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The Relationship of School Counselors' Disabilities Competence with Self-Efficacy and Pre-Service Training and the Influence of Experience, Training, and Self-Efficacy on Disabilities Competence

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THE RELATIONSHIP OF SCHOOL COUNSELORS' DISABILITIES COMPETENCE

WITH SELF-EFFICACY AND PRE-SERVICE TRAINING AND THE INFLUENCE

OF EXPERIENCE, TRAINING, AND SELF-EFFICACY ON DISABILITIES

COMPETENCE

A DISSERTATION

Submitted to the Faculty of

Montclair State University in partial fulfillment

of the requirements

for the degree of Doctor of Philosophy

by

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Upper Montclair, NJ

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Dissertation Chair: Dr. Dana Heller Levitt

MONTCLAIR STATE UNIVERSITY

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DISSERTATION APPROVAL

We hereby approve the Dissertation

THE RELATIONSHIP OF SCHOOL COUNSELORS' DISABILITIES COMPETENCE

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COMPETENCE

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ABSTRACT

THE RELATIONSHIP OF SCHOOL COUNSELORS' DISABILITIES COMPETENCE

WITH SELF-EFFICACY AND PRE-SERVICE TRAINING AND THE INFLUENCE

OF EXPERIENCE, TRAINING, AND SELF-EFFICACY ON DISABILITIES

COMPETENCE

by Anthony Cannella

There were three purposes to this research study. First, the relationship between school counselors' disabilities competence and their self-efficacy was examined through a correlation. Next, the relationship between school counselors' disabilities competence and their pre-service training was investigated through a correlation. Finally, the predictive value of work experience, personal experience, training experience, and self-efficacy was observed in relation to school counselors' disabilities competence through a multiple regression analysis. This dissertation includes an overview of the study, a review of the pertinent literature, a detailed description of the study's methodology, an analysis of the results, and a discussion about the implications for the school counseling field.

ACKNOWLEDGEMENTS

DEDICATION

This work is dedicated to my parents, Anne Marie Cannella and Andrew

Cannella, who taught me the importance of education, how to work hard, and to never,

ever give up. You always told me to do my best- Thank you for believing in me! It was

not always easy but I appreciate all of the sacrifices you made for me throughout the

years. I love you!

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CHAPTER I

Introduction

School counseling is an important profession that serves students' academic, emotional, and lifespan development in public and private school settings (Conley, 2010; Geltner & Leibforth, 2008; Martens & Andreen, 2013). School counselors are trained to carry out diverse roles within school systems, which include student advocacy, achievement, mental health, socialization, and transition (ASCA, 2012). However, the roles of the school counselor have changed significantly within the last few decades of educational reform (Bemak & Chi-Ying Chung, 2008; Bryant & Constantine, 2006; Herr, 2002). One of the most pervasive issues facing school counselors today is adopting a new role to properly serve the multitude of students being diagnosed with a disability (Mitcham, Portman, & Dean, 2009). Contemporary school systems have diverse populations that include a number of individuals with special needs. Since the *No Child Left Behind Act* of 2001, instructional principles have been altered to incorporate students with disabilities more fully into mainstream school systems. This practice differs from placement in the past, in which students with disabilities were educated in separate institutions or classrooms. As the number of students with special needs continues to rise, it is imperative that all educators and school personnel, including school counselors, are better equipped to meet all of their students' unique needs (Grskovic & Trzcinka, 2011; Hsien, 2007; Titone, 2005).

Inclusion is the term used to describe the present educational landscape related to students with disabilities. Inclusive education is defined as the practice by which students with disabilities are provided services "within a regular classroom setting to the extent possible rather than pulling them out for remediation in a special classroom setting" (Clark & Breman, 2009, p. 7). The advent of inclusion has caused school personnel to change their approaches to adapt to the challenges associated with working with students with disabilities. Students with disabilities have unique challenges and needs that require individualized consideration (Thomas & Woods, 2003).   Zeleke (2004) noted that students with disabilities exhibited a more negative academic self-concept than their normally achieving peers. Researchers have found that students with disabilities are at risk for social and mental health related problems, such as anti-social behavior and depression (Baker, 2000; Dickson, Emerson, & Hatton, 2005; Dreikers, Brunwald, & Pepper, 1998; Fristad, Topolosky, Weller et al., 1992). Therefore, all school personnel, including school counselors, may or may not receive the required training to effectively work with students with disabilities.

Specific training standards regarding students with special needs have become more developed within recent years (Laprarie, Johnson, Rice et al., 2010; Norwich & Nash, 2011). The standards associated with working with this population have become known as special education competencies (Dingle, Falvey, Givener et al., 2004). The Council for Exceptional Children (CEC) has developed an evaluation in special education competencies for school personnel. In the CEC's latest update in 2012, the organization details that individuals working with students with disabilities must be proficient in the

areas of Special Education Ethics, Standards, and Guidelines (CEC, 2013). According to

Grskovic and Trzcinka (2011), the areas can be broken into 31 essential standards that

address both content knowledge and pedagogical instruction. State boards of education

have used the CEC standards to evaluate the certification of individuals working with

students with disabilities (Stayton, Smith, Dietrich et al., 2012). Moreover, the CEC

competencies are designed to evaluate the accountability of individuals working with

students with disabilities, as well as the quality of the individual's preparation and

training in special education (Zionts, Shellady, & Zionts, 2006). When considering

mental health providers' attitudes, knowledge, and skills associated with working with

individuals with disabilities, the term disability competence is used (Strike, Skovholt, &

Hummel, 2004).

The competencies established by the CEC have not been directly applied to

school counselors. However, school counselors are among the professionals who work

with students with disabilities. According to the American School Counselor Association

(ASCA, 2005), school counselors are to meet the individual needs of each of the students

in their caseloads. As the number of students with disabilities in the United States

continues to increase, school counselors will undoubtedly work a great deal with students

with disabilities. Cornett (2006) stated that an effective school counselor can play a

central role in the ultimate success of an individual grappling with a disability. School

counselors have the ability to provide developmental self-efficacy strategies that increase

students with disabilities' self-esteem (Cornett, 2006; Margolis & McCabe, 2004). Many

school counselors begin to assume the role of advocate for their students, serving as a

link between the student, faculty, community and parents. Moreover, most school

counselors advocate not only for their students, but also for the entire school community.

School counselors can also play an integral role in shaping individual career and life

goals (Milsom & Dietz, 2009). Furthermore, school counselors can educate students with

special needs about their disabilities, as well as provide information on resources

available to help them (Rothman, Maldonado, & Rothman, 2008). Many studies have

focused on the positive effects that school counseling has had on students with

disabilities and found that school counselors have a positive impact on students with

disabilities' lives (Cowden, 2010; Owens, Thomas, & Strong, 2011; Satcher, 1993;

Sparks, Humbach & Jovorsky, 2008; Vaughn, Hogan, Kouzekanani et al., 1990).

Additionally, students with disabilities have received transitional, life planning services

from school counselors (Milsom, 2007; Naugle, Campbell, & Gray, 2010).

A specific training standard regarding students with special needs has become

more commonplace for teachers who are entering the workforce (Laprarie et al., 2010;

Norwich & Nash, 2011). However, despite the stress on school counselors' multicultural

competence training (Dickson & Jepsen, 2007), there is a significant dearth of special

education content for school counselors in training to increase their knowledge and skills

related to individuals with disabilities (Bowen, 1998; Milsom, 2002; Studer & Quigney,

2004). Yet, according to Milsom (2002), it has become essential for school counselors

to feel adequately equipped to handle the needs of students with disabilities.

Mental health professionals' ability to effectively provide services to individuals

with disabilities can be determined by a concept known as disabilities competence.

Counselors' disabilities competence is made up of counselors' self-awareness, attitudes, perceived knowledge, and perceived skills in relation to working with individuals with disabilities (Strike, 2001). Individuals with higher disabilities competence reported that they have a greater understanding of disabilities related laws and practice, and felt that they could adequately provide counseling services to people with disabilities (Strike et al., 2004). Disabilities competence is developmental in nature, as it is developed through experience and training (Strike et al., 2004). As counselors were exposed to more disabilities related training, they reported a higher sense of disabilities competence (Strike et al., 2004). Furthermore, counselors that had gained experience in working with individuals with disabilities felt more knowledgeable in the area of disabilities than those who had not (Strike et al., 2004). Therefore, counselors had developed their disabilities competence over time, as they sought training and experiences relating to disabilities.

It is also important to note that school counselors' perceptions of their ability to perform a given task will inevitably influence the outcome of their performance in that task (Bodenhorn, Wolfe, & Airen, 2010). This concept, known as school counselor self-efficacy, plays a crucial role in the counseling process. Bandura (1986) defined self-efficacy as the way individuals regard their own capabilities in regards to a given task. Essentially, self-efficacy influences school counselors' opinions about how they will perform certain tasks with certain populations (Holcomb-McCoy, Harris, Hines et al., 2008). The implication of self-efficacy is that if a school counselor feels that he or she does not have a competency in working with a given population, then the efficiency of his or her work with that population will most likely be affected.

School counselors achieve self-efficacy through a number of different ways. Self-efficacy development often begins with the quality of training school counselors are exposed to in their Master's program and internship placements (Leach & Stoltenberg, 1997). Self-efficacy is gained through school counselors' successful work experiences (Gilat & Rosenau, 2012). A supportive work environment and staff could also increase school counselor self-efficacy (Sutton & Fall, 1995). Achieving counselor self-efficacy becomes a vital component to the counseling process. Daniels and Larson (1998) reported that unsuccessful counseling treatment occurs more often than not when school counselors have negative self-efficacy. Previous to this research study, it was unclear if there was a relationship between school counselors' disabilities competence and their self-efficacy as school counselors.

Statement of the Problem

There is no denying the importance of providing effective school counseling services for children and adolescents with disabilities. However, there appears to be a relative issue in how effectively a school counselor can provide these services. School psychologists and special education teachers have reported that they perceive the in-school mental health services for students with disabilities to be ineffective, as attributed to how efficient the services are programmed (Repie, 2005). There is also a significant lack of disabilities research in counseling related literature (Foley-Nicpon & Lee, 2012). In addition, school counselors themselves have acknowledged some perceived complications in counseling students with disabilities (Milsom, 2002; Romano, Paradise, & Green, 2009). School counselors have felt that they have had inadequate training in

their work with students with disabilities, which has impacted their approaches in a counseling session with the population (Studer & Quigney, 2004). Counseling professionals with little experience in working with individuals with disabilities have exhibited lower disabilities competence than counselors with experience working with the population (Strike et al., 2004). Furthermore, findings indicate a gap in school counselors' knowledge related to special education laws and procedures (Romano et al. 2009). Taken together, these findings indicate the possibility of a deficiency in knowledge, training, and support for school counselors that are working with students with disabilities.

Currently, neither the American School Counselors Association (ASCA) nor the Council on Accreditation of Counseling and Related Educational Programs (CACREP) require any specialized training for school counselors working with individuals with disabilities. Many school counseling Master's programs do not require counselors in training to enroll in a special education course. In the past, some states have required a course in special education for prospective counseling students, but other states did not require any coursework in the area (Frantz & Prillaman, 1993). School counselors often had to learn about students with disabilities on the job and seek out experienced professionals to aid them in the area, which is a proactive approach that relates to the individual's sense of self-determinism (Deck, Scarborough, Sferrazza et al., 1999; Turnbull & Turnbull, 2006). However, this can potentially have a negative impact on their initial work with this population, which could result in inefficient counseling outcomes for students with disabilities.

A lack of training and professional development in special education can affect school counselor self-efficacy (Aksoy & Dken, 2009). As DeKruyf and Pehrsson (2011) point out, school counselors have reported lower self-efficacy when they have experienced little to no training in a specialized area.   School counselors have previously reported lower self-efficacy in relation to working with special education students because of their deficiencies in training (Aksoy & Dken, 2009). However, there had been no previous investigation on whether there is a relationship between school counselors' disabilities competence and their self-efficacy. Moreover, the present study pondered whether the implementation of disabilities related Master's level coursework results in higher disabilities competence. It also appeared to be important to determine where school counselors with high disabilities competence have developed it: whether it is from pre-service work, job experience, or continued professional development. These ideals informed the research questions of this study.

Research Questions

1. Is there a relationship between current school counselors' disabilities competence and school counselors' self-efficacy?

2. Is there a difference in school counselors' disabilities competence between individuals who were required pre-service disabilities training and individuals who were not required to take pre-service disabilities training?

3. To what extent are (a) work and personal experience, (b) special education-related coursework and professional development, (c) disabilities training, and (d) school counselor self-efficacy predictive of school counselors' disabilities competence?

Purpose of the Study

The first purpose of this study was to explore the relationship of two constructs: school counselors' disabilities competence and school counselors' self-efficacy. School counselors' disabilities competence includes school counselors' self-awareness, perceived knowledge, and perceived skills in working with students with disabilities (Strike, et al. 2004). School counselors' self-efficacy is their belief in their capability to efficiently counsel a particular student or group (Larson & Daniels, 1998). I sought to examine a sample of school counselors' disabilities competence in relation to their perceived self-efficacy. I believed that the study would illuminate important factors related to the school counseling field, school counselors' competency levels, and school counselors' self-efficacy. The study was aimed to help to determine the level of a sample of currently practicing school counselors' disabilities competence. I was hopeful that the results from the study would determine where and how school counselors with higher disabilities competence were gaining their disabilities competence. Furthermore, the study would potentially determine whether there is a relationship between school counselors' disabilities competence and school counselors' self-efficacy in their profession.

The second purpose of my study was to determine if there was a relationship between pre-service disabilities training and school counselors' disabilities competence. I was interested to see whether individuals that had completed their Master's studies in states that required pre-service disabilities or individuals who had an expansive training in disabilities had any correlation to disabilities competence.

The third purpose of the study was to investigate whether (a) work and personal experience, (b) special education-related coursework and professional development, (c) disabilities training, and (d) school counselor self-efficacy were predictive of school counselors' disabilities competence. I was interested to determine what specific factors related to these constructs could have a positive impact in leading toward school counselors' disabilities competence. Throughout this research study, these variables will be referred to at times as work experience, personal experience, and training experience.

Significance of Study

I hoped to advance the existing counseling literature through the current study. As students with disabilities have become integrated into general education classrooms, school counselors have begun extensively working with the population (McCarthy, Van Horn Kerne, Calfa et al., 2010). School counselors' work with individuals can be measured by a construct called disabilities competence. Counselors' disabilities competence is defined as their current self-awareness, perceived knowledge, and perceived skills in working with individuals with disabilities (Strike, 2001). Counselors can gain disabilities competence through proper disabilities training and experience working with individuals with disabilities (Strike et al., 2004). However, researchers have suggested gaps in both knowledge and training among counselors working with individuals with disabilities (Bowen, 1998; Milsom, 2002; Romano, et al. 2009; Studer & Quigney, 2004). Therefore, it appeared important to determine what level of disabilities competence current school counselors possess. Moreover, insufficient training had previously been found to have a negative effect on counselors' self-efficacy as

counselors, as well as in their work with students with disabilities (Aksoy & Dken, 2009; Larson & Daniels, 1998). Counselors with low self-efficacy are more susceptible to burnout and job dissatisfaction (Baggerly & Osborn, 2006; Gunduz, 2012). My study was the first to examine the relationship between school counselors' disabilities competence and their self-efficacy working as school counselors.

The research study has the potential to have important implications to the counseling field. I attempted to explore a number of phenomena through this study. The research primarily explored the relationship between school counselors' disabilities competence and school counselors' self-efficacy. Additionally, I examined if there is a difference in school counselors' disabilities competence from an area that requires pre-service disabilities training. I also analyzed whether experience counseling students with disabilities, Master's level disabilities related coursework, continued disabilities related training and professional development, and self-efficacy have any predictive importance on school counselors' disabilities competence. The research study could encourage awareness about disabilities training for professionals and the educational needs of counselors in training. The study could also help to indicate how to best serve students with disabilities through school counseling services.

Theoretical Framework

This research study was informed by a humanistic-developmental theoretical framework. It considers theory and practice from both counseling and special education perspectives – specifically, the integration of person-centered theory in counseling and self-determination theory in special education. The primary researcher is a school

counselor whose practice is largely grounded in the person-centered approach pioneered by Carl Rogers. This is a non-directive approach to counseling, which enables the counselor to put complete trust and confidence in the client's (or student's) capacity to change (Rogers, 1961). Students experience the world through their own unique phenomenological field. The counselor works in the here and now to ultimately help direct the student to reach a state of becoming an autonomous, confident person (Rogers, 1980).

Self-determination theory had also informed this research study. Self-determination theory is a developmental theory related to intrinsic motivation in human behavior (Deci & Ryan, 1985). The theory proposes that humans innately strive for competence, relatedness, and autonomy (Deci & Ryan, 2002). However, humans strive for these qualities in varying degrees. An individual with a greater sense of self-determination will more proactively seek the means to accomplish his or her innate needs (Deci & Ryan, 2002). The theory proposes that individuals' development is dependent on their inner desire to seek out growth within a given area. Having a high sense of self-determination in a given area can result in the individual developing a mastery of skills in the area, since they are motivated to accomplish this feat (Deci & Ryan, 2002).

Self-determination principles are similar to Rogers' person-centered approach of guiding an individual to reach personal autonomy (Rogers, 1961). In this research study, self-determination theory relates to students with disabilities that require this intrinsic motivation to rise above their hardships. The theory also relates to school counselors

who more proactively seek disabilities training and experiences in order to increase their competence and autonomy in relation to working with students with disabilities.

There are also a number of parallels to the person-centered approach and special education principles. Much like the idea of understanding clients through their unique perspectives, inclusive education promotes respect for the individual differences that each student has and, through the least restrictive environment, it supports an increased understanding and acceptance of diversity (Finke, McNaughton, & Drager, 2009). A stress on the uniqueness of the individual is also similar to the special education instructional foundations of universal design and differentiated instruction. Universal design calls for complete access for all students in both physical building design and instruction (Hitchcock, Meyer, Rose, & Jackson, 2002), while differentiated instruction calls for instruction to be more personalized in order to provide for the unique learning differences of all individuals (Tomlinson, 2000).

Rogers measured change as helping the client reach a state of congruency, where they have self-actualized into their greatest potential (Rogers, 1961). This is similar to many special education theorists, such as Ann Turnbull and Rob Horner, who support the promotion of self-determination skills in obtaining the ultimate goal of autonomy for their students (Wu & Chu, 2012). Furthermore, studies indicate that person-centered counseling has had positive impacts on individuals with disabilities (Brooks & Paterson, 2011; Shechtman & Pastor, 2005). This study was concerned with the ultimate development of both school counselors and students with disabilities.

Summary

Students with disabilities are among the populations that school counselors work with. School counselors' disabilities competence is the perceived skills, perceived knowledge, and self-awareness that school counselors have in working with students with disabilities. This study examined the relationship between school counselors' levels of disabilities competence and their self-efficacy as school counselors. Moreover, the study observed if there was a relationship between pre-service disabilities training and disabilities competence. The study also explored the factors that could influence school counselor disabilities competence and to what degree each individual factor could be predictive of school counselors' disabilities competence. The results of this study have the potential to be significant in school counselor preparation for disabilities competence and training.

Definition of Terms

Inclusion. Inclusion is an educational principle in which students with disabilities are integrated in schools to the same extent as their non-disabled peers. Inclusion itself is not a law; rather, it is directly supported by both the *Individuals with Disabilities Education Act* (IDEA) and Section 504 of the Rehabilitation Act of 1973 (Taylor, 2011). Students are determined placement through least restrictive environment, which enables support services that are geared toward maximizing academic and social success for students with disabilities (Wilson, Kim, & Michaels, 2013).

Students with disabilities. A student with a disability is an individual with a certain special need that requires individualized consideration (Thomas & Woods, 2003).

Learning disabilities, social/emotional disturbances, developmental delays, neurological disorders, health-related issues, and physical impairments are among the special needs that classify a student with a disability. Individuals can be born with a disability (Litt, Taylor, Klein et al., 2005) but a disability can also develop over time (Wendorf, 2008).

Professional school counselor. The American School Counseling Association (ASCA, 2005) defines the role of a school counselor as a "certified professional with a Master's degree or higher acting as a facilitator in school counseling that addresses the unique needs of each individual student" (p. 23). Professional school counselors continually interact as the link between school personnel (Ray, 2007), parents and guardians, and the community (Bryan & Holcomb-McCoy, 2007) to best service their students. School counselors are entrusted with foreseeing that their school's mission statement is carried out (ASCA, 2005).

School counselor disabilities competence. For the purpose of this research study, disability competence is defined as school counselors' self-awareness, perceived skills, and perceived knowledge related to students with disabilities (Strike, Skovholt, & Hummel, 2004).

School counselor training. School counselors are trained as "certified/licensed professionals with a master's degree or higher in school counseling or the substantial equivalent and are uniquely qualified to address the developmental needs of all students" (ASCA, 2005, p. 23).

Self-efficacy. Self-efficacy is the perceived belief of strength an individual has regarding their ability to perform a particular activity (Bandura, 1997).

School counselor self-efficacy. School counselor self-efficacy is a counselor's belief in his or her capability to efficiently counsel a particular student or group (Larson & Daniels, 1998).

Counselor pre-service training. For the purposes of this research study, school counselor pre-service training is any Master's level disabilities courses, class content, or clinical experience related to working with individuals with disabilities.

Years of experience. For the purposes of this research study, years of experience are the number of years that school counselors have worked with students with disabilities.

Personal experience. In relation to disabilities, personal experience can be defined as either having a disability or knowing someone with a disability.

Professional development. In this study, professional development is referred to as any workshops, conferences, or in-school service training opportunities that are related to working with individuals with disabilities.

Organization of the Dissertation

This dissertation is organized through the use of five chapters. The previous Introduction chapter covered the background, rationale, and need for this research study. The second chapter collects and summarizes the previous literature that pertains to the current research study. The third chapter outlines the study's methodology, which includes explanations on sample selection, instruments and procedures used to collect data, and the plan for data analysis. The fourth chapter details the analysis and results of the data collected from the study's participants. The fifth and final chapter discusses the

results' implication to the counseling field, the limitations of the study, and the

suggestion of further research studies.

CHAPTER II

REVIEW OF THE LITERATURE

The concept of special education has grown significantly in the past few decades. Over the past 30 years, the number of disabilities in society's general population has dramatically increased, whether this is from more individuals grappling with learning issues and other related disabilities or an improved detection of disabilities (Hammill,1993). When the *Individuals with Disabilities Education Act* (IDEA) was passed in 1975, over 1 million students with disabilities had no access to public school opportunities; thirty years later, the number had grown to 6.7 million students with disabilities that were receiving special education services (Aron & Loprest, 2012). As disabilities have become more commonly identified, education has changed dramatically. In response, school counseling professionals have made adjustments to the services provided to students with disabilities (Scarborough & Deck, 1998; Tarver-Behring & Spagna, 2004). Additionally, since the passage of IDEA in 1975, children and adolescents with disabilities are required a Free Appropriate Public Education to their non-disabled peers. The *No Child Left Behind Act* of 2002 and the reauthorization of IDEA in 2004 have further advanced special education practices, as these laws require the inclusion of students with disabilities in the general education setting to the maximum extent possible. In 2011, the Institute of Disability at the University of New Hampshire reported that there are 5,670,680 students with disabilities receiving federal educational

funded services through IDEA. The number is more than 8% of the population of U.S.

children, ages 6-21.

The large number of students with disabilities has brought about change within

schools. Inclusive education has yielded productive results for students with disabilities,

such as improved grades and academically related skills (Rivera, McMahon, & Keys,

2014; Seifert & Espin, 2012; Wakeman, Karvonen, & Ahumada, 2013). However,

administrators have also been confronted with the challenge of properly training

personnel to successfully provide services to students with disabilities (Milligan, Neal, &

Singleton, 2012). Preparing personnel with disabilities training has become increasingly

important, since both students with disabilities and non-disabled students were found to

have greater achievement when the individuals who are working with them have had

special education training (Feng & Sass, 2013).

Administrators have acknowledged the importance of providing teachers with

disabilities training through professional development (Jones & Chronis-Tuscano, 2008).

Furthermore, colleges and universities are successfully implementing disabilities training,

such as discrete trial teaching, for pre-service teachers (Downs & Downs, 2013). After

experiencing training, teachers report increased enthusiasm over inclusion and higher

self-efficacy in working with students with disabilities (Jones & Chronis-Tuscano, 2008;

Swain, Nordness, & Leader-Janssen, 2012).

Despite the positive outcome associated with teacher training, the same focus on

disabilities training has not extended to school counselors. According to Studer and

Quigney (2005), exposure to special education content for school counselors has been

reported as insufficient. This is problematic since there is a correlation between counselor self-efficacy and training (Barnes, 2004; Daniels & Larson, 2001; Holcomb-McCoy et al., 2008). However, school counselors have expressed a lack of opportunities to advance their proficiencies in special education content (Studer & Quigney, 2004). Subsequently, school counselors are not as prepared as they could be to work with students with disabilities (Glenn, 1998; Milsom, 2002; Romano, et al. 2009).

The purpose of this chapter is to review the literature pertaining to my study on school counselors' perceived competency of special education standards and their feelings of self-efficacy in providing counseling services. In this literature review, I will provide the conceptual framework for this study, explore the profession of school counselors, identify the needs of students with disabilities, focus on the role school counselors have in working with students with disabilities, explain the impact that self-efficacy has on the counseling process, and clarify the importance of developing proficiency in the special education competencies.

School Counselors

School counselors are trained professionals who have earned a Master's degree or higher and have obtained a state certified license to work in a school. School counselors recognize and act upon situations that obstruct student development, address the mental health of the school community, and support school wide initiatives (Martens & Andreen, 2013). They are employed by school districts to become leaders for the school community, advocates for the student body, and facilitate positive growth for their schools (ASCA, 2012). School counselors are not expected to work in isolation; rather,

they work cooperatively with their school's faculty to institute programs, such as special

education initiatives and services that address student needs (Clemens, Milsom, &

Cashwell, 2009).

There are many professionals and services that contribute to a student's success;

the school counselor can play a significant role in achieving such success (Epstein &

Voorhis, 2010; Webb, Brigman, & Campbell, 2005; Webb, Lemberger, & Brigman,

2008; White, 2010). At its foundation, school counseling is designed to assist students in

three major areas: academic, career, and social development (ASCA, 2012). Assistance

in the three major areas should be continual and in equal increments to all students, as

school counselors should work to the best of their capabilities to reach each student in

their caseloads (Holcomb-McCoy, 2004). The American School Counselor Association

(2012) recognizes that school counselors serve as the primary advocates for their

students. Serving as an advocate permits the school counselor to adopt a variety of

diverse duties to carry out their school's mission statement (ASCA, 2005). This will

often include reaching and working with students with disabilities.

Role of the School Counselor

Today, school counselors have a myriad of responsibilities within the educational

system. Originally conceived in the late 1950s to encourage students to enter the

mathematics and science fields in order to contribute to the 'space race,' school

counseling has gone through a number of reforms and changes in the last few decades

(Adelman, 2002). In 1993, ASCA originally outlined the roles of a school counselor as

advocacy, transitional planning, parental consultation, improving self-esteem and social

skills, college and career planning, behavior modification, academic development, and consultation with school faculty. As mandated in IDEA, the aforementioned school counselor roles are keys to the development of students with disabilities. ASCA has since updated the roles to include a more program-centered focus for each individual student on a case by case basis (ASCA, 2012). Current reforms have led school counselors to be regarded as leaders who are the catalysts of change for their students and schools (Ford & Nelson, 2007; McMahon, Mason, Paisley, 2009; Wingfield, Reese, & West-Olantunji, 2010).

As previously stated, modern school counselors engage in a number of duties that are centered on enhancing student and school community growth. School counselors address the needs of the school community (Austin, Reynolds, & Barnes, 2012; DePaul, Walsh, & Dam, 2009; Lindwall & Coleman, 2008, Sink & Edwards, 2008; Smaby & Daugherty, 1995) while also giving academic counsel to their students (Paisley & Hayes, 2003; Steen & Kaffenberger, 2007). By implementing school-wide initiatives in an attempt to reach every student, school counselors play a prominent role in helping schools become community-based institutions that foster their students in reaching their goals (Lindwall & Coleman, 2008). Using strength-based techniques, school counselors provide children and adolescents with the necessary tools that build the self-confidence that is needed to become self-sufficient individuals (Geltner & Leibforth, 2008). Furthermore, school counselors work closely with their caseloads to empower students to make responsible decisions about their futures (Bryan & Henry, 2008).

School counselors are employed at the elementary, middle, and high school levels. ASCA makes the recommendation that school counselors at each level immerse themselves within the academic, social, and career development of their students (ASCA, 2012). A simple goal of any school counselor is the maximization of their students' potential in these core areas. This is accomplished through a collaborative process, as school counselors continually interact with school personnel, parents/guardians and the community to best serve their students (Bryan & Henry, 2012; Bryan & Holcomb-McCoy, 2007; Griffin & Farris, 2010; Huss, Bryant, & Mulet, 2008; Llamas, 2011; Ray, 2007; Tatar, 2009; Van Velsor & Orozco, 2007; Walker, Shenker, & Hoover-Oempsey, 2010). ASCA has provided professional school counselors with a comprehensive model that serves as a guideline for them to accomplish their work.

ASCA Comprehensive Model

In 2003, ASCA formulated a national model that would serve as a clear guideline for school counselors' roles and responsibilities (ASCA, 2003). Gysbers and Henderson (1994) delivered a framework for the current reforms that made school counseling what it is today. In collaboration with ASCA, the authors suggested that school counseling programs follow a comprehensive model that is both developmental and preventive. A Comprehensive School Counseling Model is widely held as the standard to strive for in developing school counseling programs. Schmidt (2013) reported that a Comprehensive Model consists of individual and group counseling services to foster student development, appraisal services that focus on student needs, and coordination with faculty and parents that is used to meet the goals and perceived needs of the school

community. School counseling programs that accurately fit the standards proposed in the

Comprehensive Model employ school counselors with a high level of job satisfaction

(Pyne, 2011; Rayle, 2006). In order to stay current on the needs of the school counseling

profession, ASCA recently updated the national school counseling model for the third

time in 2012.

The foundation of the ASCA model focuses on four major areas: leadership,

advocacy, collaboration, and systemic change (ASCA, 2012). Romano et al. (2009)

detailed how school counselors are to address these areas through their collaborative

efforts. Leadership is accomplished when school counselors attempt to close the

achievement gap between underachieving and underserved students and their well-

supported peers. School counselors become advocates when they address the unique

needs that their students may require. Collaboration is addressed when school counselors

work with other professionals, such as the Child Study Team, to ensure that their students

will receive the supplemental services that they need. Finally, the area of systemic

change is achieved when school counselors review assessments and data to implement

policies to help the school community. The four main themes from the ASCA

Comprehensive Model are used to shape modern school counseling programs.

School Counseling Programs

School counseling programs are geared toward helping enrich all students'

educational experiences. Effective school counseling programs have been found to use a

strengths-based approach to highlight each student's unique talents (Gallasi, Griffin, &

Akos, 2008). A safe school environment for marginalized populations must be

established through the school counseling program (Smith, 2013). Thus, when school

counseling programs are being planned, it is imperative that the programs address the

various needs of students with disabilities, as well as be accessible to them (Deck, et al.

1999). In following the strategy outlined in the ASCA Comprehensive Model, school

counseling programs are to be both developmental and preventive in nature.

Developmental. Effective school counseling programs are deemed to be

developmental in their approaches. School counseling programs were originally

recommended to stress both the educational and personal development of each student

(Bonebrake & Borgers, 1984). This consideration could include career development,

educational consultation, college placement, the coordination of specialized services and

personalized counseling in accordance to life events (Allen et al., 2012; Fineran, 2012;

Galassi & Akos, 2012; Nichter & Edinonson, 2005; Perna et al., 2008; Rowell & Hong,

2013; Schenck, Anctil, Smith, & Dahir, 2012; Schmidt, Hardinge, & Rokutani, 2012).

Social-emotional development (Clark & Breman, 2009; Velsor, 2009) and academic

planning are also components of this area. Student development should be centered on

helping students become functional and productive future citizens (Galassi & Akos,

2004). In addition, fostering career-ready students is an ultimate goal of the

developmental aspect of school counseling programs (Gysbers, 2013). In simplifying the

developmental process, Stevens and Wilkerson (2010) defined it as the positive building

blocks that everyone needs to succeed in life.

Preventive. School counseling programs can also be preventive focused. Walsh,

Barrett, and DePaul (2007) stated that approximately a quarter of school counselors'

work is time spent on preventive programs for their students. Preventive programs allow school counselors to make presentations on a variety of topics and current issues that potentially effect student life. Efficient preventive counseling methods revolve around the diverse needs of the school community. For example, Schulz (2011) reviewed how prevention measures for social alienation increased student success in social situations. School counseling prevention has been effective in deterring school dropouts (Suh & Suh, 2007). Preventive counseling has also helped establish success for high-risk transfer students transitioning to a new school environment (Warren-Sohlberg, Jason, Orosan-Weine, & Lantz, 1998), and avoiding instances involving suicide (Malley & Kush, 1994) and bullying (Young et al., 2009). School counselors often have to assess their students for learning difficulties, by monitoring academics and searching for signs of a disability (Erk, 1995).

  Advocacy. Advocacy is another important aspect of school counseling programs. Most school counselors consistently provide advocacy for their students. However, advocacy initiatives often reach the entire school community as well. School counselors' advocacy competencies have been defined as their disposition, knowledge, and skills in working with the entire school community (Trusty & Brown, 2005). It has been suggested that contemporary school counselors can bring about change within the school community through the use of a developmental advocacy model, which focuses on student development through the skills, knowledge, and attitudes that are associated with healthy youth (Galassi & Akos, 2004).   Through a developmental advocacy model, academics, career, and the personal development of all students is stressed (Green &

Keys, 2001). Ratts, DeKruyf, and Chen-Hayes (2007) write how school counselors can use their advocacy competencies to promote access and equity for all members of the school community. This idea is congruent to the need for multicultural competence associated with school counseling, as well as special education principles, such as universal design, that promote student access.

Advocacy-related school counseling programs are implemented for the intended benefit of the entire student body (Galassi et al., 2008). These programs take a developmental approach in the effort to maximize student success (Galassi & Akos, 2004). Additionally, school counseling advocacy programs may take a preventive approach to protect the entire school community from potential harm (Walsh, et al. 2007). As structured as the ASCA guidelines are, school counselors must have the proper preparation to fully provide these varied counseling services to their students. Therefore, it is important to identify the process in which school counselors are trained.

School Counselor Preparation

To become a practicing school counselor, one must obtain a Master's degree or higher in the area of School Counseling. Many school counseling education programs take into account both ASCA training standards and the Council for Accreditation of Counseling and Related Programs' (CACREP) standards for school counselor training. Within the standards of both organizations, there are some minimal guidelines for working with students with disabilities (Milsom & Akos, 2003).

ASCA standards. An explicit implication of becoming a school counselor is the adherence to ASCA Ethical Standards. In addition, the ASCA National Model supports

the notion that school counselors in training are to receive productive supervision experiences with diverse populations through their practicum and internships (Murphy & Kaffenberger, 2007). Furthermore, ASCA (2004) has adopted a position on the treatment of students with disabilities. Their position is that school counselors are to be prepared to meet the demands of all of their students, including those with a disability. To fulfill this requirement, one suggestion is to have special education content be a part of school counselors' training (Milsom, 2002; Studer & Quigney, 2004).

CACREP. The Council for Accreditation of Counseling and Related Programs (CACREP) was founded in 1981 to establish the training standards for professional counselors. CACREP's training standards have evolved in an attempt to unify the counseling profession (Bobby, 2013). CACREP (2009) provides a recommended core curriculum experience for school counselors in training. This curriculum is important, as counselors who attended a CACREP accredited Master's programs are less likely to be sanctioned for ethical misconduct than those who have not attended a CACREP accredited programs (Even & Robinson, 2013). CACREP also included a position on disabilities in the Human Growth and Development section of the Counselor Professional Identity: "studies provide an understanding of the nature and needs of persons… including an understanding… of disability" (CACREP, 2009, p. 11). Therefore, CACREP recommends that in their graduate studies school counselors are exposed to information concerning individuals with disabilities.

Importance of a multicultural training focus. Furthermore, there is an emphasis on multicultural training for school counselors. School counselors will often

find themselves working with economically and culturally diverse students. These students can exhibit a number of culturally diverse factors, which include ethnicity, socioeconomic status, and disability. This has caused a reevaluation of counselor training to include diversity as a core value of school counselors' education (Stadler, Suhyun, Cobia, et al. 2006). This remains increasingly important, as research indicates a causal effect between poverty, disability, and future unemployment (Hughes & Avoke, 2010; Lustig & Strauser, 2007).

　　　With the proper multicultural-centered training, school counselors can bring their specialized skills to lower-income, culturally diverse areas to emerge in a leadership role (Amatea & West-Olatunji, 2007). School counselors can become cultural mediators between students and faculty (Portman, 2009). Diversity can eventually be promoted and respected through school counselors' use of experiential activities (Roaten & Schmidt, 2009). However, research has shown that school counselors with limited multicultural training have exhibited lower multicultural competence (Chao, 2013). Therefore, it is imperative that school counselors receive sufficient diversity training in their education and training.

　　　A course in multicultural counseling has been found to assist counselors in training to develop multicultural knowledge and awareness (Kagnici, 2014). The implementation of a multicultural focus throughout counselor training curricula is an issue of social justice for underserved populations (Constantine, Hage, Kindaichi et al. 2007; Zalaquett, 2011). In addition, requiring a course in multicultural counseling has

been found to predict multicultural competencies in knowledge, skills, and relationships (Dickson & Jepsen, 2007).

Students with disabilities are considered to be a marginalized population (Trainor, 2010). Therefore, one can imply that based on the profession's emphasis of multiculturalism, students with special needs are an ideal group to receive developmental school counseling services. It has been recommended that school counseling preparation should provide more content in relation to the diversity of students with disabilities (Milsom, 2002; Studer & Quigney, 2004). Counselors that have had more training and experience working with individuals with disabilities perceive themselves to have higher disabilities competence (Strike et al. 2004). At this time, it is unclear whether disabilities competence has any relational factor to a concept known as counselor self-efficacy.

Counselor Self-Efficacy

Research has indicated that there is a significant relationship between multicultural competence and counselor self-efficacy (Holcomb-McCoy et al., 2008). Self-efficacy is a concept that governs human motivation and behavior in performing specific tasks (Bandura, 1986; Graham & Weiner, 1996). According to self-efficacy theory, human self-efficacy beliefs can influence choices and decisions in all areas of life. It is important to clarify that self-efficacy does not necessarily mean 'confidence'; rather, it is the perceived 'belief of strength' an individual has regarding a certain issue (Bandura, 1997, 2001). Self-efficacy has its roots in Bandura's (1977) Social Cognitive Theory. Bandura believed that an individual will perform certain tasks with the aim of a positive outcome. However, how they go about performing these tasks is completely

related to how the individual personally feels about their capabilities in performing the given task (Bandura, 1986). An individual will begin to develop expectations on their performance of a given task; when expectations are not met, the individual may begin to develop avoidance behaviors associated with performing the task (Betz, 2004).

Hackett and Betz (1981) applied self-efficacy theory to behaviors in the workplace. From this initial application, self-efficacy theory has continued to be widely studied, with a great deal of application in the counseling field. Larson and Daniels (1998) claimed that counselor self-efficacy is a key concept in counselor performance and resilience. Self-efficacy has become an important concept in understanding and predicting the behaviors of counselors working within a school environment (Baggerly & Osborne, 2006; Holcomb-McCoy, Gonzalez & Johnston, 2009; Holcomb-McCoy et al., 2008; Scarborough & Culbreth, 2008). To best serve any population, a school counselor should have a positive sense of self-efficacy for working with that particular population (DeKruyf & Pehrsson, 2011). Therefore, it becomes imperative to identify how school counselors develop their self-efficacy.

How Self-Efficacy is Developed

Individuals develop self-efficacy over time, through a process that is both action and learning oriented. People develop their self-efficacy regarding a specific task by being positively recognized for their performance. In this case, individuals perform the task in *the right way* and they are met with success that is recognized by others. This development of self-efficacy is called performance accomplishment or enactive mastery (Bandura, 1997). Once performance accomplishment has been achieved, intermittent

failures in performing the task are noted to have a negligible effect on the individuals' self-efficacy (Bandura, 1977, 1986).

Individuals can develop their self-efficacy by witnessing another person's example, which is known as vicarious experience (Bandura, 1986). In this example, individuals learn how to effectively complete tasks by seeing the tasks performed successfully by another. As individuals gain more experience in performing the given task in an acceptable manner, their self-efficacy and belief in their competencies in performing the task will increase. For example, in counselor training, faculty modeling and competency were found to predict counselor self-efficacy (Deemer, Thomas, & Hill, 2011). As counselors in training learned specific tasks from faculty that they perceived to be competent, their self-efficacy increased. Bodenhorn et al. (2010) noted that "the two most direct ways to increase one's self-efficacy are through personal and vicarious accomplishments" (p.174).

The way that individuals approach a given situation has an effect on their self-efficacy (Bandura, 1977). This concept is called emotional arousal. If counselors feel anxious about a situation, their self-efficacy can be negatively affected and when counselors receive positive feedback, their anxiety levels decrease (Barbee, Sherer, & Combs, 2003; Daniels & Larson, 2001). Therefore, when counselors are effective in their treatments, it becomes important for counselors to gain positive feedback from supervisors so that they can approach difficult situations with confidence.

Verbal persuasion is another way that individuals gain self-efficacy. In verbal persuasion, individuals are told that they can effectively perform a specific task that they

have not yet encountered (Bandura, 1986). An example of this phenomenon could be when a counseling supervisor leads a beginning counselor to believe that they can successfully perform a new task without any previous experience in the task. Son, Jackson, Grove, and Feltz (2011) concluded that verbal persuasion is more effective when it is focused on the individuals' capability within the group, rather than be individual-centered.

In addition, there are other factors that contribute to how school counselors develop self-efficacy. These include counselor training, experience, and a supportive work environment. These factors will be discussed in detail in the following section.

Training. Previous research indicates that training has a high correlation to counselor self-efficacy (Kozina, Grabovari, Stefano et al., 2010). In-service training may be needed to change school counselors' perceptions about a topic and subsequently develop their self-efficacy (Perrone & Perrone, 2000). Becoming comfortable in a given area begins to lead to self-efficacy. As previously mentioned, school counselors who have been exposed to special education content through training in Master's level courses or professional development feel more comfortable working with students with disabilities (Milsom, 2002). Therefore, infusing special education content into school counselor training could help with feelings of self-efficacy in working with students with disability (Studer & Quigney, 2004).

Experience. Another factor that influences counselor self-efficacy is experience. As counselors gain experiences in given situations, they will gain self-efficacy in carrying out the situations for the future (Barbee, Scherer, & Combs, 2003). Counselors

with experience working with persons with disabilities were found to have better

competencies with the population (Strike et al., 2004). Hence, exposure to students with

disabilities within their practicum and internship placements may contribute to school

counselors' self-efficacy (Glenn, 1998).

   Supportive work environment. School counselors' work environments also

contribute to their self-efficacy. Supportive colleagues, administration, and school

climate were found to be predictors of high self-efficacy for school counselors (Sutton &

Fall, 1995). Furthermore, the relationship that counselors have with their supervisors can

contribute to their self-efficacy, which makes supervisors' training extremely pivotal in

understanding the concept (DeKruyf & Pehrsson, 2011).

   Training, experience, and support are found to have positive impacts on school

counselor self-efficacy (Barbee, Scherer, & Combs, 2003; Kozina, et al., 2010; Sutton &

Fall, 1995). As previously mentioned, training and exposure to diverse populations is

important for school counselors, as it has the potential to affect their self-efficacy

(Holcomb-McCoy, et al. 2008). Students with disabilities are one of the culturally

diverse populaces that school counselors will encounter in their work.

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Students with Disabilities

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   Much of this chapter focuses on the work school counselors perform with students

with disabilities. A student with a disability is defined as any individual who exhibits a

disability in one or more of the following areas: intellectual functioning, learning

capabilities, auditory processing, developmental delays, speech and language

impairments, visual impairments, physical disabilities, emotional disturbances, traumatic

brain injuries, and other health impediments that are impacting their educational

experience (IDEA, 2004; Thomas & Woods, 2003). A majority of students identified for

special education have specific learning disabilities, which have historically been defined

as "a heterogeneous group of disorders characterized by difficulty in acquiring the

necessary skills in listening, speaking, reading, writing, or mathematical abilities"

(Hammill, Leigh, McNutt et al., 1987, p. 109).   Children who are diagnosed with a

disorder on the Autism spectrum should also be considered to have a disability (Safran,

2008).

To be classified with a disability, a student is required to be referred for a formal

evaluation that evaluates the student's current levels of academic and behavioral

functioning and this referral often comes from the student's school counselor (Bowen &

Glenn, 1998; Erk, 1999; Overton, 2011). Once students are identified with a disability,

the school district is required by law to provide supplemental support services through

special education (IDEA, 2004).

Special education has its roots in the civil rights movement of the mid-twentieth

century (Aron & Loprest, 2012). Although the landmark court case *Brown v. Board of*

Education in 1954 concerned the segregation of students based on race, it began to

change the norm of segregating marginalized populations from general education.

Section 504 of the Rehabilitation Act of 1973 made it discriminatory to segregate an

individual because of his or her disability (Aron & Loprest, 2012). The passage of The

Education of All Handicapped Children Act of 1975 began laying the foundation for the

inclusion of students with disabilities into the general education. PL 94-142 distinctly

mandates that school counseling services are provided to students with disabilities. The

No Child Left Behind Act (2002) and the Individuals with Disabilities Education Act

(2004) solidified the current educational principles associated with special education.

These laws called for fully integrating students with disabilities into general education

classrooms to the maximum extent possible. Therefore, as the field of special education

has evolved through legislature, the school counseling profession has continually been

required to adapt to this (Bowen, 1998; Parette & Hourcade, 1995; Scarborough & Deck,

1998).

Inclusion is the current standard in special education. In following the concept of

an inclusive education, students with disabilities are placed in general education classes

and curriculum to the maximum extent possible. By determining each student's least

restrictive environment, placement should provide supplemental support services to

maximize the academic and social success of each individual student (Wilson, Kim, &

Michaels, 2013). Instead of students being taken to their intended services, the concept

of inclusion brings the services to the students within the general education classroom.

Ideally, inclusion will eliminate barriers in education, contribute to student academic

success and increase diversity awareness (Baglieri & Knopf, 2004; Darragh, 2007; Eldar,

Talmor & Wolf-Zukerman, 2010; Finke et al. 2009; Lipsky & Gartner, 1996; Kemp &

Carter 2006). Inclusive education was found to be beneficial to students with disabilities'

social skills and self-confidence (Heward, 2012). The advent of inclusion has allowed

more students with disabilities into general education schools, which has caused an

increase in the number of students with disabilities with whom school counselors work

(McCarthy et al., 2010). This has caused some perceived challenges for the school counselor in meeting students with disabilities and their families' unique needs (Deck et al., 1999; Owens, et al. 2011; Scarborough & Deck, 1998; Taub, 2006;).

Implications of Counseling Students with Disabilities

School counselors face distinctive implications when working with students with disabilities. All individuals face challenges during the course of their development (Lambie & Milsom, 2010). However, it has been noted that students who are diagnosed with a disability are at risk for more challenges than their nondisabled peers, including the potential for a lower self-concept due to internalizing their difficulties and viewing themselves as lower than their non-disabled peers (Tabbasam & Grainger, 2002; Tarver-Behring, Spagna, & Sullivan, 1998). Moreover, students with disabilities have reported feeling stigmatized by their diagnoses (Martz, 2004; Shifrer, 2013). This stigmatization has the potential for the individual to begin internalizing feelings and engaging in maladaptive behaviors, which could be addressed during counseling sessions. In addition, children and adolescents diagnosed with a disability such as ADHD frequently display problematic behavioral symptoms both at home and in school (Mautone, Lefler, & Power, 2011). It is important to recognize that students with diagnoses, such as Autism, have unique needs that are addressed in school counseling (Auger, 2013). In essence, school counselors working with students with disabilities can encounter various challenges associated with the students' academic and social lives.

Academic struggles leading to social/emotional difficulties. Elbaum and Vaughn (2001) claimed that students with disabilities often experience academic

difficulties, which contribute to an overall lower self-concept. Students with disabilities often exhibit limited self-regulating behaviors, which was seen as a contributor to lower academic motivation and outcomes, and some students with behavioral disabilities have aggressively acted out against their peers and teachers, causing a rift within the classroom (Dreikers, et al. 1998; Volpe et al., 2006). This rift and aggressive behavior becomes a danger in the education of both the student acting out and the other students in the classroom (Duvall, Jain, & Boone, 2010). Medina and Luna (2004) found that students with disabilities internalize their own perceptions of their teachers toward them, causing them to feel anxious in the classroom.

Learning issues can also contribute to the social and emotional troubles for students with disabilities. It is common that there is comorbidity between learning disabilities and emotional disturbances, which were found to result in lower social skills and behavior problems (Wei, Yu, & Shaver, 2014). Students diagnosed with ADHD were determined to be at risk for school failure and prone to frequent disruptive classroom behaviors (Kern et al., 2007; Mautone, et al. 2011). These factors are what could have led students with ADHD to report overall negative school experiences (Kottman, Robert, & Baker, 1995).

Social needs and mental health. Students with disabilities were also determined to be at-risk for anti-social behavior (Dickson, et al. 2005). The population was found to require assistance in areas that other students often navigate independently (Kuhne & Wiener, 2000). Literature indicates that there is a high correlation between students with disabilities and depressive and/or personality disorders (Alexander et al., 2010; Fristad, et

al. 1992; Gallegos, Langley, & Villegas, 2012; Heiman, 2001; Maag & Reid, 2006; Sideridis, 2007; Wright-Strawderman & Lindsey, 1996). Ineffective anger management has resulted in discipline problems for many students with learning disabilities (Baker, 2000).

Oftentimes, the difficulties associated with having a disability do not always come from the person; rather, it is the systemic response that society has for individuals with disabilities that creates complications. Children and adolescents with disabilities are often subject to stereotypes and stigmatization from the classification of their disabilities (Farmer, 2013; Holton, Farrell, & Fudge, 2014). This can lead to difficult social situations for students with disabilities. Children and adolescents with disabilities were more likely to be victimized by others because of their disabilities, including bullying and cyberbullying (Baumeister, Storch & Geffken, 2008; Didden et al., 2009; Estell et al., 2009; Flynt & Morton, 2004; Rose, Forber-Pratt, Espelage et al., 2013; Saylor & Leach, 2009; Weiner, Day, & Galvan, 2013). Morrison and Furlong (1994) found that students in special education classrooms were highly susceptible to school violence and harassment. Additionally, students with disabilities are found to be at a greater risk to be victims of dating violence than students without disabilities (Mitra, Mouradian, & McKenna, 2013).

Without the proper development, students with disabilities are likely to exhibit lifelong problems. Students with disabilities were found to be at a greater risk of participating in risk-taking behaviors, such as substance abuse, than students without disabilities (Putnam, 1995). These students are prone to gang involvement and legal

troubles which can lead to being arrested and convicted of crimes at higher rates than their non-disabled peers (Murphy, 1986; Vernon, 2004). McGarvey and Waite (2000) investigated incarcerated juveniles in Virginia and found that over 40% of the inmates would have been eligible for special education services if they were in school.

The aforementioned outcomes are quite the opposite of what the principles established by IDEA had planned for individuals with disabilities. IDEA had been designed to promise the full participation, economic self-sufficiency, and independent living for individuals with disabilities. According to Turnbull and Turnbull (2006) students with disabilities are to be taught the principle of self-determination. This principle states that individuals with disabilities gain the efficiency to make choices and decisions free of external influences (Wehmeyer, 2014). In-school services are ideal for teaching self-determination skills, which were found to improve behavior within the classroom for students with disabilities (Kelly & Shogren, 2014). Self-determination promotes individuals toward moving to autonomy, which is something that school counseling, through its navigation of challenges and transitions, also endorses. Given their role of advocate, their mission for successful student transition, and their individualized developmental perspective, school counselors can provide students with disabilities with the guidance and support that they need to succeed.

School Counselors Working with Students with Disabilities

Given their unique personal, social and academic needs, students with disabilities are an ideal population to receive school counseling services. The concept of a 'special education counselor' had been proposed as early as 1971 (Frye, 2005; Hansen, 1971).

Since school counselors are trained to collaborate with others and have knowledge of interpersonal development, they have excellent potential to enhance the lives of students with disabilities (Quigney & Studer, 1998). The American School Counselor Association has developed a stance on school counselors' roles in working with students with disabilities (ASCA, 2004). The organization outlined the roles as:

- Assisting in the identification of disabilities,

- Determining appropriate services for students with disabilities,

- Providing school-related services that are considered to be equal to nondisabled students,

- Consult and collaborate with other professionals to aid students with disabilities,

Since the passage of the No Child Left Behind Act of 2001 and the Individuals with Disabilities Act of 2004, school counselors have seen an increased role working with students with disabilities in inclusive settings, as school counselors themselves have reported (Clark & Breman, 2009; McCarthy et al., 2010). The phenomenon of experiencing more students with disabilities in their case loads suggests that school counselors require a knowledge and understanding of the needs the special student population requires.

Tarver-Behring and Spagna (2004) recognized the importance of counseling students with learning disabilities, emotional disturbances, speech and language issues, cognitive impairments, and developmental delays. Many students with disabilities are uniquely impacted by the aforementioned disabilities. Counseling has become widely recognized as an effective intervention for the educational and behavioral components

associated with students with disabilities' development (Bowen & Glenn, 1998; Elbaum & Vaughn, 2001; Pattison, 2006). Through their work with the students, families, and school personnel, school counselors can provide a number of benefits to students with disabilities (Studer & Quigney, 2003).

Specific Benefits of Counseling Students with Disabilities

Bowen and Glenn (1998) acknowledged how important a school counselor can be to students with learning disabilities and to their families. The authors conceded that school counselors can play a pivotal part in identifying the emotional, social, and academic needs of students with disabilities. Furthermore, counselors play a crucial part in identifying disabilities, referring for testing, and facilitating the classification process. This role becomes imperative, since students with learning disabilities that go undiagnosed are more likely to drop out of school than those that have received appropriate services (Bowen, 1998; Canto, Proctor, & Pervatt, 2005; Erk, 1995; Layne, 2007). According to the special education principal response to intervention, school counselors can monitor how students respond to educational interventions; if a negative response, such as a decrease in academic performance, is continual, a referral for a formal disability evaluation should take place (Ryan, Kaffenberger, & Carroll, 2011). School counselors should be familiar with their students in order to assist in the formation of their Individualized Education Plans (IEPs), while incorporating any assistive technology that would be of use to them. Once diagnosis has taken place, school counselors are often tasked with monitoring the quality of in-school services that students with disabilities receive (Erk, 1999; Parette & Holder-Brown, 1992).

Once students are classified with a disability, school counselors address other issues for students with disabilities. School counselors provide useful assistance in the transitioning process of having a disability, as they educate students and their families to understand their classification and link them to the services to which they are entitled (Baumberger & Harper, 2006; Sabella, 1998). An efficient school counselor attempts to lead a student with a disability to accept his or her disability and engage the family unit to help the student strive for achievement (Bowen, 1998; Switzer, 1990). Education on the impact of disabilities coupled with comprehensive coverage on the resources available for the disability was found to build self-confidence in students with special needs (Rothman, et al., 2008).   After diagnosis, school counselors may also serve as case managers, continually monitoring their specialized services, accommodations, and/or modifications, which includes collaboration with the school's child study team and special education personnel (Carpenter, King-Sears, & Keys, 1998; Geltner & Leibforth, 2008). Furthermore, school counselors play a vital role in helping other faculty members relate to what a student with a disability is going through, as they help to create a comfortable school climate for everyone (Anderson, 2006).

School counselors are often called upon to act as advocates for marginalized student populations (Bemak & Chi-Ying Chung, 2008; Dixon, Tucker, & Clark, 2010; Gonzalez & McNulty, 2010; McCabe, Rubinson, Dragowski et al., 2013). As students with disabilities are considered to be a marginalized population, it becomes a school counselor's duty to serve as an advocate for this group (Frye, 2005; Mitcham, et al 2009;

Trainor, 2008). Students with disabilities are to have the same access to and included in

counseling services within their schools (Pattison, 2010).

Clearly, more school counselors are helping students with disabilities, and they

have exhibited productive work with this population. Besides assisting in the diagnosis

of disabilities, providing key transitional resources and information, and educating

faculty about the needs of students with disabilities (Anderson, 2006; Baumberger &

Harper, 2006; Erk, 1995; Layne, 2007; Rothman, et al. 2008), school counselors have

helped students with disabilities become more accomplished in two major areas:

academic achievement and mental health.

Academic achievement. The academic needs of students with disabilities have

been given a great deal of consideration over the last few years (Aron & LoPrest, 2012;

Lundquist & Shackelford, 2011; Thompson & Littrell, 1998). Recent trends in education

display initiatives that have focused on school districts improving the academic

achievement and standardized test scores of students with disabilities (Cosier, Causton-

Theoharis, & Theoharis, 2013; Sorani-Villanueva, McMahon, Crouch et al., 2014;

Wakeman, et al. 2013; Williams, McMahon, & Keys, 2014). Likewise, counseling has

been viewed as a helpful complement in breaking down the barriers associated with

individuals with disabilities' educational learning (Stamp & Lowenthal, 2008). School

counselors can contribute to the increase of students with disabilities' self-confidence and

lead them to academic success.   A correlation between students with disabilities' self-

efficacy and academic achievement has been previously established (Hampton & Mason,

2003; Olenchak & Reis, 2002).

Elbaum and Vaughn (2001) analyzed specific interventions designed to enhance the self-concept of students with learning disabilities. To accomplish this, they compiled 82 previous intervention studies from three different decades. Elbaum and Vaughn found that counseling interventions were more effective with students with disabilities than any other type of intervention, including academic, mediated, and sensory-perception interventions. Counseling interventions were found to enhance students with learning disabilities' self-concepts, which subsequently helped to increase the academic achievement for these students. Furthermore, counseling services provided mastery of coping strategies to students with learning disabilities that were found to increase academic success (Givon & Court, 2010).

Since it has been acknowledged that students with disabilities are an at risk population for school failure (Kern et al.; 2007; Mautone, Lefler, & Power, 2011), it becomes extremely important for school counselors to address the academic needs of students with disabilities. Reiff (1997) recognized the importance of academic advisement for individuals with disabilities at the college level; however, it has become increasingly more apparent that academic counsel is needed for students with disabilities much sooner than when they reach the college level (Milsom & Dietz, 2009). Thompson and Littrell (1998) conducted four-step, brief counseling sessions with students with learning disabilities in high schools. A four-step brief counseling model is based on addressing the student's need in a particular context and relying on the client's past successes to quickly solve the current problem (de Shazer, 1988). Thompson and Littrell's (1998) counseling sessions helped the students develop their academic goals.

Results yielded from the sessions saw students with disabilities report increased

confidence in carrying out academic goals such as study skills, homework completion,

and overcoming test anxiety.

Similarly, Lambie and Milsom (2010) used narrative based approaches for

students with learning disabilities to "re-author" their personal stories. Through the

narrative approach, recent academic successes were highlighted to identify the student

with disability's perceived strengths in his or her capabilities.

A common misconception about students with disabilities is that they will be

lower functioning academically than their non-disabled peers. However, this is certainly

not the case, as many students with disabilities are able to achieve academic success

(Baum & Owen, 2004; Reis & Ruban, 2005). Moreover, many students with disabilities

also have unique gifts and talents (Lovett, 2013; Lovett & Sparks, 2013; Weinfeld et al.,

2005). It is important to note that there also is a high potential for gifted and talented

students with disabilities to underachieve academically (Reis & McCoach, 2002), which

is why school counselors should provide interventions for academically gifted students

with disabilities. McEachern and Bornot (2001) suggested that individual counseling

sessions, group work, goal setting, and advocacy could assist in the academic

achievement for gifted students with disabilities. In addition, regular meetings that

emphasize gifted students with disabilities' talents while developing specific

compensation strategies to address their weaknesses have the potential to positively affect

educational achievement (Reis & Colbert, 2004).

Mental health needs. In addition to improving academic outcomes for students with disabilities, school counselors provide social and emotional support to contribute to students with disabilities' mental health and socialization.   It has been previously noted that students with disabilities are at risk for social isolation, mental health-related illnesses, including depression (Alexander et al., 2010; Baker, 2000; Dickson, et al. 2005; Dreikers et al., 1998; Fristad et al., 1992; Maag & Reid, 2006; Sideridus, 2007). Furthermore, it has been suggested that students with disabilities are highly susceptible to school bullying (Didden et al., 2009; Rose et al., 2013). Students with disabilities also have the potential to have problems in developing their self-concepts and maintaining friendships (Vaughn, Elbaum, & Boardman, 2001). For these reasons, school counselors become an important resource to address maladaptive behaviors and the social needs related to students with disabilities.

Addressing mental health needs. Throughout the years, school counselors have been contributing to students with disabilities' development toward mental health wellness. Roberts and Baumberger (1999) constructed a model to address students with disabilities' interpersonal and relational needs. The researchers determined that goal formation should be manageable while working in conjunction with the students' environmental and supplementary support variables. In working with students with disabilities, school counselors often begin with attempting to help students increase their self-esteem. Elbaum and Vaughn (2003) conducted a pre- and post-study that found that counseling interventions increased students with disabilities' self-concepts. Cornett (2006) worked with students with disabilities through strength-based counseling methods

and found that students with lower self-esteem became empowered by the intervention. The use of person centered counseling techniques has also allowed children with disabilities to reach acceptance of their disabilities (Williams & Lair, 1991). School counselors were found to help students with disabilities develop effective coping strategies, helping them reach emotional stability (Givon & Court, 2010). In addition, children and adolescents with communication disorders reported greater self-esteem when counseling interventions focused on student strengths, structured goals, and encouraging communication (Glenn & Smith, 1998).

   Improving socialization. School counselors also focus on improving the social interactions for students with disabilities. Generally, counseling techniques for students with disabilities can be centered on improving peer social outcomes, which is increasingly important since they often struggle with daily social interactions (Vaughn et al., 1998). Tarver-Behring, et al. (1998) found that the implementation of social skills building strategies has promoted social adjustment for students with disabilities. School counselors can help students with disabilities foster friendships by encouraging and coordinating students with disabilities' involvement in extracurricular activities (Taub, 2006).

   The social implications associated with a variety of different disabilities can be treated through counseling. Children on the Autistic spectrum are often characterized by social and communication difficulties (Fauzan, 2010; Koegel, Vernon, & Koegel, 2009; Woods, Mahdavi, & Ryan, 2013). Cognitive-behavioral therapy was found to improve unusual behaviors during social interactions for children with Asperger's Disorder, which

included techniques like thought stopping to improve the students thinking patterns and improved upon the anxiety and depression in clients on the Autism spectrum (Lopata, Thomeer, Volker et al., 2006; Woods, Mahdavi, & Ryan, 2013). Counselors are able to link students with Autism to peer support groups that enhance their social and academic experiences (McCurdy & Cole, 2014).

Furthermore, school counseling services have the potential to have a positive impact of the social and emotional identities for children with physical disabilities. School counseling for students who are blind and visually impaired has improved their relationship development (Brame, Martin & Martin, 1998). Furthermore, Brislin (2008) recognized that counseling enriches the social and academic lives of children that have been diagnosed with spina bifida.

While the techniques listed above are more individual and group oriented, school counselors ultimately wish to create a positive educational experience for students with disabilities (Milsom, 2006). To accomplish this, school counselors can implement learning groups that attempt to increase social activity for students with disabilities and their non-disabled peers (Salisbury, Gallucci, Palombaro et al., 1995). Kugelmass (2001) suggested that school counseling programs be designed to offer school-wide initiatives that promote and celebrate diversity. School counseling initiatives should reach each student in order to promote respect and empathy toward students with disabilities (Heinrichs, 2003). One such way that this can be achieved is through disabilities training. Disabilities training with elementary school students found students without disabilities expressing that they would be more willing to help students with disabilities

after experiencing what it was like to have a special need (Gibbs, 1996). Sensitivity training should also be directed to training teachers and administrators to work with students with disabilities (Pace, 2003; Pavri, 2004). School counselors can also provide useful information in regards to students with disabilities' lifespan development through college placement programs and career formation (Cowden, 2010; Durodoye, Combes, & Bryant, 2004; Milsom & Dietz, 2009; Wadsworth, Milsom, & Cocco, 2004). Exploring these paths should subsequently create a more comfortable school experience for students with disabilities.

School Counselors' Disabilities Competence

Moreover, school counselors' ability to effectively provide services for students with disabilities is measured by a construct known as disabilities competence (Strike, 2001). Disabilities competence measures a mental health professional's self-awareness, perceived knowledge and perceived skills related to disabilities (Strike, 2001). School counselors with a greater sense of disabilities competence report a high level of sensitivity to disabilities related issues, a strong sense of knowledge of disabilities related practices and protocols, and feel that they have a good skill set to provide counseling services for students with disabilities (Strike et al., 2004). Since it grows through practice and training, school counselors' disabilities competence is developmental in nature. Counselors who have reported a higher sense of disabilities competence report that they have been exposed to disabilities related training (Strike et al., 2004). Furthermore, counselors have also regarded work experiences counseling individuals with disabilities as a contributor to a greater sense of disabilities competence. However,

it should be acknowledged that counselors will often need to actively seek out and be engaged in training and experience to fully develop disabilities competence.

Modalities for Counseling Students with Disabilities

School counselors follow a variety of delivery methods to reach their student populations (Shillingford & Lambie, 2010). In conjunction with ASCA guidelines, school counselors are to address student needs in multiple ways (ASCA, 2005). According to a study conducted by Nichter and Edinonson (2005), individual counseling is the most common form of intervention that school counselors use in working with students with disabilities.

Individual counseling. Individual counseling sessions are an ideal avenue to confidentially address issues related to interpersonal relationships, personal issues, and academic success (Gysbers & Henderson, 1997). Individualized coping strategies, creative treatments, impulse control techniques, and specific concentration to a student's problem can be addressed through individual sessions (Lambie & Milsom, 2010; Tarver-Behring, et al. 1998) Individual counseling sessions can be ideal for school counselors to implement in-depth creative treatments, such as narrative therapy, for students with disabilities.

Frye (2005) proposed a variety of areas that school counselors can focus on during individual sessions with students with disabilities. These areas included goal formation, encouragement to be involved in extracurricular activities, specific skill formation, and behavior modification planning. Since organizing group counseling work within a school is occasionally difficult, many school counselors attempt to work under a

brief counseling model to address their students' needs. Thompson and Littrell (1998) proposed a structured brief counseling model to work with students with disabilities during individual sessions. The model was reported to have positive outcomes on students with disabilities' perceptions and concerns. Individual counseling sessions have also been determined to be an optimal time for students with disabilities to continually check in with their school counselors about their current educational difficulties (Bowen, 1998). In addition to individualized counseling sessions, school counselors reach a number of students with disabilities through group counseling sessions.

Group counseling. Group counseling is a powerful avenue for counselors to treat their student clients. According to Yalom and Lescez (2005), group counseling allows adolescents to learn about themselves and others by interpersonally relating within the group setting. Corey (1999) noted that "an effective and cohesive group can be compared to a healthy family" (p. 6).   When implemented properly, group counseling is an effective treatment method in the school setting (Crespi, 2009; Perusse, Goodnough, & Lee, 2009; Ripley & Goodnough, 2001). Students struggling academically or considered to be at risk for social and educational difficulties have been reached in the group setting (Bauer, Sapp, & Johnson, 1999; Steen & Kaffenburger; 2007). Moreover, school counselors have effectively treated a variety of multicultural populations within the group setting (Baggerly & Parker, 2005; Bruce, Getch, & Ziomek-Daigle, 2009; Craig, Austin, & McInroy, 2014).

Since it enables school counselors to work with a number of students with disabilities at one time, the group setting has become a preferential modality of working

with the population. An important implication of group counseling is the ability to reach

a larger number of students at one time (Cook & Weldon, 2006; Stewart & McKay,

1995). Group counseling provides the individual with an expressive-supportive

environment, where students with disabilities can be successfully treated for their

academic, emotional, and social difficulties (Bowen & Glenn, 1998; Leichtentritt &

Schechtman, 2010).   Group counseling becomes imperative on the social front for

students with disabilities because it teaches them acceptable behaviors, while enabling

them to relate to their peers (Bowen, 1998; Court & Givon, 2003; Livneh, Wilson, &

Pullo, 2004; Stephens, Jain, & Kim, 2010). To maximize peer feedback and connection,

school counselors have also used group counseling to develop students with disabilities'

coping strategies, review learning tactics and address behavioral problems (Johnson &

Johnson, 2004; Landy, 1990; Milsom, 2007; Stewart & McKay, 1995). Arman (2002)

developed a group counseling model for students with disabilities to increase the

resiliency in students who had reported strained relationships with their instructors and

peers. Despite differing ethnicities, socio-economic status, athletic abilities, and

interests, the students all had the common thread of having a disability. The group work

yielded positive outcomes in increased resiliency and allowed the students to see each

other as support for each other moving forward.

    Similar peer focused work has taken place with students affected by ADHD

(Taylor & Houghton, 2008).   In their study, the student participants had difficulty

maintaining peer relationships with other students. After an extended period in group

therapy, the students reported more meaningful relationships with others. Additionally,

positive peer relationships became improved after group work with students with Autism (Lantz, Nelson, & Loftin, 2004; Longhurst, Richards, Copenhaver et al., 2010). Amerikaner and Summerlin (1982) were one of the first researchers to examine group counseling for students with learning disabilities. Relaxation training was employed in the group setting; students who received the treatment had lower scores in 'acting out' during class and 'distractibility'. School counselors have had success in developing group bonds through a humanistic counseling approach that promotes warmth and group sharing, more so than cognitive-behavioral approaches (Schechtman & Pastor, 2005).

Group counseling for students with disabilities can work in other ways. Students with physical disabilities have greatly benefitted from group counseling (Livneh, Wilson, & Pullo, 2004). Counselors have used creative approaches within the group therapy process to successful results (Skudrzyk et al., 2009). Creative group work can help address the different learning styles within the group setting (Skudrzyk et al., 2009). This can include using narrative therapy to increase self-determination for students with disabilities (Lawrence, 2004). Furthermore, school counselors have instituted group counseling programs for the parents of students with disabilities to powerful results as a means to increase family coping skills (Danino & Schechtman, 2012) and promote acceptance of their child's disability (Huber, 1979).

Lack of School Counselor Support in Special Education

With the number of students being classified with a disability on the rise, school counselors have reported that they have been working with an increased number of students with disabilities (McCarthy et al., 2010). There is a definitive need for school

counselors to be educated in the IEP process to advocate for students with disabilities (Geltner & Leibforth, 2008). Previous findings indicate that a client's disability can affect counseling treatment outcomes (Cosden, Patz, & Smith, 2009). Thomas and Ray (2006) express the importance for school counselors to understand the various contextual implications to counseling individuals with disabilities.

However, as noted previously, there seems to be a lack of training and support for many school counselors working with students with disabilities (Frye, 2005). Glenn (1998) argued that the counseling profession is not accurately addressing the needs of students with special needs. As much as school counselors can play important parts in the life transitions of students with disabilities, many have felt that they were not as involved in the process as they should have been (Milsom & Hartley, 2005). While school counselors have acknowledged that they spend time working with students with disabilities, they also agree that the amount of hours with the population could be increased (Studer & Quigney, 2003). Further findings indicate that some school counselors have had little to no input in developing their students' IEPs, even though they possess the facilitation skills to lead IEP meetings (Helms & Katsiyannis, 1992; Milsom, Goodnough, & Akos, 2007). In the past, work with students with disabilities has been characterized by a lack of knowledge and limited skills in relation to their unique needs (Glenn, 1998). In addition, Thomas, Curtis, and Shippen (2011) found that counselors in training were less perceptive to individuals with physical disabilities than rehabilitation personnel and special and general educators were. A lack of knowledge, skills, and self-

awareness in this area has the potential to negatively affect school counselors' self-efficacy.

According to Nichter and Edinonson (2005), approximately half of their sample of school counselors felt prepared to work with students with disabilities. In a separate study, school counselors felt only "somewhat prepared" in counseling students with disabilities and reported a lack of confidence in helping them through their post-school transitions (Milsom, 2002). Despite reporting a willingness to provide services, many school counselors have had limited knowledge of special education-related legislation (Wood-Dunn & Baker, 2002). Romano et al. (2009) investigated the attitudes of school counselors regarding students with a 504 Plan and found that the respondents felt unprepared in implementing specialized services. Furthermore, special education professionals have been hesitant to engage the school-based resources that school counselors can provide for students with disabilities (Fox, Wandry, Pruitt et al., 1998).

One way that school counselors achieve knowledge and skills related to counseling students with disabilities is through Master's level disabilities training (Studer & Quigney, 2004). Pre-service disabilities training can include courses in special education practices and procedures or actual fieldwork working with individuals with disabilities. However, there appears to be a lack of disabilities training provided for most school counselors. Many graduate counseling programs have not provided adequate disabilities content, nor ensured that internship placements expose prospective school counselors to students with disabilities (Frantz & Prillaman, 1993; Glenn, 1998). School counselors have acknowledged their need for more training in relation to special

education (Helms & Katsiyannis, 1992). Additionally, according to Deck et al. (1999) and Frantz and Prillaman (1993) many school counselors were not required to take a course in special education to obtain their Master's degree. Currently, there are only two states that make any mention of disabilities-related training in their state requirements for professional school counselor licensure.

School counselors have further expressed that they have never taken special education courses, did not experience students with disabilities at their internship sites, nor engaged in professional development in regards to disabilities training (Greene & Valesky, 1998). In 2003, disability courses were required by only 43% of school counselor education programs (Milsom & Akos, 2003). In a similar study, McEachern (2003) found that only 35% of the programs surveyed had required a course in special education and only 29% required any work with students with special needs. Furthermore, there was a lack of disability content infused within the core counseling classes (Milsom & Akos, 2003). Studer and Quigney (2004) conducted a qualitative study involving 78 school counselors that responded to a questionnaire that was sent to 400 American School Counseling Association (ASCA) members. Analysis of the responses established that a mean of 58.8% of the counselors' training activities included no course work or workshops in special education training. The study concludes that a portion of school counselors are receiving inadequate special education training. This becomes problematic, since the more special education content that school counselors are exposed to, the more prepared they feel in working with students with disabilities (Milsom, 2002). A study on counselors' competencies related to disabilities found that

counselors that have gained experience in working with individuals with disabilities display greater competencies than counselors with little experience (Strike et al., 2004). At this time, it appears to be important to investigate whether school counselors' disabilities competence has any relation their self-efficacy.

Impact of School Counselor Self-Efficacy

School counselor self-efficacy is a very important construct because it predicts school counselors' opinions about how they perform certain tasks with certain populations (Holcomb-McCoy et al., 2008). School counselors' perceived self-efficacy is also related to their resiliency and reaction to setbacks (Holcomb-McCoy, Gonzalez, & Johnston, 2009). With the development of the School Counselor Self-Efficacy Scale (Bodenhorn & Skaggs, 2005), the construct has become a sense of focus for research within the field. Baggerly and Osborn (2006) sampled 1,280 school counselors in Florida. Using a multiple regression methodology, the researchers found that high self-efficacy is directly correlated to school counselors' job satisfaction and career motivation. In this study, school counselors with higher self-efficacy were found to be more motivated and happy in their positions. DeKruyf and Pehrsson (2011) considered school counseling supervisors' self-efficacy and their findings indicate that there is a positive relationship between school counselor supervisors' perceived self-efficacy and the amount of hours that they have had in regards to supervision training. Both of the aforementioned studies are similar to Sutton and Fall's (1995) work, which showed that supportive school personnel and training had a high correlation to school counselors'

self-efficacy. Moreover, findings indicate that school counselors with low self-efficacy are more susceptible to burnout (Gunduz, 2012).

The school counseling profession stresses the importance of a competency in multicultural situations (Holcomb-McCoy, 2004; Rawls, 2007; Strong & Owens, 2011). Recently, individuals with disabilities have been considered a part of a marginalized, multicultural population (Trainor, 2010). School counselor perceived self-efficacy has also been studied in relation to multicultural competencies (Holcomb-McCoy et al., 2008).   Owens, Bodenhorn, and Bryant (2010) found that experience and the amount of training in regards to multicultural populations have a direct influence on school counselors' perception of their self-efficacy in working with marginalized populations. Gonzalez and McNulty (2010) investigated a specific marginalized youth population in their study. They established that school counselors will be able to effectively work with transgender high school students as they gain experience and specific training in understanding the students' unique situations. Again, it is suggested that disabilities training for school counselors is paramount (Studer & Quigney, 2004). Strike et al. (2004) investigated counselors' competency in working with individuals with disabilities. They found that counselors with less experience in working with the population exhibited less disabilities competence. The findings support the notion that school counselors' competencies related to students with disabilities has the potential to be linked to their training and experience. These factors could subsequently affect school counselors' perceived self-efficacy.

There is a single previous study that investigated school counselors' self-efficacy in working with students with disabilities. Aksoy and Dken (2009) surveyed 277 current school counselors working with students with disabilities in Turkey. Years of experience played an important role in high school counselors' self-efficacy; however, school counselors who had supportive programs in special education from their Master's work reported higher self-efficacy than those counselors who had not. Aksoy and Dken (2009) acknowledged that "pre-service school counselors should be provided extensive experience in special education during their preparation process" (p. 718). They continue to state that there should be more in-service training for counselors who have not had extensive training in special education.

<center>**Conceptual Framework**</center>

As mentioned in the first chapter, this study was informed by person-centered counseling theory and self-determinism, which is a theory related to special education. Both theories focus on the individualized development of the client/student, which indicate that there are some similarities between the school counseling and special education fields. This section provides the basis of each theory and how this study combines both into an integrative theory.

Person-Centered Counseling Theory

Person-centered counseling theory was developed by psychologist Carl Rogers in the 1940s and 1950s. The theory is widely regarded as the foundation for the humanistic counseling movement, which signified a shift in practice from psychoanalytic therapy. Person-centered counseling enforced the ideas that people have inherent value, that they

have the capacity to change, and should be treated with respect and dignity (Perepiczka &

Scholl, 2012). Rogers' work with clients was quite different than that of his peers,

because he believed in providing a *client-centered* approach, in which the therapist would

not concentrate on the unconscious but rather the current subjective understanding the

client has in the here and now (Rogers, 1965). Rogers' therapy was non-directive, in that

the counselor is an encourager and listener. In person-centered therapy, the client is not

seen as sick; rather, they are in a state of incongruence between their real self and their

ideal self (Rogers, 1961).

There are some major tenets linked to Rogers' person-centered theory. The

therapist joins with the client to create a helping relationship, in which the client has

sought help, is able to express their maladjustment, and has the ability to regulate their

behavior (Rogers, 1961). Rogers assumed that people wish to move in positive directions

and that they have the inner resources to self-actualize, which is the innate desire to fully

develop one's potential (Kensit, 2000; Rogers, 1951). Person-centered therapy stresses

the importance of the counselor to understand his or her client's unique self-concept,

which is the individual's perceptions and beliefs about oneself (Rogers, 1959). A

discrepancy in one's self-concept can result in a state of incongruence, where the client's

real self and true desires are not met. It becomes the counselor's job to help facilitate an

inward journey that will bring the client to congruence. Person-centered theory proposes

that people have the freedom and right to make their own choices about their life goals

(Corey, 2012). Through the helping relationship established in person-centered therapy,

the counselor provides the client with the encouragement and trust to help develop the confidence in their ability to self-actualize.

Rogers (1957) outlined the six core conditions for therapy in the person-centered model:

- Two people are in a psychological context with one another

- The client is currently in a state of incongruence

- The counselor is currently in a state of congruence

- The counselor holds the client and his or her actions in unconditional positive regard

- The counselor displays empathic understanding to the client

- The client is able to perceive unconditional positive regard and empathic understanding from the counselor.

Change occurs when the client reaches self-actualization and they begin to become autonomous, confident beings (Rogers, 1961). They are able to live free of judgment from others and are accepting of their real self.

Unlike other counseling therapies, person-centered therapy does not have an over reliance on counseling techniques. According to Corey (2012), a preoccupation on counseling techniques is seen to have the potential to depersonalize the counselor-client relationship. Instead, person-centered therapists rely on their genuineness, active listening skills, unconditional positive regard, and empathy to build trust in the helping relationship in order to move their clients toward self-actualization. The ideals associated

with person-centered counseling therapy have some similarities with theory of self-determinism.

Self-Determination Theory

Self-determination is a concept that is associated with contemporary special education practice. Self-determination theory (SDT) is a theory that is related to human motivation. Originally developed by Edward Deci and Richard Ryan (1985), the theory proposes that humans have a natural tendency to behave in effective, positive ways. According to SDT, all humans have three innate universal needs: the need for competence or mastery to control specific outcomes; the need to be connected to and receive care from others; and the desire to act with autonomy and harmony to one's own self (Deci & Ryan, 1985; Ryan & Deci, 2000). Humans are motivated by both intrinsic and extrinsic motivations. Although people are often motivated by external rewards, SDT focuses on the internal sources of motivation and the social support that each individual innately seeks (Deci & Ryan, 2002). Through their sources of motivation, people determine and develop their own life goals.

In essence, SDT is comprised of five mini-theories, which are:

- *Cognitive Evaluation Theory*. This is the theory related to intrinsic motivation. As individuals strive for competence and autonomy, they are motivated through internal drive.

- *Organismic Integration Theory.* This is the theory related to extrinsic motivation. Individuals seek reward and approval from others. Internalizing the extrinsic motivation helps people develop their judgments and value systems.

- *Causality Orientations Theory.* This theory explains how people differ in their orientations to their environment. They can be either acting toward a focus on external rewards, acting in accordance to their internal rewards, or interacting with their environment with anxiety due to feeling less competent than others.

- *Basic Psychological Needs Theory.* This theory is an elaboration on individuals' psychological needs, which are competence, connectedness, and autonomy.

- *Goal Contents Theory.* The theory that explains how individuals develop their own goals, based on their intrinsic and/or extrinsic motivations.

Each of these theories combines to form the basis of SDT (Deci & Ryan, 1985 & 2002; Ryan & Deci, 2000). Social environments have the potential to make or break a person's psyche and motivation (Deci & Ryan, 2002). Therefore, it is important for individuals to receive positive reinforcement and unconditional caring so that they can grow to be productive in their environments.

Self-determination theory has been applied to many different industries, but it has found significant success when it has been related to special education (Wehmeyer, Agran & Hughes, 1998). Self-determination models promote self-direction and problem solving skills, which can be ideal goals for working with students with disabilities (Turnbull & Turnbull, 2006). Additionally, a study found that teaching self-determination skills increased students' motivation, engagement, and learning when working on uninteresting classroom activities (Jang, 2008). This can be extremely useful in engaging students with disabilities in classroom learning.

Self-determination can be factored into students with disabilities' intrinsic and extrinsic motivations by providing the necessary skills to enhance their individual capacities, as well as implementing it into school communities and families in order to enhance their environmental opportunities (Turnbull & Turnbull, 2000).   This can take the form of a school-wide positive behavior support system, which gives positive reinforcement and rewards for sustaining a school environment that supports its entire diverse population (Freeman et al., 2006). A school wide support system directly supports the proponents of other major special education theories, such as inclusion, universal design, and differentiated instruction. Lee, Palmer, Turnbull, and Wehmeyer (2006) developed a support model to promote self-determination for students with disabilities. The Self-Determined Learning Model of Support expresses that self-determination, or the choice to make decisions not based on the influence of external factors, can be taught in collaboration by teachers in the classroom and parents at home. Self determination techniques work best when the support network is collaborative (Lee et al., 2006). School counselors, who are responsible for developing school community initiatives and serve as the primary advocates in student-teacher-parent relations, seem to be excellent candidates to teach self-determination skills and commence school wide support systems that enforce self-determination strategy. In addition, it is essential for school counselors to possess self-determination themselves. School counselors can utilize their intrinsic motivation in order to seek out avenues to increase competence in a given area. In regards to this study, school counselors have the choice to explore ways to increase their competencies in working with students with disabilities. It had previously

been acknowledged that counselors who sought disabilities related training and had actively worked with individuals with disabilities reported a higher level of disabilities competence than those who had not (Strike et al., 2004).

An Integrative Theory

There are many parallels that can be made between the concepts found in person-centered counseling theory and self-determination theory. Each theory proposes that people are generally good and wish to move in positive directions (Deci & Ryan, 1985; Rogers, 1951). Both theories support the notion that individuals have the inner resources to achieve their greatest potential (Deci & Ryan, 2002; Rogers, 1961). Through the assistance of others, people can eventually reach this state. Person-centered counseling's goal of self-actualization is similar to the achievement of self-determination. Both self-actualization and self-determination occur when an individual is able to rely on themselves to make informed decisions and live free of the expectations of others. A respect for the dignity of all people is shared by the two theories. The theories also share the ultimate goal of each individual able to function with autonomy.

Research shows that self-determination theory has been instrumental in the field of special education, helping in the development of students with disabilities (Lee, Wehmeyer, Soukup, & Palmer, 2010; McDougall, Evans, & Baldwin, 2010; McGuire & McDonnell, 2008; Wehmeyer, Shogren, Palmer, Williams-Diehm et al., 2012). Additionally, person-centered counseling has been found to be effective in the development of students with disabilities (Brooks & Paterson, 2011; Shechtman & Pastor, 2005). The current research study was informed by both theories. Since the

theories have some overlapping themes, I propose that the theoretical orientation for this

research study is an integrative theory made up of person-centered counseling theory and

the special education-focused self-determination theory.

Summary

School counselors are individuals who bring unique skill sets to enhance student

development and facilitate the growth of school communities. Educational reform has

brought substantial changes to the school counseling profession. As school counselors

follow the ethical guidelines of ASCA, they are expected to do their best to reach each

individual student. This includes students with disabilities, who have recently been

included more widely in the general education environment.

Students with disabilities have distinctive needs that school counselors can

address through their work, and school counselors have been effective in their support of

students of disabilities (Baumberger & Harper, 2006; Durodoye, Combes, & Bryant,

2004; Lambie & Milsom, 2010; Lopata et al., 2006). This work is completed on both an

individual and group basis to address students with disabilities' academic struggles,

mental health needs, and lifespan development.

However, many school counselors have had insufficient preparation in regards to

special education methods and practices (Glenn, 1998; Studer & Quigney, 2004).

Research shows that a lack of training and experience in the area of special education can

have an impact on school counselors' efficiency of their work with students with

disabilities. Furthermore, the variables of training and experience in a given area have

been found to affect school counselors' self-efficacy (Barbee, Sherer & Combs, 2003;

Kozina et al., 2010). This research study was based on the belief of the importance to investigate the effect of school counselors' competence in working with students with disabilities on school counselors' self-efficacy.

CHAPTER III

METHODOLOGY AND PROCEDURES

The current research study was designed to contribute to the existing literature concerning school counselors' work with students with disabilities and school counselors' self-efficacy. This chapter outlines the methodology and procedures used in the study. Discussion about the current study's participants, instruments, procedures for data collection, and methods of analysis of the data is contained in this chapter. The methods outlined in this chapter were designed to answer the following research questions:

Research Questions

1. Is there a relationship between current school counselors' disabilities competence and school counselors' self-efficacy?

2. Is there a difference in school counselors' disabilities competence between individuals who were required pre-service disabilities training and individuals who were not required to take pre-service disabilities training?

3. To what extent are (a) work and personal experience, (b) special education-related coursework and professional development, (c) disabilities training, and (d) school counselor self-efficacy predictive of school counselors' disabilities competence?

Methods

The purpose of this study was to examine the relationship between school counselors' disabilities competence and their self-efficacy. The researcher chose a quantitative research design because it utilizes survey-based methods to investigate a current phenomenon in the counseling field (Gay, Mills, & Airasian, 2011). The study was based on descriptive research from a previously established group. In this case, the preexisting group was school counselors. In descriptive research, there is no manipulation of independent variables or a random assignment of groups (Gall, Gall, & Borg, 2006). Descriptive research involves the collection and observation of self-reported data from a preexisting group (Gay et al., 2011).

I employed a correlational design to investigate the relationship between school counselors' disabilities competence and school counselors' self-efficacy. Running a statistical correlation yields a correlation coefficient to determine the degree of relationship between the two variables (Gay et al., 2011). I used an additional correlation to investigate whether there was a relationship between school counselors' disabilities competence and their pre-service training.   In addition, I ran a regression analysis on the collected data. A regression analysis is conducted to assess the predictive value of dependent variables on an independent or outcome variable (King & Minium, 2002). Multiple regression analyses are especially useful in predicting outcomes when there is more than one variable being investigated (Keith, 2005). In this study, a multiple linear regression was administered to determine if four independent variables (experience counseling students with disabilities, special education-related Master's level

coursework, disabilities training and professional development, and school counselor self-efficacy) are predictive of the dependent variable, school counselors' disabilities competence. Multiple linear regressions analyze the effects that more than one explanatory variable has on a dependent variable (Keith, 2005).

Participants

The sample for my study came from a population of currently practicing school counselors in New Jersey and Connecticut.   According to ASCA (2014) state certification requirements, Connecticut requires all counselors in training to complete a "study in special education comprised of not fewer than 36 clock hours including gifted and talented children and special-needs children in the regular classroom." Therefore, Connecticut requires that Master's level counseling students receive instructional content in regards to students with disabilities prior to obtaining their degrees. Although some programs in New Jersey may incorporate pre-service disabilities training for Master's students, the state currently does not make it a requirement for practicing school counselors. Therefore, the sample ultimately drawn from New Jersey and Connecticut was a convenience sample.

Initially, I aimed to have at least 150 participants in the study, which would have provided 30 subjects for each of the five variables (Gall et al., 2006). This made the study more generalizable to the total population of school counselors. School counselors at the elementary school, middle school, and high school levels were eligible to participate in this study. Since school counselors at any level are required to meet similar state certification requirements, the study was open to school counselors at each

educational level. If there had been a shortage of participants, I planned to extend the

sample to include respondents from additional states. Massachusetts requires counseling

graduate students to develop "understanding of the diagnosis and treatment" of students

with learning and behavior disorders and disabilities. Therefore, if needed, participants

from Massachusetts could have supplemented those in Connecticut. In addition,

Pennsylvania does not make any mention of disabilities training in its state certification

requirements; participants from Pennsylvania could have been used in the case of a

shortage of New Jersey respondents.

　　　To minimize the chances of making a Type I or Type II error, I attempted to

increase the statistical power of the study. If it was needed, I was prepared to increase

statistical power by increasing the sample size, which would decrease sampling error

(Gay et al., 2011). I also considered the study's effect size, which is the numerical value

that expresses the strength of the relationship between variables or group difference

which can increase with a larger sample size (King & Minium, 2002).

　　　I utilized a convenience sampling procedure in this study, since the sample is a

preexisting group. In convenience sampling, a general group is identified and it is then

their choice to participate in the study (Gay et al., 2011). Selection of participants was

based on a school counselor state directory and school districts' current listed emails on

each district website, School counselors' emails allowed me to solicit their participation

in the study. Participants remained anonymous.

Instrumentation

In this study, I used survey-based research, collected at one point in time, which served as a cross-sectional outlook of the phenomenon. Two instruments were selected to be used in the study. Each was selected because of their abilities to measure either the construct of school counselors' disabilities competence or school counselors' self-efficacy. The instruments were combined into one survey. A questionnaire was developed that includes items from the *Counseling Clients with Disabilities Survey* (Strike, 2001) and the *School Counselor Self-Efficacy Scale* (Bodenhorn & Skaggs, 2005). Demographic information was provided by items in the Counseling Clients with Disabilities Survey, with the exception of eight additional items that I provided. The additional eight questions determined if the participant was currently employed as a school counselor, if they were practicing in New Jersey or Connecticut, if the participant had a Master's degree in school counseling, in what state the participant obtained his or her Master's degree, at what level the participant was working, at what setting the participant was working, if the participant has previously had teaching experience with students with disabilities, and if the participant considered whether their school climate for students with disabilities is safe.

Counseling Clients with Disabilities Survey (CCDS)

Mental health professionals' disabilities competence is defined as their awareness, perceived knowledge, and perceived skills in relation to working with individuals with disabilities (Strike et al., 2004). The *Counseling Clients with Disabilities Survey* [*CCDS*] (Strike, 2001) was used in this study to measure the construct of school counselors'

disabilities competence. The *CCDS* was developed to measure counselors' self-reported

competencies in working with individuals with disabilities, since no other instrument had

previously done so. The instrument was developed through an expert review process,

incorporating 108 counselors from a variety of counseling backgrounds. Development of

the *CCDS* also included an extensive literature review that incorporated disability

literature, counseling literature and multicultural competencies. With the permission of

Diane Strike, I changed the word 'clients' to 'students' with the *CCDS*, in order to avoid

confusion from participants. A copy of the *CCDS* is provided as Appendix A.

The *CCDS* defines and addresses counselors' disabilities competence through

three sub-scales: (1) self-awareness/beliefs/attitudes toward disability, (2) perceived

knowledge of disability and disability related issues, and (3) perceived skills/behaviors

working with clients with disabilities. Each subscale is needed within the survey because

all three make up the measure of disabilities competence. The Self-Awareness Scale

examines the degree to which counselors understand the ramifications of having a

disability and their attitudes toward individuals with disabilities. The Perceived

Knowledge Scale measures counselors' disability-related knowledge. The Perceived

Skills Scale assesses counselors' skills and effectiveness in treating individuals with

disabilities.

There are a total of 68 items on the *CCDS*. Each of the three subscales contain

20 items, which require respondents to answer on a 6-point Likert scale (*1= strongly

disagree, 2= disagree, 3= slightly disagree, 4= slightly agree, 5= agree, 6= strongly

agree).* Items 1-20 are the Self-Awareness subscale. Questions such as "I believe people

with disabilities are stigmatized in society" and "I consider people with disabilities to be a minority group" address participants' awareness of disability culture. Items 21-40 are the Perceived Knowledge subscale. This subscale contains items such as "I feel satisfied over my level of knowledge of disabilities" and "I can name famous people with disabilities", which explore participants' knowledge concerning the barriers associated with people with disabilities.   Items 41-60 make up the Perceived Skills subscale. This subscale contains questions like "I know how to determine if a DSM-IV diagnosis is a disability" and "I feel satisfied with my level of skill to work with clients with disabilities," which assess the level of skill that respondents report in working with people with disabilities. Items 61-68 are questions related to participants' demographics. Thirty-five percent of the items on the *CCDS* are reverse keyed. Reversed keyed items are phrased in the opposite direction in order to ensure that respondents are not selecting random answers.

The *CCDS* is scored by a Likert scale with values of 1 to 6. A 6 indicates that the respondent is scoring in the direction of greater disabilities competence, while the score of a 1 indicates that the respondent is scoring in the direction of lower disabilities competence. A total of 21 items on the *CCDS* are reversed scored. Scores on the *CCDS* can range from 0 to 300. In this study, a high or low score in disabilities competence was determined by computing the percentage of the mean score in relation to the total possible score. It is important to note that a specific score on an individual item or subscale is not indicative of high or low overall disabilities competence; rather, the

creator of the scale has recommended examining the items and subscales in relation to one another.

Reliability and validity. Cronbach's coefficient alpha was calculated to determine the reliability of the *CCDS*. The coefficient alpha for the entire instrument was computed at a .94 (Strike et al., 2004). This number indicates high internal consistency reliability. In addition, each sub-scale reported solid internal reliability, with coefficient alphas as follows: Self-Awareness .67, Perceived Knowledge .87, Perceived Skills .90. There was a positive relationship found between the three sub-scales in examining the norming group of 108 mental health professionals from two Midwest universities (Strike et al., 2004).

Since the *CCDS* is a relatively new measure, the instrument has limited validity data presently available. Validity was determined through an expert review process that addressed content, construct, and face validity (Strike et al., 2004). Moreover, validity had been further established by the differentiation in responses from experienced and non-experienced counselors. The use of the three subscales regarding self-awareness, perceived knowledge, and perceived skills increase the content validity of the instrument, since it measures multiple aspects of disabilities competence. Subsequent studies using the *CCDS* have also advanced the validity of the instrument. Graduate students in a myriad of states have used the *CCDS* for their research, which has included a study related to mental health professionals' contact and attitudes toward individuals with disabilities and a study based on graduate counseling students' perceived competence in working with people with disabilities (Holliman, 2008; Mcdougall, 2009). Faculty and

staff have used the *CCDS* in Florida, New York, Minnesota and Vermont. In addition,

the *CCDS* has been incorporated into the instruction of developing multicultural

competencies for counselors in training (Erickson Cornish, Scheier, Nadkarni et al.,

2010).

School Counselor Self-Efficacy Scale (SCSE)

The construct of school counselor self-efficacy is defined as school counselors'

beliefs in their capability to efficiently counsel a particular student or group (Larson &

Daniels, 1998). The *School Counselor Self-Efficacy Scale* [*SCSE*] (Bodenhorn & Skaggs,

2005) was used in this study to measure the construct of school counselor self-efficacy.

The *SCSE* has its foundation in Bandura's self-efficacy theory. The ASCA national

model has also been integrated into the *SCSE*. The instrument was developed after its

creators determined it was necessary to expand upon existing counselor self-efficacy

scales, such as the *Counseling Self-Estimate Inventory* [*COSE*] (Larson et al, 1992) and

the *Career Counseling Self-Efficacy Scale* [*CCSES*] (O'Brien, Heppner, Flores, & Bikos,

1997), to focus primarily on school counselors' self-efficacy. A copy of the *SCSE* is

provided as Appendix B.

The *SCSE* contains 43 items. Each item observes a specific component of school

counselor self-efficacy. The scale measures five components in total. The first

component consists of 12 items that focus on personal and social development. This

component includes items that measure school counselors' beliefs to "Function

successfully as a small group leader" or "Establish rapport with a student for individual

counseling." The second component contains nine items that focus on leadership and

assessment. These items include statements similar to "Model and teach conflict

resolution skills". The third component consists of seven items and refers to career and

academic development. This component includes items like "Implement a program

which enables all students to make informed career decisions". The fourth component has

11 items with a focus on collaboration. "Help teachers improve their effectiveness with

students" is an example of an item in this component. The fifth and final component

contains four items that consider cultural acceptance. This component contains items

such as "Implement a preventive approach to student problems". Responses to each item

are on a 5-point scale, with the replies as follows: 1 = *not confident,* 2 = *slightly*

confident, 3 = *moderately confident,* 4 = *generally confident,* 5 = *highly confident.*

The *SCSE* was developed by examining what items are best suited to investigate

school counselors' self-efficacy. The scale was developed by incorporating elements

established in the National Standards for School Counseling (Campbell & Dahir, 1997),

the 2001 CACREP program standards, and preexisting counseling self-efficacy scales for

other specialties in counseling. Development of the instrument occurred through four

separate studies, which are each compiled in the scale's original publication (Bodenhorn

& Skaggs, 2005).   The first study developed the items found on the *SCSE* (Bodenhorn &

Skaggs, 2005). The second study the researchers undertook involved item analysis for

school counselors in order to increase reliability and investigate group differences

(Bodenhorn & Skaggs, 2005). The third study of the *SCSE* compared the instrument to

preexisting self-efficacy instruments to establish validity (Bodenhorn & Skaggs, 2005).

The final study in the development of the *SCSE* involved the combination of data for a

factor analysis of the instrument's internal structure, which included a principal

component analysis and correlations (Bodenhorn & Skaggs, 2005).

The *SCSE* is scored by a Likert scale with values of 1 to 5. A 5 indicates that the

respondent is scoring in the direction of greater school counselor self-efficacy, while the

score of a 1 indicates that the respondent is scoring in the direction of lower school

counselor self-efficacy. Scores on the *SCSE* could range from 0 to 172.   A high overall

score on the *SCSE* indicates that the respondent has high self-efficacy. This score would

be closer to the 172 total possible score. A low overall score is indicative of low school

counselor self-efficacy.

Reliability and validity. Bodenhorn and Skaggs (2005) conducted extensive

reliability and validity studies to validate their instrument. Reliability was measured

during the item development itself, as well as during the validity testing with school

counseling students. During the item development portion, the researchers reported the

instrument's reliability in the total scale score, with a coefficient alpha of .95, which

indicates high reliability. This study contained an item response mean of 4.21 and a

standard deviation of .67. In addition, during the validity studies, reliability was

accounted for with a .96 coefficient alpha. The mean of the item responses was 3.91,

which included a standard deviation between items of .77. Furthermore, internal

reliability was calculated for each of the *SCSE*'s five subscales. Coefficient alphas for

each subscale were as follows: Personal and Social Development- .91, Leadership and

Assessment- .90, Career and Academic Development- .85, Collaboration and

Consultation- .87, Cultural Acceptance- .72 (Bodenhorn & Skaggs, 2005).

Initial validation of the items on the *SCSE* was conducted through a survey study of currently practicing school counselors. Eight original items were deleted from the initial study.   A separate study of the *SCSE* further considered the validity of the instrument. Responses on the SCSE were compared to preexisting instruments that measure counselor self-efficacy. During this study, the *SCSE* was distributed with one of four additional instruments- the *COSE*, *The Social Desirability Scale (SDS),* a *State-Trait Anxiety Scale (STAI),* and the *Tennessee Self-Concept Scale (TSCS)*. Correlations were run between each instrument. The researchers found a correlation of .41 between the *COSE* and the *SCSE*, with a weaker correlation between the *SDS* and *SCSE* (.30). In addition, a negative correlation was found between the *SCSE* and the *STAI*; no correlation existed between the *TSCS* and the *SCSE*. The researchers noted that the validity results were positive when evaluating for a large effect size (Bodenhorn & Skaggs, 2005). Further studies have used the *SCSE* to investigate a number of phenomena related to school counselor self-efficacy (Ernst, 2013; Gunduz, 2012; Scoles, 2012; Torrence, 2013) These findings are pertinent to the current research study because the *SCSE* is found to be a reliable and valid instrument in measuring the proposed construct of school counselor self-efficacy.

Demographic Information

Most demographic information on the participants was sufficiently provided by the demographically focused questions on the CCDS. Items 61-68 on the CCDS contain questions related to participants' sex, age, ethnicity, years of experience, level of education/specialty training, and experience working with individuals with disabilities. I

added 8 demographic questions to the survey. I asked in what state the participants were currently working as school counselors. Participants could have chosen between New Jersey and Connecticut. I added a question asking if the participants had a Master's degree in school counseling. To track training requirements as part of the study results, one question provided by the researcher inquired in what state the participants earned their Master's degree. There was a question asking at what educational level the participant was working. I also added a question asking what setting participants were working for. I provided an additional question that will ask participants if they have previously had classroom teaching experience working with students with disabilities. Furthermore, there was one final question asking participants if they feel that their school provides a safe educational climate for students with disabilities. The demographic questions are found in Appendix C of this document.

Procedures

Before any data had been collected, I received approval from the review process set forth by Montclair State's Institutional Review Board (IRB). A copy of this approval is included as Appendix D. I conducted a small pilot study in order to determine if any modifications to the survey were needed before the main research study took place. A group of four current school counselors initially took the survey. I observed the length of time it took to complete the instruments, as well as listened to any feedback about the survey and its process. The results of the pilot study allowed me to inform participants about the expected length of time it took to complete the survey before the participants began it and to ensure that all survey items were able to be easily understood.

I combined the two instruments and the additional demographic questions by

using the online website *Survey Monkey.* The site is commonly used to generate research

based surveys that serve a similar purpose to this study. *Survey Monkey* is well regarded

for its user friendly interface and privacy protection (Waclawski, 2012). The final survey

had a total of 118 items. After the survey was ready for distribution, eligible school

counselors received an email outlining the purpose of the research study, the time it takes

to complete the survey, and the procedures for data collection (Appendix E). Once

participants accessed the survey, there was an informed consent statement to which

recipients agreed to participate in the study (Appendix F). Below the statement, there was

an embedded link to the next page to take the survey. All participants remained

completely anonymous. Participants could have been expanded to another state by

accessing its school counselor database if there was an insufficient amount of

respondents. Once data was collected, it was kept secure and confidential on my

password-protected personal computer.

Data Analysis Plan

I transferred all data into SPSS, a computer software program that is used to

analyze statistical data. Through SPSS, I performed a data cleaning, which detected and

corrected errors in the data set (Cronk, 2012). Descriptive statistics, scatterplots, and

histograms were used to detect if there were any errors. Additionally, I tested for

assumptions and collinearity, which ensured that the data collected could actually be

analyzed using a multiple regression (Cronk, 2012). Initial analysis focused on the

relationship between school counselors' disabilities competence and school counselors'

self-efficacy. Using SPSS, I ran a correlation between the two variables, which yielded a

correlation coefficient. A correlation coefficient is a number between .00 and a + or -

1.00 and indicates the degree to which two variables are related (Gay et al., 2011). The

strength of the relationship is determined by how close the number is to a + or − 1.00. A

positive direction signifies that the variables move with each other; a negative number

displays that the variables move away from each other. Next, I ran another correlation

that investigated the relationship between school counselors' disability competence and

their pre-service training. I then analyzed the findings and implications of both

correlations.

Additionally, there was a three model regression analysis run using SPSS to

investigate the predictive value the independent variables (experience counseling students

with disabilities, special education-related Master's level coursework, disabilities training

and professional development, and school counselor self-efficacy) had on the outcome

variable, school counselor's disabilities competence. I used the rationale for the order of

the regression analyses based on the assumption of which variables would have the most

predictive value on the outcome variable, school counselors' disabilities competence. I

felt that the variables self-efficacy and required pre-service training might be more

predictive of school counselors' disabilities competence than the other variables.

Dummy variables were inputted into SPSS to signify the participants'

demographic data. A dummy variable is one that takes a 0 or 1 value in order to sort the

data into mutually exclusive categories. They are numeric stand-ins for qualitative facts

in a regression analysis (Hardy, 1993). Since there is more than one predictor variable in

the study, a multiple regression analysis will be run. The combination of the variables

into a multiple regression can result in a more accurate prediction than by using a

regression on only a single variable (Gay et al., 2011). I utilized a stepwise multiple

regression, because it followed an automatic procedure of conducting t-tests to analyze

the predictive variables (Keith, 2005). The multiple regression analyses provided further

insight into the phenomenon that was being investigated. It also allowed for a deeper

discussion of the implications to the counseling field that the study yields.

Finally, the significance level for this study was set at a .05. The significance

level indicates the level of confidence that there is a significant relationship between the

variables (Gay et al., 2011). A statistically significant relationship means that the

relationship is unlikely to occur by chance (King & Minium, 2002). Achieving a .05

significance level would indicate a 95% confidence level that the relationship does not

occur by chance. Setting a .05 significance level in an initial study is recommended over

a more stringent .01 level, as it would increase the likelihood of making a Type II error,

which means that I would fail to reject a false null hypothesis (Gay et al., 2011).

Summary

This chapter includes a description of the methods that I undertook in completing

this research study. It is a culmination of the ideas and principles that are detailed in the

first two chapters of this dissertation. The chapter contains a review of the research

questions, an identification of the target participants for the study, and an overview of the

instruments used in data collection. Furthermore, I outlined my methods for collecting

and analyzing the data for the study in order to allow the reader the ability to replicate my

research study. Results of the data analyses are detailed in the next chapter.

CHAPTER IV

RESULTS

The purpose of this study was three-fold. First, I wanted to determine whether there was a relationship between school counselors' reported disabilities competence and their reported self-efficacy as school counselors. Next, this study examined whether there was a relationship between school counselors' disability competence and two types of pre-service disabilities training. Finally, the researcher examined the predictive value of variables related to work experience, personal experience, and training in relation to school counselors' disabilities competence. In this chapter I describe the final sample used in the study and its demographic statistics, report on preliminary analyses, and provide the results of the data analyses and research questions.

Participants

The target participants for this study were all current school counselors working in the states of New Jersey and Connecticut. Data from these participants were collected via Survey Monkey over a two-month period of time, from September until November of 2014. The survey was comprised of the *Counseling Clients with Disabilities Survey* (*CCDS*; Strike, 2001) and the *School Counselor Self-Efficacy Scale* (*SCSE*; Bodenhorn & Skaggs, 2005), and demographic questions. The survey was sent out via email to approximately 2,300 current school counselors. An estimated 966 of the emails were bounced back to the researcher due to a change in employment or email address. The researcher contacted school counselors through two separate mailing attempts, which

resulted in a potential sample of 1,334. Of the potential sample, 212 individuals had

accessed the survey but many did not complete it. A total of 161 participants completed

the secure online instrument. However, 6 participants did not fill out the *SCSE*, which

resulted in their elimination from the analysis. Therefore, the total number of participants

included in the final analysis was *n= 155*, which equates to 11.62% of the original

sample that was reached through the two email attempts. The sample was examined for

outliers of the data set; none were found. This was accomplished by utilizing descriptive

statistics frequencies and histogram tests in SPSS.

Demographic Statistics

All participants answered that they are currently working as school counselors.

Of the total sample, 124 (80%), reported as female and 31 (20%) were male. Out of these

participants, 33.5% were in the 25–34 age range, 25.2% stated they were between the

ages of 35- 44, 22.6% reported that they were between 45–54 years of age, 15.5%

selected that they were between 55-64, and 1.9% reported being over the age of 65.

There was one participant who was under the age of 25 and one participant did not

include his or her age. Table 1 contains a breakdown of the gender and age of the

participants. The one individual who did not report age is represented in the table as

Missing.

Table 1

Gender & Age Statistics of Sample (N= 155)

Categories	N	%
Gender		
Female	124	80
Male	31	20
Total	155	100
Age		
Below 25	1	.6
25-34	52	33.5
35-44	39	25.2
45-54	35	22.6
55-64	24	15.5
65+	3	1.9
Missing	1	.6
Total	155	100

In regards to race and ethnicity, 92 % of the participants identified themselves as White/Caucasian, which was the majority of the sample. Additionally, 3.7% of the sample reported their race/ethnicity as African American/Black, 3.7% identified as Hispanic/Latino/Chicano, 0.3% identified as American Indian/Native American and 0.3% identified as Middle Eastern. Table 2 details the race/ethnicity of the sample.

Table 2

Race/Ethnicity Statistics of Sample (N= 155)

Race/Ethnicity	N	%
White/Caucasian	144	92
African American	6	3.7
Hispanic/Latino	6	3.7
Native American	1	0.3
Middle Eastern	1	0.3
Total	155	100

Table 3 includes information regarding the state, level, and setting in which the

participants work. In regards to the state where they work as a school counselor, 56.8%

of the participants were working in New Jersey and 43.2% were working in Connecticut.

Over half, or 56%, of the participants were employed at the high school level, 25% were

working at the middle school level, and 19% were working at the elementary school

level. Finally, 92.3% were working in public school settings, while 7.7% were working

in private schools.

Table 4 outlines the education of the participants. Participants were asked if they

had earned a degree in school counseling. Out of the sample, 88.3% reported that they

had earned a Master's degree in school counseling, while 11.7% did not. Participants

were also asked about their highest degree earned. Of the total sample, 78.9% claimed

that their highest degree earned was an MA/MS/MSW, 15.9% reported other advanced

Table 3

State, Level & Setting Statistics of Sample (N= 155)

Categories	N	%
State		
New Jersey	88	56.8
Connecticut	67	46.2
Total	155	100
Level		
High School	87	56.1
Middle School	39	25.2
Elementary School	29	18.7
Total	155	100
Setting		
Public	143	92.3
Private	12	7.7
Total	155	100

certifications, and 5.2% reported earning a Phd, PsyD, or EdD. Additionally,

36.8% of the participants reported that they had completed their degrees in either

Connecticut or Massachusetts. This is an important aspect of this project because the two

states require that students getting their Master's degree in school counseling will have

pre-service training working with students with disabilities before completion of their

degrees (ASCA, 2014).

Table 4

Educational Statistics of Sample (N= 155)

Categories	N	%
Master's Degree in School Counseling		
Yes	137	88.3
No	18	11.7
Total	155	100
Highest Degree Earned		
MA/MS/MSW	123	79.3
PHD/PsyD/EdD	8	5.2
Other Licensure	24	15.5
Total	155	100
Degree Earned in Connecticut or Massachusetts		
Yes	57	36.8
No	98	63.2
Total	155	100

Data Analysis

Once all data were collected, demographic questions were recoded into useable data sets. This was accomplished by the creation of dummy variables, which represent the attributes of the demographic variables with more than one distinct category (Salkind, 2013). Mostly all responses were categorized by a 1 or a 0, except the level where participants worked, since there were three categories. In this case, the variable was recoded into two dummy variables, high school and middle school, while elementary school served as a contrast variable. It is also important to note that a number of items in the instrument were reverse coded. In addition, a close examination of the variables showed that there were no significant outliers or other issues that would violate assumptions and cause a further need for recoding.

After reviewing the data from the 155 participants, the means and standard deviations for each survey item were examined. Upon close examination, it was determined that each item had acceptable means and standard deviations. Nearly all participants in the final sample had completed all data points from the items in the survey. However, there were missing values that were apparent in a few items. As none of the items signified a missing value of more than 5%, it was determined that they were missing at random (Martin & Bridgmon, 2012). In the event that an item was left blank, the missing data point was replaced as a mean of the scores. This is determined as Missing at Random (MAR) via SPSS software's unusual cases analysis (Somasundaram & Nedunchezhian, 2012).

Variables

The first research question of this study examined the relationship between school counselors' reported disability competence and their reported self-efficacy. Two variables were used to explore this phenomenon.

Disabilities competence. School counselors' perceived knowledge, skills, and attitudes related to individuals with disabilities are defined by the variable disabilities competence (Strike et al., 2004). In this research study, the variable was measured by the participants' responses on 60 items of the survey that represented the *Counseling Clients with Disabilities Survey (CCDS).* Responses were scored by adding the point value of each response. Each respondent received a competency score that could have a value in the range of 0 to 300. The participants' mean reported level of disability competence was 192.15 out of 300. The standard deviation for disabilities competence was 26.41.

Self-efficacy. School counselors' self-efficacy is their self-reported opinions about how they can effectively perform certain tasks within their work environment (Bodenhorn & Skaggs, 2005; Holcomb-McCoy et al., 2008). In this research study, this variable was measured by the participants' responses on 43 items of the survey that represented the *School Counselor Self-Efficacy Scale (SCSE).* Each item's response was added in order to create a self-efficacy score that ranged from 0 to 172. The participants' mean level of reported self-efficacy was 140.65 out of 172, while the standard deviation was 20.41. This indicates that school counselors that had taken the survey are generally reporting a fairly high score in self-efficacy. Table 5 indicates the participants' mean scores and the standard deviation on the *CCDS* and *SCSE.*

Table 5

Mean Scores & Standard Deviations of Disabilities Competence & Self-efficacy

Variable	Mean Score	Standard Deviation
Self-Efficacy	140.64	20.405
Disabilities Competence	192.15	26.414

N=155

The second research question of this study considered if there was a relationship between school counselors' disability competence and pre-service disabilities training. The difference in school counselors' disabilities competence between school counselors that were required pre-service training and those that were not was also examined.

Required pre-service training. For the purposes of this research study, required pre-service training is any participant who was required disabilities training before they began to work as a school counselor. This variable was determined by participants' responses on two items. The first item was whether the participants work in Connecticut. The state of Connecticut requires 36 hours of disabilities training before state licensure is granted (ASCA, 2014). The second item that determined the variable required pre-service training is if the participants received their Master's degree in either Connecticut or Massachusetts, as both states require disabilities training within their Master's programs (ASCA, 2014). As of this current study, Connecticut and Massachusetts are the only two states that require pre-service disabilities training for school counselor licensure. If a participant indicated the aforementioned responses on either item, they would be grouped and coded within the required pre-service variable. There were no participants

from New Jersey who indicated that they had received their degree in Connecticut or Massachusetts. Therefore, 43.2% of the participants had pre-service disabilities training.

Non-required disabilities training corresponded to any participant who worked in New Jersey and did not receive his or her Master's degree from Connecticut or Massachusetts. As there are no disabilities training requirements for school counselors in any states besides Connecticut or Massachusetts, these participants were considered to not be required pre-service disabilities training. Of the total sample, 56.8% did not have pre-service disabilities training.

Disabilities as the focus of all or most of academic training. There was one additional variable that examined participants' pre-service disabilities training. One item in the survey asks whether disabilities were the focus of all or most of participants' academic training. This is a different variable than required pre-service disabilities training. Participants who had undergone extensive disabilities training were grouped into this category. This would also include any individual who had received a degree in a disabilities-related field. Participants who responded 'yes' to this item would be grouped into this variable in order to explore if there was a relation to school counselors' disabilities competence. A reported 9.03% of the sample had this characteristic. Table 6 contains the demographic statistics related to participants' pre-service disabilities training. These participants were grouped into a new variable to examine whether an expanded pre-service disabilities training had any relationship to disabilities competence.

Table 6

Statistics of Participants' Pre-service Training (N = 155)

	N	%
Required Pre-service Training	67	43.2
Non Required Pre-service Training	88	56.8
Total	155	100.0
Disabilities as the Primary Focus of Academic Training	14	9.03

Descriptive Variables

This study also investigated the impact of a number of descriptive variables that were concerned with participants' work experiences, personal experiences, and training experiences related to their disabilities competence. In order to accomplish this, additional variables were determined from the *Counseling Clients with Disabilities Survey (CCDS).* Specific descriptions of these variables are listed below. A correlation analysis examined the relationship between these variables and school counselors' disabilities competence.

Descriptive variables related to work experience with mental and cognitive disabilities. Two variables measured participants' work experiences related to students with learning and mental disabilities. The variables were determined by two questions

from the survey: "Have you worked with a student with a learning disability, ADD, or ADHD?"; "Have you worked with a student with mental disability?"

In regards to school counselors' work experience with students with mental and cognitive disabilities, 97.4% of the participants reported experience working with students with learning disabilities ADD or ADHD, and 93.5% participants reported working with students with mental health/psychiatric issues. A correlation analysis was run for both questions in relation to disabilities competence.

Descriptive variables related to work experience with physical disabilities. Three variables measured the participants' work experiences related to physical disabilities. The variables were taken from three questions from the survey: "Have you worked with someone who is blind or has low vision?"; "Have you worked with someone who is deaf or is hard of hearing?" and "Have you worked with someone with a mobility or orthopedic disability?"

In regards to physical disabilities, 63.9% of participants reported working with students who had vision issues, 71.6% reported working with students with hearing issues, and 71% reported working with students with mobility issues. A correlation analysis was run for each question as a separate variable in relation to disabilities competence.

Descriptive variables related to personal experiences with disabilities. Two variables measured participants' personal experiences with disabilities. The following three statements from the survey determined the variables: "I have a disability"; "A

member of my immediate family or close friend has a disability"; "A member of my extended family, co-worker, or acquaintance has a disability."

Personal experiences with disabilities were much lower than respondents' professional experience. Only 3.2% of the sample reported that they have a disability. In addition, 44.5% of the participants surveyed stated that they have experience with disabilities through their relationships with an immediate family member or close friend. Finally, 44.5% of the participants reported having experience with disabilities from an extended family member, a co-worker, or an acquaintance.

The two statements "A member of my immediate family or close friend has a disability" and "A member of my immediate family or close friend has a disability" were combined to one variable, 'knowing someone with a disability.' This was done because a correlation was originally run with the questions as independent variables and again when the questions were combined. It was found that the correlation coefficient was stronger when the questions were combined into one variable, which would provide more productive results in the multiple regression analysis.

Descriptive variables related to training. There are two additional variables for the project that examined extended training related to working with students with disabilities. The extended training variables are two separate questions/statements from the instrument. These statements are: "I have previous classroom teaching experience with students with disabilities"; and "I have taken classes, attended workshops, or seminars related to disabilities."

Of the total sample, 49% of the participants reported that they have had previous teaching experience with students with disabilities. In addition, 74.8% of the sample had reported that they have taken classes, attended workshops, or were present at seminars that addressed disabilities.

Preliminary Analyses

Since my research was examining multiple variables in a multiple linear regression, a preliminary analysis was used to test the significance the variables have in relation to school counselors' disabilities competence. Only the variables that were found to have a significant correlation to school counselors' disabilities competence would be included in the multiple regression model. In addition, the distribution, collinearity, and heteroscedasticity of the data were also examined.

Testing of Covariance

A Spearman's rho was chosen to test the covariance of each descriptive variable on disabilities competence. Covariance is the degree to which two variables change together (Gay et al., 2011). Since there were so many categorical variables in this research study, a Spearman's rho was the best choice. This allowed for a matrix of correlations that could be studied before the analyses were run.

Work experience, personal experience, training experience, and self-efficacy were the primary variables that were to be examined as potential predictors for disabilities competence. However, once the data was observed, it was determined to run correlations between disabilities competence to each individual item that addressed the primary variables. This would provide richness in reporting what specific aspects of experience

contributed to disabilities competence. Therefore, a total of 19 variables were included in the Spearman's rho correlation matrix.

A number of significant variables were found from the Spearman's rho analysis. Disability as the primary focus of one's academic training had a significant, positive correlation to disabilities competence. This can be seen at $r(106) = 0.417, p < .001$. Self efficacy had a positive correlation to disabilities competence, $r(83) = 0.520, p < .001$. This indicated that an increase in self-efficacy would increase disabilities competence. Various types of experience were found to have significant correlations to disabilities competence. Years of experience counseling was a positive contributor to disabilities competence, $r(104) = 0.218, p = .026$.   In addition, mental/psychiatric disabilities work experience ($r(106) = 0.194, p = .046$), work experience with blind/low vision students ($r(106) = 0.246, p = .006$), work experience with deaf/hard of hearing students ($r(106) = 0.370, p < .001$), and work experience with students with mobility/orthopedic disabilities ($r(106) = 0.424, p < .001$), were all positively correlated with disabilities competence. In regards to personal experiences with a disability, knowing someone with a disability ($r(106) = 0.267, p = .006$) had a significant correlation to disabilities competence. Having a MA/MS/MSW degree was negatively associated with disabilities competence at $r(103) = -0.208, p = .035$. The variables that were shown to have a significant correlation to disabilities competence would be included in the regression analysis.

Table 7 displays the results of the Spearman's rho correlations. The variables that were found to have a significant relationship to disabilities competence are noted below.

Table 7

Spearman's Rho Correlations: Training, Self-Efficacy, Work Experience, Personal Experience, and Education in Relation to Disabilities Competence.

	Disabilities Competence	
Required Pre-service disability training	-.067	
Disability focus of academic training.	.417	***
Self-Efficacy	.520	***
Years of experience counseling	.218	*
Teaching experience	.169	
Work Exp. Learning disability, ADD, ADHD	.061	
Work Exp. Mental health, psychiatric	.194	*
Work Exp. Blind, low vision	.246	*
Work Exp. Deaf, hard of hearing	.370	***
Work Exp. Mobility, orthopedic	.424	***
I have a disability.	.150	
Know someone with a disability	.267	* *

Table 7

Spearman's Rho Correlations: Training, Self-Efficacy, Work Experience, Personal Experience, and Education in Relation to Disabilities Competence.

Disabilities classes, seminars, or workshops	.140	
Work at a High School	.074	
Work at a Middle School	-.148	
Public/Private	.054	
MSW/MA/MS	-.208	*
PhD	.052	
Note. *p< .05; **p< .01; ***p< .001		

Testing Assumptions

Normal distribution. Disability competence is the dependent variable in this research study. It was first examined in a histogram in SPSS to determine if it was normally distributed. When looking at the histogram, disability competence followed a normal distribution curve with no significant outliers, which ensured normal distribution of the variable. In addition, statistics related to skewness and kurtosis were also investigated. Skewness is used to measure the asymmetry of the variable's distribution (Salkind, 2013). It is computed by dividing skewness value by standard deviation; skewness is considered to be acceptable when it is less than 2.00. In this study, skewness was a 0.040. This showed that the variable did not exhibit an extreme amount of skewness. Kurtosis is also used to examine distribution of the curve, as it measures the peak or flatness of the curve (Salkind, 2013). Kurtosis computed to a -0.019. This statistic shows a lack of kurtosis and is well within the acceptable range. The acceptable values further ensured normal distribution.

Multicollinearity. Multicollinearity could result when two or more predictor variables within a multiple regression are highly correlated (Chatterjee & Hadi, 2013). In this study, multicollinearity was run to examine the constructs of disabilities competence and self-efficacy. Variances of inflation (VIFs) are used to determine multicollinearity (Glantz & Slinker, 2000). The VIFs in the data were found to have a lack of significance in the regression models.

Heteroscedasticity. Heteroscedasticity occurs when the variability of a variable is not equal to the range of a variable that predicts it, which is determined once the residuals of a regression are examined (Cronk, 2012). A scatterplot was generated and a visual inspection showed a satisfactory fit between disabilities competence and self-efficacy. The standardized residuals were also regressed onto the standardized predictive values. This indicated that heteroscedasticity had not been violated; therefore, there was no need to run a Breusch-Pagan test on the data. Investigating heteroscedasticity is important because the probability of errors occurring is increased as the independent variables increases. Testing for heteroscedasticity ensured that the data had no measurement errors or differences in the sample that could have created a statistical problem.

Results

This section details the results from the correlational coefficients and multiple linear regressions that were run to investigate the following research questions:

1. Is there a relationship between current school counselors' disabilities competence and school counselors' self-efficacy?

2. Is there a difference in school counselors' disabilities competence between individuals who were required pre-service disabilities training and individuals who were not required to take pre-service disabilities training?

3. To what extent are (a) work and personal experience, (b) special education-related coursework and professional development, (c) disabilities training, and (d) school counselor self-efficacy predictive of school counselors' disabilities competence?

Correlation between School Counselor Disabilities Competence and School Counselor Self-Efficacy

The results of the first hypothesis are contained in Table 8. A Pearson correlation was run to determine the relationship between the variables school counselor disabilities competence and school counselor self-efficacy. This was accomplished by running a correlation in SPSS between the results of the disabilities competence scale *(CCDS)* and the self-efficacy scale *(SCSE)*. The significance level for the correlation was set at a .05. The results of the Pearson correlation show a highly significant relationship between disabilities competence and self-efficacy, with $r = 0.57$, $p < 0.001$.

Table 8.

Pearson Correlation Results for Self-Efficacy and Disabilities Competence

		Competency Scale
Self-Efficacy Scale	Pearson Correlation	.568 ***
	Sig. (2-tailed)	.000
	N	83

In order to further examine the relationship between school counselors'
disabilities competence and school counselors' self-efficacy, the variable required pre-
service training was used as a control variable for a partial correlation. Participants who
were working in Connecticut would have been required to have pre-service disabilities
training. In this case, the control variable 'required pre-service training' was used to
determine whether the amount of required training a subject had would impact the
correlational relationship. Table 9 displays the results of the Pearson correlation between
self-efficacy and disabilities competence controlling for the required pre-service
disabilities training. Even while using the specified control variable, there is a significant
relationship between the two variables. The Pearson correlation exhibits a positive,
significant relationship between school counselors' disabilities competence and school
counselors' self-efficacy, with $r = 0.56$, $p < 0.001$.

Table 9.

Pearson Correlation Results for Self-Efficacy and Disabilities Competence,
Controlling for Required Pre-Service Training

			Competency Scale
Control Variables			
Required Pre-Service Training	Self-Efficacy Scale	Correlation	.559 ***
		Significance (2-tailed)	.000
		Df	80

Correlation between School Counselor Disabilities Competence and Pre-Service Training Variables

An additional Pearson correlation was run to address the second research question: "Is there a difference in school counselors' disabilities competence between individuals who were required pre-service disabilities training in their Master's programs and those who were not?" As previously noted, required pre-service disabilities training was addressed by three separate items in the survey. The items explored the state the subject was currently working, the state in which the subject obtained his or her Master's degree, and whether disabilities was the primary focus of the participant's academic training. The Pearson correlation examined whether required pre-service disabilities training and having extensive disabilities academic training had a significant relationship with the variable school counselors' disabilities competence.

Table 10 indicates the results of the second Pearson correlation between school counselors' disabilities competence and participants' training responses. There was no significance found between required pre-service disabilities training and disabilities competence. However, the training measure that showed to have a significant relationship with disabilities competence was whether disabilities was the focus of all or most of participants' academic training, $r = 0.43$, $p < 0.001$.

Table 10

Pearson Correlation Results for Training and Disabilities Competence

		Competency Scale
Required pre-service disabilities training	Pearson Correlation	-.083
	Sig. (2-tailed)	.397
	N	106
Disability was the focus of all or most of my academic training.	Pearson Correlation	.432 ***
	Sig. (2-tailed)	.000
	N	106

Multiple Linear Regression: School Counselor Self-Efficacy, Experiences and Training Variables Predicting School Counselor Disabilities Competence

The final research question asked "To what extent are experience, special education-related coursework, disabilities training and professional development, and school counselor self-efficacy predictive of school counselors' disabilities competence?" A multiple linear regression was conducted to address the third research question. The multiple linear regression analysis contained the variables self-efficacy, disability as the primary focus of academic training, years of counseling experience, work experience with mental/psychiatric disabilities, work experience with blind/low vision disabilities, work experience with deaf/hard of hearing disabilities, work experience with mobility/orthopedic disabilities, and personal experience knowing someone with a disability. These variables were previously found to be significant to disabilities competence from the Spearman's rho correlation matrix. Because of its negative, weak

correlation coefficient, the variable achieving a MA/MS/MSW degree was left out of the regression analysis as a potential predictor of disabilities competence.

The aforementioned variables were run as a single model to examine their predictive relationship with disabilities competence. The model is significant (F=11.055, p<.001) and the R^2 tells us the model accounts for 54.8% of the variance in disabilities competence. The R^2 indicates that the regression model is an accurate fit for the data. The regression analysis model indicates a number of predictors to school counselors' disabilities competence. Disability as the primary focus of academic training was significant $t(80) = 26.5887$, $p = 0.001$. This is consistent with the Pearson correlation and the Spearman rho that was previously discussed. Self-efficacy was found to be a significant predictor, $t(80) = 0.568$, $p < 0.001$. Two of the work experience with physical disabilities variables were significant: work experience with the deaf ($t(80) = 14.103$, $p = 0.011$) and work experience with students with mobility/orthopedic disabilities $t(80) = 10.926$, $p = 0.026$) were predictors of disabilities competence. The variables years of experience counseling, work experience with mental/psychiatric disabilities, work experience with blind/low vision, and personal experience knowing someone with a disability were not found to be significant predictors of disabilities competence. Table 11 contains the results of the multiple linear regression.

Table 11.

Regression of Training, Experience, and Self-Efficacy Variables on Disabilities

Competence

	Model 1	
Intercept	89.339	***
Training		
Disability focus of academic training.	26.5887	**
Self-efficacy	.568	***
Experience		
Years of experience counseling	-.283	
Mental health, psychiatric	6.494	
Blind, low vision	-3.698	
Deaf, hard of hearing	14.103	*
Mobility, orthopedic	10.926	*
Know someone disabled	6.387	
R^2	.548	
F Test	11.055	***

N= 80, unstandardized B are given the table. *p<.05   **p<.01   ***p<.001

Summary of Results

There were three research questions that were posed in this study. The first question asked whether there was a relationship between school counselors' disabilities competence and school counselors' self-efficacy. The second question asked if there was a difference in school counselors' disabilities competence between participants that were required pre-service training in disabilities and participants that were not required pre-service disabilities training to receive state certification. The third question explored what variables related to work experience, personal experience, training, and school counselor self-efficacy are predictive of school counselors' disabilities competence.

Once the final data was collected, the data was cleaned and checked for outliers. Before the analyses were run, a Spearman's rho correlation matrix gave an indication on what variables had significance to school counselors' disabilities competence. Then, the researcher used Pearson correlations and multiple linear regression models to examine the three research questions.   The assumptions for the multiple regression models were also checked.

Research Question 1

The first research question was "Is there a relationship between current school counselors' disabilities competence and school counselors' self-efficacy?" A Pearson correlation was run between the variables school counselors' disabilities competence and school counselors' self-efficacy. The results show a positive correlation between the variables, $r = .568$, $n = 83$, $p < 0.001$. Overall, this indicates a moderately strong, positive relationship between the two variables that is highly significant at the .001

level. Due to the significance of the variables, the null hypothesis was rejected and the alternative hypothesis was accepted for the first research question.

Research Question 2

The second research question was "Is there a difference in school counselors' disabilities competence between individuals who were required pre-service disabilities training and individuals who were not required to take pre-service disabilities training?" This was determined by the state certification requirements that were outlined for Connecticut and New Jersey. A Pearson correlation was run between school counselors' disabilities competence and the variables required pre-service disabilities training and disability as the focus of all or most of academic training. Required pre-service disabilities training ($r = -.083$, $n = 106$, $p = 3.97$) was not found to have a significant relationship to school counselors' disabilities competence. However, the results show a positive, statistically significant relationship between school counselors' disabilities competence and disability as the focus of all or most of academic training, $r = .432$, $n = 106$, $p < 0.001$. In this case, the null hypothesis was rejected while the alternative hypothesis was only partially accepted.

Research Question 3

The third research question explored to what extent variables related to work, personal, and training experience, as well as self-efficacy predictive of school counselors' disabilities competence. A multiple linear regression was run to answer the third research question using variables that were found to be significantly correlated to disabilities competence in the Spearman's rho. Results from the regression model

indicated that self-efficacy, disability as the primary focus of academic training, work experience with deaf/hearing disabilities, and work experience with mobility/orthopedic disabilities were found to be predictive of school counselors' disabilities competence. Since these variables were found to have a significant, predictive effect on school counselors' disabilities competence in the regression model, the null hypothesis was rejected and the alternative hypothesis was accepted for the third research question.

CHAPTER V

Introduction

The educational principle known as inclusion has resulted in an increase in the number of students with disabilities who are instructed within the general education curriculum (Baglieri & Knopf, 2004; Darragh, 2007; Finke et al. 2009). School counselors are support professionals who have seen a larger quantity of students with disabilities in their caseloads, which have caused them to adapt to the unique needs of this population (Bowen, 1998; McCarthy et al., 2010; Owens, et al. 2011). When implemented correctly, school counseling services have a positive impact on students with disabilities' academic success and emotional health (Brislin, 2008; Givon & Court, 2010; - Lambie & Milsom, 2010; Milsom & Dietz, 2009; Mahdavi, & Ryan, 2013). However, it is not necessarily given that school counselors feel that they are able to adequately provide these beneficial services to students with disabilities (Milsom, 2002; Nichter & Edinonson, 2005; Romano et al., 2009).

School counselors' perceived knowledge, skills, and attitudes related to students with disabilities are measured by a concept called disabilities competence (Strike, 2001). Disabilities competence is a developmental construct, as individuals can choose to have experience and training in order to develop a high sense of competence in the area. The choice to actively pursue to develop one's disabilities competence is related to self-determinism, which is a theory that had inspired this project. According to self-determinism theory, individuals inherently strive toward achieving competence and

autonomy (Deci & Ryan, 2002). However, individuals must proactively seek the means

to develop competence in a given area (Deci & Ryan, 2002). Therefore, school

counselors' disabilities competence is directly related to their self-determination in

developing the construct.

At this time, there are very few studies within counseling related literature that

examine school counselors' disabilities competence. In my study, I attempted to

determine if disabilities competence had any relation to school counselors' self-efficacy,

which is defined as their opinions about how they perform certain tasks in their work

environment (Bodenhorn & Skaggs, 2005; Holcomb-McCoy et al., 2008). Previously,

school counselors have exhibited greater disabilities competence when they have

acknowledged more special education related experience (Strike et al., 2004). However,

there has been no previous exploration of the specific training- and experience-related

factors that have a predictive influence on school counselors' disabilities competence. As

a result, the purpose of this study was to determine if there was a relationship between

school counselors' disabilities competence and their self-efficacy and pre-service

training, as well as explore what specific experience and training variables are predictors

for school counselors' disabilities competence.

Data for this study were collected from a sample of 155 current school counselors

in New Jersey and Connecticut. The school counselors completed a 118 item survey that

measured school counselors' disabilities competence, self-efficacy, and pertinent

demographic characteristics. The researcher used a Spearman's rho correlation matrix,

Pearson correlations, and multiple regression analyses to analyze the collected data. This

chapter discusses the results of the analyses in relation to the project's research questions. Implications for school counselor practice, preparation and supervision, as well as limitations of the study and suggestions for future research are also discussed within this chapter.

Discussion

The primary variable in this research study was school counselors' disabilities competence. I sought to find out if there were relationships between school counselors' disabilities competence and other pertinent variables. The researcher also explored the predictive ability of these variables on school counselors' disabilities competence. In this section I discuss the results that the collected data yielded.

School Counselors' Disabilities Competence and School Counselors' Self-Efficacy

Disabilities competence was measured by participants' responses on the *Counseling Clients with Disabilities Scale (CCDS)* portion of the survey. A higher score on this instrument would indicate a greater reported disabilities competence. Participants achieved a mean score of 192.15 out of a possible 300, with a standard deviation of 26.414. The *CCDS* measures participants' attitudes, knowledge, and skills related to disabilities through three subscales. Interestingly, participants *felt* competent when asked if they feel satisfied with their level of awareness (mean score of 4.57), level of knowledge (mean score of 4.08), and level of skill (mean score of 4.36) related to disabilities. However, responses on individual items related to the subscales had lowered participants' total scores. Upon further examination, there were many items in the survey on which the participants had a lower score on. This could indicate that even though the

sample was satisfied with their level of disabilities competence, they may not possess a mastery of the area. This is congruent with previous research studies in which school counselors showed gaps in special education related laws and practices (Milsom, 2002; Nichter & Edinonson, 2005; Romano et al., 2009; Wood-Dunn & Baker, 2002),

The *School Counselor Self-Efficacy Scale (SCSE)* portion of the survey measured participants' self-efficacy. A higher score on the *SCSE* would designate a greater self-reported self-efficacy. Participants could respond to items in this section on a range of 1 to 5. The sample's total mean score for this portion of the survey was 140.64 out of a possible 172, with a standard deviation of 20.405. This indicated that school counselors who participated in this study exhibited a high sense of self-efficacy (Bodenhorn & Skaggs, 2005). The majority of participants responded that they felt 'generally confident' or 'highly confident' in their ability to accomplish certain counseling-related tasks. The samples' generally high reported sense of self-efficacy is congruent with other research in which participants had high self-efficacy (Baggerly & Osborn, 2005; DeKruyf & Pehrsson, 2011; Kozina et al., 2010).

The results of a Pearson correlation between school counselors' disabilities competence and self-efficacy demonstrated a moderate, positive relationship between the variables. Even though the correlation itself was not extremely strong, the relationship was highly significant at the 0.001 level. Disabilities competence increased as participants' self-efficacy increased. School counselors with greater disabilities competence reported a greater sense of self-efficacy.

These findings are similar to previous studies on self-efficacy. Self-efficacy is defined as the perceived 'belief of strength' an individual has regarding a certain issue (Bandura, 1997). In a school environment, individuals with a greater sense of self-efficacy feel that they are able to effectively perform specific job related tasks (Baggerly & Osborn, 2006; Holcomb-McCoy, Gonzalez & Johnston, 2009; Scarborough & Culbreth, 2008). Therefore, it could be logical that school counselors who are reporting a high sense of self-efficacy would feel that they have a strong sense of disabilities competence in their abilities to carry out tasks for the population.

Recent studies have also indicated that self-efficacy is highly correlated with effectiveness in working with multicultural populations. Individuals with disabilities can be considered a marginalized, multicultural population (Trainor, 2008). DeKruyf and Pehrsson (2011) note that to best serve a specific population, a school counselor needs a positive sense of self-efficacy for working with that particular population. School counselors have previously exhibited higher multicultural competency with a specific group when reporting high self-efficacy (Gonzalez & McNulty, 2010; Holcomb-McCoy et al., 2008; Owens et al. 2010). This was also the case for school counselors working with students with disabilities (Aksoy & Dken, 2009).

However, it is important to acknowledge that school counselors could still have a high sense of self-efficacy even if they have a lower score in disabilities competence. Disabilities competence is not a determinant on whether school counselors can effectively carry out specific tasks with certain populations. Therefore, self-efficacy can

have an influence on disabilities competence but it is important to examine the attribute

on its own as well.

School Counselors' Disabilities Competence and Pre-Service Training

I also examined school counselors' disabilities competence in regards to their pre-

service training. Previously, pre-service training was found to improve school

counselors' knowledge, skills, and self-efficacy in working with students with disabilities

(Aksoy & Dken, 2009; Milsom, 2002; Studer & Quigney, 2004). However, many school

counselors had never been required any pre-service disabilities training or exposed to

disabilities related course content (Greene & Valesky, 1998; McEachern, 2003; Milsom

& Akos, 2003; Studer & Quigney, 2004). It appeared to be important to determine if pre-

service training had any relation to school counselors' disabilities competence. In this

study, pre-service training was determined by required pre-service training and

disabilities as the primary focus of academics.

Required Pre-Service Training. For the purposes of my study, required pre-

service training was defined as mandated disabilities training in participants' Master's

programs that had to be completed in order to achieve state licensure in school

counseling. This was determined by the special education requirements for school

counselors working in the state of Connecticut or obtaining a Master's degree in

Connecticut or Massachusetts (ASCA, 2014). In this research study, 43.2% of the total

sample was required to complete pre-service disabilities training. A Pearson correlation

was run between disabilities competence and required pre-service training to determine

the relationship between the two variables. Required pre-service disabilities training did not yield a significant relationship to disabilities competence.

This finding brought up some interesting thoughts. Training has previously been found to be instrumental in preparing individuals for working with students with disabilities (Norwich & Nash, 2011; Zionts et al., 2006). There are well-developed educational disabilities training standards for the teaching profession (Dingle et al., 2004; Grskovic & Trzcinka, 2011). However, the school counseling profession has yet to develop a universal training standard for disabilities training. Although the state of Connecticut is requiring a minimum of 36 hours of disabilities training for state licensure, it may not be enough to lead graduates to disabilities competence. The requirement for state licensure would only equate to approximately one 12 week course in special education that is provided by the Master's institution. This alone may not provide mastery in disabilities competence. Additionally, it is unclear whether individuals who were required pre-service disabilities training had any interest in obtaining this training. These participants may not have been self-determined to improve their disabilities competence but only underwent training because it was required for state licensure. Moreover, the outline for this training is vague; it does not include any informational guidelines that counselors in training are required to meet. Furthermore, although Massachusetts' curricular guidelines require an "understanding of the diagnosis and treatment of learning and behavior disorders" for state licensure, there is no further information given in relation to this requirement (ASCA, 2014).

Over half of the participants (56.8%) in this study were not required to have pre-service disabilities training. These findings are similar to research that was conducted over 10 years ago, even though school counselors have been working with increased numbers of students with disabilities (McCarthy et al., 2010; McEachern, 2003; Milsom & Akos, 2003; Studer & Quigney, 2004).   Master's level training is an avenue where school counselors can gain knowledge and skills related to students with disabilities (Milsom, 2002; Studer & Quigney, 2004). However, individuals need to be self-determined to proactively seek this specific type of training. Therefore, given the moderate disabilities competence results of this research study's sample, it can be recommended that a more extensive and purposeful required pre-service training standard is provided at the Master's level.

Disabilities as the Primary Focus of Academic Training. Although pre-service disabilities training was not necessarily required, participants could have self-reported if they had a previous degree or concentration in working with special education populations. These participants had a predisposed interest in the disabilities field, as they had been self-determined to acquire knowledge and training relating to disabilities. Of the total sample, 9.03% of the participants surveyed reported that disabilities were the primary focus of their academic training. It was examined if expansive pre-service disabilities training had any relationship with school counselors' disabilities competence. A Pearson correlation was run between the variables disabilities competence and disabilities as the primary focus of academic training. The results show a positive correlation between the two variables that is significant at the .001 level. Therefore, one

can deduce that extensive disabilities training has a positive impact on school counselors'

disabilities competence.

      This finding supports prior research on disabilities training. Educators who have

undergone extensive disabilities training in accordance with The Council for Exceptional

Children (CEC) standards have been evaluated as competent disabilities professionals

(Stayton et al., 2012). Previously, mental health professionals' disabilities competence

was seen to improve through structured training (Strike et al., 2004). This is similar to

school counselors who felt more comfortable working with students with disabilities after

they were exposed to special education-related training (Milsom, 2002). In addition,

training has been found to have a positive correlation to other counselor attributes, such

as self-efficacy (Kozina et al., 2010). Therefore, it appears logical that individuals who

were exposed to extensive disabilities training would exhibit a high disabilities

competence.

      The results of this correlation also support the ideas of self-determination theory.

According to self-determination theory, individuals who have a greater intrinsic

motivation in a given area are more likely to actively seek out ways to increase their

competence and autonomy in this area (Deci & Ryan, 2002). In this study, individuals

who had disabilities as a focus of their academics reported an increase in disabilities

competence. This type of training had also predicted disabilities competence. It can be

assumed that individuals sought this type of training because of their interest in

disabilities. They were self-determined to improve in this subject area. This passion for

disabilities resulted in an increase in competence relating to disabilities. Only by taking a

proactive approach to obtaining the factors that are found to lead to disabilities competence will one develop it. Moreover, individuals who were required pre-service disabilities training were not found to have an increase in disabilities competence. It is unclear if these individuals felt determined to develop a sense of disabilities competence or if they had any inherent interest in the special education field.

The second research question asked if there was a difference in school counselors' disabilities competence between participants who were required pre-service disabilities training and those who were not. Based on the results collected from this sample required pre-service disabilities training was not related as an influence to disabilities competence. However, when participants reported that disabilities were the primary focus of all or most of their academic training, they were found to have a high disabilities competence. Therefore, it appears important to evaluate the type and amount of disabilities training to which school counselors are being exposed.

School Counselors' Disabilities Competence and Variables Related to Work Experience, Personal Experience, Training Experience, and Self-Efficacy

The third and final research question asked "To what extent is (a) work and personal experience, (b) special education-related coursework and professional development, (c) disabilities training, and (d) school counselor self-efficacy predictive of school counselors' disabilities competence?" A number of predictive variables were run to examine their relationship to disabilities competence. Results of each predictive variable are found below.

Work Experience. It has been established that work experience related to disabilities had a positive effect on mental health professionals' disabilities competence (Strike et al., 2004). Work experience has also had an impact on shaping counselors' self-efficacy (Barbee et al., 2003). Therefore, it appeared important to identify what specific school counselor work experiences were predictive of their disabilities competence.

Work experience was divided between mental, cognitive, and physical disabilities experience factors. In the initial Spearman's correlation, work experience with mental/psychiatric disabilities, work experience with blind/low vision, work experience with deaf/hard of hearing, and work experience with mobility/orthopedic disabilities were all found to have a significant relationship to disabilities competence. This supported Strike, Skovholt, and Hummel's (2004) notion that experience had a positive influence on disabilities competence. Each of the significant variables was run through a multiple regression analysis to view if they had a predictive relationship to disabilities competence. Only work experience with deaf/hard of hearing and work experience with mobility/orthopedic disabilities had a significantly predictive relationship to disabilities competence.

These findings may be related to the fact that schools often have established protocols and practices related to students with physical disabilities. These protocols are clearly defined and can be learned and accessed at any time. School counselors are able to see the struggles and self-determinism of students with physical disabilities. Treatment for students with physical disabilities is often related to access. These areas are often

more clearly defined by school procedures, such as the ability to obtain a ramp or an audio-enhancement learning system.

However, when working with students with learning and emotional disabilities, treatment is less defined and varies on a case by case basis. School counselors are not able to physically see the disability or the self determination of the student. It could be possible that school counselors may not feel as competent in working with students with these disabilities because of the severity of the issues involved, such as anxiety and major depression (Alexander et al., 2010; Gallegos et al., 2012). Although work experience with mental/psychiatric disabilities was found to have a positive relationship to disabilities competence, it did not necessarily predict disabilities competence. In addition, work experience with learning disabilities/ADHD was not found to be significant to disabilities competence, possibly because of the diverse nature of these disorders. This is also supportive of previous research that noted that school counselors may not be as involved as they should be in various processes for students with learning disabilities (Geltner & Leibforth, 2008; Milsom, et al., 2007; Milsom & Hartley, 2005; Thomas & Ray, 2006).

Personal Experience. Two variables were generated to address the predictive effect of personal experience on disabilities competence: participants who have a disability and participants who know family members, friends, or co-workers with a disability. In the Spearman's rho correlation, only the latter variable was found to have a significant relationship to disabilities competence at the .01 level. Therefore, the variable "I have a disability" was left out of the multiple regression analysis. Only 3.2% of the

participants in this study had a disability, which may help to explain the lack of significance.

The variable knowing someone with a disability was included in the multiple regression analysis. However, this variable was not found to be a significant predictor of disabilities competence. Therefore, no personal experience variables were found to have a predictive effect on disabilities competence.

There has been little to no previous research investigating whether personal experiences with disabilities have an influence on school counselors. Although it has been noted that work experience has had a positive influence on disabilities training, it had never been noted whether personal experience had any impact whatsoever (Strike et al., 2004). However, it makes sense that individuals who are personally exposed to disabilities in their everyday relationships had a greater sense of disabilities competence. This idea is supported by the Spearman's rho correlation matrix. However, it was found that this exposure does not necessarily predict disabilities competence. Being familiar with disabilities through a personal relationship or having a disability does not necessarily mean that one will be able to effectively provide counseling services to an individual with a disability.

Training. Disabilities training can have a positive impact on disabilities competence, school counselors' self-efficacy, and school counselors' work with students with disabilities (Aksoy & Dken, 2009; Milsom, 2002; Strike et al., 2004; Studer & Quigney, 2004). However, literature indicates that there has generally been a lack of disabilities training for school counselors (Frye, 2005; Greene & Valesky, 1998;

McEachern, 2003; Thomas et al, 2011). This may have led school counselors to feel only somewhat prepared to work with students with disabilities (Milsom, 2002; Nichter & Edinonson, 2005). It appeared important to explore what specific training factors may lead to a high sense of disabilities competence.

Two other variables were determined to measure training: "classroom teaching experience with students with disabilities" and "attending classes, professional development, or workshops that addressed disabilities." Each variable was investigated in the Spearman's rho correlation matrix. Neither teaching experience nor coursework/professional development was found to be significantly related to disabilities competence. However, because of its high correlation to disabilities competence, disability as the primary focus of academic training was included in the multiple regression analysis. Once the analysis was run, disability as the primary focus of academic training was found to be a significant predictor of disabilities competence at the .01 level.

This again supports the notion that disabilities competence is a developmental construct. Exposure to a single class or professional development workshop that addressed disabilities was not found to be related to disabilities competence. It was only after individuals proactively sought extensive disabilities training that disabilities competence was predicted.   Extensive training that would have taken place over time was found to be a significant predictor of disabilities competence. This finding also supports the theory of self-determinism, since school counselors who were self-

determined in improving their knowledge and skills regarding disabilities would have had to proactively seek out and complete the extensive disabilities training.

Self-efficacy. School counselors' self-efficacy had a highly significant relationship to disabilities competence. Therefore, self-efficacy was included in the multiple regression analysis that examined the predictive relationship in relation to disabilities competence. Self-efficacy was also found as a highly significant predictor of disabilities competence, with significance found at the .001 level.

This supports much of what is believed about self-efficacy. School counselors' self-efficacy is their beliefs in their capabilities to efficiently counsel a particular student or group (Larson & Daniels, 1998). Self-efficacy has been previously found to have a high correlation to multicultural competence (Holcomb-McCoy et al., 2008). Students with disabilities are considered to be a part of a multicultural population (Trainor, 2008). Individuals with a higher self-efficacy feel stronger in their capabilities to carry out certain tasks for a given population (DeKruyf & Pehrsson, 2011). This remains true for working with students with disabilities (Aksoy & Dken, 2009).

Self-efficacy is developed through training, experience, and a mastery of skills (Bandura, 1997; Barbee et al., 2003; Kozina et al., 2010). This study explored what specific training and experience factors were predictive of disabilities competence. The data for this research study has shown that if school counselors can increase their self-efficacy, it can also predict an increase in disabilities competence.

In summary, only self-efficacy, disabilities as the primary focus of academic training, work experience with deaf/hard of hearing, and work experience with

mobile/orthopedic disabilities were found to predict school counselors' disabilities competence. Although Strike et al. (2004) found that the concepts of training and experience had a positive role in developing mental health professionals' disabilities competence, this study found the specific factors that predicted the sample of school counselors' disabilities competence.

Professional Implications

This research study has yielded a number of professional implications for the school counseling profession. Consistent with the theoretical framework that informed this study, professional implications are based around person-centered counseling and special education practices. I believe in a non-directive approach to practice and training in order to bring about congruency (Rogers, 1980). Furthermore, the researcher supports the respect for diversity and accessibility that special education foundations detail in its literature (Finke et al., 2009; Hitchcock et al., 2002). Implications for school counselor practice, training, and supervision are detailed below.

Practice

School counselors are working with an increasingly larger number of students with disabilities in their caseloads (McCarthy et al., 2010). The number of classified students does not appear to be decreasing anytime soon (Mitcham et al, 2009). Therefore, school counselors must meet the unique demands of this population (Frye, 2005; Pattison, 2010; Trainor, 2008). Literature indicates that there have been positive outcomes in school counselors' work with students with disabilities (Brislin, 2008; Cornett, 2006; Givon & Court, 2010; Johnson & Johnson, 2004). However, school

counselors have also acknowledged a desire to improve the quality of their work with students with disabilities (Milsom, 2002; Nichter & Edinonson, 2005; Romano et al., 2009; Wood-Dunn & Baker, 2002). This idea parallels the special education theory of self-determination, which inspired this study. According to self-determination theory, humans have the need for competence or mastery to control specific outcomes (Ryan & Deci, 2000).

School counselors will continue working with students with disabilities. A goal for school counselors to attain in working with students with disabilities is to increase their disabilities competence. In this study, disabilities competence was predicted by work experience with deaf students and students with mobility disabilities. An implication for practice would be for school counselors in training to experience working with these populations during their internships. It can be possible for school counseling interns to have a certain amount of required direct counseling hours with students with disabilities. This experience should increase their awareness of special education laws and procedures, as well as help to gain experience in working with students with disabilities. This is supportive of Glenn's (1998) recommendation that school counselors be exposed to working with students with disabilities at the internship level. An outcome of this experience may lead to a greater disabilities competence as they enter the workforce.

In this study, self-efficacy was also seen as a significant predictor to disabilities competence. Another implication for school counseling practice is to concentrate on increasing school counselors' general self-efficacy. The data in this study found that

increasing self-efficacy led to an increase in disabilities competence. Self-efficacy is developed through a mastery of skills, training, experience, and a supportive work environment (Bandura, 1997; Kozina et al, 2010; Barbee et al., 2003; Sutton & Fall, 1995). It has been noted that effective implementation of professional development programs can help school counselors to develop skills and leadership (Carr, 2012; Wingfield et al., 2010).   Professional development that focuses on disabilities could help to obtain these skills through focused training. In ensuring these factors, school counselors will begin to develop their self-efficacy, which could then help to also develop their disabilities competence.

Training

Disabilities training for school counselors has been found to be insufficient in enabling them to feel prepared for working with students with disabilities (Milsom, 2002; Studer & Quigney, 2004, Romano et al, 2009). This study demonstrated a rationale to improve disabilities training. Even though school counselors had pre-service disabilities training and attended professional development that focused on disabilities, neither of these activities resulted in increased disabilities competence. This could indicate that the quality or amount of hours spent on the topic is inadequate. However, when disabilities were a primary focus of academic training, disabilities competence was predicted. Training also has a correlation to self-efficacy, which was also found to be a predictor of disabilities competence (Kozina et al., 2010).

These findings once again call into question the quantity and quality of disabilities training that school counselors are receiving. Attending a class or workshop related to

disabilities does not predict school counselors' disabilities competence. It simply may be too little for school counselors to gain mastery in disabilities. School counselors are often not required to undergo disabilities training nor is disabilities content infused throughout their core training (McEachern, 2003; Milsom & Akos, 2003). The significance of a primary academic training in disabilities points out that, to achieve a high level of disabilities competence, school counselors need more extensive training in disabilities. Of course, it is also necessary for school counselors to possess the self-determination to seek this training.

As in previous studies, disabilities training for school counselors have been found to be insufficient to develop feelings of mastery in the area (Frantz & Prillaman, 1993; Glenn, 1998; Greene & Valesky, 1998; Helms & Katsiyannis, 1992; Studer & Quigney, 2004). Recent years have seen highly structured disabilities training for teachers (Downs & Downs, 2013; Laprarie et al., 2010; Norwich & Nash, 2011). The results of this training has increased teachers' self-efficacy and attitudes working with students with disabilities (Jones & Chronis-Tuscano, 2008; Swain et al., 2012). This could serve as a template for school counselors, as the implementation of a comprehensive disabilities training program could help to serve as a predictor for their disabilities competence.

Furthermore, personal experience with a disability was not found to predict disabilities competence in this research study. Both having a disability and knowing someone with a disability did not lead to participants' disabilities competence. This further indicates the need for extensive disabilities training. Simply having personal experiences with disabilities does not equate to being able to effectively provide

counseling services to a student with a disability. Therefore, these individuals still require further disabilities training and experiences to increase their disabilities competence.

It is possible that the school counseling profession can develop disabilities training standards for school counselors that are similar to what the CEC has developed for teachers (Dingle et al, 2004). Having structured training standards can benefit the school counseling profession, where school counselors can develop an expertise in disabilities policy. Due to an increased number of students with disabilities and the various implications in counseling them, the profession can offer a certification as a Special Needs Counselor who would work primarily with students with disabilities. Through this certification, individuals who are passionate and self-determined in regards to disabilities will have the opportunity to undergo extensive training to develop a mastery of disabilities related skills. When school counselors have had supportive training programs, their self-efficacy in working with students with disabilities has increased (Aksoy & Dken, 2009). Instituting a comprehensive disabilities training could also lead to school counselors' disabilities competence.

Disabilities content can likewise be infused within Master's counseling course content (Milsom & Akos, 2003). The counseling profession promotes multicultural competence for its trainees (Holcomb-McCoy, 2004); therefore, disabilities should be a focus throughout all counseling courses as well. School counselors in training can only benefit from learning the fundamentals related to special education. Therefore, they should be taught how to read an IEP, develop a basic understanding of special education

law, how to identify undiagnosed disabilities, and experience the various implications of counseling students with specific disabilities. Learning these characteristics could make school counselors feel more prepared to work with students with disabilities (Studer & Quigney, 2004). Furthermore, school counselors who are currently working in the field could also be required to update their professional development by seeking a number of courses and workshops to enhance their disabilities competence. Promoting this self-determination in school counselors can lead to an increase in problem solving skills in working with students with disabilities (Turnbull & Turnbull, 2006).

Due to its emphasis on acquiring training and experience, disabilities competence can be considered a developmental attribute. This is similar to the quality of self-efficacy, which is also developed over time. A supportive work environment and positive relationship with one's supervisor have an impact on counselor self-efficacy (DeKruyf & Pehrsson, 2011; Sutton & Fall, 1995). Attention to self-efficacy and disabilities competence in supervision can also be reflected in training. In this research study, self-efficacy was found to be a significant predictor of disabilities competence. Therefore, it appears important that supervisors establish excellent relationships with their staff and Master's-level trainees in order to forge a disabilities competent school counselor. Supervisors should work to establish a supportive work environment, which can be crucial to developing self-efficacy and a mastery of skills. Previously, the relationship that a school counselor has with his or her supervisor was seen to be significant to their self-efficacy as school counselors (Cinotti, 2013). Therefore, supervisors should nourish this relationship with encouragement and support. Supervisors could also work to

develop their own disabilities competence through continuing education and professional development so that they will be able to promote this with their staff members.

Limitations of the Study

There were limitations to the study that should lead one to use caution when interpreting and generalizing the results. Some of these limitations have to do with the sample of school counselors who were surveyed for this study. The total sample for this study was not very diverse. Of the total sample, 80% of the participants were female and 92% identified themselves as White/Caucasian. Although this data is comparable to other research studies involving school counselors and self-efficacy, it also does not necessarily reflect diversity (Cinotti, 2013; Crook, 2010). There was not much known about the participants other than that they identified themselves as school counselors. Certain participants may have been grandfathered in before it was necessary to obtain a Master's degree in school counseling for state licensure. Therefore, these participants would have had much different training than other participants. Moreover, the sample was obtained through a school counselor database and school district's websites. This was problematic, since many emails were inaccurate and were bounced back to the researcher. Therefore, the entire target sample was not reached in this study.

The sample was taken from only two states, rather than a national sample. This gives a limited view of all school counselors who are currently working in the United States. Individuals in other states may have been exposed to different training methods and experiences than the participants in this study. In addition, 92.3% of the sample was taken from school counselors who were working in public schools. Therefore, there were

a limited number of participants from private schools. Individuals working in private schools may have been exposed to different professional development than participants from public schools. Additionally, private schools generally do not have structured special education curricula, which may affect school counselors' responses to the survey.

There are a few limitations related to the survey. Pre-service disabilities training was determined by the state participants worked in and where they received their Master's degrees. Participants were not directly asked if they had received pre-service disabilities training, nor were they asked to evaluate the quality of the training. Moreover, participants could have responded 'yes' or 'no' to whether they had attended classes, workshops, or professional development related to disabilities. Participants did not have the option to specify which one they had attended, nor evaluate the effectiveness of the training. This resulted in a limitation of understanding the quality or nature of the disabilities training. This may have enriched the data to determine what aspects of training were found to be effective relating to disabilities competence. Since required pre-service disabilities training was not found to be correlated to or a predictor of disabilities competence, it would have been ideal to better understand the nature of this training. Furthermore, it was never determined whether participants possessed self-determination in regards to the disabilities field.

Finally, the survey research that was conducted for this study was a self-report measure. Like all self-report measures, there is a potential for bias from participants. Self-reporting can lead to participants attempting to present themselves in a positive light, where they are competent professionals in their field. There is always a chance that

participants may give the responses that they are expected to give in order to assist in the research process. This is understood as the concept of social desirability bias, where individuals either aim to create specific impressions about themselves or unconsciously believe that they have traits that they do not possess (Paulhus, 1984).

Suggestions for Future Research

This study focused on the relationship of school counselors' disabilities competence and their self-efficacy. It also examined school counselors' disabilities competence in relation to their pre-service training. In addition, it observed what predictive factors have a potential influence on school counselors' disabilities competence. Previous research involving school counselors' disabilities competence is extremely limited. Therefore, a number of future studies can be conducted involving this construct.

Disabilities competence can be examined longitudinally. As certain types of experiences were found to predict disabilities competence, it would be beneficial to see if school counselors would be able to develop the asset over time. It would be interesting to conduct a study that determines disabilities competence not by self-reporting but by an evaluative measure.

Disabilities competence can be studied in relation to other school counselor-related constructs, such as multicultural self-efficacy and competence. This can be accomplished through a correlation study to examine the relationship between school counselors' disabilities competence and multicultural self-efficacy and/or competence. Another correlation study can compare classroom teachers' disabilities competence with

school counselors' disabilities competence. This would be interesting since classroom

teachers have an established standard for special education training, while school

counselors do not (Dingle et al., 2004). Comparative studies could also be given between

school counselors and counselors in different areas, such as community based, substance

abuse, and higher education counseling professionals.

A future study can incorporate a more diverse sample than this one. For example,

a comparative study can examine disabilities competence between school counselors in

affluent areas with urban school counselors. It would also be helpful to replicate the

present study nationally to make the results more generalizable. In addition, it would be

interesting to see the effects of a school counselor disabilities training program on

disabilities competence. This would be an example of a pre-test/post-test study.

Participants would take the *CCDS.*   They could then be exposed to a disabilities training

program. After successful completion of the training program, the participants would be

given the *CCDS* a second time to determine if the training had increased disabilities

competence. This helps to evaluate the influence of a specific disabilities training

program on disabilities competence.

Subsequently, future inquiry could also examine the perceived quality of required

pre-service disabilities training for school counselors. This may make an interesting

qualitative research project, as the participants would be able to illuminate whether they

felt the pre-service training to be beneficial. In this case, training experiences will be

specified and provided with great detail. The same evaluative based research can be

conducted in relation to internship/practicum sites and professional development. Lastly,

future inquiry could focus on further developing the construct of disabilities competence by applying it to the higher education counseling setting.

Conclusion

This study examined the relationship between school counselors' disabilities competence and self-efficacy, the relationship between school counselors' disabilities competence and pre-service disabilities training, and the predictive value of work experience, personal experience, training experience, and self-efficacy on school counselors' disabilities competence. Results indicated that disabilities competence and self-efficacy had a significant relationship. Disabilities as the primary focus of academic training had a significant relationship to disabilities competence. Additionally, self-efficacy, disabilities as the primary focus of academic training, work experience with deaf/hard of hearing, and work experience with mobility/orthopedic disabilities were found to be significant predictors of disabilities competence.

These findings have important implications for school counselors and counselor educators, as they indicate the ways in which school counseling professionals could increase their disabilities competence. Improving the aforementioned training and experience factors could help to increase school counselors' disabilities competence. Developing a mastery of disabilities competence can give school counselors the ability to provide more effective counseling services to students with disabilities. Given the unique needs of the population, students with disabilities may find many benefits in working with school counselors who have a high disabilities competence.

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Appendix A

Counseling Clients with Disabilities Survey
Developed by Diane Strike, P.H.D. University of Minnesota, 2001

(Permission received from author)

INSTRUCTIONS: Please read each statement carefully and circle the number that best describes you from Strongly Disagree (1) to Strongly Agree (6).
Please do not skip items.
For the following items, the term disability is defined as a physical or mental impairment that substantially limits one or more major life activity (e.g., hearing, seeing, speaking, breathing, walking, thinking/learning, feeling/behaving, keeping house, living independently, or working).

1. I have respect for people with all types of disabilities.
      1   2   3   4   5   6
2. I feel trusted by people with disabilities as much as people
   without disabilities.
      1   2   3   4   5   6
3. If I had a different disability status (disabled or nondisabled)
   than my students, it would impair our working relationship.
      1   2   3   4   5   6
4. I believe people with disabilities are stigmatized in society.
      1   2   3   4   5   6
5. I have thought about how worldviews are influenced by
   disability status (disabled or nondisabled).
      1   2   3   4   5   6
6. I think most people with disabilities wish they were
   nondisabled.
      1   2   3   4   5   6
7. I think people with disabilities are generally more dependent
   than people without disabilities.
      1   2   3   4   5   6
8. I can identify a wide variety of individual differences among
   people with the same type of disability.
      1   2   3   4   5   6
9. I try to examine my stereotypes about various disabilities.
      1   2   3   4   5   6
10. I believe being nondisabled has certain privileges in society.
      1   2   3   4   5   6
11. I consider people with disabilities to be a minority group.
      1   2   3   4   5   6

12. I try to talk with others who have different points of view on disability.
      1   2   3   4   5   6

13. It is difficult for me to understand how disability could be a source of pride for people with disabilities.
      1   2   3   4   5   6

14. I enjoy hearing about people who overcame their disabilities.
      1   2   3   4   5   6

15. I believe disability is essentially a medical problem to be cured.
      1   2   3   4   5   6

16. I believe most disability rights activists promote telethons to raise money to cure disabilities.
      1   2   3   4   5   6

17. I have participated in events where the majority of people attending had disabilities.
      1   2   3   4   5   6

18. Having my mobility temporarily impaired would give me a true picture of living with a mobility disability.
      1   2   3   4   5   6

19. I have thought about how a disabling illness or injury would affect my work.
      1   2   3   4   5   6

20. I feel satisfied with my level of awareness about disability issues in my work.
      1   2   3   4   5   6

21. I understand terms used in the ADA, Americans with Disabilities Act, of 1990 (e.g., "reasonable accommodation").
      1   2   3   4   5   6

22. I understand terms used in the disability community (e.g., ableism, disability culture).
      1   2   3   4   5   6

23. I can state the educational significance of Section 504 of the Rehabilitation Act of 1973.
      1   2   3   4   5   6

24. It is unfair to accommodate college students with disabilities by treating them differently than their peers (e.g., extra time).
      1   2   3   4   5   6

25. I do not follow current court cases about the legal rights of people with disabilities.
      1   2   3   4   5   6

26. I believe that unemployment/underemployment is common among people with disabilities in the U.S.
      1   2   3   4   5   6

27. I feel that people with disabilities are portrayed accurately in the media.

      1   2   3   4   5   6

28. I am familiar with the sociopolitical history of people with disabilities (e.g., the disability civil rights movement).

      1   2   3   4   5   6

29. I can name famous people known to have disabilities.

      1   2   3   4   5   6

30. I can name well-known counseling theorists who have disabilities.

      1   2   3   4   5   6

31. In my field, professionals with disabilities are underrepresented.

      1   2   3   4   5   6

32. I have learned about disabilities through professional development activities.

      1   2   3   4   5   6

33. I have general knowledge of all the following types of disabilities: learning, psychiatric, vision, hearing and mobility.

      1   2   3   4   5   6

34. I am familiar with the distinction between hidden disabilities and readily observable disabilities.

      1   2   3   4   5   6

35. I think English is the native language of Americans who are deaf from birth.

      1   2   3   4   5   6

36. I do not know where the accessible entrances are in my place of employment.

      1   2   3   4   5   6

37. If I had a new client who is blind coming to my office, I could give directions without using visual references.

      1   2   3   4   5   6

38. I recognize signs/symbols of access that welcome people with disabilities.

      1   2   3   4   5   6

39. I am not familiar with adaptive technology (e.g., screen readers, captioning).

      1   2   3   4   5   6

40. I feel satisfied with my level of knowledge about disabilities.

      1   2   3   4   5   6

41. I am not sure if the terms I use to refer to disabilities are preferred by people with disabilities.

      1   2   3   4   5   6

42. I know how to obtain alternate formats of printed materials
    (e.g., Braille, large print).
          1   2   3   4   5   6

43. If I had a new client who is hard of hearing, I would know
    how to modify my verbal and nonverbal behaviors.
          1   2   3   4   5   6

44. I am experienced using TTY/TDD or the state Relay Service
    to communicate with people with hearing/speech disabilities.
          1   2   3   4   5   6

45. I am experienced with communicating through a sign
    language interpreter.
          1   2   3   4   5   6

46. In first appointments, I routinely ask students if they have
    disabilities/medical conditions.
          1   2   3   4   5   6

47. I know how to determine if a DSM-IV diagnosis is a
    disability.
          1   2   3   4   5   6

48. I could take a client's disability into account when
    interpreting the results of assessment instruments.
          1   2   3   4   5   6

49. I know how to write letters documenting how disabilities
    affect students in their work/academic environments.
          1   2   3   4   5   6

50. If I had a new client with a disability, I would hypothesize
    that adjusting to the disability is a problem.
          1   2   3   4   5   6

51. I have learned about disability identity development (e.g.,
    Carol Gill's model).
          1   2   3   4   5   6

52. I am not aware how disability may interact with human
    sexuality (e.g., family planning).
          1   2   3   4   5   6

53. I would find it hard to deal with strong negative feelings
    expressed by a client with a disability.
          1   2   3   4   5   6

54. I lack confidence in my ability to deal with transference and
    countertransference about disability.
          1   2   3   4   5   6

55. I have advocated in the interests of people with disabilities
    (e.g., removal of architectural barriers, passage of legislation).
          1   2   3   4   5   6

56. I have had opportunities to work effectively with colleagues
and/or supervisors who have disabilities.
     1   2   3   4   5   6

57. I can readily obtain information/resources about specific
disability issues (e.g., disability onset later in life).
     1   2   3   4   5   6

58. I would have difficulty locating a disability expert to consult
with regarding a client with a disability.
     1   2   3   4   5   6

59. I know when to refer students to agencies that specialize in
serving people with disabilities.
     1   2   3   4   5   6

60. I feel satisfied with my level of skill to work with students
with disabilities.
     1   2   3   4   5   6

Please circle the letters which best describe you or fill in the blanks. All individual
responses will be kept confidential.

For the following items, the term disability is defined as a physical or mental impairment
that substantially limits one or more major life activity (e.g., hearing, seeing,
speaking, breathing, walking, thinking/learning, feeling/behaving, keeping house,
living independently, or working).

61. Sex (circle one).
a. male
b. female

62. Ethnicity (circle all that apply).
a. African American, Black
b. American Indian, Native American
c. Asian, Pacific Islander
d. Caucasian, White
e. Hispanic, Latino, Chicano
f. Other (please specify) _____

63. I have _____ year(s) of experience counseling students or doing related work.

64. Please circle your highest degree completed.
BA   BS
MA   MS   MSW MSE MBA RN
PhD   PsyD EdD JD   MD
Other degree or licensure (please specify) _____

65. If you are currently in training, please circle your degree program.

BA   BS
MA   MS   MSW MSE MBA RN
PhD   PsyD EdD   JD   MD

66. I have worked with client(s) with the following types of disabilities (circle all that
        apply):
a. Blind, low vision
b. Chemical/alcohol dependency history
c. Deaf, hard of hearing
d. Learning disability, ADD, ADHD
e. Mental health, psychiatric
f. Mobility, orthopedic
g. Other _____
h. None

67. My experience with disability includes the following (circle all that apply):
a. I have a disability.
b. I have a medical condition (not a disability).
c. I do not have a disability or a medical condition.
d. A member of my immediate family or close friend has a disability.
e. A member of my extended family, co-worker, or acquaintance has a disability.
f. Disability was the focus of all or most of my academic training.
g. Disability was addressed in classes, seminars, or workshops I attended.
h. I have recent work experience involving disability (within the past 5 years).
i. I have past work experience involving disability (5 or more years ago).
j. Other (please specify)

        _____

k. None

Appendix B

School Counselor Self-Efficacy Scale
Developed by Nancy Bodenhorn, Ph.D., Virginia Tech, 2004

(Permission received from author)

INSTRUCTIONS: Below is a list of activities representing many school counselor responsibilities. Indicate your confidence in your current ability to perform each activity by selecting the appropriate answer next to each item. Please answer each item based on your current school, and based on how you feel now, not on your anticipated (or previous) ability or school(s). Remember, this is not a test and there are no right answers.

1. I can advocate for integration of student academic, career, and personal development into the mission of my school.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

2. I can recognize situations that impact (both negatively and positively) student learning and achievement.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

3. I can analyze data to identify patterns of achievement and behavior that contribute to school success.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

4. I can develop measurable outcomes for a school counseling program which would demonstrate accountability.
   1- not confident
   2- slightly confident
   3- moderately confident
   4- generally confident
   5- highly confident

5. I can consult and collaborate with teachers, staff, administrators and parents to promote student success.
   1- not confident
   2- slightly confident
   3- moderately confident
   4- generally confident
   5- highly confident

6. I can establish rapport with a student for individual counseling.
   1- not confident
   2- slightly confident
   3- moderately confident
   4- generally confident
   5- highly confident

7. I can function successfully as a small group leader.
   1- not confident
   2- slightly confident
   3- moderately confident
   4- generally confident
   5- highly confident

8. I can effectively deliver suitable parts of the school counseling program through large group meetings such as in classrooms.
   1- not confident
   2- slightly confident
   3- moderately confident
   4- generally confident
   5- highly confident

9. I can conduct interventions with parents, guardians and families in order to resolve problems that impact students' effectiveness and success.

1- not confident
2- slightly confident
3- moderately confident
4- generally confident
5- highly confident

10. I can teach students how to apply time and task management skills.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

11. I can foster understanding of the relationship between learning and work.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

12. I can offer appropriate explanations to students, parents and teachers of how learning styles affect school performance.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

13. I can deliver age-appropriate programs through which students acquire the skills needed to investigate the world of work.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

14. I can implement a program which enables all students to make informed career decisions.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

15. I can teach students to apply problem-solving skills toward their academic, personal and career success.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

16. I can evaluate commercially prepared materials designed for school counseling to establish their relevance to my school population.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

17. I can model and teach conflict resolution skills.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

18. I can ensure a safe environment for all students in my school.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

19. I can change situations in which an individual or group treats others in a disrespectful or harassing manner.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

20. I can teach students to use effective communication skills with peers, faculty, employers, family, etc.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident

5- highly confident

21. I can follow ethical and legal obligations designed for school counselors.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

22. I can guide students in techniques to cope with peer pressure.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

23. I can adjust my communication style appropriately to the age and developmental levels of various students.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

24. I can incorporate students' developmental stages in establishing and conducting the school counseling program.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

25. I can find some way of connecting and communicating with any student in my school.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

26. I can teach, develop and/or support students' coping mechanisms for dealing with crises in their lives – e.g., peer suicide, parent's death, abuse, etc.
    1- not confident
    2- slightly confident

3- moderately confident
4- generally confident
5- highly confident

27. I can counsel effectively with students and families from different social/economic statuses.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

28. I can understand the viewpoints and experiences of students and parents who are from a different cultural background than myself.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

29. I can help teachers improve their effectiveness with students.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

30. I can discuss issues of sexuality and sexual orientation in an age appropriate manner with students.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

31. I can speak in front of large groups such as faculty or parent meetings.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

32. I can use technology designed to support student successes and progress through the educational process.

1- not confident
2- slightly confident
3- moderately confident
4- generally confident
5- highly confident

33. I can communicate in writing with staff, parents, and the external community.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

34. I can help students identify and attain attitudes, behaviors, and skills which lead to successful learning.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

35. I can select and implement applicable strategies to assess school-wide issues.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

36. I can promote the use of counseling and guidance activities by the total school community to enhance a positive school climate.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

37. I can develop school improvement plans based on interpreting school-wide assessment results.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

38. I can identify aptitude, achievement, interest, values, and personality appraisal resources appropriate for specified situations and populations.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

39. I can implement a preventive approach to student problems.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

40. I can lead school-wide initiatives which focus on ensuring a positive learning environment.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

41. I can consult with external community agencies which provide support services for our students.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

42. I can provide resources and guidance to the school population in times of crisis.
    1- not confident
    2- slightly confident
    3- moderately confident
    4- generally confident
    5- highly confident

Appendix C
Demographic Questions

1. Are you currently working as a counselor in the school setting in New Jersey or
    Connecticut?
    a. Yes
    b. No

2. In which state are you currently working?
    a. New Jersey
    b. Connecticut

3. Do you have your Master's degree in school counseling?
    a. Yes
    b. No

4. In which state did you earn your Master's degree in School Counseling from?
    _____

5. At what level are you working as a school counselor?
    a. High School
    b. Middle School
    c. Elementary School

6. In what setting are you working as a school counselor?
    a. Public
    b. Private

7. What is your age?
    a. below 25
    b. 25 to 34
    c. 35 to 44
    d. 45 to 54
    e. 55 to 64
    f. 65 to 74
    g. 75 or older

67. Have you had previous classroom teaching experience instructing students with
    disabilities?
    a. Yes
    b. No

68. Do you feel your school provides a safe educational climate for students with
    disabilities?
    a. Yes
    b. No

Appendix D

Institutional Review Board (IRB) Approval

MONTCLAIR STATE UNIVERSITY

Institutional Review Board
College Hall, Room 248
VOICE: 973-655-7583
FAX: 973-655-3022

August 28, 2014

Mr. Anthony Cannella
4 Rosemont Lane
West Orange, NJ 07052

Re: IRB Number: **001544**
    Project Title: **The Relationship Between School Counselors' Disabilities Competence & School
    Counselor Self-Efficacy**

Dear Mr. Cannella:

After an expedited 7 review, Montclair State University's Institutional Review Board (IRB) approved
this protocol on **August 20, 2014**. The study is valid for one year and will expire on **August 20, 2015**.

Before requesting amendments, extensions, or project closure, please reference MSU's IRB website and
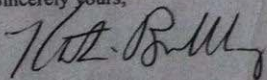download the current forms.

Should you wish to make changes to the IRB-approved procedures, prior to the expiration of your
approval, submit your requests using the Amendment form.

For Continuing Review, it is advised that you submit your form 60 days before the month of the
expiration date above. If you have not received MSU's IRB approval by your study's expiration date,
ALL research activities must STOP, including data analysis. If your research continues without MSU's
IRB approval, you will be in violation of Federal and other regulations.

Please note, as the principal investigator, you are required to maintain a file of approved human subject's
research documents, for each IRB application, to comply with federal and institutional policies on record
retention.

After your study is completed, submit your Project Completion form.

If you have any questions regarding the IRB requirements, please contact me at 973-655-5189,
reviewboard@mail.montclair.edu, or the Institutional Review Board.

Sincerely yours,

Dr. Katrina Bulkley
IRB Chair

cc: Dr. Dana Heller Levitt, Faculty Sponsor
        Ms. Amy Aiello, Graduate School

montclair.edu
1 Normal Avenue • Montclair, NJ 07043 • An Equal Opportunity/Affirmative Action Institution

Appendix E

Recruitment Email

Dear Professional School Counselor,

You are invited to participate in a study on the relationship between school counselors' perceived disabilities competence and self-efficacy. All school counselors within the states of New Jersey and Connecticut are eligible to participate in this doctoral dissertation study by a student at Montclair State University.

This study hopes to gather information on the relationship between school counselors' disabilities competence, which is defined as the perceived knowledge, skills, and attitudes towards working with students with disabilities, and school counselors' self-efficacy, as well the impact that certain demographic factors may have on this relationship. Please note that this study does not test your ability to perform your job correctly. The ability to provide counseling to students with disabilities has become an important part of the role of a school counselor. As a result, understanding the factors that may influence this ability to provide counseling services to students with disabilities may offer a better understanding of how to prepare school counselors through their training and professional development.

If you would like take part in this study, you would complete a brief, anonymous online survey that should take you about 20-25 minutes to complete. All survey responses will remain anonymous, secure, and confidential. The study has received approval from the Montclair State University Institutional Review Board.

If you are a school counselor that is interested in participating, please click on the following link. We recommend that you take this survey on a private computer in a non-work setting to further protect your confidentiality. "By clicking on this link, you are giving your consent to participate in this research study.": (survey monkey link inserted here)

If you have any questions, please feel free to contact me at anthonycannella_3@outlook.com or my faculty sponsor and dissertation committee chair, Dr. Dana Heller Levitt at levittd@montclair.edu

Thank you in advance for your time.
Sincerely,

Anthony Cannella
Doctoral Candidate
Counselor Education Ph.D. Program
Montclair State University

Dr. Dana Heller Levitt
Faculty Sponsor

Appendix F

Informed Consent

A Study in Special Education and School Counseling

Dear Professional School Counselor,

You are invited to participate in a study, The Relationship Between School Counselors' Disabilities Competence & School Counselor Self-Efficacy. I hope to learn the relationship between two constructs- school counselors' disability competence and school counselors' self-efficacy. You were selected to participate in this study because you are a current practicing school counselor in New Jersey or Connecticut.

If you decide to participate, please complete the following set of questions. The survey is designed to measure school counselor disabilities competence and school counselor self-efficacy. It will take about 20 minutes to complete the survey. You will be asked to answer questions about your knowledge, skills, and self-awareness related to working with people with disabilities, as well as questions pertaining to your self-efficacy as a school counselor. Please note that that this study does not test your ability to perform your job correctly or your overall competence as a school counselor. You may not directly benefit from this research. However, we hope this research will result to encourage awareness about disabilities training for professionals and the educational needs of counselors in training. It is suggested that participants do not complete this survey on their work computer.

Any discomfort or inconvenience to you may include feeling uncomfortable responding to questions regarding your specific knowledge or experience with disabilities and your confidence in your work. Data will be collected using the Internet. While there are no guarantees on the security of data sent on the Internet, we will maximize confidentiality by not collecting your name or job location.

If you decide to participate, you are free to stop at any time. You may skip questions you do not want to answer.

Please feel free to ask questions regarding this study. You may contact me at anthonycannella_3outlook.com or 973-868-4625 or you can contact my Faculty Advisor, Dr. Dana Heller Levitt, at levittd@montclair.edu if you have additional questions pertaining to this study.

Any questions about your rights may be directed to Dr. Katrina Bulkley, Chair of the Institutional Review Board at Montclair State University at reviewboard@mail.montclair.edu or 973-655-5189.The study has been approved by the Montclair State University Institutional Review Board as study #001544 on August 31, 2014.

Thank you for your time.

Sincerely,

Anthony Cannella, Doctoral Candidate

Montclair State University

Dept. of Counselor Education & Leadership

By clicking to the next page below, I confirm that I have read this form and will participate in the project described. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that I can discontinue participation at any time. My consent also indicates that I am 18 years of age.

Please feel free to print a copy of this consent.

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