

**Elementary School Counselors' Collaboration With
Community Mental Health Providers**

Kristen Moran
Clemson University

Nancy Bodenhorn
Virginia Tech

Abstract

Perceptions and experiences of elementary school counselors' collaborative efforts with community mental health providers are examined through this exploratory phenomenological study. Ten participants engaged in two in-depth interviews.

Collaboration was considered an effective way to increase services to students and their families. Six themes emerged: interactions in collaboration, commitment to collaboration, benefits of collaboration, components of effective collaboration, barriers to collaboration, and changes needed to collaboration. Implications for school counselors and counselor educators are discussed.

Keywords: collaboration, school counselor, community mental health provider

Elementary School Counselors' Collaboration With Community Mental Health Providers

According to the US Department of Health and Human Services, US Department of Education, and US Department of Justice (2000), "Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by the very institutions and systems that were meant to take care of them" (p.1). School systems are among the institutions that are responsible for meeting children's needs. Although academic achievement is the main objective of a school, it has been shown that psychosocial and mental health needs can affect learning and in turn, affect student and school success (Center for Mental Health in Schools, n.d.-b; Walsh & Galassi, 2002). Therefore, schools must find a way to assist in meeting this challenge.

While collaborating with clinical mental health providers (CMHP) is among the options to potentially meet this challenge, little is known about this collaboration process. The current study attempts to provide some initial understanding by exploring the perceptions and experiences of elementary school counselors who have collaborated with CMHP to provide support for school children.

Mental Health Needs in Children

A variety of sources have described the significant mental health needs of children in the United States (see Center for Mental Health in Schools, n.d.-a, n.d.-b; Hodges, Nesman, & Hernandez, 2001; National Alliance on Mental Illness, 2007; The Campaign for Mental Health Reform, 2003). According to Evans (2009), approximately one in five children have actually been diagnosed with mental, emotional, or behavioral

disorders. This number increases when considering the children who suffer from psychosocial problems that are not diagnosable (Center for Mental Health in Schools, n.d.-b). In a survey funded by U.S. Department of Health and Human Services and Office of the Surgeon General (1999), 73% of schools reported that the most common mental health category for elementary students is personal/social problems involving family and/or friends. The second most prevalent issue for male students included displaying physical aggression. Anxiety was the second rated mental health issue for female students (Foster et al., 2005). Other disorders that are prevalent in children include depression and attention deficit hyperactivity disorder (Substance Abuse and Mental Health Services Administration, 2003). Unfortunately, many of these children do not receive services for their mental health needs due to various barriers (Walsh & Galassi, 2002; Weist, Lowie, Flaherty, & Pruitt, 2001). These barriers can include demographic factors, personal attitudes, and organizational constraints (U.S. Department of Health and Human Services & Office of the Surgeon General, 1999).

Role of School Counselors

Many students struggling with mental health issues are unable to learn in school and their overall academic performance suffers. "Addressing psychosocial and mental and physical health concerns is essential to the effective school performance of some students" (Center for Mental Health in Schools, 2008, p. 1). School counselors have the advantage of being a part of the child's daily life, allowing them to be in a position to not only identify possible mental health issues but to also provide intervention and support services to the children (Geroski, Rodgers, & Breen, 1997) through individual and small group counseling. School counselors are trained within a master's level degree

curriculum to not only address a student's academic needs, but also their developmental and personal/social needs. They are also guided by the Ethical Standards for School Counselors, which states that school counselors should be concerned with the development of the whole student (academic, career, personal/social); not just the educational needs (American School Counselor Association, 2010). School counselors have the responsibility not only to identify possible mental health issues, but also to provide intervention and support services to students.

School counselors often serve large caseloads of students (ASCA, n.d.) through the delivery component described by the ASCA National Model. Delivery components include school counseling core curriculum, individual student planning, responsive services and indirect student services (referrals, consultation, and collaboration) (ASCA, 2012). The average student-to-counselor ratio in 2010-2011 was 471 to1 (ASCA, n.d.). Large student caseloads along with a variety of administrative duties often force school counselors to conduct very brief counseling and deliver services to large groups of students (Porter, Epp, & Bryan, 2000). They also have limited time to provide the extensive treatment that some students require; instead they often refer those students to community mental health providers (Porter et al.).

Collaboration, one of the four ASCA National Model themes, is an important way that school counselors can assist students with mental health issues and address barriers to learning (ASCA, 2012; Hodges et al., 2001; Trusty, Mellin, & Herbert, 2008). "Through school, family, and community collaboration, school counselors can access a vast array of support for student achievement and development that cannot be achieved

by an individual, or school, alone” (ASCA, 2012, p.6). In fact, the American School Counselor Association ethical standards indicate that the school counselor should collaborate with various entities in the community to more effectively serve the students (ASCA, 2010).

There is little research examining the ways in which school counselors collaborate with mental health professionals in the community. Research that has been conducted has included school counselor collaboration with other educational personnel, physicians, and mental health providers within the schools and has been both quantitative and qualitative in nature (Brown, Dahlbeck, & Sparkman-Barnes, 2006; Dickel, 1978; Guess, Gillen, & Woitaszewski, 2006; Staton & Gilligan, 2011). Two research efforts appear to be the most relevant to this line of research. Gibbons, Diambra, & Buchanan (2010) surveyed K-12 school counselor’s perceptions and attitudes about collaboration. The second study, by Lloyd-Hazlett and Heyward (2013), used focus groups to study school counselor experiences collaborating with family counselors. Although these studies are related to the research conducted in this article, this study specifically focused on understanding the experiences of school counselors that have been involved in collaborative relationships with clinical mental health providers outside of the school. No other research has specifically looked at this relationship in a phenomenological way using face-to-face interviews.

Definition of Collaboration

Various definitions and models of collaboration have developed over the years. The definition for collaboration that was used for the purposes of this study was “...a

style for interaction between at least two co-equal parties voluntarily engaged in shared decision making towards a common goal” (Friend & Cook, 2013, p. 6).

The researcher considered three basic models of collaboration to guide this research (Bronstein, 2003, Friend & Cook, 2013, Hodges et. al., 2001), since there was not one model that met the needs of the study. A few characteristics of collaboration are common to these models, including: personal commitment of the people involved in the collaboration (Friend & Cook, 2013; Hodges et al., 2001; Mostert, 1998; Rubin, 2009); interactive relationships among collaborators (Brown, Pryzwansky, & Schulte, 2006; Rubin, 2009; Sheridan, 1992); effective communication from all parties involved (Brown et al., 2006; Seaburn, Lorenz, Gunn, Gawinski, & Mauksch, 2003); common purpose or a goal for the collaboration (Fishbaugh, 1997; Hodges et al., 2001; Mostert, 1998; Rubin, 2009; Sheridan, 1992); shared responsibility and decision making (Caplan & Caplan, 1993; Friend & Cook, 2013; Hobbs & Collison, 1995; Mostert, 1998; Sheridan, 1992; Taylor & Adelman, 2000); and context or the logistics of the process (Friend & Cook, 2013).

Purpose of the Study and Research Question

As stated above, the United States has seen an increase in school-age students who have unique mental health needs, and schools alone are not able to adequately address those needs (Dougherty, 2000; Walsh & Galassi, 2002). In fact, according to Taylor and Adelman (2000), “...schools, homes, and communities must collaborate with each other if they are to minimize problems and maximize results” (p. 298). Based on past research, there is still a need in the literature of the qualitative nature, on understanding the experiences of school counselors’ collaborative efforts specifically

with community mental health providers. It is important to note the definition of community mental health provider for the purpose of this research: licensed professional counselors (LPC), licensed clinical social workers (LCSW), psychologists and psychiatrists who work in private practice or as part of a larger organization, such as community service boards and other agencies. The research emphasis was on collaboration with professionals who do not work within the schools, are not employed by the school systems, and did not include child protective services.

Research Design

Qualitative research allows for thick description, interpretation, and context of collaboration, which are all goals of this research. The importance of qualitative research is that it informs others about the phenomenon (Heppner, Kivlighan, & Wampold, 2007). Due to the focus of this research, a phenomenological qualitative research design was used for this study. Phenomenological research allows for a focus on people's individual experiences (Patton, 2002).

The researcher began the research design through a process of self-reflection (Laverty, 2003). Self-reflection was important to the researcher, who was employed as a school counselor at the time of the study, because it allowed awareness, "...of one's biases and assumptions in order to bracket them, or set them aside, in order to engage the experiences without preconceived notions about what will be found in the investigation" (Laverty, 2003, p. 17). Bracketing allows the researcher to discover the true essence of the experience as described in Husserlian phenomenology (Kafle, 2011) as well as increase the trustworthiness of the research.

Purpose of the Study and Research Question

The purpose of this phenomenological study was to explore elementary school counselors' collaborative experiences with community mental health providers. A better understanding of these experiences may help guide effective collaborative practice between the two parties. The guiding research question for this study was: What are the perceptions and experiences of elementary school counselor's collaborative efforts with community mental health providers?

Method

Participants

Selection of participants was based on a purposeful sample. A purposeful sample is one that best informs the researcher and the audience of the topic being studied (Creswell, 2012; Polkinghorne, 2005). The selection criteria for this study were two-fold: (1) the participant must currently (at the time of the interviews) be employed as an elementary school counselor, and (2) the participant must be collaborating or have previously collaborated with community mental health professionals (as defined earlier).

Upon approval from the university IRB, guidance coordinators for nine school districts in a mid-eastern state, or other administrators with knowledge of the elementary school counselors in their district, were contacted and told about the specifics of the study. The researcher made initial contact through a formal letter and then through a follow up phone call, and asked the coordinator or administrator for each district to provide names and contact information for elementary school counselors who met the criteria. The researcher then contacted potential participants by phone to assess their interest in being an interviewee. Each participant was mailed a copy of the research

abstract, informed consent form, and the demographic survey to be completed before the scheduled interview.

Ten elementary school counselors' face-to-face, semi-structured interviews provided data for this study. This type of interview was used as it allowed for a more detailed description of the participants' experiences of the phenomena (Hays & Singh, 2012). Data saturation was used to define the overall number of participants in this study; the researcher determined that data saturation had been reached with these ten participants. This determination was made through immersion in the data throughout the interview process, redundancy in participant responses, and the realization that no further information could be gleaned from additional interviews (Sandelowski, 1986). Participant demographics were collected through a short written survey. Of the ten participants, nine were female and one was male, all Caucasian, with a mean age of 50.6 years (range = 39 – 65). Participants represented four different school districts that included urban, suburban, and rural settings. Participant demographics can be seen in Appendix A, Table 1. When considering all four school districts, the ethnic breakdown of the students served included 69% Caucasian, 24% African American, and 6% other. Eleven percent of the students were identified as special education and 36% received free and reduced lunch. Free and reduced lunch is an indicator for those students considered economically disadvantaged.

Data Collection

Interviews were the primary source of information in this research as they are the main way to understand one's perceptions and experiences (Patton, 2002). An interview guide approach was used for the framework of the interview, involving the use of

standardized open-ended questions to provide structure (Patton, 2002). This provided the opportunity for participants to pursue topics that were important to the overall research purpose and it also allowed for elaboration and probing from the initial open-ended questions. According to Patton (2002), this is an acceptable approach:

“Collecting the same information from each person poses no credibility problem when each person is understood as a unique informant with a unique perspective” (p. 347).

The three basic models of collaboration (Bronstein, 2003; Friend & Cook, 2013; Hodges et al., 2001) were used to formulate the initial interview questions. Each participant was assigned a pseudonym to protect confidentiality. In addition, pseudonyms were used for names of community mental health providers, students, and any other identifiers that were discussed as part of the interview. Prior to the start of the interview, the researcher reiterated the purpose of the study and the participants were reminded of the definition of collaboration and community mental health provider(s) to clarify discussion. The initial question that started the interview was: Tell me about a time that you have collaborated with a community mental health provider on behalf of one of your students. See Appendix B for the complete list of interview questions.

Each participant was interviewed two times, face-to-face, for an average of 67 minutes total time. The first in-depth interview focused on the main interview questions, including the participant’s history related to the topic of collaboration with mental health providers. All interviews were digitally recorded and transcribed. The participant was provided a copy of the transcript of the first interview prior to the second interview, scheduled approximately two to three weeks later. The researcher used member checks, giving participants time to review their initial responses and provide clarification,

if necessary, during the second interview. The purpose of the second interview was also to allow the interviewer to ask additional questions based on the information discovered during the first interviews. In addition to interviews, field notes and a reflexive journal were kept by the researcher during the interview process to enhance the data.

Trustworthiness

The researcher employed various procedures to increase the trustworthiness of the data. The extended engagement of the two face-to-face interviews allowed the researcher to validate the information received from the participants and increase the believability of the data (Creswell, 2012). This was also accomplished through member checks, which allowed the participants to review their interview transcriptions (Hays & Singh, 2012). In addition, triangulation of the interviews, field notes, a reflexive journal, and demographic survey data allowed the researcher to increase the credibility of the resources. Lastly, the second author served as the auditor and peer debriefer for the study.

Data Analysis

As Hatch (2002) stated, "Analysis means organizing and interrogating data in ways that allow researchers to see patterns, identify themes, discover relationships, develop explanations, make interpretations, mount critiques, or generate theories" (p. 148). Data analysis incorporated four types of data: two face-to-face interviews, field notes, a reflexive journal, and demographic survey data. Ultimately, the data were analyzed by a constant comparative method, with a three-iteration code mapping process, allowing for the development of themes (Anfara, Brown, & Mangione, 2002).

The first iteration, as described by Anfara et al. (2002), included a surface content analysis where the information collected were brought into “manageable chunks” (p. 32). This allowed the researcher to find similarities between the participants and develop initial coding, as mentioned by Miles and Huberman (1994). This was done through the recognition of certain words or categories that were prominent in the large amount of data. Constant comparative analysis occurred during the second iteration of the data. During this process, data from the first iteration were compared and combined into categories by way of created patterns. The data was compared both among and within categories (Anfara et al., 2002). This analysis allowed for codes from the first iteration to be developed into categories. In the final iteration of analysis, categories that describe the concept of collaboration were acknowledged and developed into themes. Participant narratives were used to relate the essence of elementary school counselor collaborative experiences with community mental health providers.

Findings

The interviews led to thick, rich data that was used to develop themes related to collaboration between elementary school counselors and community mental health providers. Six overall themes with multiple sub-themes emerged from the data.

Theme 1: Interactions in Collaboration

Participants discussed in-depth the type of interactions they had when collaborating with community mental health providers. Most of the interactions were initiated by the school counselor and were reported as constructive and supportive of the student involved, including both knowledge sharing and goal setting strategies. Collaboration between the school and community counselor increased consistency for

the student and the families, resulting in better behavior both at home and at school. As one of the study participants discussed the role of goal setting, Darcy, indicated:

We do. We do. And that's one reason why they (in-home counselor) met with us. Like they might set a goal that he (student) would not hit...we would reinforce that goal here at school, and they would reinforce it at home...the fact that they wanted goals set with us and follow through and support what they're doing, what we're doing here, and then what we're doing at home, and sitting down and actually trying to plan it out – that was good. That was good.

There was an additional interaction between the school counselor and community mental health provider that was shared by two of the participants. The school counselors participated in collaboration by interacting with the community mental health provider but they did not receive feedback on their effort. Jessica stated,

We never know what becomes of the information; whether its useful information or whether it turns out it was even – perhaps even misguided information. I won't say false information, but – misinterpreted information....We never get any feedback.

Participants believed that it would have been helpful to know what resulted from sharing the information, whether positive or negative. This would allow for the school counselor to know if the collaboration assisted in helping the student.

Theme 2: Commitment to Collaboration

Participants were asked to describe their own personal commitment to collaborative efforts with the community mental health providers, and they discussed this in relation to meeting the needs of the student. They reported that no one counselor could do the job of helping the student. A team of support services both in the school and in the community is essential. Particularly with large student loads, school counselors are aware that they cannot meet the needs of all of their students.

Participants believed that the CMHPs' level of dedication depended on the individual and investment in the student. Jessica believed there was more commitment to collaboration when there was more investment in a particular student. She stated,

If they're invested in that client, they'll go the extra mile. They'll meet with me after school or they'll go see that client play ball. It just depends on their commitment and their intensity and level of involvement with that particular client...

As a result of community mental health providers failing to initiate contact with the study participants and/or not responding to participants' requests for information, a few participants believed the personal commitment was minimal from the community mental health provider with whom they interacted. Despite discussing their commitment to collaboration, some participants talked about the need to do more collaboration and to be more committed to the process.

Theme 3: Benefits of Collaboration

Throughout the interviews, participants were consistent in discussing the importance and benefits of collaboration in meeting the needs of the students. Combined resources and support provided a more complete picture of the student's situation, as explained by Mandy:

So I think it gives a better picture, a more complete picture, if the two agencies work together....I think it gives a better picture of what's going on in the whole kid's life. So , there might be a problem at home that's not showing up here at school, or there might be a problem at home and could be an indication that it's gonna come into his classroom and affect his performance.

In addition, participants identified the benefit of having these resources to provide reinforcement for issues that are being addressed.

The benefit of consistency is evident in the following description of a collaborative effort that provided more efficient services for the family.

I guess in this particular case this counselor telling me this is what we're working on with mom, and I was doing it with mom too but kind of reinforces yeah, I need to keep pushing this with her because this is what the outside counselor is doing and this is the right direction to go with mom...for me to give mom the same message...

Ultimately, participants stated the reason for collaboration was for the benefit of the student. Elementary school counselors and community mental health providers collaborate because they want to see the student improve. Participants discussed the importance of the schools working with outside resources because one person alone often cannot support the issues students face at this time. By collaborating, the participants have witnessed more success for the student.

Time was also seen as a benefit of collaboration because participants believed collaboration allowed for better use of their time as a school counselor. Dana stated,

But with collaboration, it's wonderful because I have the opportunity to know which direction to go in and what I am trying to approach, or what topics or what the child really needs...I don't waste time going off in one direction and then another...So, I think it's a time – it's effective for time use – your time on task.

Participants also discussed that collaboration allows for less duplication of services and better planning, both allowing for more effective use of time.

A secondary benefit of collaboration for the community mental health provider was the building of ones' clientele (business). One participant indicated that if a good relationship is established, then the school counselor is more likely to refer a student to that CMHP.

Theme 4: Components of Effective Collaboration

Communication was what participants most frequently stated as a component of effective collaboration. Although telephone was the most common communication method discussed by participants, one participant discussed an increase in the use of email for communication. Other participants were very cautious of using email for communication purposes due to the possibility of breaching confidentiality and school system regulations. Participants also believed that once communication was established, that the school counselor and community mental health provider should be committed to staying in touch and communicating honestly and openly.

Relationship building was important to establishing effective collaboration. The opportunity to network allowed for elementary school counselors and community mental health providers to build these relationships. They stated this happened most often at shared professional meetings.

Logistical issues were also described as important components of collaboration. In addition to time constraints, which impacted many areas of participant responses, parental release of information was a common issue. One school counselor, Delaney, suggested,

...it would be great if when a child starts with a private provider (CMHP) if the provider would ask the parent right up front in the initial intake if they'd be willing to sign a release to talk to their school counselor...to get information about how they're doing socially and academically. I think it would be a big help to just open that door immediately...

Many of the participants discussed the importance of the release of information but explained the difficulty in accomplishing this task.

Theme 5: Barriers to Collaboration

Times and/or schedules was one of the most often mentioned barriers to collaboration. Participants talked about the differing schedules and trying to communicate with community mental health providers in between clients. School counselors only have work hours during the daytime, such as 8:00am – 3:00pm. Some community mental health providers may only work evenings. This made meeting, or even talking directly on the telephone, challenging; yet the challenges of relying solely on email was also an ethical consideration.

Frequently, the school counselor did not know that the student was seeing an external counselor. Participants speculated that parents did not want the counselors to talk with each other, or did not see the importance and support. When participants were told that the student was seeing a CMHP, many of the participants would attempt to contact them and experienced a lack of response. They would leave messages or make multiple phone calls and have no response. The school counseling participants were unaware of the reasons for this lack of response but believed it was due to the lack of a signed release of information or an overall disinterest in collaborating.

A few of the participants discussed the importance of community counselors having an understanding of what can be accomplished in the school setting. They shared the perception that the community mental health provider does not understand the school counselors' role, responsibilities, and clinical skills.

Distrust was also a barrier included in the discussion on collaboration. One participant, Jessica stated:

And I think that's part of the problem (trust). They don't feel like they can trust us. They don't want to cross that confidentiality line and you know, this is a school

setting, so is she gonna run, tell the principal and the teachers and that kind of thing. So there's not really an appreciation of we're really all on the same wavelength.

Theme 6: Changes Needed in Collaboration

When participants discussed change in collaboration, they felt there needed to be an increase in communication. One participant, Krista, indicated that communication between school counselors and community mental health providers should happen when the issue may impact the child at school.

The idea is that if a counselor was seeing a kid...if they're working with the child on an issue that is directly impacting their school day, be it behavior, be it some sort of emotional situation, whatever. If it's having a direct impact on the school day and they could call and say, in my experience in working with children with this particular issue, this is what y'all need to do, that would be great.

Overall, participants believed that the amount of communication should increase and happen on a more consistent basis. Kayla stated,

I would think more of it. I would love to have any mental health person that's working with a kid call and say, "Hey, have you seen these behaviors? This is what's being reported to me – do you see that happening at school or looking at what's going on with them at school? Are their grades good? Are their grades bad? Are they happy? Are they sad? Are you seeing depression...And not just rely on the parents giving that information." So I think more collaboration is what we need.

Networking opportunities were also mentioned by over half of the participants.

The school counselors believed there needed to be increased opportunities for interaction between school counselors and community mental health providers because these interactions allowed for the building of relationships and the development of trust.

Russ discussed the need for networking opportunities:

Just to learn more about them (community mental health provider)...we have had some meetings before where we would have some counselors or people from other agencies in to share more about their services...and also for them to learn more about what we do in the schools. Just meeting and talking about what we do and how to make referrals. How to set up a collaboration.

Discussion

This exploratory phenomenological study was conducted to begin to understand the perceptions and experiences of elementary school counselor's collaborative efforts with community mental health providers. Although there is a vast amount of research on collaboration, there was very limited research related to this particular type of collaborative effort prior to this study. Overall, the results provide a more complete picture of collaborative efforts between school counselors and community mental health providers. The participants described their commitment to collaboration as high and firmly believed that collaboration was necessary to meet the needs of today's students. Schools and communities have realized that no one school or organization/agency can resolve these issues alone (Dougherty, 2000). Current student issues are more complex than what school personnel are set to deal with and require a multifaceted approach by many professionals (Bemak, 2000). This was counter to previous research that stated collaboration with community agency personnel was least important of all collaboration efforts (Gibbons et al., 2010). Not only was collaboration necessary, but participants also believed that students were more likely to improve as a result of collaboration. This is consistent with the literature (Hobbs & Collison, 1995; Taylor & Adelman, 2000) as Dickel (1978) states, "With professionals working together as a team, the probability of children getting the help they need is increased tremendously..." (p. 40).

With that being said, the participants identified many of the necessary components of collaboration that have been found in previous research. The most often stated components included an interactive relationship, consistent and truthful communication, and time. Participants also identified many barriers to collaboration that were consistent with previous literature (see Hodges et al., 2001). The two most common barriers discussed were lack of time and the lack of communication. The school counselors had some ideas about why there was a lack of communication, including potentially a lack of trust and different goals. Participants believed that trust must be present for collaboration to occur which has been stated in previous research (Tschannen-Moran, 2001). It was also thought that the lack of communication (and collaboration) was due to a misunderstanding of roles within their respective fields. Lloyd-Hazlett and Heyward (2013) discussed similar concerns about professional identity within the counseling field. In the end, participants believed that changes did need to take place in collaboration between elementary school counselors and community mental health providers, including more consistent communication, increased networking opportunities to build relationships, and in general, more collaboration.

Limitations

Several limitations should be considered when interpreting the results of this research. First, this study was conducted in one geographic area of one state. In addition, the participant demographics were rather homogeneous. All of the participants but one were female and they were all elementary school counselors. Collaboration may be experienced differently for male school counselors as well as at the secondary

level. Also, this study included only those school counselors who were currently collaborating or had collaborated in the past. Therefore, this study does not represent the experiences of school counselors who may not have chosen to collaborate in situations where it may have been useful. Lastly, many of the participants experienced a reluctance or disinterest from the CMHP to collaborate. It is not clear how common this is among school counselors.

Implications

There are several implications of the current research for both school counselors and counselor educators. First, school counselors must be proactive and take advantage of more opportunities to network and build professional relationships with community mental health providers. All participants discussed the importance of the relationship to the collaboration. School counselors reported a sense of distrust, and trust is most effectively built through relationships. Networking allows for these relationships to be built and connections made for future collaboration. A major opportunity for networking is through professional conferences at the national, regional, and state levels. Conferences that bring together counselors from different professional settings allow for counselors to find common ground, which is an important starting point to the building of a relationship. It seems important for professional organizations to continue sponsoring conferences with counselors who should ideally be working together. Attendance may require school counselors to advocate for time and support from administration regarding these professional meetings. Opportunities may also occur within a school counselors' school district through in-services provided during the school year.

School counselors also have a responsibility to educate parents on the benefit of collaboration with community mental health providers. Parents need to understand the importance of collaboration in helping their children. The research has shown that collaboration provides additional resources, support and provides for better overall results (Hobbs & Collison, 1995; Gajda, 2004; Mostert, 1998; Taylor & Adelman, 2000). School counselors can educate parents through various venues, including parent information nights, brown bag lunches, the school counseling website, and newsletters. Specifically, when communicating with parents of children that are recommended for external support or counseling, the school counselor or administrator can take advantage of this interaction to discuss the benefits of collaboration between the provider and the school counselor, and request that the parent initiate a consent form for collaborative communication to take place.

In addition, school counselors should advocate for time to allow for more collaboration. School counselors have an ethical responsibility to collaborate (ASCA, 2010). As discussed previously, counselors caseloads are increasing due to budget constraints, and the number of duties they are asked to accomplish are expanding, many of them not of the counseling nature. School counselors in turn need to advocate for themselves and other counselors to have more time to collaborate and meet the needs of their students. School counselors can educate their administrators about collaboration, including the potential benefits. This education should also include specifics on how the school counselor can collaborate with different constituents in the community. Collaboration can be a part of the discussion when school counselors work with their administrators to complete their annual agreements as part of the ASCA

National Model. These agreements "...ensure formal discussion between the school counselor and administrator about the alignment of school counseling program goals with the goals of the school and can increase an administrator's understanding of a comprehensive school counseling program" (ASCA, 2012, p. 46).

Counselor educators should ensure that future school counselors and community counselors are taught the importance of collaboration. The 2009 CACREP standards indicate that students should understand the ways in which collaboration can assist in student development and welfare, and develop the skills to be able to collaborate effectively with professionals in the community (Council for Accreditation of Counseling and Related Educational Programs, 2009). Counselor educators can accomplish this by providing opportunities for students to develop the skills necessary for effective collaboration. These include interpersonal, communication, and problem-solving skills, as well as, developing skills incorporating cultural diversity. The skills also include being able to work with groups and organizations and incorporating ethical and professional behaviors. This can be accomplished through case examples, role-plays, and through student practicum and internship experiences.

Counselor educators should also inform future school counselors about the realities of a school counseling position, and in particular those aspects (e.g., caseloads, administrative responsibilities) that might serve as barriers to effective collaboration. Many of these aspects can be communicated through education of the components of the ASCA National Model. Counselor educators can also include current research related to school counselors' experiences in the field. Further, they can provide opportunities to help school counselors acquire skills to effectively communicate

with the different constituents they will encounter. This ideally will take place through their practicum and internship placements. Site supervisors can provide real life opportunities to interact with administrators, teachers, parents, and community members.

Counselor educators can build relationships within the community for collaboration to occur thereby helping graduate level counselor education students. This collaboration primarily involves relationships between the counselor education program and the schools, but can also include community agencies. This not only provides an example for students but also allows for counselor educators to support the growth of future counselors.

Recommendations for Future Research

This study only included a small sample of elementary school counselors in one geographic region. Future research may include a quantitative study, using a survey, to access a larger number of school counselors across the state as well as the country. Research targeting middle and high school counselors is also needed to examine the experiences with different ages of student. An earlier study (Gibbons et al., 2010) found that school counselors rated collaboration with community agency personnel as least important of potential stakeholders. Further research would help to understand the beliefs that school counselors have about the importance of this collaboration, as the counselors in this study reported strong commitment to working together. Finally, examining the perceptions and experiences of the community mental health providers would provide an important comparative perspective, and additional insight into the reported sense of distrust experienced by the school counselors in this study.

References

- Anfara, V. A., Brown, K. M., & Mangione, T. L. (2002). Qualitative analysis on stage: Making the research process more public. *Educational Researcher*, 31(7), 28-38. doi:10.3102/0013189X031007028
- American School Counselor Association. (2012). *ASCA National Model: A framework for school counseling programs*. Alexandria, VA: Author.
- American School Counselor Association. (2010). *Ethical standards for school counselors*. Alexandria, VA: Author.
- American School Counselor Association. (n.d.). *Student-to-counselor ratios*. Retrieved from <http://www.schoolcounselor.org/asca/media/asca/home/Ratios10-11.pdf>
- Bemak, F. (2000). Transforming the role of the counselor to provide leadership in educational reform through collaboration. *Professional School Counseling*, 3(5), 323-331.
- Bronstein, L. R. (2003). A model for interdisciplinary collaboration. *Social Work*, 48(3), 297-306. doi:10.1093/sw/48.3.297
- Brown, C., Dahlbeck, D. T., & Sparkman-Barnes, L. (2006). Collaborative relationships: School counselors and non-school mental health professionals working together to improve the mental health needs of students. *Professional School Counseling*, 9(4), 332-335.
- Brown, D., Pryzwansky, W. B., & Schulte, A. C. (2006). *Psychological consultation and collaboration: Introduction to theory and practice*. Boston, MA: Pearson/Allyn and Bacon.

- Caplan, G., & Caplan, R. B. (1993). *Mental health consultation and collaboration*. New York, NY: Jossey-Bass.
- Center for Mental Health in Schools. (2008). *Mental health in school and school improvement: Current status, concerns, and new directions*. Los Angeles, CA: Author.
- Center for Mental Health in Schools. (n.d.-a). *Some baseline data on school mental health services*. Retrieved from <http://smhp.psych.ucla.edu/pdfdocs/schoolmh.pdf>
- Center for Mental Health in Schools. (n.d.-b). *Frequently asked questions about mental health in schools*. Retrieved from <http://smhp.psych.ucla.edu/pdfdocs/freqaskedmh.pdf>
- Council for Accreditation of Counseling and Related Educational Programs (CACREP). (2009). *2009 Standards*. Alexandria, VA: Author.
- Creswell, J. W. (2012). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Dickel, C. T. (1978). The counselor and the physician: Promoting cooperative interaction. *Viewpoints in Teaching and Learning*, 54(1), 35-42.
- Dougherty, A. M. (2000). *Psychological consultation and collaboration in school and community settings*. Belmont, CA: Brooks/Cole.
- Evans, M. E. (2009). Prevention of mental, emotional, and behavioral disorders in youth: The Institute of Medicine report and implications for nursing. *Journal of Child and Adolescent Psychiatric Nursing*, 22(3), 154-159. doi:10.1111/j.1744-6171.2009.00192.x
- Fishbaugh, M. S. (1997). *Models of collaboration*. Boston, MA: Allyn and Bacon.

- Foster, S., Rollefson, M., Doksum, T., Noonan, D., Robinson, G., & Teich, J. (2005). *School mental health services in the United States, 2002-2003*. DHHS Pub. No. (SMA) 05-4068. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.
- Friend, M., & Cook, L. (2013). *Interactions: Collaboration skills for school professionals* (6th ed.). Boston, MA: Allyn and Bacon.
- Gajda, R. (2004). Utilizing collaboration theory to evaluate strategic alliances. *American Journal of Evaluation*, 25(1), 65-77. doi:10.1177/109821400402500105
- Geroski, A. M., Rodgers, K. A., & Breen, D. T. (1997). Using the DSM-IV to enhance collaboration among school counselors, clinical counselors, and primary care physicians. *Journal of Counseling and Development*, 75(3), 231-239. doi:10.1002/j.1556-6676.1997.tb02337.x
- Gibbons, M. M., Diambra, J. F., & Buchanan, D. K. (2010). School counselor perceptions and attitudes about collaboration. *Journal of School Counseling*, 8(34). Retrieved from <http://www.jsc.montana.edu/articles/v8n34.pdf>
- Glesne, C. (2010). *Becoming qualitative researchers* (4th ed.). New York, NY: Longman.
- Guess, P. E., Gillen, M. C., & Woitaszewski, S. E. (2006). Implications for collaboration: An investigation with school counselors and school psychologists. *Journal of School Counseling*, 4(24). Retrieved from <http://www.jsc.montana.edu/articles/v4n24.pdf>
- Hatch, J. A. (2002). *Doing qualitative research in education settings*. New York, NY: State University of New York Press.

- Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in counseling and education*. New York, NY: Guilford Press.
- Heppner, P. P., Kivlighan, J., & Wampold, B. E. (2007). *Research design in counseling* (3rd ed.). Belmont, CA: Wadsworth.
- Hobbs, B. B., & Collison, B. B. (1995). School-community agency collaboration: Implications for the school counselor. *School Counselor*, 43(1), 58-65.
- Hodges, S., Nesman, T., & Hernandez, M. (2001). Promising practices: Building collaboration in systems of care. In *Systems of Care: Promising Practices in Children's Mental Health, 1998 Series, Volume VI*. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.
- Kafle, N. P. (2011). Hermeneutic phenomenological research method simplified. *Bodhi: An Interdisciplinary Journal*, 5, 181-200.
- Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, 2(3), 1-29.
- Lloyd-Hazlett, J., & Heyward, K. J. (2013). Inter-disciplinary collaboration between professional school counselors and community-based family counselors: A focus group study. *Virginia Counselors Journal*, 33, 4-12.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Newbury Park, CA: Sage.
- Mostert, M. P. (1998). *Interprofessional collaboration in schools*. Boston: Allyn and Bacon.

National Alliance on Mental Illness. (October, 2007). *Mental illness: Facts and numbers*.

Retrieved from www.nami.org

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.

Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology, 52*(2), 137-145. doi:10.1037/0022-0167.52.2.137

Porter, G., Epp, L., & Bryan, S. (2000). Collaboration among school mental health professionals: A necessity, not a luxury. *Professional School Counseling, 3*(5), 315-322.

Rubin, H. (2009). *Collaborative leadership: Developing effective partnerships in communities and schools*. Thousand Oaks, CA: Corwin.

Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science, 8*(3), 27-37. doi:10.1097/00012272-198604000-00005

Seaburn, D. B., Lorenz, A. D., Gunn, W. B., Gawinski, B. A., & Mauksch, L. B. (2003). *Models of collaboration: A guide for mental health professionals working with health care practitioners*. New York, NY: Basic Books.

Sheridan, S. M. (1992). What do we mean when we say "collaboration"? *Journal of Educational and Psychological Consultation, 3*(1), 89-92. doi:10.1207/s1532768xjepc0303_1

Staton, A. R., & Gilligan, T. D. (2011). Teaching school counselors and school psychologists to work collaboratively. *Counselor Education and Supervision, 42*(3), 162-176.

- Substance Abuse and Mental Health Services Administration. (2003). *Children's mental health facts: Children and adolescents with mental, emotional, and behavioral disorders*. Retrieved from <http://mentalhealth.samhsa.gov/publications/allpubs/CA-0006/default.asp>
- Taylor, L., & Adelman, H. (2000). Connecting schools, families, and communities. *Professional School Counseling, 3*(5), 298-307.
- The Campaign for Mental Health Reform. (2003). *A public health crisis: Children and adolescents with mental disorders*. Retrieved from <http://www.mhreform.org/kids/factsheet.htm>
- Trusty, J., Mellin, E. A., & Herbert, J. T. (2008). Closing achievement gaps: Roles and tasks of elementary school counselors. *The Elementary School Journal, 108*(5), 407-421. doi:10.1086/589470
- Tschannen-Moran, M. (2001). Collaboration and the need for trust. *Journal of Educational Administration, 39*(4), 308-331. doi:10.1108/EUM0000000005493
- US Department of Health and Human Services & Office of the Surgeon General (1999). *Mental health: A report of the Surgeon General*. Retrieved from <http://profiles.nlm.nih.gov/ps/access/NNBBHS.pdf>
- US Department of Health and Human Services, US Department of Education, & US Department of Justice. (2000). *Report of the surgeon general's conference on children's mental health: A national action agenda*. Washington (DC): US Department of Health and Human Services. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK44233/>

Walsh, M. E., & Galassi, J. P. (2002). An introduction: Counseling psychologists and schools. *The Counseling Psychologist*, 30(5), 675-681. doi:10.1177/0011000002305001

Weist, M. D., Lowie, J. A., Flaherty, L. T., & Pruitt, D. (2001). Collaboration among the education, mental health, and public health systems to promote youth mental health. *Psychiatric Services*, 52(10), 1348-1351. doi:10.1176/appi.ps.52.10.1348

Appendix A

Table 1

Demographic Summary of Participants (N=10)

Name	Age	Gender	Race	Years as School Counselor	Years at Elementary	Number of Students	School District
Dana	57	F	W	28	28	240	1
Krista	39	F	W	14	14	500	1
Darcy	58	F	W	20	20	365	1
Delaney	52 ^F	W	12	12	460	1	
Mandy	44	F	W	2.5	2.5	400	1
Jessica	60	F	W	23	22	448	2
Marla	39	F	W	6	6	309	3
Russ	50	M	W	11	11	550	3
Mary	65	F	W	25	22	550	4
Kayla	42	F	W	1.5	1.5	230	4
Average	50.6			14.3	13.9	405.2	

^aNumber of students on school counselor's caseload and in current school.

^bSchool district in which elementary school counselor was employed when interviewed.

Appendix B

Interview One Questions

1. What type of interactions did you have with the community mental health provider?
2. Describe the communication processes of your collaborative efforts.
3. Describe the context of your collaborative efforts.
4. What, if any, impediments have you experienced in conducting collaboration?
5. Describe the components of strong and effective collaboration.
6. How would you describe your personal commitment to collaboration?
7. Based on your experience, how would you describe the commitment of the community mental health provider to collaboration?
8. Describe how collaboration has/has not changed service to your students.
9. What changes, if any, would you like to see take place with interagency collaboration?
10. What else should I have asked you about your experiences collaborating with community mental health providers?

Interview Two Questions

1. What questions, if any, do you have from the first interview?
2. What concerns, if any, do you have from the first interview?
3. Are there any additional comments you would like to make based on our conversation from the first interview?

Appendix C

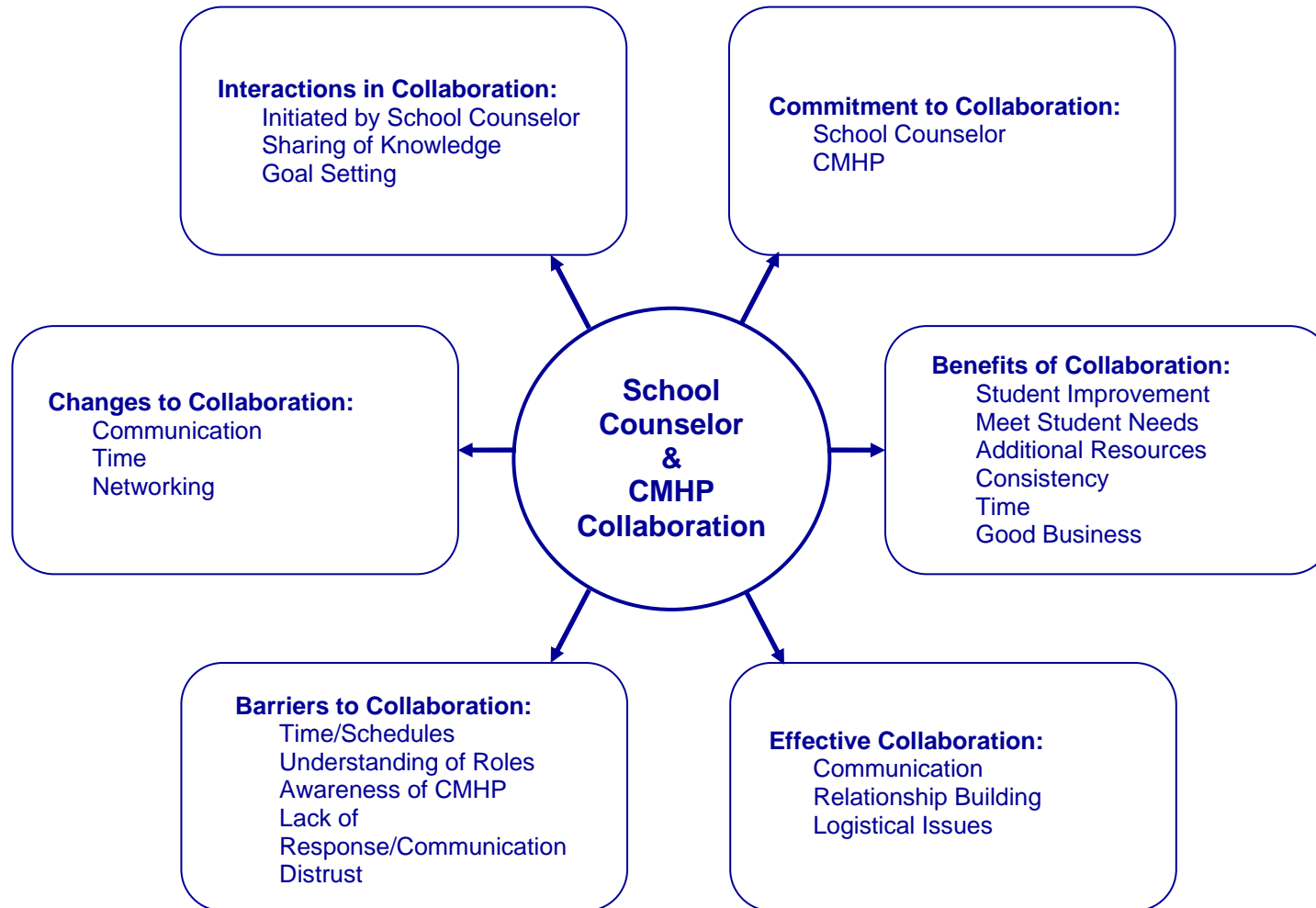


Figure 1. Themes and Subthemes