
Contextual School Counseling Approach: Linking Contextual Psychotherapy With the School Environment

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Abstract

This article, and the one that follows (Slaten & Baskin, Contextual School Counseling: A framework for training with implications for curriculum, supervision, practice, and future research), describe an approach to school counseling and an integrated new training framework, titled “Contextual School Counseling” (CSC). CSC is an approach where the contextual perspective of psychotherapy is understood, relied upon, and applied to activities by a counselor within the school environment. The use of CSC will help school counselors to focus on vulnerable and diverse populations. Furthermore, it will add cohesion to an ever-evolving profession whose members are currently trained in core counseling skills but would likely further benefit from an approach and training model with clearer links to the pre-K-12 context.

Keywords

school counseling, school environment, metatheory, history, contextual

Paradoxically, strong forces are simultaneously pulling counseling psychology out of, and back into, the pre-K-12 school context. Counseling psychologists

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have emphasized doctoral training over master's training (Pope, 2004; Romano & Kachgal, 2004), conducted a preponderance of research with college-aged students (Lichtenberg, Goodyear, & Genter, 2008), and sought to have roles more similar to clinical psychologists than to school counselors (Moore, 2005). These forces, and others, have deemphasized the role of counseling psychologists in the pre-K-12 school context, at times raising questions about whether the field remains committed to involvement in the school context (Moore, 2005; Whiston, 2004). However, this is not the whole picture. The core priorities of counseling psychology are powerfully present in the pre-K-12 context. These priorities include multiculturalism, career development, social justice, mental health issues, prevention, belongingness, and strengths-based counseling (Brown & Lent, 2008). Furthermore, the economic realities of higher education have increased pressure for bringing-in tuition dollars and grant dollars, and heightened pressure to legitimize the connection between the discipline of counseling psychology and the mission of institutions of higher education. In this climate, it is noteworthy that the majority of counseling psychology programs are housed within schools of education (Hoffman & Carter, 2004), and currently, 69.5% of American Psychological Association (APA)-accredited counseling psychology programs do actively participate in the training of school counselors (Jackson & Scheel, 2012). Thus, there is impetus for a renewed commitment to training master's-level school counselors (see Jackson & Scheel, 2012) and to doing research that affects pre-K-12 settings.

Overview

Since the turn of the 20th century, the school counseling profession has been attempting to solidify its identity (American School Counselor Association [ASCA], 2012; Dahir, 2001; The Education Trust, 1999; Erford, 2011; Gysbers & Henderson, 2000; Parsons, 1909). Each new attempt at defining this professional identity has not only brought with it solutions to some challenges but has also left with it other difficulties to address. A current major emphasis within school counseling is its educational role, including classroom interventions (ASCA, 2012). However, there is concern that this new direction does not adequately address aspects that are core to counseling (Galassi & Akos, 2004b). Practically put, are school counselors most like academic teachers, school administrators, or clinical master's-level psychotherapists? There has not been a unified answer to this question (Dahir, 2009; Galassi & Akos, 2004a). In this article, we illuminate an additional influence in disentangling the core roles of school counselors that has been consistently present, but not adequately highlighted: that of context. The area of

context can serve as an important basis for the profession of school counseling, influencing both its approach and training.

This article, and the one that follows (current authors), describe an approach to school counseling, and an integrated new training framework, titled “Contextual School Counseling” (CSC). CSC is an approach where the contextual perspective of psychotherapy is understood, relied upon, and applied to activities by a counselor within the school environment. The use of CSC will help school counselors to focus on vulnerable and diverse populations. Furthermore, it will add cohesion to an ever-evolving profession whose members are currently trained in core counseling skills but would likely further benefit from a counseling approach and training model with clearer links to the pre-K-12 context.

The goal of this article is not to establish the CSC approach as another theoretical orientation. There are currently at least 250 unique psychotherapeutic orientations (Wampold, 2001). It is to highlight Frank and Frank’s (1991) four major principles, which are common to the preponderance of these approaches. And, it is to advocate that if school counselors know these common factors of contextual psychotherapy, and appropriately apply them within the pre-K-12 school environment, they will be operating with a congruent core philosophy—a core philosophy that will serve to benefit students/clients and all members of pre-K-12 school communities. This approach is CSC.

We offer a roadmap for CSC using the following topics: (a) giving a brief description of the school environment vis-à-vis other mental health settings, (b) examining the history of school counseling, (c) describing how the contextual perspective can allow counselors a congruent and important role within the school environment, (d) explaining the core of CSC by highlighting a connection between school counseling and contextual psychotherapy using the work of Frank and Frank (1991), and (e) showing how the CSC approach is consistent with extant empirical evidence. While the efficacy of this philosophy has not been specifically empirically measured, we examine the current corpus of empirical research and show that there is congruence between efficacious outcomes and this approach. In addition, in the article that follows (Slaten & Baskin, 2013), we describe a CSC-integrated new training framework.

School Counseling Environment

Those who are not school counselors or trainers of school counselors may appreciate a brief comparison and contrast between school counseling and other mental health professionals. In comparison, most of the training of

school counselors is similar to that of other mental health professionals. Most learn counseling theories, microskills, group interventions, and case conceptualization from different theoretical orientations. Usually these classes are taken with other mental health professionals. Furthermore, they have similar guidelines and responsibilities regarding confidentiality. Particularly, there are many similarities with community counselors who work with youth.

In contrast, school counselors, in their work setting, face a variety of unique issues, based on the school environment. They exist within the school domain with their students/clients, so in their role as a counselor they are more known, and less anonymous, than most mental health professionals. Furthermore, the counselor and the students/clients are part of a politicized environment, so whatever the current zeitgeist is of the school can affect therapy. This political environment may heavily influence the nature of therapy that can be conducted at a given school. In addition, the students/clients are acting in an environment populated by many peers. This active peer presence may lead to a different counseling context experienced when compared with a more separated therapy office common in the community. This may have positive and negative influences on the counseling process. Finally, the students/clients are under pressure to perform academically, and counselors are more and more in the position of showing how their work supports this mission of the school (Schellenberg & Grothaus, 2009). These are differences for school counselors vis-à-vis other mental health professionals.

Historical Background

The roles of professional school counselors have been malleable and continually evolving since the beginning of the profession at the turn of the 20th century. The profession of guidance counseling, professional school counseling as we know it today, began as vocational guidance for high school students and has expanded to include multiple roles (i.e., educator, staff support, administrator, scheduler, test coordinator, counselor, etc.), leaving the school counselor responsible for multiple professional gaps in pre-K-12 schools (Dahir, 2009). This plethora of roles has left school counselors oftentimes with unreasonable job descriptions causing job burnout (Lambie, 2007) and the inability to adequately reach the social/emotional needs of their students (Foster, Young, & Hermann, 2005). The concern of examining the efficacy of school counseling, and its connection to mental health services in schools, has progressively diminished in counseling psychology journals. So much so, that several articles and special issues have addressed this concern specifically (Gysbers, 2002; Romano & Kachgal, 2004).

Early History

A convincing argument can be made that school counseling or, counseling-related activities in the schools, was the origin of all counseling fields in this country. This origin began with the work of Frank Parsons (1909) and his seminal idea of *vocational guidance*. Parsons believed that it was important to help all individuals, especially youth, understand, and maximize their talents in the workforce. After his seminal book was published postmortem and the Vocation Bureau of Boston was started, the city of Boston and the state of Massachusetts began incorporating vocational counselors into pre-K-12 schools.

Following Parsons's (1909) work, other professionals such as Jones (1934) began to expand the conceptualization of the school counseling profession. These individuals suggested that school counselors should not only pay attention to vocational guidance but also should act as mental health professionals in schools by paying close attention to the social/emotional needs of pre-K-12 youth. This emphasis on mental health formed a movement by the field of psychiatry to integrate "child guidance clinics" in schools across the country for the study and treatment of "problem children" in schools.

Although many seeds were planted regarding the field of school counseling, it was not until the 1950s that many of these seeds bore fruit. The National Defense Education Act (1958) created the opportunity for school counselors to be hired in large numbers in schools across the country. From this legislation, school counseling began to be recognized nationally as a profession in the schools. The act called for professional school counselors to be trained and placed in high schools across the country, primarily for testing purposes to identify exceptional students and encourage them to pursue careers in the hard sciences (Herr, 2003). In addition to the National Defense Education Act, the Elementary and Secondary Education Act (1965) established funding for guidance and counseling in the schools to assist students due to rising unemployment, lack of civil rights, poverty, and other "social ills." These two acts dramatically increased the number of professional school counselors across the country and placed the profession on a national platform.

Comprehensive Developmental Guidance Programs (CDGPs)

Starting in the 1970s, school counseling started to shift from a focus on a person in a position to a comprehensive program (Gysbers & Henderson, 2001). This transition continued in the 1980s and 1990s, and culminated in the

CDGP of Gysbers and Henderson (2000, 2001). This emerged out of an ongoing frustration in the school counseling field that administrators and policy makers required school counselors to spend their time completing tasks that were not related to interacting with youth in the school (i.e., scheduling, recess duty, clerical duties). CDGP involved developing a school counseling model of delivery that utilized “life career development” as its foundation (Gysbers & Henderson, 2001). According to Gysbers and Henderson, “life career development” is defined as self-development over a person’s life span through the integration of roles, settings, and events in a person’s life. This view also holds that school counseling should focus on building a program within the school setting. CDGP is implemented in the schools within four different domains: guidance curriculum, individual planning, responsive services, and system support (Gysbers & Henderson, 2001).

ASCA National Model

In 2003, the ASCA utilized information from multiple sources (e.g., Bowers & Colonna, 2001; Gysbers & Henderson, 2001) to inform the creation of the ASCA National Model (2003) that created guidelines for school counselors on a national level. The ASCA model was updated to a third edition in 2012. Currently, this model for the school counseling profession is the most utilized across the country. The intention of the ASCA (2005) model has been to integrate CDGPs (Dahir, Burnham, & Stone, 2009) into the academic mission of pre-K-12 schools. This process was meant to tie school counselors into the mission and needs of the school as a whole and therefore sustain the jobs/positions that school counselors hold. It also encourages school counselors to be accountable by collecting and examining data about the efficacy/effectiveness of the work that they do in pre-K-12 schools (Kaffenberger & Davis, 2009). The ASCA model highlights how school counselors can implement a program for each school. Furthermore, there is an emphasis on the roles of leadership, advocacy, collaboration, and systemic change. The standards of the ASCA model also emphasize the educational nature of school counseling roles, encouraging classroom interventions and parent/student/counselor conferences.

ASCA and Metatheory

There is room for more clarity at the metatheoretical level for school counseling. From a metatheoretical perspective, the ASCA (2012) model emphasized the educational role of school counselors. This emphasis has not only provided some clarity for the field but also left a number of issues unresolved. Metatheory

has been highlighted by Wampold (2001) as the highest level of abstraction for counseling professionals. Wampold illuminated that counseling can be discussed not only at the theoretical level (e.g., cognitive behavioral, psychodynamic, humanistic) but also from a broader metatheoretical level (e.g., medical, contextual, educational, administrative) that guide the entire endeavor of counseling and that of other professional interactions. The metatheoretical level includes the professional reasoning for why a specific profession does what it does. For example, doctors diagnose and treat patients to combat illness.

ASCA (2003, 2005, 2012) has emphasized the educational perspective over the medical perspective but has not emphasized the powerful potential of the contextual perspective. The ASCA model encourages a major time commitment for school counselors to be creators and implementers of curriculum for classroom-based interventions. However, it does not explain how this links with school counselors' ubiquitous training in therapeutic counseling practices (which is found in both counselor education and counseling psychology training of school counselors). Research published in ASCA's flagship journal, by practicing school counselors, has shown the effectiveness of school-based small groups in improving self-esteem (Schellenberg, & Grothaus, 2009), increasing positive behaviors (Sherrod, Getch, & Ziomek-Daigle, 2009), and reducing loneliness (Bostick, & Anderson, 2009). However, the ASCA model dictates that school counselors not be therapists (ASCA, 2012, p. 86). Yet, most group counseling courses, required in the training of school counselors, would consider such interventions to be group therapy. The ASCA model emphasizes primary prevention interventions targeting all students, but this is inconsistent with the review of empirical findings by Hage, Romano, and Conyne (2007) that highlights that the best prevention programs include both primary and secondary interventions, ensure adequate dosage, and are delivered across multiple domains. In addition, Galassi and Akos (2004a) contended that the ASCA model does not address marginalized youth, promotion of social justice, and multicultural awareness. The addition of the contextual perspective to the metatheoretical discussion of school counseling can help to clarify their counseling role within the pre-K-12 school setting and augment the ASCA model. This is explored below.

Contrasting Contextual, Educational, Administrative, and Medical Metatheoretical Perspectives Within the School Environment

There is positive potential to empower school counselors to establish a contextual perspective to support students/clients within the school environment.

Table 1. Comparison of Contextual, Medical, Educational, and Administrative Orientations

	Contextual	Medical/Clinical	Educational	Administrative
1 Emotions	Open/authentic	Intense	Guarded	Not part of training
2 Diagnosis	Emphasis demoralization	Emphasis on specificity	Proscribed	Proscribed
3 Pedagogy	Personal	Private illness	Informational	Procedural
4 Knowledge of person	Individualized	Things never told to others, or even to self	Concern for one subject emphasized	As part of system
5 Advocacy	Counselor as student advocate	Advocate within specific diagnoses	Limited to performance in one subject	Systemic pressures vis-à-vis individual needs

In understanding what a contextual philosophy calls for, it can help to contrast it with other competing philosophies. There are four major metatheoretical influences related to the core philosophy of school counselors: contextual, educational, administrative, and medical. CSC uses the contextual model. The educational and administrative models are pervasive in schools. The medical model has tended to dominate the field of mental health, even though it is not as well supported by the empirical data for counseling interventions (Wampold, 2001). Although these models are not entirely divorced from one another, there are key contrasts that are worth highlighting and that can change the nature of school counseling. These contrasts can be seen most clearly in the areas of emotions, diagnosis, pedagogy, knowledge of students/clients, and advocacy, which are discussed below (see also Table 1).

Emotions. The contextual perspective supports a major role for counselors to address the emotional concerns of students/clients (Wampold, 2001). Emphasis on the importance of emotions is in contrast to other perspectives. In an educational model, the emphasis tends to be on knowledge over emotions. There is room for enthusiasm for specific subjects to be learned, but beyond that emotions can be seen as guarded within this model. For example, a student is free to be enthusiastic for math, but there is little room to process reasons why the student may not value math, or may be having family problems that make concentration on math difficult in a given day. Administrators are not trained to deal with the individual emotions of students/clients. The administrative focus is that of planning and management. In the medical model, there can be emphasis on highly intense emotions. This may include pathology related to deep anxieties and fears that a person may have not even

consciously admitted to himself or herself. In contrast, the contextual model focuses not on pathologizing emotions but in addressing common and normative fears and anxieties (Wampold, 2001) that many students experience. These normative fears may include concerns about going to a new school or of not being accepted by parents or peers. With the contextual perspective, school counselors can find a key balance, dealing with open and authentic emotions, while realizing that a school setting may not be the best place to process the most intense and complicated of emotions. Supporting students/clients in light of this balance can be helpful to their long-term academic achievement and overall well-being (Baskin, Slaten, Sorenson, Glover-Russell, & Merson, 2010; Park & Peterson, 2008). See Table 1 for a summary comparison.

Diagnosis. Regarding diagnosis, within the contextual model, the emphasis is on demoralization (Frank & Frank, 1991). The emphasis on demoralization means that issues are seen to broadly affect persons, across multiple domains. Concerns are not seen as naturally compartmentalized to different parts of the same person. This fits well with school counseling, as the challenges of students can be seen as affecting multiple domains and multiple perspectives. The lack of compartmentalization also fits with seeing student's experiences from a multicultural perspective, which crosses multiple domains. Students may see domains differently based on their cultural lenses. This broad perspective is in contrast to the specificity of diagnosis in the medical model (Wampold, 2001). In the medical model, problems are to be diagnosed with a specific problem and a specific treatment. Valuing this specificity tends to lead to a sense of separation of domains, rather than issues being interconnected. This specificity of diagnosis can be limiting for school counselors. Educational and administrative models proscribe teachers and administrators from diagnosing individuals. There may be issues of educational disability, but these are left to school psychologists to determine. The contextual concern with demoralization allows an opportunity for school counselors to address a wide variety of concerns, with a wide variety of students/clients, in a normative, nonstigmatizing way.

Pedagogy. With the contextual perspective, students/clients are subjects (not objects) within the process of learning about, and processing, their individual emotions and perspectives. The pedagogy behind the contextual perspective is to emphasize respect for the participation, attitudes, knowledge, insights, and volition of the students/clients (Frank & Frank, 1991). In many pre-K-12 school environments, filled with pressure to perform on standardized tests, an educational model can end-up emphasizing the learning of objectified knowledge. The learning of specific objective knowledge can

become the focus, regardless of a student/client's attitude and perspective toward that field of knowledge. Administrators often support and highlight a focus on standardized tests. This focus of standardized test results, regardless of the attitudes of students/clients, can lead to a lack of learning, when students/clients do not feel included in the process. In a medical model, there tends to be an emphasis on the counselor as being like a doctor. As the doctor, the counselor is seen as the expert who actively imparts knowledge and does activities with the patient as a passive object. In contrast, the contextual perspective sees learning, personal growth, and healing as a collaborative process where all participants are involved (Frank & Frank, 1991).

Knowledge of students/clients. In the contextual perspective, there is an emphasis on the individual differences of the students/clients. Their personal stories are important (Wampold, 2001). This is consistent with the origins of psychotherapy and counseling when Breuer and Freud (2000) saw clients with what seemed like neurological disorders (conversion disorders) and discovered the effectiveness of the "talking cure." Consequently, the power of an individual's narrative and a therapist/counselor taking the time to hear and understand that narrative was revealed. This emphasis on knowing the student/client as an individual is continued in the contextual perspective. For the medical model of mental health, there is also room for exploration of individual concerns. But in this area, the medical model may lead to a deep investigation of hidden personal concerns that may go beyond the scope of what is valuable for school counseling. In the educational model, performance on standardized tests, by its nature, does not emphasize the experience and talents of an individual as unique. In an administrative model, there is more of an emphasis on the broad management of a school, than on its individual student/client members. Thus, there is a contrast between the contextual model and other models in terms of knowledge of the students/clients.

Advocacy. In the contextual model, the school counselor is a broad advocate for the students/clients across a variety of domains and needs. The role of advocate is integral to the ASCA model (2012) and allows for congruency between the contextual perspective and the ASCA model. Chen-Hayes, Miller, Bailey, Getch, and Erford (2011) emphasized that through advocacy, school counselors can help empower students, parents, educators, school systems, and community stakeholders. This may include advocacy for a variety of concerns and issues (Dollarhide, Gibson, & Saginak, 2008). Advocacy may also include issues regarding levels of local, state, and federal funding that are given to schools for academic, social, personal, and mental health needs. This leadership fits well in terms of advocating for a system where students can express their individual concerns and are encouraged to take an

active role in their own pre-K-12 experiences. The medical model is conducive to advocacy toward specific diagnoses, and specific treatments, but less so for broad-based advocacy. Similarly, within educational models, advocacy is conducive to specific academic subjects, but again, less so for broad-based advocacy. For example, an orchestra teacher can encourage a student to participate with the orchestra in an event but might struggle to address how that same student's use of alcohol is jeopardizing his or her grades, across all subjects. An administrator would be in a position to have this conversation, but it would tend to be a more disciplinary conversation. It would fit naturally with the contextual perspective for a school counselor to have this conversation with a student/client in an authentic and supportive manner.

Basis of CSC

As seen above, many of the tensions between educational, administrative, and medical perspectives for school counselors can be bridged through the use of the contextual perspective. School counselors can better integrate their multiple roles through using the CSC approach, which has the contextual perspective as its core. CSC emphasizes context through integration of contextual psychotherapy principles with the school environment. This is primarily elucidated through linkage with the work of Frank and Frank (1991). The foundation of CSC is based on Frank and Frank's seminal work, which is built upon many previous years of investigation by Frank (1961, 1973). Frank and Frank theorize that all bona fide psychotherapies combat the root issue of demoralization, and do this through four major principles common to effective psychotherapy. These involve a confiding counseling relationship, a healing setting, a rationale, and active participation in a procedure. Applying this theory to CSC requires highlighting the major features of these principles and illuminating how they are relevant to counselors in a school setting. This can be seen in the following review of their four major principles.

Confiding Counseling Relationship

The first principle of Frank and Frank (1991) is that counseling involves an emotionally charged, confiding relationship, with a helper (commonly with the participation of a group). This highlights that it is critical for school counselors to assist students/clients in addressing their emotional concerns, it affirms the importance of school counselors in establishing a confiding, psychologically safe environment, and it encourages the helping role of

school counselors. It also posits the value of group interventions. School environments are ubiquitously engaged in an educational mission. However, the emotions of the students/clients are inextricably linked to how they view, perform, interact with, and value the educational mission of the school. Consistent with the contextual model, school counselors are uniquely trained to see and support the emotional domain of students/clients. They can provide the opportunity to process positive, negative, and complicated feelings on behalf of the students/clients. This processing has the potential to allow students/clients to deal with emotional challenges and to grow from these experiences (Galassi & Akos, 2004a). Within our model, CSC, counselors are trained to assist students/clients in addressing the normative fears and anxieties that many students experience. School counselors recognize that emotions play an important role in student/client behavior, and that the academic mission does not occur in an emotional vacuum.

In CSC, school counselors use confidentiality, competent microskills, and the expression of emotional concerns to provide a confiding relationship for students/clients. Part of CSC is that school counselors provide a uniquely confiding domain within the school setting. Counselors can assist students/clients in expressing and discussing their true feelings in the safety of a relationship with the counselor. This safe relationship for the student/client may in some schools be in stark contrast to the current emphasis on standardized tests. While teachers are pressured to have their students focused on testing, they are likely to communicate this pressure to students. Counselors need the latitude to hear from the students/clients when they are struggling to focus on their studies. This is also why school counselors should not be asked to play a major role in student/client discipline. They need to have all the opportunities possible to provide a supportive, confiding relationship.

In CSC, it is critical that counselors be encouraged, within the school setting, to have the broad characteristics of a helping agent, which may contrast the roles of teachers and administrators. In CSC, the school counselor is encouraged to be active in setting a positive tone with students/clients. They facilitate hope, positive expectations, and a high regard for all students/clients and their psychological experiences (Galassi & Akos, 2004b). School counselors help the students/clients to experience a different type of environment than they might without the counselor present. The unique opinions and assumptive worlds of the participating students/clients are supported by school counselors. Thus, the powerful contribution of the school counselor as a helper is a core part of CSC. Counseling psychologists and counseling educators are experts in this area, and have much to offer school counselors.

Finally, in this first core principle, Frank and Frank (1991) highlighted that group members (other students/clients) can be a valuable part of the therapeutic process. It is not just the relationships between school counselors and individual students/clients that matter, but rather that a therapeutic environment can emerge where students/clients share experiences and are able to benefit one another (see Yalom, 2000). This can be uniquely applied to schools, in that supportive student/client allies may not only be part of formal groups but also be found in peer discussions, teacher consultations, classroom interventions, family conferences, or school assemblies. A critical skill of school counselors is the ability to facilitate this helping tone within the school's academic setting. This relates to the healing setting, mentioned in the next core principle.

A Healing Setting

The second principle of Frank and Frank (1991) emphasized the importance of counseling taking place in a healing setting. CSC uses Frank and Frank's emphasis of a healing setting to encourage school counselors to create a supportive setting within the school environment to help students/clients to heal. The word *healing* initially may sound medical and clinical, but Frank and Frank used it for a different emphasis. They see the primary challenge for clients as demoralization and the primary role of counselors as helping to instill hope and positive motivation. School counselors can make their office, a classroom, or whatever setting in a school that they find themselves in, into a healing setting. They are capable and should be encouraged to make a part of the school environment into a specifically supportive setting.

In CSC, the student is seen also as a client—an active, unique, participant, not as a passive object. Thus, in this article, we use the term *student/client*. Part of making a healing setting within the school environment is affirming that youth are both students and clients. The description as “student” emphasizes the role as a learner of objective knowledge, but there is also the need to highlight the role as a “client” who has a set of subjective needs, wants, thoughts, behaviors, and emotions. The counselor hears and takes seriously the views of the students/clients. Also active in CSC is a large role for the volition and involvement of the students/clients. They are to be willing participants in interventions and see them as meaningful and relevant to their life circumstances. Their sincere participation is a key human need revealed by the contextual model. This affirmation of the individuality of the students/clients is a critical part of CSC.

A Rationale

The third principle of Frank and Frank (1991) involves a rationale, or conceptual scheme, that provides a plausible explanation for the client's symptoms and prescribes a ritual or procedure for resolving them. In CSC, a school counselor uses foundational knowledge related to the cognitive, physical, and social/emotional development of youth to create rationales and conceptual schemes about student/client challenges. To develop sound rationales and establish healing relationships with students/clients, cognitively, professional school counselors need to fully understand how students/clients receive information (i.e., concrete vs. abstract thinking), to most effectively communicate with them. Physically, professional school counselors must be aware of the physical changes that youth go through at different developmental stages and how these changes may impact various areas of students/clients' lives. Socially/emotionally, it is important that school counselors have a working knowledge of the behavioral manifestation of emotions and of the intrapersonal nature of emotions.

In building a rationale for working with at-risk students/clients, strengths-based counseling (Smith, 2006) can augment CSC. Strengths-based counseling is comprehensively congruent with CSC by valuing and using context when working with youth. It shares Frank and Frank's (1991) view that psychotherapy clients have tended to be overpathologized. From both perspectives, their rationales emphasize finding and augmenting client strengths. Strengths-based counseling is focused not just on youth but also on how to support at-risk youth. This occurs by looking at culturally bound strengths, contextual strengths, developmental strengths, adaptability, environmental strengths, and strengths from transcendence and polarity (Smith, 2006). School counselors can utilize all of these factors to find strengths within each unique student/client. Consistent with CSC, a rationale can then be developed to encourage, promote, and support the growth of these strengths, for at-risk youth, within the school environment.

Active Participation in a Procedure

The fourth principle of Frank and Frank (1991) involves a procedure or ritual that requires the active participation of both client and counselor and that is believed by both to be a core means of restoring the client's health. CSC includes procedures (counseling interventions) that have the role of combating demoralization and heightening hope for students/clients (Portman, 2009; Ratts & Hutchins, 2009). Demoralization typically involves a sense of

failed expectations and a feeling of powerlessness to change the situation. Frank and Frank highlight why remoralization in the face of unsuccessful adaptations to stress are so important. They emphasize the importance of demoralization precisely because of the propensity of clients to find unhealthy avenues to address their stress. These unhealthy avenues may commonly include avoidance, which applied to the school setting means that students/clients may attempt to ignore problems. It may also include confirmatory bias, where, in a school setting, a student/client may simply use a negative outcome to confirm a negative view of the world. Frank and Frank (1991) contended that, with the help of a counselor, clients can instead move toward making healthy choices and experience positive personal growth. This involves the clients examining their assumptive worldview so that their behaviors can lead to attaining their own goals. However, this personal growth is challenging, especially alone. A capable school counselor can be key in helping the student/client to increase hope, change his or her behaviors, and build positive motivation.

In CSC procedures, the basic connections between school counselors and students/clients are to build a therapeutic alliance. This alliance includes a trusting relationship where the students/clients engage with the school counselor. They are involved with one another. The students/clients bring their cares, concerns, and questions to the relationship. Accordingly, these are met with appropriately supportive comments, concern, and respect. Furthermore, responses are based on the best interest of the youths, and the alliance is built for the well-being of the youths. Thus, school counselors are advocates for the perspective of the youths. Part of the conducting successful procedures, that promote hope for those who are demoralized, is for the school counselor to be congruent with the unique concerns of the students/clients, potentially in light of significant administrative, community, and family forces that may diverge from the assumptive worlds of the students/clients.

In CSC, school counselors have broad flexibility for implementing a variety of interventions that fit the specific needs of students in their schools. CSC procedures include activities relevant to the school environment, where personal, social, academic, and career concerns are integral to a wholly successful school experience. School counselors are thus free to take into account the racial and cultural priorities of the students, along with other values (Portman, 2009). Goals can be broad, yet entirely student and school appropriate. For example, poor academic performance may be integral to specific personal issues. Depending on family values, emphasis on one or the other may be more productive, but both can fall within the realm of school counseling procedures, with the overall goal of increasing hope and supporting positive motivation.

In CSC procedures, school counselors need to have a working knowledge of how to communicate effectively with youth, and have an understanding of what motivates, and actively engages, their students/clients most effectively. In order for counseling-related activities to affect students/clients, one of the key components is their personal investment to change and grow (Lynch, Vansteenkiste, Deci, & Ryan, 2011; Ryan, Lynch, Vansteenkiste, & Deci, 2011). School counselors need to be aware of the different potential motivations for seeking counseling services within a school setting. Youth in schools frequently interact with the school counselor based on external regulation. That is, there are often pressures from the outside to engage in behavior or attitude change. Some of these pressures may include a concerned parent requesting that a student see the counselor, a referral from a teacher or principal, or students having significant academic or behavioral issues in the classroom. Perhaps less frequently, a student/client could be motivated to see the counselor because of largely intrinsic reasons (e.g., intrinsic motivation, integrated regulation, introjected regulation; Ryan et al., 2011). It is imperative that the school counselor has an appreciation for the motivation of each student/client that they work with, to most effectively help them to build positive motivations.

Empirical Data and the Contextual Model

Extant empirical studies are supportive of the CSC model. The contextual model has not specifically been empirically measured, yet the empirical data overwhelmingly support it through related analyses (Wampold, 2001). Similarly, the value of CSC draws from related meta-analyses. This is revealed by examining three main points: (a) the contextual perspective vis-à-vis the medical perspective of psychotherapy/counseling is better supported by the current corpus of empirical data, across a wide variety of concerns, diagnoses, treatments, and therapists; (b) the broad efficacy of counseling has been shown empirically to exist with youth and in the school environment; and (c) the efficacy of counseling for youth extends beyond simply the domain of mental health, into the domain of academics. We expand on each of these issues of empirical data.

The contextual model of counseling is supported by the empirical data on the efficacy of psychotherapy. The medical model posits specificity as fundamental, that is, that efficacy is rooted in matching specific diagnoses to proper specific treatments. The contextual model posits efficacy as being based in general contextual factors and not predominately found in the specificity of matching diagnoses to treatments. The truth of which claim is stronger is

analyzed by comparing bona fide interventions from different theoretical orientations. In support of the contextual model, Rosenzweig (1936) conjectured that psychotherapies were uniformly efficacious and that common factors were responsible for the main benefits. As a metaphor for this, Rosenzweig mentioned the Dodo bird from *Alice in Wonderland* (Carroll, 1992), who at the end of a race declared, "Everybody has won, and all must have prizes" (p. 34). This has become known as the Dodo bird effect. To test this effect, Wampold et al. (1997) did a meta-analysis where they compiled a base set of 277 treatment comparisons from 1970 to 1995. This seminal work suggests that no one theoretical orientation was more powerful than another, affirming the Dodo bird effect. The Dodo bird effect supports the view that efficacy is not rooted in medical perspective specific treatments but is rooted in common factors congruent with a contextual perspective. This is further affirmed in the empirical data by the fact that component studies have failed to show specific effects (Ahn & Wampold, 2001). Consequently, the current corpus of empirical data is supportive of the contextual model vis-à-vis the medical model of psychotherapy/counseling.

To show support for CSC, bona fide counseling interventions need to broadly show efficacy with youth, and in particular show this efficacy within the school environment. In a comprehensive meta-analysis, Weisz, Weiss, Han, Granger, and Morton (1995) estimated $d = 0.54$ for youth psychotherapy. These analyses established the general efficacy of youth psychotherapy interventions within the child clinical psychology literature.

From a school counseling perspective, Baskin, Slaten, Crosby, et al. (2010) investigated 107 counseling intervention studies with 132 treatment outcomes, all conducted in schools. In a meta-analysis, they estimated $d = 0.45$ as an overall effect size across interventions. This analysis revealed the efficacy of counseling interventions within the school environment. Further examination of the meta-analysis by Baskin, Slaten, Crosby, et al. gives added empirical support for CSC. They found that licensed professionals (mainly school counselors) significantly outperformed paraprofessionals (mainly teachers) and graduate students, across all outcomes. This result supports the use of school counselors as an effective mechanism to support mental health in schools. In addition, the empirical studies in the meta-analysis targeted many areas important to school counseling. To wit, different interventions concentrated on social growth (e.g., Adalbjarnardottir, 1993), children of divorce (e.g., Zubernis, Cassidy, Gillham, Reivich, & Jaycox, 1999), learning challenges, (e.g., Wiener & Harris, 1997), low-achieving children (e.g., Shechtman, Gilat, Fos, & Flasher, 1996), violence prevention (e.g., Rollin, Kaiser-Ulrey, Potts, & Creason, 2003), chronic behavior issues

(e.g., Robinson, Smith, & Miller, 2002), children of alcoholics (e.g., Riddle, 1997), teacher–student relationships (e.g., Murray & Malmgren, 2005), anger reduction (e.g., Deffenbacher, Thwaites, Wallace, & Oetting, 1994), stress management (e.g., Hains, 1992), bullying (e.g., DeRosier, 2004), substance abuse prevention (e.g., Cherry, Belgrave, Jones, Kofi Kennon, & Phillips, 1998), trauma (e.g., Carbonell & Partelano-Barehmi, 1999), and many others. Thus, empirical studies reveal the strength of a wide diversity of interventions that are consistent with Frank and Frank’s (1991) four major principles, are integrated within the school environment, and support the CSC model.

There is empirical support for the claim that CSC interventions have efficacy beyond the domain of mental health, into the domain of academics, therefore connecting CSC with the academic mission of schools. This point can be seen clearly in a study by Shechtman et al. (1996) with 142 low achieving elementary school students/clients. All participants received extra academic support from expert teachers in a small group format. Half of these students/clients were randomly assigned to the experimental condition, where they also received interpersonal group therapy, run by a school counselor. The children receiving the added interpersonal group intervention did significantly better on all four academic measures that were used. This suggests that academic achievement is not simply a matter of expert educational intervention, but that CSC support can play an important role. Consistent with this conclusion beyond a single study, Baskin, Slaten, Sorenson, et al. (2010) looked to better understand the impact of counseling on youth academic performance. They analyzed 83 counseling intervention studies, with 102 treatments, that included measures of both mental health and academically related outcomes. They estimated $d = 0.50$ for mental health outcomes, and for these same interventions teacher-rated classroom behavior ($d = 0.26$), academic achievement ($d = 0.36$), school environment–related outcomes ($d = 0.26$), and self-reported academically related outcomes ($d = 0.59$). Each of these effect sizes differed significantly from zero. In addition, participant racial and ethnic diversity was explored as a moderator. Ethnically diverse participant groups in the studies fared better academically than did nondiverse groups. All these outcomes do not conclusively prove the worth of CSC, but they are strongly suggestive that counseling interventions support both mental health and academic outcomes of youth, consistent with CSC.

Conclusion

In conclusion, we advocate that if school counselors use CSC, based in the common factors of contextual psychotherapy, and appropriately apply them

within the pre-K-12 school environment, they will be operating with a congruent core philosophy, and they will benefit their students/clients across a variety of domains. This approach is consistent with the current corpus of empirical research in the area and can augment the ASCA (2012) national model. This also can be used by counseling psychologists and counseling educators to better connect their clinical mental health expertise to the training of school counselors. That is the topic of the article that follows (Slaten & Baskin, 2013).

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