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School Counseling Interns' Lived Experiences Addressing Social Determinants of Health

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This phenomenological study explores school counselors in training (SCITs') experiences addressing social determinants of health (SDOH), the leading causes of educational and wellness inequities. Interviews with eight SCITs revealed three core themes: (1) professional identity conflict between awareness, skills, and action; (2) social justice knowledge to practice gap; and (3) recommendations for knowledge to practice gap resolution. Themes explained participant preparedness for responding to disparities. Participants were aware of challenges related to SDOH, though struggled with addressing those challenges due to lack of preparation or perceived role constraints. Participants also experienced difficulty practically applying their understanding of social justice theory to SDOH-related challenges. The researchers noted various recommendations for how SDOH may be addressed in the counselor education curriculum and in practice.

Counselor training programs have long focused on training multiculturally competent counselors through curriculum and field based experiences (Holcomb-McCoy, 2004). Field-based experiences, such as internship, provide opportunity for counselors in training to apply knowledge and skills related to multicultural competence, social justice, and advocacy (Studer, 2015). A concrete social justice issue is social determinants of health (SDOH), or economic and social factors that influence the wellness of individuals and communities (World Health Organization [WHO], 2008). SDOH disparities are exacerbated by inequitable access to power, privilege, and resources, which makes action on SDOH a major social justice concern (WHO, 2008). With awareness of the connection between SDOH and social justice (Ratts et al., 2016; Ratts & Greenleaf, 2018b), the current qualitative study sought to explore school counselors in training (SCITs') awareness, readiness, and experiences addressing SDOH disparities during internship.

Social Determinants of Health and Social Justice

SDOH are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health and wellness functioning (Adler et al., 2016; WHO, 2008). There are five primary domains in which SDOH embody inequity: economic stability, education, social and community context, health and health care, and neighborhood and built environment (Braveman & Gottlieb, 2014). Pertinent to school counseling, examples of SDOH-related challenges students and families may face include parent job loss (economic stability), lack of access to tutoring (education), unsafe neighborhood environment (social and community context), lack of access to necessary medication or healthy foods (health and health care), and lack of access to greenspace or reliable transportation (built environment). Within these five domains, children and adolescents often constitute a heavily impacted and vulnerable group (Satcher, 2010), as the impact of unmet SDOH needs can have lasting health and well-being consequences and widen opportunity gaps between and amongst youth (Jia & Lubetkin, 2020; Braveman & Gottlieb, 2014). Public health and healthcare recognize SDOH as an urgent social justice and human rights issue, as the ethos of social justice is that everyone deserves equal rights and opportunities, including the right to good health and

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wellness (Smith et al., 2019; WHO, 2008). In the school counseling literature, rarely are SDOH specifically mentioned, nor is the connection made to SDOH being a social justice issue (Johnson & Brookover, 2021); however, the connection is clear, and more research is necessary to understand how professional school counselors (PSCs) and SCITs conceptualize SDOH as a social justice issue and SDOH in practice (Johnson & Brookover, 2021).

To address SDOH needs, Healthy People 2020, a government initiative, ascribed a place-based framework for implementing sustainable improvements. A place-based approach targets a specific community and aims to address challenges within the multiple domains. In the education domain, for example, strategic programming targeted towards advancements in early childhood education and development, higher education enrollment, high school graduation rates, and literacy, present as coinciding objectives with school counselor equity aims (American School Counselor Association [ASCA], 2018; Healthy People, 2020). The PSC's role in addressing social justice and equity issues is clear, with ASCA (2018) having noted that PSCs should implement programs that promote equity and access for all students. Additionally, an introduced and discussed strategy for counselors to act from a "Counselor-Advocate-Scholar Model" (Ratts & Greenleaf, 2018a), which states that counselors should be prepared to assess for and respond to the psychological and sociological needs of clients, including SDOH challenges. PSCs must see themselves as change agents with an ethical duty to develop professional identities which include practicing from a social justice framework (Ratts et al., 2016; Ratts & Greenleaf, 2018a). PSCs and SCITs working from a social justice equity mindset can use their circles of influence and power to address SDOH inequities through direct and indirect service, advocacy, and other efforts (ASCA, 2018).

Notably, the process for cultivating awareness, knowledge, empowerment-based engagement, and intentional actions towards mitigating SDOH-related challenges begins within graduate training programs (Braveman & Gottlieb, 2014; Johnson & Brookover, 2021). Internship is an opportune time to ensure that SCITs have a social justice orientation and receive the knowledge, awareness,

and skills needed to feel prepared to address SDOH inequities in school settings with students and families, as well as in the community. However, before we address the internship experience, let us first address overall school counselor development.

School Counselor Development

The ASCA *School Counselor Professional Standards and Competencies* (2019) lay out the expectations for how PSCs must think and behave to meet the rigorous demands of the school counseling profession and needs of students. For example, PSCs align with the belief that every student can learn and should have access to high quality education, and that school counseling is a collaborative process which engages PSCs, students, families, and teachers (ASCA, 2019). PSCs also work with a diverse group of students (Burnham et al., 2009), and the behaviors expected of new and experienced PSCs include the ability to develop and maintain programs that prioritizes academic achievement and the social and emotional development of students. Finally, PSCs must also advocate for students' needs. These skills, knowledge, and mindsets are taught in counseling programs and practiced during practicum and internship.

For SCITs, internship functions as a pedagogical environment of clinical development and maturation (Woodside et al., 2009). Internship occurs after SCITs have completed all of their core courses and a 100 hour practicum (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2016). For most SCITs, the internship requires 600 hours and can be completed over one or two academic semesters. Within the realm of internship, SCITs encounter new dimensions of clinical responsibility, ethical mandates, and the reinforcement of the counselor identity through supervisory guidance (Studer, 2015). Further, the internship experience serves as the incubator for promoting core counseling competencies and professional expectations within the realms of advocacy, leadership, sociocultural diversity, collaboration, and human growth and development (CACREP, 2016).

Concrete SDOH domains afford an operational means for SCITs to engage in these core counseling competencies in their work with students and

families (Adler et al., 2016). CACREP standards and ASCA's ethical standards that support and align with SDOH domains are taught and practiced during the internship. For example, CACREP standard 3h requires SCITs to critically examine how students' social, familial, and behavior problems impact academic achievement. Standard 3k identifies strategies that focus on equity, student achievement, and college access. Furthermore, ASCA' Ethical Standards for School Counselors A.10 focuses on the underserved and at risk population of students and indicates that PSCs must advocate for students' equal rights and access to education, as well as against stigmatization based on socioeconomic status, disability, mental health or any other special need. In addition, internship is an opportunity for SCITs to find their social justice advocacy voice with the support of their university and site (Ockerman et al., 2013). This supportive net (i.e., supervision at the site and university) can empower internship students to take risks to support students in ways in which they might not otherwise (Waalkes & DeCino, 2019).

Rationale

While there have long been calls for school counselor educators to prepare SCITs to address social inequities and social justice issues (Ockerman et al., 2013; Odegard & Vereen, 2010), limited research has engaged SCITs to understand their experiences addressing equity issues in practice. In addition, ASCA highlights the need for PSCs to address equity in their schools and communities (ASCA, 2018) and the ethos of counseling is to promote prevention, wellness, and social justice (Ratts et al., 2016). More research is needed on the lived experiences of SCITs advancing equity and addressing SDOH at their sites. During internship, SCITs would be approaching graduation and therefore moving forward with practice in school settings, many times without supervision (Blake, 2020). Thus, it is important to understand their lived experiences which might inform training and supervision needs. To explore SCITs' experiences, we asked the research question: What are SCITs' lived experiences addressing SDOH inequities during internship and do they conceptualize SDOH as a concrete social justice issue?

Methods

The purpose of the current study was to explore the lived experiences of SCIT addressing SDOH inequities during internship. A phenomenological approach was used to focus on SCITs' experiences, perceptions, and feelings as the object of study (Patton, 2015). The study was framed by a realist paradigm, which implores researchers to theorize motivations, experiences, meanings, and the reality of participants directly (Budd et al., 2010), as an unidirectional relationship is assumed between meaning, experience, and language (Potter & Wetherell, 1987).

Sampling and Participants

The institutional human subjects review board of the second author's university approved this study in the Fall of 2019 and recruitment began shortly thereafter. Recruitment included sending study invitation materials via email to 12 CACREP accredited school counselor training programs located in three Southeastern states within a 90-mile radius of the first author's home university. This radius was chosen because it would have allowed researchers to conduct interviews in person on site with SCITs, though a global pandemic thwarted those plans. The researchers opted out of in-person interviews and interviewed everyone using Zoom. The second author sent emails to the clinical coordinators or department chairs requesting distribution of study recruitment materials to SCITs. The materials included a digital handout with details about the study and a request for students to complete a screening survey if they have experience with or knowledge of SDOH needs at their current internship site. The screening survey included basic demographic information about the participant (e.g., age, race, city state, program, and internship status) and their internship site. Criterion sampling (Patton, 2014) was utilized to ensure that participants had knowledge of SDOH needs at their school, currently enrolled in a school counseling internship course at a CACREP accredited counselor education program, SCIT in a public school, and over the age of 18.

A total of $n = 21$ people completed the screening survey. However, it was determined that $n = 8$ did not fit the established criteria as they were either not

currently in internship ($n = 6$) or not in a public school setting ($n = 2$). Additionally, $n = 5$ did not respond to interview requests, leaving a final total of $n = 8$ participants, representing two school counseling programs. Participants were in their final semester of internship and 100% identified as female, while 37.5% identified as Black/African American ($n = 3$) and 62.5% identified as White ($n = 5$). Participants ranged in age from 25 to 32. Six participants had internship sites in suburban locales, and two in urban areas. They all listed prior work experience in some capacity with youth (e.g., former teacher or coach) and interned at the high school, middle school, and elementary school levels. See Table 1 for detailed participant information.

Research Team Reflexivity

The primary research team for this study consisted of five women, three who identify as Black or African American and two who identify as White. The second author is a school counselor educator who has expertise in school counseling in under-resourced and historically marginalized communities, health and education disparities, and collaborative approaches to solving complex wellness challenges. The remaining co-authors are doctoral students with interests in assisting

vulnerable populations, experience with qualitative research, and clinical work experience with diverse populations. Reflexive journaling was utilized throughout the coding process to assist the researchers in remaining aware of and bracketing their preexisting and emerging biases and assumptions (Creswell, 2003). In terms of positionality, four primary assumptions were shared amongst the group and bracketed: (a) unlikely that SCITs would have the agency to speak up against injustice, (b) the role that the SCITs will have in addressing SDOH will be determined by their supervisor, (c) the culture and climate of the school will matter significantly, and (d) the possibility of a school that does not have SDOH and social inequality issues. These and other assumptions were discussed during weekly research team meetings. Lastly, an external auditor, a male doctoral candidate with expertise in conducting qualitative research studies and program evaluations, was engaged to examine the process and the outcome of the study (Creswell, 2003). The auditor was chosen because he was not included in the research process, but had the necessary expertise to evaluate if our interpretations and findings were supported by the data (Creswell, 2003).

Table 1

Participant Demographic Information

Name	Age	Gender	Race	Internship Setting	% F/R	Site Locale
Sandi	25	Female	Black/African American	High School	100%	Urban
Hirah	28	Female	Black/African American	Middle School	50%	Urban
Kaylin	26	Female	White	Elementary School	50%	Suburban
Amy	32	Female	White	Middle School	75.5%	Suburban
Pam	29	Female	White	Elementary School	70%	Suburban
Ella	26	Female	White	Elementary School	8.8%	Suburban
Tia	25	Female	Black/African American	Middle School	37%	Suburban
Mae	26	Female	White	High School	10%	Suburban

Note. Names are pseudonyms. %F/R= Percentage of the students on Free or Reduced lunch

Data Collection and Analysis

The research team developed the interview protocol and used the interview protocol with two existing PSCs to ensure the questions were relevant, concise, and clear. Minor edits to improve clarity were made based on the feedback. Semi-structured interviews were conducted with participants by the first and second author using Zoom video conferencing software. The interviews were transcribed by an online transcription service (i.e., TEMI, inc.). The transcripts were then checked for audio-to-text transcription accuracy. The interview protocol included five main questions with prompts aligning to the research question. The semi-structured interviews provided space for participants to describe their lived experiences related to SDOH knowledge, skills, assessment, and approach. Interview questions include: (1) When you hear the term "social determinants of health," what comes to mind for you? The prompts for this section also asked about each domain specifically (i.e., access to health services, food insecurity, housing instability, poverty, social cohesion); (2) How are the domains of SDOH related to and impact the work you do with students and families?; (3) How would you define or describe a social justice focused counselor?; (4) Is SDOH a social justice issue? Please explain why or why not.; (5) How did you learn what you know about SDOH (probe: specific class, personal experience, or other). One interview was conducted with each participant, and the average length of time was one hour, with the range being 35 to 81 minutes.

The analysis was conducted using thematic analysis (TA; Braun & Clarke, 2006). TA is a "method for identifying, analyzing, and reporting patterns (themes) within data" (Braun & Clark, p. 79, 2006). This analytical approach is appropriate for the current phenomenological study and has been noted as an appropriate analytical approach with any qualitative tradition, including phenomenology (Braun & Clark, 2006). Our goal was to stay as close to the participants words and experience as possible. There are several useful guides on how to utilize TA, and Joffe (2012) synthesizes these and provides the following steps, which we conducted. Firstly, we examined the full dataset (i.e., all participant interviews) to become familiar with the participants experiences. We then spent two weeks familiarizing ourselves with the dataset as well as searching for themes within three transcripts to develop the emerging coding frame (i.e., inductive thematic analysis). After we coded the three transcripts, a meeting was held virtually to discuss any assumptions that were bracketed prior to coding, any assumptions or biases that arose during coding, and the emerging coding frame. In the initial coding frame, code names, participant quotes, and preliminary definitions were developed.

The second step entails checking the reliability of the code frame. Using the emerging coding frame, we re-coded our transcripts in preparation for the meeting to check the reliability of the coding frame. During the second data analysis research team meeting, we compared the results of using the emerging coding frame with the three transcripts to gauge agreement. With greater than 75% agreement between coders, the codebook was maintained (Joffe, 2012). The third step included coding all five of the remaining transcripts using the code book, but also allowing for new codes to emerge. New codes were added to the codebook if they were indeed unique and unrelated to existing codes. We analyzed the data for interconnectedness, which allowed for the development of meaningful themes and sub-themes.

Establishing Trustworthiness

Member checking was conducted by asking each participant via email to review their interview transcript and provide points of clarity within five days (Creswell, 2003). Four participants provided clarifying statements. Participants were also asked to include any written feedback or additional revelations since the interview was conducted via email. We also included open ended reflective questions for response. Triangulation of oral and written data allowed us to clarify and confirm existing themes, for new themes to emerge, and provided a rich description of the work SCITs are engaged in to address SDOH. Triangulation amongst the researchers during theme development also served to verify findings. The auditor reviewed study-related documents, which included finalized themes, related codes, and reflexive journals. At conclusion, the auditor was engaged to validate study findings (Creswell, 2003). After the themes

were finalized, participants were contacted via email with the final list of themes and asked to provide any feedback they may have; no participants responded to this request.

Results

Our investigation explored SCITs' lived experiences with addressing SDOH inequities during internship. Additionally, the study question focused on whether SCITs conceptualize SDOH as a concrete social justice issue. Three themes emerged from the research: (a) professional identity conflict, (b) social justice knowledge to practice gap, and (c) recommendations for the knowledge to practice gap. The themes depict participants experiencing conflict between awareness of inequities and resolution of the skills gap necessary to address SDOH-related challenges. Notably, participants were at the conclusive phase of the internship and preparing for graduation within a month of their internship experiences, thus spurring questions surrounding effectiveness to navigate SDOH-related circumstances post-graduation. Thick rich descriptions illuminate the findings below.

Theme 1: Professional Identity Conflict

Theme one describes the conflict experienced by participants regarding their assumptions about their role addressing SDOH. The professional identity conflict was situated between their awareness of SDOH, their self-assessed skills to address SDOH inequities, and their perceived role. Participants communicated knowledge of SDOH challenges and resources to address the challenges, but were hesitant to act due to a perceived role conflict. Ella described the overall general awareness of the participants well: "Keeping in mind resources for them that they can use, that are affordable or that are free. ...and just, figuring out ways to help them around those kinds of situations." Ella's quote was representative of participants' general awareness of SDOH challenges, yet coexisting conflict between this awareness and actual ability to address such challenges. For instance, Betsy explained that addressing SDOH challenges at her site was "...not something that [they had] really talked about a whole lot or done much with..." A consistent finding was that supervisors did not prevent

participants from addressing SDOH inequities, yet there were no explicit conversations between SCITs and supervisors on how to address SDOH.

The participants displayed general understanding of SDOH and the potential negative impacts of SDOH challenges. However, the participants also experienced dissonance concerning their roles and skills in addressing such challenges. For example, Pam explained that "...[she] would help a student if they have the need, ...but there are other individuals within the school system who are working towards that goal...and that's their direct responsibility or job to do so." Pam struggled with placing herself within the support systems in the school to address SDOH challenges of students and families. Two sub-themes support and describe this phenomena.

Perceived Role Constraints

The first sub theme described participants' thoughts on whose role it was within the school to address SDOH inequities. In a discussion around students who are homeless, many SCITs thought the school social worker would be better suited to address those challenges. When asked what she would do if a student in her school was experiencing homelessness, Pam stated:

> I would say thank you for sharing that with me. And I would contact the social worker in the school 'cause I would have no idea what the next steps would be. I do know that there are homeless students, but they usually have some sort of, like, transient location, but a social worker would know, definitely know what to do.

Although an important aspect of advocacy as a PSC is connecting students and families to resources and other professionals, participants perceived addressing or even knowing how to address SDOH challenges as outside their scope of practice and expressed little knowledge of how and when to make such connections. Further revealing the perception that PSCs are limited in their abilities to address the SDOH needs of students, another intern, Tia, stated:

> We do have a program for individuals who are homeless ... but I'm not sure...As far as I know, I haven't seen nor has my counselor mentioned anything that they do to help those individuals. I

don't know anything that they actually do with the home situation. I feel like that might be something the social worker deals with and helps with.

Furthermore, Jennifer stated, "I do know that there is like a whole entire office at the County level that's dedicated to housing…I'm not sure." Overall, participants expressed vague-to-general knowledge of resources and connections both within and outside their schools which may potentially benefit students and families facing SDOH-related challenges. However, challenges were acknowledged, as reflected in the second sub-theme.

Acknowledged Systemic Barriers

The second sub theme was representative of the participants' awareness of SDOH inequities related to systemic barriers. Systemic barriers were related to policies, practices, or procedures that result in some people receiving unequal access or being excluded from support that the school should and could provide. Mae reflected on what she has noticed:

Economic exclusion of parents led to students attempting to manage employment and their schooling. Policies are not adjusted to account for these special circumstances...if a student is employed and misses school they are still marked absent from school because the attendance policy does not include employment as an excused absence.

Another SCIT, Amy, described a systemic barrier related to access, "The McKinney Vento I know is there and it can be helpful, but I've also learned that it can be hard to get them on the phone." Furthermore, Katie acknowledged systemic barriers faced by students and families:

As school counselors, we don't provide long term counseling and I've had kids come in who… (I would never say this to them), could benefit from longer term counseling… and it just sucks because like my site supervisor will say, that's just not a possibility for them given, like, their backgrounds and their parent's ability to afford such counseling.

Theme 2: Social Justice Knowledge to Practice Gap

The second theme highlighted participants' knowledge about social justice, but their struggle with applying the tenets to SDOH inequities, a real world social justice concern. The participants' general knowledge of social justice was explained by Ella, who stated:

Social justice...is, advocating for, equitable circumstances and resources for everyone. I guess like looking at social issues and what's preventing people from succeeding or what problems are occurring that are impacting, students or families in a negative way.

The majority of participants had an accurate definition of social justice and some subscribed to that identity. However, when asked about SDOH being a social justice issue, many struggled to see the connection, even though some defined both SDOH and social justice as relating to equity. Similarly, Amy displayed both appreciation for and knowledge of the importance of social justice; however, her words also revealed apprehension concerning the application:

They say it a lot in our program, right? I was very intimidated when I first heard that...because I am not a confrontational person. I'm not a rock the boat kind of person. I like rules, but as I've kind of realized really what social justice is, is just advocating, and fighting for what's best for my students.

Participants acknowledged social justice as inclusive of advocacy on behalf of their students, along with increasing equity. However, there remained a gap between this understanding and how participants reportedly navigated the complex SDOH-related situations of students and their families. Jennifer's reflection further exemplified this phenomenon:

We're just taught that they're there [in reference to SDOH inequities].We learned that socioeconomic status impacts a student's ability to access resources and quality of education. But that was it.

What Jennifer noted as missing was the practical application of how to address social injustice.

Theme 3: Recommendations for the Knowledge to Practice Gap

Theme three described participants' reflection on what they felt they needed to be successful as PSCs and what they hoped other SCITs would receive in their training programs. Many were surprised at the lack of information provided during their graduate counseling programs on SDOH. Others noted that "more information [was] needed during the graduate counseling program so students [would be] prepared to address real world challenges (Kaylin)." When asked about the inclusion of SDOH-related information in the school counseling curriculum, Pam stated:

> I would say that it should be because it's not really something that I learned about. Like maybe there are social injustices that students face. but we're just taught that they're there and we have to deal with them, but we never learn what specifically could happen or what we should do in those situations.

Although being in internship helped participants understand the gaps in social justice training, there were several reflections on not knowing how to practically apply the tenets of social justice to any issue including SDOH. In addition, others noted that internship helped them clarify the challenges that many students were facing and the current study provided the vocabulary needed to make sense of what the issues were related to (i.e., unmet SDOH needs). Hirah stated:

> Feels like that's what you're going to be working on a lot with students who come from different adversities and have to overcome many things and we're supposed to be the pinpoint for social and emotional learning. So, I think we need to have knowledge and exposure to that [SDOH] to help our students.

Discussion

The purpose of this study was to explore participants' lived experiences addressing SDOH inequities during internship and understand their conceptualization of SDOH as a concrete social justice issue. Specifically for SCITs, internship may afford one of the last structured opportunities for clinical supervision, as supervisory training presents

as optional or informal for post-graduate school counselors (Smith & Koltz, 2015). Additionally, unlike their counterparts in mental health, SCITs are often in positions in which they are the only school counselor in the building (Blake, 2020), and they often transition immediately from SCIT to the professional authority on social, emotional, concerns of students, hence the ASCA emphasis on leadership and advocacy preparation (ASCA, 2018). Thus, internship is an opportune time to assess SCITs' readiness and ability to address concrete social justice issues, such as SDOH, which impact students' educational experiences and outcomes (Blake, 2020). This study uniquely contributes to the existing knowledge on SCITs' internship experiences specifically related to addressing social justice issues faced by students and families. Findings illustrate that participants were generally knowledgeable about most SDOH domains, having been able to provide an example of a challenge in each domain at their school. However, participants struggled with identifying how to incorporate the knowledge into practice. In addition, there was a similar gap found between social justice knowledge and applying the knowledge to practice with SDOH. While school counseling interns were the focus, findings may have important implications for counselor preparation across specialty areas.

Professional Identity Conflict with Addressing SDOH

The first theme describes the conflict participants experienced regarding their awareness of and skills to address SDOH. All participants discussed this conflict of knowing about issues in the community and within the school (i.e., awareness), but questioned their preparation or role to engage in addressing SDOH (i.e., skills) juxtaposed against their acknowledgement that they would at least consult or connect students to resources (i.e., action). The present study is the first to illuminate SCITs' awareness of SDOH. In the literature focused primarily on allied health clinical practice, authors note that the first step of taking action on the SDOH is a shared understanding (i.e., definition) and a framework from which to address SDOH issues (Andermann, 2016). All participants defined or provided working examples of SDOH, though they were not able to articulate a SDOH

framework. Still, SCITs do have a level of awareness about SDOH, perhaps connected to the dual role they play as community members and interns (Woodside et al., 2009). The two sub-themes further clarify the conflict. The extant literature describes the ability and opportunities PSCs have to address students' SDOH challenges (ASCA, 2018; Braveman & Gottlieb, 2014). This study is unique as it examines the application of this concept with SCITs, who are situated to apply what they have learned about social justice and advocacy at their respective internship sites with students and families with SDOH challenges.

Perceived Role Constraints

Perceived role constraints, the first sub-theme, was related to participants' reflections on their perceived limitations to their role as SCITs. Interestingly, participants did not mention their role being limited because they are internship students, but rather their view on what a PSC should be engaged in throughout the day. Based on the findings of Culbreth and colleagues (2005) concerning role stress amongst practicing PSCs, it is logical to conclude that participants may have expressed such limitations to their roles due to incongruence between their training and initial perceptions of the role of the PSC, and their actual on-site experiences as interns. In terms of advocacy and social justice, the literature suggests that some PSCs may view those actions as outside the scope of their role (Bemak & Chung, 2008). Within the comprehensive school counseling program espoused by ASCA (2018), PSCs and the participants in our current study could indeed address SDOH challenges within their delivery of service and use of assessment data through the promotion of equity and advocacy against stigmatization and unequal treatment on the basis of student socioeconomic status (A.10). Moreover, participants explained how their supervisors had not initiated conversations about SDOH, likely shaping the participants' understanding of the school counselor role, particularly regarding social justice and advocacy-related action. The perceived role constraints are a unique finding in the literature specifically related to addressing SDOH inequities; but similar findings related to role conflict and role ambiguity exist within counseling (Cervoni &

DeLucia-Waack, 2011) and many authors note strengthening professional identity as a solution (Mason et al., 2013).

Acknowledged Systemic Barriers

Acknowledged systemic barriers included reflection from participants related to the barriers they were aware of that students and families face, the acknowledgement of inequitable access to resources, and systems in place that do not function well. In the counselor education preparation literature, this finding is unique and highlights that participants were able to cognitively apply what they learned about equity and access to the students and families they serve. The disconnect, however, was what to do with their frustrations around dysfunctional systems meant to help families. To address system failures, advocacy is a good approach (Ratts et al., 2016; Ratts & Greenleaf, 2018b), though participants did not connect the systemic barriers to advocacy challenges they could address. There is research with PSCs on the distinct importance of advocating to bring about social justice-related change (Crethar & Winterowd, 2012). Our finding expands the current literature base to that of school counseling interns. This is a significant contribution to the literature with implications for the andragogical approaches for training students to develop advocacy and social justice competencies and skills.

Social Justice Knowledge to Practice Gap

Theme two describes the struggle students had with applying the concepts of social justice, which is inclusive of addressing SDOH challenges. This finding is related to what some researchers call the research-practice gap and is related to practitioners' difficulty with integrating knowledge learned in an academic environment with real world clinical practice (Rowell, 2006). As standards evolve, it is necessary and important for SCITs to be able to utilize social justice theory and advocacy competencies to guide their work with students and families (Bemak & Chung, 2008; Ratts & Greenleaf, 2018b). As an example, participants were able to define social justice; however, when probed about SDOH and its relationship with social justice, which is an accepted stance in public health and healthcare (Smith et al., 2019), participants

struggled to make the connection. This finding aligns with research which calls for increased social justice competency training for school counseling students with a focus on applying the competencies in real world settings (Holcomb-McCoy, 2004; Singh et al., 2010).

This theory to practice gap also highlights the differences between the idealized and perhaps actual practice of PSCs (Rowell, 2006). One participant described herself as having nice counselor syndrome as described by Bemak and Chung (2008), revealing negative feelings SCITs may experience when met with the opportunity to take social justice action. Overall, the findings from theme two highlight the disparity between the importance of social justice action espoused by the counseling profession, and participants' actual application of social justice relative to their understanding. If we indeed want transformational PSCs prepared to address SDOH inequities caused by social injustices, more time must be spent on teaching SCITs how to apply social justice and advocacy frameworks to real world challenges (Singh et al., 2010).

Recommendations for the Knowledge to Practice Gap

Theme three included the reflections and the recommendations from school counseling internship students related to how SDOH should be addressed in counselor education. Many noted that there should be increased knowledge and exposure to SDOH in the curriculum. Although the participants all showed knowledge of SDOH and were able to identify barriers which would highlight exposure, the gap was in practice and skills. This new finding is critical, as it highlights that SCITs may not be fully aware of their training needs and gaps. The default is to think about knowledge. However, the participants' gap was in how to apply the knowledge of social justice to inequities in the five domains of SDOH. Research in the school counselor education literature related to social justice and advocacy often discusses knowledge needed and skills necessary (Crethar & Winterowd, 2012), although the gap may be in providing another framework that defines how they can apply social justice and advocacy skills. The Healthy People 2020 SDOH framework operationalizes the

five domains in which PSCs can apply their knowledge to support justice and equity efforts (Andermann, 2016; WHO, 2008).

No studies were located that highlighted how social justice and advocacy competencies could specifically be applied to address SDOH in school counseling practice, but the research does broadly discuss using these frameworks to address marginalized students and families (Crethar & Winterowd, 2012; Goodman-Scott, 2015; Holcomb-McCoy, 2004; Mason et al., 2013). Despite counselor educator focus on preparing counselors to advocate for social justice through developing frameworks, strategies, activities, and competencies (Ratts et al., 2016), our results highlighted that the participants want more practical guidance applied to challenges they recognized as major factors with their students and in the communities they serve (i.e., SDOH). Additionally, bridging this gap coincides with important implications related to anti-racist school counseling training and programming. For example, ASCA (2020) denoted direct and indirect actions that may be taken to increase equity and bolster student achievement, many of which are SDOH-related, such as reporting data on and addressing gaps in achievement, which may stem from SDOH-challenges such as students' lack of access to breakfast or reliable transportation.

Limitations and Future Research

Various limitations should be noted. The sample lacked gender diversity. Future research should elicit a more diverse group of participants by engaging male SCTs directly. Researchers may also assess site supervisors' readiness to assess for SCITs' readiness and train their supervisees to address SDOH challenges. Moreover, there are limitations inherently associated with qualitative research, including the fact that our sample is not truly representative of all SCITs, indicating a lack of generalizability of our findings. The interview protocol positioned questions specific to the SDOH domains at the beginning of the study followed by interview prompts inquiring about participants' perspectives on social justice factors associated with SDOH. With the positioning of the social justice questions near the end of the interview, researchers later considered if question order may serve as a

primer for participants to furnish desirable social justice responses.

Lastly, participants had difficulty clarifying how their professional identity encompasses the advocacy and social justice related efforts necessary to address the SDOH inequities. Future research should explore how the PSC identity is developed and whether understanding of SDOH is woven into the process. Participants also reported apprehension regarding what action to take when faced with the need to address systems which perpetuate inequities. Future research could explore how SCITs can best be trained to respond to the specific SDOH needs of students, along with means of decreasing SCIT apprehension or anxiety associated with such work.

Implications for Counselor Educators

Although participants expressed general understanding of social justice and the SDOH challenges faced by their students, they also revealed a lack of ability to practically apply their knowledge to address SDOH challenges. Thus, there are various implications for counselor educators to bridge this gap. Firstly, participants perceived their roles as restrictive and not responsible for addressing SDOH in practice; many suggested the responsibility was that of the social worker. Counselor educators should seek to prepare students to navigate restrictive school environments and collaborate or consult to address SDOH inequities. Singh and colleagues (2010) described the need for SCITs to be taught skills such as political savvy and self-advocacy. Thus, counselor educators may address how SCITs can increase school stakeholders' awareness of students' SDOH challenges, which may increase buy-in (Singh et al., 2010). Moreover, counselor educators may engage SCITs in activities and discussions which broach addressing SDOH challenges in a practical manner. For example, discussions may center around SDOH through the lens of the ASCA *Ethical Standards for School Counselors* (2016) or what specific SDOH challenges SCIT have identified at their internship sites and how such challenges may be addressed. These include practical application of available resources to meet population SDOH needs, such as the McKenny-Vento Act for transient students, food backpack programs in response to food insecurity,

and partnership development with local agencies to fill SDOH deficits. Moreover, as a practical activity, SCIT may be asked to develop and carry out a plan to address a particular SDOH challenge at their site.

SCIT may also be better prepared for the work of fostering equity when guided by the application of theoretical frameworks that define the domains of inequities (i.e., SDOH Framework; WHO, 2008), provide guidance on the role and responsibilities of PSCs to address inequities (i.e., Social Justice Multicultural Framework; Ratts et al., 2016; Ratts & Greenleaf, 2018b), and a conceptual structure to guide the expansion of the traditional roles of PSCs (i.e., ecological counseling approach; McMahon et al., 2014). This multifaceted approach focuses on interventions which improve environmental factors and wellness, and offers a framework to increase understanding of the intersectionality of people, groups, environments, and health outcomes (Adler et al., 2016). Such utilization includes various implications for school counselor educators: increased focus on the connection between social justice and SDOH, how SCITs may advocate for their roles, and practical steps to address SDOH challenges faced by students.

A sensible starting point is broaching the topic of SDOH in the classroom. As counselor educators introduce students to SDOH and equity-based topics, they may begin to highlight the interconnectedness of the environment and human well-being, espoused by the ecological systems approach (Adler et al., 2016). Additionally, understanding and eventually embracing the concept of SDOH requires both empathy and cognitive complexity. Thus, students may feel challenged by these new ideas which conflict with their existing worldviews.

Moving beyond theory, counselor educators may provide students with practical means of navigating their school environments. Goodman-Scott (2015) acknowledged the discrepancy which often occurs between school counselor training and on-the-job activities, and suggested more practical education, including information on how to efficiently use time spent performing "other" job activities, such as cafeteria duties or any number of clerical tasks. In turn, engagement with other practical school counseling spaces may directly or indirectly afford opportunities to assess SDOH-related disparities

and intervene, such as the indication of food insecurity through cafeteria encounters and associated resource responses.

Conclusion

Participants contributed to a novel area of counseling research: how SCITs are addressing SDOH inequities in internship. This study provides counselor educators with information on the needs of SCITs to be prepared to address SDOH as a social justice imperative within the school environment. The incorporation of social justice training and frameworks into the clinical preparatory phases of school counselor development affords SCITs a means to translate knowledge on SDOH into practice.

References

Adler, N. E., Glymour, M. M., & Fielding, J. (2016). Addressing social determinants of health and health inequalities. *Journal of the American Medical Association*, *316*(16), 1641–1642. https://doi.org/10.1001/jama.2016.14058

American School Counselor Association. (2016). *ASCA ethical standards for school counselors*. https://www.schoolcounselor.org/getmedia/f041cbd0-7004-47a5-ba01-3a5d657c6743/Ethical-Standards.pdf

American School Counselor Association. (2018). *The school counselor and equity for all students*. www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_Equity.pdf

American School Counselor Association (2019). *ASCA school counselor professional standards & competencies*. Author. https://www.schoolcounselor.org/getmedia/a8d59c2c-51de-4ec3-a565-a3235f3b93c3/SC-Competencies.pdf

American School Counselor Association (2020). *Eliminating racism and bias in schools: The school counselor's role.* Author. https://www.schoolcounselor.org/getmedia/542b085a-7eda-48ba-906e-24cd3f08a03f/SIP-Racism-Bias.pdf

Andermann, A. (2016). Taking action on the social determinants of health in clinical practice: A framework for health professionals. *Canadian Medical Association Journal*, *188*(17-18), E474-E483. https://dx.doi.org/10.1503%2Fcmaj.160177

Bemak, F., & Chung, R. C. Y. (2008). New professional roles and advocacy strategies for school counselors: A multicultural/social justice perspective to move beyond the nice counselor syndrome. *Journal of Counseling & Development*, *86*(3), 372-381. https://doi.org/10.1002/j.1556-6678.2008.tb00522.x

Blake, M. K. (2020). Other duties as assigned: The ambiguous role of the high school counselor. *Sociology of Education, 93*(4), 315-330. https://doi.org/10.1177/0038040720932563

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. https://psycnet.apa.org/doi/10.1191/1478088706qp063oa

Braveman, P., & Gottlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports*, *129*(1_suppl2), 19–31. https://doi.org/10.1177/00333549141291s206

Budd, J. M., Hill, H., & Shannon, B. (2010). Inquiring into the real: A realist phenomenological approach. *The Library Quarterly: Information, Community, Policy, 80*(3), 267-284. https://www.jstor.org/stable/10.1086/652876

Burnham, J. J., Mantero, M., & Hooper, L. M. (2009). Experiential training: Connecting school counselors-in-training, English as a second language (ESL) teachers, and ESL students. *Journal of Multicultural Counseling & Development, 37*(1), 2-14.

Cervoni, A., & DeLucia-Waack, J. (2011). Role conflict and ambiguity as predictors of job satisfaction in high school counselors. *Journal of School Counseling*, *9*(1), 1-30. https://eric.ed.gov/?id=EJ914271

Council for Accreditation of Counseling and Related Educational Programs (2016). *2016 CACREP Standards*. www.cacrep.org/for-programs/2016-cacrep-standards

Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Sage Publications.

Crethar, H. C., & Winterowd, C. L. (2012). Values and social justice in counseling. *Counseling and Values, 57*(1), 3–9. https://doi.org/10.1002/j.2161-007x.2012.00001.x

Culbreth, J. R., Scarborough, J. L., Banks-Johnson, A., & Solomon, S. (2005). Role stress among practicing school counselors. *Journal of Counselor Education and Supervision, 45*(1), 58-71. https://doi.org/10.1002/j.1556-6978.2005.tb00130.x

Goodman-Scott, E. (2015). School counselors' perceptions of their academic preparedness and job activities. *Counselor Education and Supervision, 54*(1), 57-67. https://doi.org/10.1002/j.1556-6978.2015.00070.x

Healthy People. (2020). *Social determinants of health*. Office of Disease Prevention and Health Promotion. www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

Holcomb-McCoy, C. (2004). Assessing the multicultural competence of school counselors: A checklist. *Professional School Counseling, 7*(3), 178-186.https://www.jstor.org/stable/42732560

Jia, H., & Lubetkin, E.I. (2020). Impact of adverse childhood experiences on quality-adjusted life expectancy in the US population. *Child Abuse & Neglect, 102*, 104418. https://doi.org/10.1016/j.chiabu.2020.104418

Johnson, K.F., & Brookover, D.L. (2021). School counselors' knowledge, actions, and recommendations for addressing social determinants of health with students, families, and in communities. *Professional School Counseling Journal, 25*(1), 1-12. https://doi.org/10.1177/2156759X20985847

Joffe, H. (2012). Thematic analysis. In D. Harper, & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 209–223). John Wiley & Sons. https://doi.org/10.1002/9781119973249.ch15

Mason, E. C. M. Ockerman, M. S. & Chen-Hayes, S. F. (2013). The Change-Agent-for-Equity (CAFE) model: A framework for school counselor identity. *Journal of School Counseling*, *11*(4), 1-25. https://scholarworks.gsu.edu/cps_facpub/13/

McMahon, H. G., Mason, E. C. M., Daluga-Guenthher, N., & Ruiz, A. (2014). An ecological model of professional school counseling. *Journal of Counseling and Development, 92*, 459-471. https://doi.org/10.1002/j.1556-6676.2014.00172.x

Odegard, M. A., & Vereeri, L. G. (2010). A grounded theory of counselor educators integrating social justice into their pedagogy. *Counselor Education & Supervision, 50*(2), 130-149. https://doi-org.proxy.lib.odu.edu/10.1002/j.1556-6978.2010.tb00114.x

Ockerman, M. S., Mason, E. C. M., & Chen-Hayes, S. F. (2013). School counseling supervision in challenging times: The CAFE Supervisor Model. *Journal of Counselor Preparation & Supervision, 5*(2), 44-57. http://dx.doi.org/10.7729/51.0024

Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice*. Sage publications.

Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. Sage Publications, Inc.

Ratts, M. J., & Greenleaf, A. T. (2018a). Counselor–advocate–scholar model: Changing the dominant discourse in counseling. *Journal of Multicultural Counseling and Development, 46*(2), 78-96. https://doi.org/10.1002/jmcd.12094

Ratts, M. J., & Greenleaf, A. T. (2018b). Multicultural and social justice counseling competencies: A leadership framework for professional school counselors. *Professional School Counseling*, *21*(1b), 1-9.

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development*, *44*(1), 28-48. https://doi.org/10.1002/jmcd.12035

Rowell, L. L. (2006). Action research and school counseling: Closing the gap between research and practice. *Professional School Counseling*, *9*(5), 376-384. https://doi.org/10.1177%2F2156759X0500900409

Satcher, D. (2010). Include a social determinants of health approach to reduce health inequities. *Public Health Reports*, *125* (Suppl. 4), 6-7. https://doi.org/10.1177/00333549101250s402

Singh, A. A., Urbano, A., Haston, M., & McMahan, E. (2010). School counselors' strategies for social justice change: A grounded theory of what works in the real world. *Professional School Counseling*, *13*(3), 135-145. https://doi.org/10.1177%2F2156759X1001300301

Smith, A., & Koltz, R.L. (2015). Supervision of school counseling students: A focus on personal growth, wellness, and development. *Journal of School Counseling*, *13*(2), 1-34. https://files.eric.ed.gov/fulltext/EJ1051150.pdf

Smith, M. J., Thompson, A. & Upshur, R. E. G. (2019). Public health as social justice? A qualitative study of public health policy-makers' perspectives. *Social Justice Research*, *32*, 384–402. https://doi.org/10.1007/s11211-019-00327-7

Studer, J. R. (2015). *A guide to practicum and internship for school counselors-in-training* (2nd ed.). Routledge.

Waalkes, P. L., & DeCino, D. A. (2019). Developing authentic problem solving skills in school counselors-in-training through problem based learning. *The Journal of Counselor Preparation and Supervision*, *12*(3). https://repository.wcsu.edu/jcps/vol12/iss3/8

Woodside, M., Ziegler, M., & Paulus, T. M. (2009). Understanding school counseling internships from a communities of practice framework. *Counselor Education and Supervision*, *49*(1), 20-38. https://doi.org/10.1002/j.1556-6978.2009.tb00084.x

World Health Organization. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health: Commission on social determinants of health final report*. https://www.who.int/social_determinants/thecommission/finalreport/en/