 2010). Prioritizing efforts toward developing school based mental health programs will require endurance. Therefore, counselors will need to continue to engage in the process of self-evaluation as their professional identities continue to evolve.

The Importance of Trauma Informed Certification

Being aware of the symptoms related to complex trauma represented another major theme throughout the study. Complex trauma is described as the exposure to multiple and

chronic interpersonal traumatic experiences that typically occur within the family and often begin in early childhood (O'Neill et al., 2010). Although the literature suggests that the significance of child abuse on child adjustment to the school environment has not been studied extensively, abuse and neglect is shown to have negative consequences for educators and children (O'Neil et al., 2010).

The counselors in the present study described the behaviors of their students that included, fear, hyperactivity, aggression, depression, and self-harming behaviors in their students. The symptoms they described were the result of exposure to multiple and chronic interpersonal traumatic experiences. Exposure to cumulative risk factors is also characterized by marked impairment of academic and developmental functioning. Because risk exposure is more likely among students in high poverty schools, counselors working in these settings would benefit from professional development and certification related to trauma informed treatment. The counselors in the present study discussed the value to identifying and providing services to students who were affected by traumatic experiences; however, none of the counselors have pursued certification or training in trauma informed treatment in children.

Implications for Practice

The purpose of the current study was to understand school counselor advocacy for students with mental health illness in high poverty schools. The findings suggested implications for professional school counselors, teachers, and administrators serving in high poverty schools.

Professional School Counselors

During the interviews, the participants were asked to share what factors served as barriers toward accomplishing their goals of advocacy for School Mental Health Programs (SMH) for children from low-SES families. Most of the counselors reported having a strong rationale for the existence of School Mental Health Programs (SMH); however, those without existing programs discussed that one of the major barriers was lack of administrative and district level support and insufficient financial resources.

The counselors who did not have experience with School Mental Health Programs (SMH) felt that sharing their vision with school based and district leaders might change the perceptions of leadership regarding the need of School Mental Health Programs (SMH). Therefore, a few of the counselors reported actively participating on district and state level boards (i.e., curriculum boards, school improvement). However, being positioned to advocate for School Mental Health Programs (SMH) requires more than verbal verification of the schools' needs. Formal data collection processes were not included in the counselors' comprehensive school counseling programs. Many of the counselors indicated that they experienced challenges with receiving data from teachers, staff, and parents. Understanding the value of data collection is essential for disseminating accurate and compelling information to stakeholders regarding the need of services, particularly when funding opportunities on the district levels are limited.

As leaders in the basic educational process, school counselors who embrace an ecological perspective can be instrumental in school improvement planning by assessing

needs and utilizing results to describe problems through data based decision-making (DBDM). Dimmitt, Carey, and Hatch (2007) submit that the implementation of DBDM provides clarity regarding the identification of systemic issues, solutions to problems and targeted resources that will lead to improved decision- making. School counselors with an ecological orientation can serve as viable resources for describing school climate and providing student health and well-being data for all stakeholders (Dimmitt et al., (2007)

According to Dimmitt et al., (2007), the rationale for implementing DBDM is that it offers clarity and identifies options to resolve problems while exploring possible resources that will lead to improved decision making. School counselors with an ecological orientation can serve as viable resources for describing school climate and providing student health and well-being data for stakeholders. Being uniquely positioned to provide information for stakeholders is beneficial for school counselors seeking to eliminate systemic barriers and develop appropriate strategies and interventions to serve all students.

Best Practices

According to ASCA (2012), professional school counselors are called to leadership and are responsible for the development of comprehensive school-counseling programs. The comprehensive school-counseling program is an essential part of the schools' academic and social skill development process. According to ASCA, school counseling programs are driven by student data and are based on standards in the academic, career, and social development domains. These standards are designed to enhance the learning process for all students (ASCA, 2012). All of the counselors in the present study shared a commitment to adhering to the guidelines provided by ASCA. This was apparent because all of the

counselors discussed the development of a comprehensive school-counseling program in their respective schools.

It is crucial that school counselors feel secure in implementing comprehensive programs that include needs assessment and data collection that supports the rationale for mental health programs in their schools. The counselors in the present study discussed concerns related to the lack of awareness and the need of financial support as barriers that encumber their advocacy efforts. Therefore, comprehensive plans designed to advance School Mental Health Programs (SMH) should provide information pertaining to: (a) population profiles (b) literature to strengthen and support the program objectives (c) program budgets and (d) plans for sustainability. Moreover, sustainability of school based mental health programs is feasible because a number of governmental agencies are prioritizing the school mental health agenda through reports and funded initiatives (Weist & Murray, 2007).

Since 1995 the Health Resources and Services Administration, with co-funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), has funded two national centers to support the advancement of school mental health at the University of Maryland and the University of California, Los Angeles (Weist & Murray, 2007). Accessing funding through grants was not discussed during the interviews; however, grant writing might serve as a viable plan for accessing funding for School Mental Health Programs (SMH). Therefore, collaboration with community organizations with the potential of securing grants is imperative (i.e., nonprofit organizations, universities etc.) and should be included in the comprehensive school counseling plans for school counselors advocating for the

existence of School Mental Health Programs (SMH) on their campuses.

Implications for Theory

The theoretical context for the current study is situated in the synthesis of ecological counseling and social justice advocacy principles. In the following discussion, the results of the study are examined within the theoretical framework of ecology and the ideology of social justice advocacy. The implications for theory will also include discussions relevant to related literature and previous research.

Ecological Counseling Theory

All of the counselors in the present study discussed their knowledge of the influence of ecology on child behavior as well as the multiple risk factors associated with poverty. Consistent with the literature, the counselors shared stories that revealed a wide range of behaviors among children exposed to high-risk environments (Bray & Schommer-Aikins, 2015; Chabbra et al., 1999). The types of behaviors included aggression, sexual inappropriateness, and disrespectful communication with staff and teachers. The counselors provided discussions about how the maladaptive behaviors of students with mental health issues often resulted in consequences that disrupted learning for all students.

School counselors are called upon to address crisis situations that occur in the classroom, and this often results in the removal of the disruptive students. Students who are disruptive in the classroom setting are often placed in alternative classroom settings until behaviors subside or in extreme cases, removed from the school environment. For example, many of students with mental health issues are more likely suspended or expelled from

school for disruptive classroom behaviors (Bray & Schommer-Aikins, 2015; Funkhouser, 2012).

In the context of ecological school counseling, McMahon et al. (2014), indicated that schools embody an interconnected web of systems and subsystems. Dysfunction in one area of the system creates challenges in other parts of the system as well, therefore creating school environments that are not conducive to learning and less harmonious and balanced (McMahon et al., 2014). Schools without the infrastructure to address the needs of students with mental health issues are challenged with how to create harmonious environments when the school personnel is not trained to identify and appropriately respond to children in need (Ametea & West-Olantunji, 2007, Chabbra et al., 1999; Shimoni & Greenberger, 2014). Because of the interconnectedness of the school personnel, students, parents, and the activities that occur in schools, the counselors in the present study discussed their thoughts related to the value of training all school personnel on how to identify and respond to students with mental health issues.

School counselors who desire to create environments that are healthy, well-functioning and balanced strive to integrate theory and practice while developing strategies and interventions that include mental health training programs for all staff members (i.e., teachers, cafeteria workers, bus drivers, and resource officers). The National Board for Certified Counselors (NBCC) has implemented a program entitled the Mental Health Facilitator (MHF)- Educator's Edition (MHF-EFF) Curriculum, that is designed to promote positive mental health in public schools (Hinkle & Henderson, 2015). The objective of the MHF-EEF training is to provide lay personnel with viable information about mental health

issues in children; these lessons are designed to promote healthy and balanced school environments (Conyne & Cook, 2004; Hinkle & Henderson, 2015; McMahon et al., 2014). Additionally, offering adequate training promotes stability and consistency of procedures, guidelines, and protocol for addressing the needs of students with mental health issues.

The implementation of school-wide mental health training programs serve to improve interactions between staff, teachers, administrators and students; the participants expressed their concerns related to harmful interactions that often result in re-traumatization in children within the school setting. Some of the interactions included the use of disempowering language and harsh consequences. The counselors acknowledged that the mutuality and " good-fit" between students and the school environment were essential elements towards eliminating systemic trauma (Kisiel et al., 2014; O'Neill et al., 2010). Therefore, the assurance of mutuality and "fit" require the promotion of mental health awareness and sensitivity programs in school settings.

Findings in the present study also demonstrated a gap in the literature regarding the outcome of interactions between the school (micro) and home (micro) environments as it pertains to promoting the mental health of children from low-SES families. This phenomenon as described by Bronfenbrenner is the interactions between two microsystems and is referred to as the mesosystem within his ecological model (Bronfenbrenner, 1994).

Social Justice Advocacy

The construct of social justice advocacy is related to the equitable allocation of economic, cultural, and social capital resources (Simpson et al., 2015). Social justice advocacy principles are also closely related to supporting marginalized groups; therefore, in

the present study, counselors working in high poverty schools were examined. Because of the necessity of strategic planning and program design in elementary schools to meet the needs of children with mental health issues in high poverty schools, the use of social justice advocacy ideologies is appropriate as school counselors seek solutions for the equitable allocation of the human capital and financial resources needed for the development of School Mental Health Programs (SMH).

According to Trusty and Brown (2005), the school counselors' adherence to advocacy guidelines strengthens their ability and positioning in schools. Stronger positioning within schools can offer opportunities for greater access, harmonious environments, and equitable programming. The school counselors in the present study, shared stories related to their social justice involvement on various committees and district level boards in an effort to promote equality and eliminate systemic barriers to program development. The major obstacle discussed throughout the study was related to schools not having the infrastructure or resources to support students with mental health issues. Their concerns are supported in literature because scholars across many social science domains, including sociology, psychology, and counseling, agree that the issue of mental health in children have long term implications on academic achievement and the mental health of children (Rossen & Cowan, 2015). Therefore, raising awareness of the need for School Mental Health Programs (SMH) is essential. Additionally, although there exists a significant amount of literature that addresses how to allocate and provide access to resources for children and families living in poverty through social service programs (i.e., TANF) that account for more than a trillion dollars in government spending (Meyer & Sullivan, 2012; Shaefer & Edin, 2013; Simpson et

al., 2015), the school counselors in the present student expressed frustration related to the absence of protocol and funding on the school district level to address the adverse effects of poverty and mental health issues for children. Higher levels of frustration were discussed among the counselors without school mental health support. Those counselors with access to school based mental health programs discussed how the process has assisted them with maintaining and implementing programing that is consistent with their roles as professional school counselors (i.e., service delivery, accountability, foundation, and management).

Professional school counselors charged with the process of program planning and development are positioned to influence the public policy and resource-allocation decisions for low-SES students on the micro and macro levels. ASCA's (2012) national model encourages school counselors to act as leaders through the development of comprehensive school counseling programs. Acting in the capacity of leader, school counselors establish the foundation necessary to serve effectively across other domains of the ASCA's national plan, including advocacy, collaboration, and systemic change (ASCA, 2012). The function of leadership as described in the national model encourages school counselors' political involvement while exerting interpersonal and organizational power (ASCA, 2012).

The counselors in the present study expressed their commitment to serve as leaders in support of eliminating systemic barriers for children from low-SES families with mental health issues. However, because of the multi-systemic nature of poverty and the gradual and unhurried pace of change, those counselors without school based mental health support questioned the levels of commitment of their staff and school administrators in meeting the needs of students with mental health issues. The counselors' concerns were consistent with

literature that described the unhurried pace associated with change as gradual and requiring a combination of patience, persistence, and resilience (Toporek et al., 2006). Despite the challenges, the counselors in this study embodied a group of powerful leaders whose visions of a just, decent society is a testament to the work of professional school counselors serving in high poverty schools.

Implications for Policy/Advocacy

Throughout the years, there have been governmental policies and initiatives implemented to advocate for non-poverty government initiatives (i.e., The Supplemental Nutrition Program for Women, Infants, and Children [WIC] and Temporary Assistance for Needy Families [TANF]) (Joo, 2011; Meyer & Sullivan, 2012). Furthermore, the literature revealed that School-Based Health programs have existed since the 1970s and have offered critical health services including mental health programs for children (Barnett & Allision, 2012). Despite three decades of school-based health programs' existence, school mental health programs are not advancing in most school districts. The issues pertaining to the delays in the expansion of school-based programs are discussed here.

Issues

The evolution of School Mental Health (SMH) programs began with the implementation of School-Based Health Centers (SBHCs) in the 1970s. SBHCs were designed primarily for adolescents and were established in various school districts across the United States (Barnett & Allison, 2012). SBHCs are full service health care centers that are situated within schools that offer medical, dental, and mental health services to children and adolescents. The Robert Wood Johnson Foundation (RWJF) was an organization that

offered financial support for SBHCs in the 1970s and 1980s; however, many state districts did not support the efforts creating funding. Therefore issues toward the expansion of centers emerged. The lack of financial support continues to serve as a major barrier in support of school-based programs including efforts to support School Mental Health (SMH) programs.

Proponents for School Mental Health (SMH) programs agree that school-based programs are beneficial to children and adolescents. Unfortunately, mere support for School Mental Health (SMH) programs does not negate the work needed to promote the growth of SMH programs (Weist & Christodulu, 2000). In the meantime, professional school counselors continue to face challenges that limit their ability to address the mental health needs of children and adolescents.

Third-Party Reimbursement

Medicaid payment is an option for augmenting the cost of School Mental Health programs. Historically, many states believed that SBHCs should be fully funded by general funds or state appropriated dollars. However, there was controversy about the receipt of Medicaid funding due to the possible double payment for services (Lear et al., 1999). Therefore, many states prohibited or discouraged third-party reimbursement for SBHCs. Most states now allow SBHCs to participate in Medicaid programs, and including Medicaid as a payment option might serve to advance the efforts of School Mental Health (SMH) programs. A few of the counselors in the present study discussed that their school- based mental programs received partial funding from Medicaid.

Collaboration as an Essential Element

Gonzalez (2005) stated that, in order to assure that children from impoverished communities have access to mental health care, it is imperative that institutions collaborate. Since the mental health needs of children and adolescents surpass the current system's ability to meet the demand, significant collaborative efforts among professionals, paraprofessionals, and nonprofessionals are needed (Weist & Christodulu 2000). Swider and Valukas., (2004) suggest that the process of collaboration provides school-based programs with partners that are able to offer support and a variety of strengths and resources. Furthermore, securing partnerships provides school-based programs with opportunities to develop a more comprehensive scope of services, child-friendly providers, proven commitments to community service, and active philanthropic resources and contacts.

Limitations of the Study

There are limitations to this study that merit acknowledgment. These limitations concern participants and research design. Limitations of the study are presented as considerations for future research and as a foundation for improvement. The number of characteristics of participants and research design are limitations of this study.

Characteristics of Participants

Five of the participants in the sample have less than five years of school counseling experience. Only one counselor including myself had experience between 10 and 15 years. Therefore, a more diverse and larger sample might have enhanced the study. With a larger and more diverse sample, the results might have produced data relevant to schools with more

extensive comprehensive school counseling programs that may have included provisions for planning, funding, data collection, and sustainability plans for School Mental Health Programs (SMH). However, the results offer some important insights into the perceptions of school counselors regarding the effects of poverty, importance of advocacy and school-based mental health programs. Additionally, the researcher was careful not to assume understandings of the views held by the participants. However, the interview process may have been affected because the researcher grew up in poverty with exposure to other risk factors

This study includes participants who have a wide range of childhood experiences that might have presented bias when asked to self-report. Additionally, because self-reporting is subjective, it might add to the uncertainty of the data collection. Additionally, the data collected represented eight elementary school counselors through self-report interviews and because of the nature of self-reporting, the participants may have recalled experiences differently from how they occurred, exaggerated events, or shared events in an effort to please the investigator. The risk of not getting the complete story is based upon our sample size, selection bias, and the participants' recollection of events. These concerns could significantly impact the trustworthiness of the findings.

Research Design

The investigator's intention was to explore the realities discovered through a qualitative interview protocol. The design entailed the use of positioned-subject and autoethnographic approaches. One possible limitation with the design was the data collection

process. The participants were situated in several school districts across the United States, and each was interviewed via a virtual application called Abobe Connect.

Because the positioned-subject approach was intended to examine subjects within the context of the counselors, "particular needs, perceptions, and capabilities for action" (Conrad et al., 1993 p. 284), the virtual application did not allow for the possibility of visiting the actual schools and collecting data in their school locations. However, the interviews yielded rich results that provided a framework for extended research on the topic. An additional limitation, involved the lack of enhancement of interview questions. Future research designs might benefit from the inclusion of information specific to comprehensive school counseling programs and the school counselor's "needs" assessment process. In addition, descriptions related to the methods employed for data collection within existing School Mental Health (SMH) could be collected. These questions could offer pathways to discover how the programs are aligned with ASCA's leadership and advocacy recommendations.

Implications for Research

The present study made a contribution to the knowledge about elementary school counselors' perceptions regarding the effects of poverty, importance of advocacy and school-based mental health programs. The variables considered in this study are easily replicated for future research. As stated earlier, there is limited research regarding ecological school counseling. More specifically, research is sparse related to school counselors serving students from low-SES with mental health issues from an ecological perspective. Due to limited research, it is difficult to understand how to meet the needs of students impacted by adverse environmental conditions that have resulted in their impaired academic and emotional

functioning. Future research considerations might include an exploration of the concept of school counseling along with Systemic Trauma Theory. Because there exists a large body of literature that addresses trauma from an individual perspective, obtaining additional knowledge related to the consequences of trauma from a systems perspective could be useful for school counselors as social justice advocates concerned with eliminating systemic barriers for children from abusive environments (Briere & Scott, 2015; Corrigan & Hull, 2015; Hudspeth, 2015)

A study of systemic trauma might serve to advance research related to school improvement from an ecological school counseling perspective. Engaging in further research might be valuable to the process of implementing protocols for students with a history of trauma.

McMahon et al. (2014) expanded on the ecological framework established by Conyne and Cook (2004) by offering an ecological counseling model specific to professional school counselors. The constructs of the Ecological School Counseling Model could be utilized as a framework to create evaluation plans and instruments designed to assess school environments in high poverty schools for evidence of possible practices that may result in developmental delays and contribute to the obstruction of their academic and social advancement (Kira, et al., 2014).

Conclusion

It is apparent that the growing rates of poverty among children including exposure to at-risk environments and lack of quality mental health care have detrimental outcomes for children from low-SES famlies (Blizzard, 2007; Chung & Bemak, 2012; Daniziger &

Daniziger, 2010; Gerald & Buehler, 2004). I was compelled to conduct this study for professional and personal reasons. As a child survivor of child abuse and one raised in poverty, I felt that this study would offer insight regarding the challenges that children from adverse environments endure as they progress through the educational process. Additionally, as a former school counselor, I am committed to the advancement of ecological school counseling and felt that the current study might contribute to the body of literature related to ecological school counseling in high poverty schools.

As a social justice advocate, it is important that I continue to contribute to efforts designed to promote equality in schools. In order to reduce systemic barriers in schools, counselors are encouraged to further develop their multicultural competence by enhancing their self-awareness, knowledge, and skills for working with individuals from diverse cultural backgrounds. Professional school counselors are also encouraged to promote advocacy and social justice for marginalized groups (Arrendono, 2008; Chung & Bemak, 2012; Ivey & Collins, 2003). The current study serves to advance efforts in the multicultural domain by addressing a gap in literature regarding the cultural considerations for children from low-SES families with mental health issues.

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APPENDICES

Appendix A

Email Letter for Potential Participants

Hello:

You are receiving this email because you have expressed an interest in serving as a participant in entitled:

Ecological School Counseling in High- Poverty Elementary Schools: Counselors' Perceptions Regarding the Effects of Poverty, Importance of Advocacy and School-Based Mental Health Programs

I feel that this research has the potential to provide information that will inform the work of school counselors in high-poverty schools. The interviews will be conducted virtually via (adobe connect) and a small gift card of $15 will be provided to participants. Please confirm your continued interest by sending a separate email to laverabrown15@gmail.com. Thank you in advance for your participation and I look forward to working with each of you. Have a wonderful day!

Warmest Regards,
La Vera

Appendix B

Criteria Qualification Questions

These questions will be asked during a phone conversation with potential participants

1. The participate must work in a school identified as high-poverty , as evidenced by 70% or higher of the school population participating in the Free or Reduced Lunch (FRL) program or identified as Title I. Question: Is your school identified as high poverty? How do they met this criteria?
2. Participants are elementary school counselors? Question: Are you currently an elementary school counselor?
3. Participants are aware of the various ecological factors that influence their work with children of low-SES. Question: Tell me some of the environmental factors that influence your work as a counselor in a high-poverty schools?
4. Participants advocate, lead, and keep at the center of their practice an understanding of issues related to race, class, gender, disability, sexual orientation and /other historically marginalized populations (Theoharis, 2007). Questions: How committed are you to serve as advocate for children from low-SES communities? How do you remain informed about the issues related to race, class, gender, disability, and sexual oriented

Appendix C

Demographic Information

1. What is your age? _____

2. Which of the following describes your present gender identity?

Bigender ____
Male ____
Female ____
Transman ____
Transwoman ____
Genderqueer ____

3. How do you describe yourself? (please check the one option that best describes you)

American Indian or Alaska Native _____
Hawaiian or Other Pacific Islander _____
Asian or Asian American _____
Black or African American _____
Hispanic or Latino _____
Non-Hispanic White _____

4. When did you receive your graduate degree?_____

5. Did you graduate from a CACREP accredited university?_____

6. Did you take coursework related to social class/social stratification?_____

7. How many years have you practiced counseling in the school setting?

0-5 years _____
5-10 years _____
10-15 years _____
15-20 years _____

8. Are you currently a licensed clinician? Yes____ No___ If yes, how many years have you held a license and in which state?

9. What response most accurately describes your socioeconomic status as a child?

Low-SES _____
Middle-SES _____
High-SES _____

10. Is your school considered a high-poverty school? If so, Is it classified as a title one school?
11. How many students attend your school?
What is the counselor student ratio?

Appendix D

Interview Guide

Life Histories of Elementary School Counselors

Question 1. (a) Describe your childhood.; (b) What do you recall about your experience as an elementary student?; (c) Was there an elementary school counselor present in your school? If, so what is your most vivid memory of them?; (d) Tell me a story that represented your fondest memory of your elementary school experience. (e) Tell me a story that represents a challenge or difficult situations. Who was there to support you? What resources did you wish were available to you.

Counselor Social Justice Advocacy Awareness

Question 2. (a) Tell me how you were first introduced to the concept of Social Justice Advocacy.; (b) What does the term "social justice" mean to you?; (c) How does social justice inform your practice as an elementary school counselor serving children from low-SES? (d) How do you feel about advocating on a macro level for your students? (e) Do you feel that you have a voice in decisions that are made for the students in your school, district, State? (f) What skills or tools would better equip you for the role of social justice advocacy for children of Low-SEScommunities?

Question 3. Do you feel that your counselor preparation training prepared you to be an effective advocate? If so, how? If not, what information do you believe would have been useful for you now that you are in practice?

Assumptions Regarding the Counselor's Role as Advocates for Students with Mental health issues

Question 4. Tell me a story about a time you were presented with a difficult student with mental health issues. How was the student introduced to you? And, how did you discover that the student had a mental health diagnosis?

Question 5. What is the protocol for school counselors in your school/district for serving students with severe mental health disorders?

Question 6. What barriers have you encountered while attempting to serve students with mental health issues?

Question 7. What are your thoughts about the value of addressing mental health disorders in schools? Do you feel that making this a priority will assist in anyway with closing the achievement gap? Do you feel that attempting to address severe mental health issues is beyond the scope of schools?

Attitudes Regarding Advocacy for Students and Families from Low-SES

Question 8. Tell me a story about a time you advocated for a student from a disadvantaged community.

Question 9. Have you ever heard the term "Cumulative Risk"? If so, in what context do you feel this term applies to children of low-SES?

Question 10. What types of environmental risk have you identified while working with your students? How did you assess that the environment affected their mental health?

Perceptions Regarding the Value of Ecological Counseling

Question 11. Do you feel that the school environment has implementations on behaviors of students? If so, as an elementary school counselor charged with leadership and

advocacy how does your comprehensive school-counseling program reflect an assessment of the school environment and the influence it has on student achievement?

Perceptions about Their Roles as Social Justice Advocates for School Mental Health Promotion

Question 13. What are your thoughts about school mental health promotion?

Question 14. Do you feel that your faculty and staff would support you if you chose to advocate for the existence of a school-based health on your campus?

Question 15. What do you see as potential barriers to the establishment of school-based health center in your school or district?