

Policy Briefs for School-based Counseling: Purpose, Practice, and a Call to Action

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Policy briefs are short documents that argue for a policy intervention to address a societal problem and are informed by policy research. These documents are used extensively in policy making circles in the U.S., though not widely known by the scholarly community. The argument is made in this paper that policy briefs are a logical extension of policy research promoted by ISPRES. This paper is a call to action for this work. The *Journal of School-Based Counseling Policy and Evaluation* will publish policy briefs in school-based counseling and house them on the journal website. This paper provides recommendations for the development of policy briefs, reviews three school-based counseling policy briefs, and provides submission guidelines and template for writing policy briefs developed by the editorial team. It is hoped that individuals interested in school-based counseling policy formation will consider this call to action for writing policy briefs and develop and submit policy brief manuscripts for possible publication.

Keywords: policy briefs, school-based counseling, policy makers

In recent years, several prominent scholars in school-based counseling have made the case for policy research as a compelling next step in the research enterprise of school-based counseling worldwide (Aluedo et al., 2017; Sink et al., 2024). Much of the rationale for this argument is that policy research can provide policymakers with data about the most effective programs and practices, and thus, justification for policies that foster the development and implementation of these programs. Policies can signal the benefits and anticipated outcomes that can be expected from these programs. Articulated as a social good, the policy argument further justifies the expenditure of public tax revenue to finance implementation. While policy research in school-based counseling is in its infancy (Rallis & Carey, 2017), policy research holds a good deal of promise as a component in the argument for the adoption and expansion of effective school-based counseling programs throughout the world. Thus, policy research has garnered sustained attention by much of the international scholarly community in school-based counseling.

There has been considerable momentum for the development and implementation of school-based counseling programs throughout the world. The most recent accounting documents 90 countries with some form of school-based counseling and several more in serious policy deliberations about expansion of existing programs or new implementation (Harris, 2013). In addition, the COVID-19 pandemic raised concerns for the mental health and well-being of children and youth across the world and has put school-based counseling in the spotlight. Both the Organization for Economic Cooperation and Development (OECD, 2020) and the United Nations (UN, 2021) called for broad, integrated mental health support across the health, social service, and education sectors. And in two national reports in the U.S., both the Surgeon General (Murthy,

2021) and Secretary of Education (Cardona, 2021) called for an increase in the number of school counselors across the country. Both advocated for school counselor to student ratios long recommended by the American School Counselor Association (ASCA, 2021) as well as a reduction in non-school counseling administrative tasks and activities. This type of policy recommendation for school counselors is largely unprecedented in the U.S., particularly in recent years where education reform policies, focused on teaching and learning processes, have dominated the K-12 education policy landscape. (Trevisan, 2023; 2024). Given the aforementioned, the timing could be ideal for research work to coalesce around the idea of evidence-based policy formation for school-based counseling.

While the importance and priority of sound policy research remains central, effective use of policy research often requires the translation of technical findings into information that can be grasped by a wide range of policy advocates and policy makers. To this end, there are policy-oriented strategies that can be used to encapsulate a policy argument and do so in an accessible manner for individuals that don't have content knowledge of, in this case, school-based counseling but are connected to policy formation. While these strategies cannot replace sound policy research – in fact, policy research is central to their development and use, they do offer additional means to move toward the adoption of sound school-based counseling policy. One such strategy is the development and use of *policy briefs*. Policy briefs are short documents written for a particular audience, usually legislators and other policymakers, that advocate for a particular policy, substantiated by research evidence. Policy briefs are written in a way that provides key information needed for policy formation, presented in a nontechnical manner. These documents are developed and used across policy making circles, often during legislative sessions when policy choices are being proposed. While largely untapped as a tool for promoting policy in school-based counseling, policy briefs have the potential to influence policy in positive ways and thus, the development of policy briefs is a logical and potentially fruitful expansion of the work of ISPRES.

This paper is a call to action to the school-based counseling community to develop policy briefs as a means to move the development and implementation of school-based counseling programs and practices forward. The ISPRES executive council and JSCPE editorial staff encourage interested researchers, graduate students, policy makers, and practitioners to submit their policy brief manuscript to JSCPE for possible publication. An infrastructure is now in place housed within JSCPE to receive and review policy brief manuscripts and publish those that are accepted. To foster consideration and prepare interested writers, this paper provides background information on developing a policy brief along with a review of three school-based counseling policy briefs found through an internet search. JSCPE official submission guidelines for developing and submitting a policy brief manuscript are provided. A JSCPE policy brief template is available to support the writing of policy brief documents and is included in this paper. Recommendations are offered for crafting effective policy brief documents for school-based counseling.

Purpose and Structure of Effective Policy Briefs

In academic contexts, policy briefs are typically seen not as a scientific method in themselves, but as a means of translating scientific knowledge into actionable recommendations. As such, they are commonly found in guides, technical documents, and practice-oriented resources, rather than in peer-reviewed academic journals. While peer-reviewed literature on writing policy briefs is

limited, there exists a wealth of high-quality practice-based guidance in the form of open-access manuals, training modules, and institutional publications.

An internet search for articles that detail how to write a policy brief reveals only two papers in the peer-reviewed literature. The two that were found easily are a bit dated, and both are applied to the health field (i.e., DeMarco & Adams, 2014; Wong et al., 2016). The internet search also found PowerPoint presentations that were developed by technical assistance centers (e.g., International Development Research Centre – Canada, <https://idrc-crdi.ca/en/about-idrc>) which can be downloaded. There are also a small number of online presentations and YouTube videos for writing policy briefs. With a google search, “developing a policy brief,” the aforementioned examples can be located as well as other resources (e.g., <https://icpolicyadvocacy.org/sites/default/files/2024-04/icpa-policy-briefs-essential-guide.pdf>).

The central rationale in the articles and presentations for use of policy briefs is that policy briefs can be an effective means to get information in the hands of busy policy makers, who likely don’t have expertise in the content, but need accessible information bolstered by sound evidence. Given the fast-paced nature of the policy making environment bounded by legislative time constraints, a policy brief is typically thought of as a document of no more than six pages (though some presentations argue for a bit more or less). Policy briefs are well-organized with a focus on objectivity rather than advocacy or opinion. Wong et al. (2016) states that, “a policy brief is analytic and allows the author to remain objective even if the evidence appears persuasive” (p. 21). In addition, DeMarco and Adams (2014) suggest using active voice as this can convey urgency without communicating bias. Most references for policy briefs make a strong recommendation to consider the audience for which the policy brief is being written and tailor the writing accordingly. I use here policymakers as the default audience for which the policy brief is being written but there could be other audiences as well, such as professional organizations, or interested citizens, who could be in a position to influence the policy making process.

Policy briefs state the problem, discuss the consequences of inaction, offer a solution in the form of a policy, provide evidence for the solution, and ascertain the impact of the argued-for policy action. DeMarco and Adams (2014) indicate that for complex problems, the pros and cons of a particular solution can also be provided. In this way, the policy brief is more likely to be viewed as balanced, thoughtful, and with a bit of humility in offering a policy for a problem, in which a solution has likely evaded policy makers in the past. DeMarco and Adams (2014) provide a good deal of information about the design of the brief, e.g., strategic use of bullets, subheadings, and bold type. This information is balanced with a recommendation for effective use of white space. Diagrams could be used, though care must be exercised so as not to develop a document that appears busy and complicated and thus, is less likely to be read. Executive summaries are often used, particularly in policy briefs that reach the upper limit in length. These summaries are typically 1-2 paragraphs. A reference section is also provided for scientific evidence and other documents that are cited in the brief. Note that references are typically not counted as part of the page requirements.

School-Based Counseling Policy Briefs

A rudimentary internet search located three school-based counseling policy briefs. The idea with the search was to locate and provide examples of what policy briefs in school-based counseling currently look like. The examples could also provide a means to further clarify the ISPESC vision for the policy briefs by critiquing each brief found. All briefs located are from the U.S. The

publication years for the briefs were from 2014 – 2017. The briefs ranged from 2 – 13 pages in length. Most briefs promote the idea of increasing the number of school-based counselors either within a particular state or states, or in specific school districts.

Cumpton and Giani (2014) investigated the ratio of students to school counselors in the state of Texas. The actual school counseling workforce was reduced in Texas in 2011 as a partial means to address a tax revenue shortfall in the state due to the 2008-2009 recession in the U.S. The workforce had not been restored to levels prior to 2011. An additional feature of the workforce reduction was an increase in work responsibilities for school counselors. The policy brief recommended an increase in the school counseling workforce to pre-2011 levels and reduce ancillary work responsibilities. The argument was that more counselors would have greater reach and with a counseling-focused set of work responsibilities, could provide more dedicated counseling services to students. Analyses of existing statewide data were conducted to make the case for the policy recommendations. No published research was referenced. The authors were researchers at the Education Research Center, University of Texas, Austin. The policy brief was six pages in length. The policy brief is noted for effective statistical manipulation of a large statewide database. Those interested in writing a school-based counseling policy brief with access to large, appropriate databases and the skillset to analyze this kind of data, could benefit reading the policy brief offered by these authors.

The Center for Popular Democracy is a coalition of organizations across the U.S. that advocate for strengthening urban schools that serve students of color and students from low-income families. In partnership with the Youth Collaborative, the Center for Popular Democracy developed a policy brief arguing for the expansion of the number of social workers and school counselors as a means to address safety issues in urban schools (Center for Popular Democracy and Youth Collaborative, 2017). The authors affirmed and promoted a restorative justice approach in schools, which involves students in the process and moves away from a punitive approach to dealing with behavioral issues. A number of publications were cited, including some research. The policy brief includes the basic elements of a policy brief mentioned previously. The brief is 13 pages in length however, long for a policy brief. The length may diminish the usefulness that the policy brief might otherwise have as this may detour individuals from reading it. Nevertheless, the document maintains strong recommendations that are well articulated and could help other writers in the development of policy brief arguments and recommendations.

The Health Policy Institute of Ohio, a nonpartisan group that promotes evidence-based health policy, wrote a policy brief that promotes coordinated health services in schools, including mental health (Health Policy Institute of Ohio, 2017). School counselors were mentioned as resource personnel that in their view, could provide minimal mental health support for students. This may reflect a lack of understanding of what school counselors can do, if constraints that bind school counselors in schools can be removed (Lambie et al., 2019). Nevertheless, the document offers by implication, the possibility of including school counselors in the mix of providers of mental health services in schools. The brief states the problem, provides a long list of actions that could be taken, though each action could form the basis for a different policy recommendation. No prioritization of these actions was provided nor was any research cited. A strong rationale for these efforts is evident however and given the dearth of policy research in school-based counseling and the consequent reliance on strong argumentation, this brief could be helpful to policy brief writers in formulating strong policy rationale. The brief is two pages in length.

The three policy briefs were produced by nonprofit organizations that support K-12 schools in some way and further see school counselors in a unique and important role. None of the policy

briefs however, were clear in how the policy briefs were to be used, though logical inferences about use could be drawn; i.e., to work with policy makers and legislators to influence policy. In addition, the three policy briefs had numerous and multi-faceted policy recommendations. Each policy brief was written in specific terms for a particular state or city. Not all policy briefs used research. The policy brief by the Health Policy Institute of Ohio (2017) had a particularly strong argument. Though somewhat dated, the policy briefs provide a reasonable representation of the few existing policy briefs for school-based counseling.

JSCPE Guidelines and Template for Policy Briefs

Appendix 1 provides the JSCPE Guidelines for submission of policy brief manuscripts. The guidelines incorporate the key recommendations from the articles on developing policy briefs found in the peer-reviewed literature. The guidelines signal the brevity of policy brief manuscripts by requiring that the number of words range from 1500 - 2500. This translates to 6 – 10 double-spaced pages, not including references or the title page. Appendix 2 provides a template for developing a policy brief. The template provides a structure for the policy brief manuscript. Note that the template requires the comparison of 2-3 policy options and to then choose one providing rationale for the choice. Manuscripts are to be submitted using the JSCPE manuscript submission portal found at www.ispresp.org/journal. All manuscripts will be peer-reviewed.

Discussion and Recommendations

As previously mentioned, policy briefs are used throughout the policy making environment, particularly in the U.S. As short documents written in nontechnical language, policy briefs are seen as another tool that can be used to advocate for a particular policy and aid decision makers in policy adoption and formation. The development and use of policy briefs more broadly is relatively new to school-based counseling. The central argument in this paper is that producing policy briefs is a natural extension and manifestation of the mission and vision of ISPRES and thus, a logical next step in its work.

Policy briefs require policy research evidence to make a strong case for a particular policy course of action. For school-based counseling there is currently a dearth of school-based counseling policy research studies worldwide (Sink & Carey, 2018). In addition, the development of a compendium of policy research that could substantiate and bolster the policy argument for important aspects of school-based counseling programs will take years to fully carry out (www.ispresp.org/journal - listen to podcast with Dr. Jay Carey, past ISPRES chair). And despite the importance for school-based counseling policy research voiced in the literature, given lack of institutional support and funding opportunities at the federal level, few researchers are willing to do this work. This situation will challenge the development of sound school-based counseling policy briefs.

What is likely available are studies of varying quality that use a variety of research strategies, on samples of convenience. In addition, many aspects of school-based counseling programs will have little or no policy research work to draw on. This will require scholars interested in developing a policy brief to pull together disparate studies into some type of coherent whole. Trevisan (2017) argues that given the dearth of policy research work for school-based counseling programs, the evidentiary basis and standard for research to support (in this case) the argument used in policy briefs, needs re-thinking. Research woven together that substantiates a

compelling policy intervention, even though not constructed from research strategies that generate strong evidence, e.g., randomized-control trials (the gold standard for research evidence), is a possible approach for bolstering school-based counseling policy recommendations. Those interested in developing and submitting policy brief manuscripts will likely need to develop rationale from pieces of evidence, informed by their knowledge and expertise of different research methods and how these methods might complement one another in a way that provides a sound, compelling argument. While this action is a higher order skill to be sure, it is possible, and a compelling avenue for dealing with the challenge just mentioned.

One source that could be used as a starting point for the development of a policy brief is the *International Handbook for Policy Research on School-Based Counseling* (Carey et al., 2017). The handbook was a major step forward in detailing what is known about school-based counseling research work internationally. The handbook brought together prominent scholars from several countries throughout the world to account and appraise the school-based counseling policy research work within their respective countries. The handbook further provided a compilation of policy research methodologies that could be used in the service of policy research work. The beginning of a policy research roadmap was offered to those interested in conducting policy research to promote the sound implementation of school-based counseling programs and practices internationally.

Given the lack of school-based counseling policy research worldwide, it may be the case that policy-oriented research used to make policy recommendations for a particular country, are adopted or adapted from another country where policy research was previously conducted. In this instance, a well-thought argument will need to be developed to justify why this can be successfully accomplished. JSCPE has done considerable work to publish and promote cross-national studies in school-based counseling. These studies could provide substantive information for developing policy briefs within a particular country represented in these studies or provide ideas for a policy recommendation within a country with similar contexts (see the JSCPE special issue on cross-national studies, <https://scholarworks.wm.edu/jscpe/vol2/iss1/>). In this regard, the JSCPE cross-national studies are likely a strong resource for addressing the issue of country-context when developing policy briefs.

Publishing policy briefs is a new venture for scholarly journals in general, and school-based counseling in particular. This is an opportunity for ISPRES and JSCPE to provide leadership for the translation of policy research into accessible, persuasive information in the form of policy briefs. Although informed by policy research, this type of writing is different than the academic writing scholars and researchers are accustomed to. Thus, reflection and practice will likely be required for many writers.

A productive strategy for the preparation of writing a policy brief is to read several previously written policy briefs. Given the dearth of policy briefs in school-based counseling, this will require reading policy briefs in broadly similar fields, such as health and education. Reading policy briefs can provide the reader with a feel for the kind of writing needed to advocate for policy on the one hand, while maintaining some objectivity on the other. Reading policy briefs can help to get an overall sense for how best to craft a cogent policy argument and glean ways to effectively structure the document. When reading these documents, the submission guidelines offered by the JSCPE editorial team could be applied and an assessment of the overall quality and effectiveness of these documents against these guidelines be made. Further, compare and contrast policy brief documents and consider reasons why one policy brief document may be more effective than another. By doing the tasks just mentioned, the reader will sharpen their understanding and focus

on what is required for publication, increasing the likelihood that once submitted, their policy brief manuscript is of publishable quality. It will also help to ensure that the policy brief can be used effectively to influence policy, arguably the ultimate aim in writing policy briefs.

There are a number of policy-oriented organizations that maintain websites that archive policy briefs in education and health, and that can be freely downloaded. The websites associated with the three school-based counseling policy briefs discussed in this paper are examples of these organizations. Another organization is the National Education Policy Center (NEPC) at the University of Colorado (<https://nepc.colorado.edu/>). The NEPC website maintains policy briefs that can be easily accessed for review and consideration. The Center for Education Policy Analysis at Stanford University (<https://cepa.stanford.edu/publications/reports>) houses a variety of policy documents. While the website does not maintain a specific category for policy briefs, as one reviewer of this paper mentioned, the documents provide examples of how to write policy-oriented papers that are both provocative and authoritative in tone, a key challenge in crafting effective policy briefs. In addition, both UNESCO (<https://www.unesco.org/en/education-policies>) and OECD (<https://www.oecd.org/en/publications/briefs.html?orderBy=mostRelevant&page=0>) provide a variety of policy briefs written for international contexts. And there are other websites still. In short, there are a variety of resources that can be accessed to help writers frame and motivate the task of writing a policy brief. Those interested in writing and submitting a policy brief for possible publication are encouraged to access one or more of these websites and read several policy briefs to better understand and prepare for the task of writing a policy brief document.

Despite the challenges, policy briefs can be seen as another tool that the school-based counseling research, policy, and practitioner communities can use in advocating for a particular policy action. The ISPRES submision guidelines and template provide strong guidance for the submission of policy brief manuscripts. The ISPRES executive committee and JSCPE editorial team hope that scholars, researchers, graduate students and others interested in this work will positively respond to this new JSCPE call to action. By developing effective policy briefs, ISPRES membership can expand their influence and further aid in the development and implementation of high-quality school-based counseling programs that benefit children and youth throughout the world.

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Appendix 1

Guidelines for Writing Policy Briefs for JSCPE

Purpose

Policy briefs published in JSCPE aim to translate research into actionable recommendations for policymakers, educators, school administrators, and counseling professionals. Briefs should be concise, evidence-based, and focus on advancing policies in school-based counseling and educational equity around the world.

Length and Structure

Policy briefs should be 1,500–2,500 words, excluding references. This translates to 6-10 double-spaced pages (APA style requirement for submission. Note that in practice, a policy brief is likely single-spaced. Thus, the word requirement translates to 3-5 single-spaced pages. Use the following structure:

Please refer to the template for basic structures of policy briefs.

Formatting Guidelines

1. **Language:** Use clear, accessible, and jargon-free language. Avoid overly technical terms to ensure broader readability.
2. **Headings and Subheadings:** Use headings to organize sections and facilitate navigation.
3. **Visuals:** Where applicable, include visuals (e.g., graphs, tables) to convey complex data more effectively. Ensure visuals are high-quality and appropriately labeled.
4. **Author Details:** Provide full names, affiliations, and contact information for all authors.

Submission Requirements

Policy briefs should be submitted through the JSCPE submission portal. Please ensure the manuscript adheres to the journal's overall formatting, including the latest edition of APA style, and ethical guidelines. For specific questions, contact the editorial team.

Note. This guideline aligns with JSCPE's mission of advancing policy and evaluation in school-based counseling while promoting actionable and research-informed solutions.

Appendix 2

Policy Brief Template

Title Page

- A concise and informative title that captures the focus of the policy brief.
- Provide the author(s)' name, title, and contact details for follow-up inquiries.
- The title page does not count as part of the page number requirement.
- Acknowledgement(s).

Executive Summary

- A short (1–2 paragraph) summary that outlines the problem, key findings, and your recommended policy action.
- Use accessible language to immediately grab the reader's attention.

Introduction

- **Background and rationale:** Contextualize the issue—why it is important and relevant.
- **Purpose:** State the objective of the brief (e.g., to inform a decision or advocate for a specific action).
- Clearly define the issue being addressed.

Literature Review

- Include relevant literature on the issue

Policy Options (Discussion & Analysis)

- Present and compare 2–3 potential policy solutions.
- For each option, include:
 - **Description:** What does the option entail?
 - **Pros and Cons:** Evaluate the potential benefits and drawbacks.

Recommendation

- Advocate for your preferred policy option.
- Provide evidence supporting why this option is the most effective or feasible.
- Be clear and action-oriented (e.g., "We recommend implementing X to achieve Y").

Implementation Considerations

- Identify steps, resources, and potential challenges involved in enacting the recommended policy.
- Suggest strategies for overcoming obstacles.

Conclusion

- Reiterate the significance of addressing the issue.
- Summarize the recommendation and emphasize the desired outcome.

References

- Include citations for all data, studies, and sources used in the brief.
- Use the latest APA style manual, currently 7th edition.

Note. This template is designed to keep the document concise and focused, 6-10 double-spaced pages in length, while ensuring it remains impactful for decision-makers.

The Role of School Counselors in Preventing Child Sexual Abuse

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Violence against children is a pervasive, global problem. Child sexual abuse (CSA), a specific type of adverse childhood experience (ACE), affects children across all racial and socio-economic backgrounds. CSA is associated with the potential for serious and long-term outcomes. Thus, as part of a trauma-informed approach, schools necessitate multi-level preventative strategies aimed at increasing safety, awareness, and policy. School counselors hold a pivotal role in implementing prevention programs and providing early interventions for child victims. This article examines a systemic plan that trains school staff, builds community awareness, educates parents, and facilitates programming for students. Recommendations for successful implementation and program evaluation are provided.

Keywords: child sexual abuse, adverse childhood experiences, prevention, safety, trauma-informed, evaluation, policy

Abuse and neglect are estimated to affect 1 billion youth globally (Hillis et al., 2016). The landmark Adverse Childhood Experiences (ACE) study and subsequent research drew an important conclusion: abuse is preventable and requires systemic, community-based approaches (Centers for Disease Control and Prevention, 2021). Child sexual abuse (CSA) is one form of adversity that profoundly affects the lives of children and families. It includes molestation, exploitation, sexual assault, rape, incest, engaging children in the act of creating or viewing pornography, and cyber-sexual assault, which involves nonconsensual distribution of sexually explicit images in online formats (Holladay & Hagedorn, 2019; Kenny et al., 2018).

While strides have been made to increase awareness, a plethora of myths continue to surround CSA. Such assumptions include: CSA occurs infrequently, is perpetrated by a stereotyped and often unknown offender, occurs mostly in historically marginalized communities, and rarely involves male victims (Murray et al., 2014). These misconceptions shape attitudes and stifle prevention efforts. Accurate information is an important starting point. Empirical literature asserts that CSA affects children regardless of gender, race, or income level and is perpetrated by individuals who are most often peers or family members (Murray et al., 2014).

Due to the setting and scope of their work, school counselors hold a critical role and ethical duty to facilitate prevention efforts (American School Counselor Association [ASCA], 2022). Additionally, they must be prepared to engage in early intervention by reporting CSA and providing resources for child victims and their families. Therefore, school counselors need to be knowledgeable about CSA to enact systemic change (Cowan et al., 2019). Unfortunately, many graduate programs do not provide comprehensive training (Foster, 2017d). Survey research of

students, including those at the end of their programs, indicated that they did not feel prepared to engage in CSA prevention or early intervention efforts (Foster, 2017d). Similarly, in addition to providing CSA prevention efforts, school counselors require strong program evaluation and data analysis skills to gauge the effectiveness of these efforts (Astramovich, 2017). Nevertheless, recent findings indicate that although school counselors acknowledge the significance of program evaluation, they may lack the skills and confidence to effectively participate in such activities (Astramovich, 2017). This article provides a framework for school counselors beginning with information on the scope of CSA, its consequences for child victims, and trauma-informed approaches within schools. Then, specific prevention strategies are discussed in partnership with four critical groups: staff, community members, parents (which includes guardians and other caregivers), and students. Finally, considerations for successful prevention initiatives and program evaluation are provided.

Scope of the Problem

To capture the extent of CSA, it is important to understand both incidence and prevalence. This section draws upon the most recent published data, and older citations are a result of the need for more recent studies. In terms of incidence, The National Child Abuse and Neglect Data System reported 558,899 substantiated cases of child abuse in the U.S. in 2022 (U.S. Department of Health & Human Services, 2024). Of these, 59,044 children were victims of sexual abuse, and 1,084 were victims of sex trafficking. When abuse occurs in schools, they are required to report it to authorities. During the 2020-2021 school year, there were 2,700 confirmed incidents of sexual assault and 350 incidents of rape or attempted rape in U.S. schools (U.S. Department of Education, 2023). While the number of reported incidents of CSA is substantial, experts agree that the prevalence is even higher. Until recently, most prevalence rates relied on data from the 1990s. A meta-analysis addressed this problem and reported that approximately 1 in 10 children experience CSA before the age of 18 (Townsend & Rheingold, 2013).

The discrepancy between prevalence and incidence is due to several factors. First, the incident numbers do not reflect the cases that are closed due to insufficient evidence. Unlike physical abuse, there is rarely forensic evidence of sexual abuse (e.g., 90-95% of exams following CSA indicate normal findings) (Herrmann et al., 2014), and adults may fail to report abuse that lacks observable symptoms (Herrmann et al., 2014). Second, multiple definitions and differences in state laws add to the complexity (Murray et al., 2014), especially in cases perpetrated by another child, which accounts for 36% of reported incidents (Finkelhor & Shattuck, 2012). Third, low disclosure rates contribute to lower rates of reported incidents. A meta-analysis indicated that between 55-69% of adults never disclosed their childhood experiences of sexual abuse (London et al., 2008). Of those who disclosed, only 5-13% of incidents were reported to authorities. Finally, many children who disclose are not believed, which reduces the likelihood that they will disclose again (Carson et al., 2014). Together, closed cases, inconsistent definitions, difficulty disclosing, and lack of belief contribute to high rates of prevalence and leave children unprotected. Prevention initiatives can address these contextual barriers through education on the scope of CSA.

Consequences of CSA

The experience of CSA can result in a host of short- and long-term consequences. While approximately one-third of children are asymptomatic following CSA, about half develop severe

symptoms (Adler-Nevo & Manassis, 2005). There are a number of factors that impact outcomes, including: the age of the child at the onset of the abuse, length of time the abuse occurred, and relationship to the offender. Child victims may experience “depression, anxiety, anger, an impaired sense of self, problems with sexuality, poor concentration, physical problems, and interpersonal difficulties” (Wurtele, 2009, p. 3). Additionally, emotional development can be disrupted (Young & Widom, 2014). There is also risk of sexual revictimization with as many as 47.9% of children abused again according to a meta-analysis (Walker et al., 2019).

Neurobiological findings affirm that trauma in early childhood alters the brain’s development (Craig, 2016; Rumsey & Milsom, 2019; van der Kolk, 2015). These changes may disrupt emotional regulation, connection with others, memory, ability to organize and process information, and attention, all of which are important for success in school (Craig, 2016; Rumsey & Milsom, 2019; van der Kolk, 2015). Behaviors such as withdrawal, acting out, and inattention are often due to the brain’s natural response to stress. Child victims’ reactions to perceived danger can be misunderstood and mislabeled within a school setting, and adults may assume they do not care or are not trying. Altogether, there are numerous ramifications of sexual abuse for child victims. Yet, children are resilient and respond well to early intervention, particularly when they have the support of at least one safe person (Foster, 2016). Trauma-informed schools build these safe relationships and are discussed in the next section.

Trauma-Informed Approaches in Schools

Schools necessitate trauma-informed approaches to provide support and safety for children who have experienced various types of adversity including CSA (for a review of 30 trauma-informed practices in schools see Thomas et al., 2019). This approach requires adults to shift from asking what is wrong with the child to what happened to the child (Gaines, 2019). Staff must understand how trauma affects logical development, attachment, learning, and behavior. This knowledge must then be translated into building-wide practices to enhance safety, build relationships, avoid re-traumatization, and foster resiliency (Perry & Daniels, 2016).

School counselors can work with administration to implement evidence-based, trauma-informed practices and policies in their schools. These efforts enhance safety and create an environment where all children can thrive, feel connected, become self-regulated, and learn (Martinez et al., 2020). The National Child Traumatic Stress Network (2017) published a guide entitled “Creating, Supporting, and Sustaining Trauma-Informed Schools: A System Framework” that provides plethora of resources for getting started. An example of an evidence-based school-wide curriculum is the Beyond Consequences Institute (Forbes, 2024). Regardless of the program selected, trauma-informed approaches necessitate several elements, which are referred to as the Four Rs (National Child Traumatic Stress Network, 2017): (1) recognizing the impact of trauma and recovery processes, (2) recognizing signs and symptoms of a child who has experienced trauma, (3) responding system-wide with trauma-informed knowledge, and (4) resisting re-traumatization by adults awareness of triggers and by implementing trauma-informed policies, procedures, and practices. Actions are taken school-wide through a multi-tiered approach ranging from prevention to intensive support. By investing in comprehensive training, school personnel are provided with resources to become trauma-informed, and school counselors help ensure that all students are safe, understood, supported, and protected from future harm (Parker et al., 2023).

A Systemic Approach to Preventing CSA

In conjunction with schoolwide trauma-informed approaches, CSA prevention is needed to ensure children are safe from sexual victimization in their schools, homes, and communities. Schools are an important place to implement CSA prevention, and as a result of Erin's Law, it is required in 38 states in K-12 public schools (Erin's Law, 2024). School counselors are "on the front lines with regard to child abuse" and must be equipped to implement such programs (Bryant, 2009, p. 333). This involves school counselors taking the lead by building awareness and reporting suspected abuse, which directly influences children's safety, promotes resilience, and strengthens families (ASCA, 2021).

For CSA prevention to be successful, it needs to be ongoing. Moreover, the trainings need to include current information and local resources. The next sections detail how school counselors can implement innovative, research-based prevention strategies with four key groups: staff, community members, parents, and students.

School Counselor and Staff

All school staff, regardless of their role within the building, need effective programming on CSA prevention (Young et al., 2015). These trainings align with the mission of schools to promote student success academically, socially, and personally, because when children are safe, they can learn and thrive (ASCA, 2021). Therefore, prevention must begin with education for all adults within the school (Lambie, 2005).

Trainings need to be comprehensive and address a variety of components. School counselors can gather baseline knowledge about CSA along with attitudes and beliefs by administering building-wide surveys. Staff can also be encouraged to share specific questions or concerns on the survey forms. School counselors can use this data to tailor trainings to meet the unique needs of their colleagues. Next, school counselors can collaborate with community members who have expertise in CSA. Clinicians, researchers and advocates can be invited to partner with the school as trainers and consultants.

During trainings, it is important to increase awareness of the prevalence of CSA. Staff can learn that it is statistically likely that every single classroom has several students who have experienced abuse. Special education classrooms have even higher rates of CSA as students with disabilities are three times more likely than their peers to be sexually abused (Lund & Vaughn-Jensen, 2012). By the time students reach middle and high school, some have experienced sexual assault. In one study, 40% of women stated that they were sexually assaulted before they turned 18 (Basile et al., 2016). School counselors can help staff picture actual children that they know who are at risk or already victims. This visualization may help move adults from disbelief regarding CSA into awareness and action to protect children.

School staff also need to know the warning signs of CSA and understand their role as mandated reporters, which includes guidelines that are specific to their state. This is essential as suspicions of CSA tend to be under-reported in schools, mainly due to the lack of knowledge and skills in identifying CSA (Bryant, 2009). "School personnel may struggle with what constitutes abuse, personal reactions to learning of a young child's abuse, unclear guidelines regarding reporting the alleged abuse, and fear regarding the outcome of reporting" (Hinkelman & Bruno, 2008, p. 376). Additionally, some adults believe that many children make false accusations and may question the accuracy of children's accounts. School counselors can assist staff in

understanding that false reports are rare (Denne et al., 2020), and children are more likely to minimize or deny CSA (Foster & Carson, 2013). School counselors can work with staff to discuss personal reactions to CSA as well as hesitancy to report. Staff need to know that proper reporting of suspected abuse protects children and can start the healing process for those who are already victims (Kenny et al., 2018).

Along with understanding their role as mandated reporters, staff must also be prepared to handle a disclosure of CSA as they may be the first person a child tells. Adults need a plan for how to supportively respond to students' experiences with belief (Foster, 2014). School counselors can teach staff to use the acronym BRAVE following a disclosure: believe the child, reach out and provide verbal comfort, assure the child they are not to blame, validate the child's feelings, and encourage the child to talk openly about what happened (Jinich & Litrownick, 1999). It is important that staff respond calmly and communicate that they are there for the child.

Staff also need training on how to watch for and respond to concerning behaviors in older children and adults. While it is uncomfortable to consider, offenders may work or volunteer in schools (Canadian Centre for Child Protection Inc, 2019; U.S. Department of Education, 2023). School staff must be alert to common offender behaviors such as boundary crossing, which is often a test to see if other adults will speak up (e.g., making sexual jokes or comments, tickling/wrestling, "accidentally" undressing in front of a child in a locker room, spending time in isolation through extra help/practice or rides home). While schools may believe that background checks are sufficient, most offenders of CSA do not have a criminal history (Shakeshaft, 2013). Previous allegations or concerns may not have been reported by staff out of fear of being wrong or worrying about the potential for negative outcomes. Lack of formal reporting leaves children vulnerable if indeed the suspicions were correct (Canadian Centre for Child Protection Inc., 2019). Staff need to remember it is not their job to investigate, but when they have concerns, it is their duty to report.

School counselors can also help staff understand that the image most people hold of an offender as a social outcast is incorrect. Many offenders in schools are well liked, recipients of awards, and popular among parents and in their communities (Shakeshaft, 2013). This public personality causes some adults to question the trustworthiness of child victims. In middle and high school settings, offenders most often target vulnerable adolescents using strategies to create the façade of a trusting relationship and tend to use technology to communicate privately outside of school (Canadian Centre for Child Protection Inc, 2019). While some offenders slowly build trust, others are more opportunistic. They often spend time with groups of students, frequently trying to fit in. Warning signs of opportunistic offenders are staff who know a great deal about children's personal lives or make comments about their appearance. Female offenders are also present in schools and tend to have the faulty belief that they are in a romantic relationship with the student. For many school staff it is difficult to accept the reality that offenders are among their friends and colleagues.

School counselors can provide research to help address this disbelief. For example, 20 years of documented cases in schools revealed that 75% of the victims in Canadian schools were female with an average age of 14, and 55% of children were victimized on school grounds. Offenders were 87% male with a mean age of 42, and 86% were teachers with the remaining 14% comprising of support staff, such as paraprofessionals, lunch monitors, volunteers, administrative personnel, custodians, and bus drivers (Canadian Centre for Child Protection Inc, 2019). Frequently, offenders held a secondary role with additional unsupervised access to students such as coach (50%), tutor (13%), and youth volunteer (10%) (Canadian Centre for Child Protection

Inc., 2019). While most people who work in schools are safe and trustworthy, the reality is that offenders work in places where they have access to children.

To minimize the risk of CSA occurring at school, school counselors can help administration develop clear expectations for interactions with students (e.g., staff handbook policies banning touching and communication via phone or social media with students). They can also assess the environment to identify potential problem areas (Basile et al., 2016). Students should be able to be viewed at all times (e.g., on the playground, in hallways, in classrooms through a door or window) and should not be alone with adults or other children while on school grounds before, during, or after school (Kumar et al., 2018). While these rules may seem strict, they significantly reduce the risk of CSA occurring as an offender needs to isolate the child for the abuse to take place (Ratliff & Watson, 2014). Finally, schools must make it clear that sexual misconduct will not be tolerated and that all concerns will be reported to authorities for investigation (Shakeshaft, 2013). Staff behavior must be beyond reproach, and clear policies and guidelines ensure that everyone knows what is acceptable and expected.

Along with providing general information about CSA for staff, there is also information that is specific for different developmental levels. For example, in elementary schools, staff often wonder about exploratory play (e.g., removing clothes while playing doctor) or masturbation. School counselors can help staff know how to respond to these normal behaviors and how to identify behaviors that are concerning and would prompt reporting (e.g., play that is coercive or self-touching that is pervasive or leads to injury). Staff at the elementary level need to know that advanced sexual knowledge is one of the most frequent indicators of sexual abuse in young children. In middle and high schools, staff trainings often discuss how to increase safety of students from peer sexual assault, dating violence, as well as cyber-sexual assault. Discussing with staff how to maintain healthy, respectful boundaries with adolescents is also critical.

Staff trainings help facilitate safe environments for children. These efforts create an environment where staff are knowledgeable about identifying and addressing CSA. School counselors can measure the effectiveness of staff trainings by using post-surveys at the end of the academic year to assess changes in knowledge, attitudes, and protective behaviors.

School Counselor and Community

Schools exist in the larger context of the community. Research shows that prevention efforts are most effective through community-based initiatives that focus on adults' role in keeping children safe from sexual victimization (Berkower, 2024; National Sexual Violence Resource Center, 2024). Collaboration between schools and communities involves identifying, understanding, and resolving challenges. An example of a community that came together to support child victims of CSA took place in a relatively small town after a well-known clergyman, who was also involved with Boy Scouts, was convicted of sexual abuse. "Once the initial shock had subsided, the church members joined with local school officials and other citizens to address the concerns of the community's children and their parents" (Crosson-Tower, 2003, p. 10). While this is an example of a community response after abuse occurred, it led to improved prevention and demonstrated how schools and communities can work together to create a safer place for children.

Since some offenders target very young children, school counselors can build community connections with preschools, daycares, and religious organizations to increase awareness about CSA and enhance prevention efforts. Kids Learning About Safety (KLAS) is one example of an evidence-based program (available in English and Spanish) that provides education to children

(ages 3-5) and their parents on personal safety skills in a short amount of time (16-hour psychoeducational program). Another evidenced-based program for preschool children is Body Safety Training (BST) (Kenny & Wurtele, 2010). Research on BST found children (N = 93) gained understanding of what is inappropriate, even when coming from “good” or “bad” people. Researchers noted that children gained knowledge without increased fear.

It is important for children to receive developmentally appropriate information, yet this alone is not enough. Community members who work with children and families need to understand the nature of CSA, how offenders operate within their communities, and the ways in which abuse continues due to adults not speaking up and reporting. Every place that children go within their community should be safe (e.g., youth centers, religious institutions, outdoor play spaces). School counselors can help community members understand that stopping CSA is everyone’s responsibility.

School Counselor and Parents

Parents are a critical partner in CSA prevention. Parents can teach their children about safety through developmental conversations starting in the preschool years and continuing through adolescence. Additionally, parents provide protection of young children by determining who has access to them (Foster, 2017a). For the partnership between parents and school counselors to be successful, school counselors need a collaborative and respectful spirit that values each family’s culture and honors parents’ role as children’s first teachers (Walsh & Brandon, 2012).

Training on CSA prevention is vital for parents. When they build knowledge and confidence, they are better able to protect their children. The topics outlined in the previous sections related to staff and community are also relevant to parent education (e.g., prevalence, warning signs of CSA, navigating disclosure, offender behaviors, and mandated reporting). This section includes additional information that is relevant to families, including talking with children about safety, familial risk factors, and specific strategies offenders use to gain trust from parents.

To start, school counselors can help parents understand the importance of engaging in regular conversations about safety that can be incorporated naturally into the day-to-day of family life and evolve as children age. School counselors need to recognize that this can be a challenge, and many parents do not talk to their children about CSA safety. Parents may express discomfort and worry that they will frighten their children or expose them to something they may not be ready for (Walsh & Brandon, 2012). In one study, 33% parents believed that their children were too young and 25% were concerned their children may become frightened if they engaged in a conversation about prevention; however, 79% of the parents said they believed that children should be taught about personal safety both at home and at school (Wurtele et al., 2008). The discrepancy in what parents believe and their inactions was directly related to lack of knowledge, training, and resources. School counselors can address parents’ hesitancy and provide them with tools for having conversations with their children. Strategies such as role plays and scripts can help increase comfort and confidence.

In addition to helping parents have developmental conversations about safety, school counselors can teach parents about factors that increase risk of sexual victimization. Known environmental and familial risk factors for CSA include: drug and alcohol abuse in the home, parental absence, physical or mental illness, criminality, divorce/separation, conflict, low parental warmth, insecure attachment, communication difficulties, harsh parenting practices, and low

involvement and supervision (Rudolph et al., 2018). Counseling can address these challenges and help families build protective factors. Parents who disclose struggling in these areas can be connected to community supports that are aimed at strengthening families.

School counselors can also help parents become aware of how offenders target parents to gain their trust. It is common for offenders to provide financial support or help with childcare to gain entrance into a family's inner circle. Additionally, many offenders are in caretaker roles, which may include parents (biological, step, adoptive, foster), relatives, other adults living in the home, childcare providers, neighbors, teachers, and coaches (Mitchell & Rogers, 2003). Offenders often look for victims that they can manipulate and isolate. That said, offenders are unlikely to attempt sexual abuse in families that talk openly, supervise and pay attention to who their children spend time with, monitor phone and computer activity, and speak up when they have concerns about safety or notice boundary crossing behaviors. Parents may let their guard down around youth, but this is unwise as older children, such as tutors, sitters, siblings, or friends, account for over one-third of reported CSA cases (Finkelhor & Shattuck, 2012). As siblings often live in the same household, school counselors can work with parents to discriminate between age-appropriate conflict and that of a more violent and abusive nature (Stutey & Clemens, 2014). Through providing accurate information about how offenders operate, parents are equipped to create safer environments for their children (Berkower, 2024).

Just as staff trainings on CSA prevention vary by the age level, parent trainings also need to address developmental stages. For parents of elementary aged children, the focus is often on how to talk with children about safety in a straightforward way. For example, parents can learn the importance of using anatomically correct language, developing a no secrets policy, and teaching body safety rules (Berkower, 2024). As children enter middle and high school years, parents can learn about how to have conversations about consent, healthy boundaries, dating violence, and safety online.

Every parent needs to know how to protect their children to the best of their ability from those who seek to cause harm. School counselors can encourage parents to utilize a two-pronged approach that increase safety “(i) directly, through the strong external barriers afforded by parent supervision, monitoring, and involvement; and ii) indirectly, by promoting their child’s self-efficacy, competence, well-being, and self-esteem” (Rudolph et al., 2018, p. 99). Additionally, school counselors can share resources with parents such as the online training Parenting Safe Children (Berkower, 2024). This comprehensive program takes a developmental approach and helps parents minimize the risk that their child will become a victim of sexual abuse. Parents are taught warning signs of CSA, behaviors of offenders, body safety rules, talking with children about sexual development, how to speak up when they observe boundary crossing, screening questions to ask caregivers and youth organizations, and how build a prevention team of safe adults. In sum, school counselors have the important role of working with parents to build their knowledge and confidence.

School Counselor and Students

Before engaging in prevention and early intervention initiatives with students, school counselors need to understand CSA from the vantage point of children. Narrative analyses uncovered fear as the primary experience of child victims of sexual abuse (Foster & Hagedorn, 2014a; Foster, 2017b). Children’s fears occurred during the abuse and while considering disclosure. Children also worried about what would happen if the abuse was found out, particularly if the abuser was a

caretaker or someone they loved. In addition, many children experienced fear in the form of trauma reminders and nightmares. Children described the experience of CSA as confusing, particularly when they lacked developmentally appropriate safety information. Adult offenders are often strategic and do not abuse until they have convinced children to trust them and keep secrets. Many offenders do not use physical force, instead they manipulate through play, threats, and coercive strategies meant to lead the child to believe that the abuse is their fault (Murray et al., 2014). Understanding CSA from the perspective of children helps school counselors better empathize and respond.

School-based prevention efforts are especially important as some families will not teach their children about CSA, particularly when one or both parents are the perpetrators of the abuse. Incest is more common than many people realize with father-daughter incest occurring in 1 out of 20 families and in 1 in 7 homes with step or substitute fathers. Additionally, about 3% of boys report mother-son incest (Lawson, 2018). When school counselors provide prevention information to children, it helps them identify the difference between okay and not okay behaviors of others. This increases the likelihood that they will disclose boundary crossing, which may prevent further harm. Furthermore, direct education may prompt disclosure for children who have never told.

By implementing a developmentally appropriate school-based curriculum, school counselors promote safety for all students. A meta-analysis of 22 CSA prevention programs provided specific guidance on the selection of an effective curriculum (Topping & Barron, 2009). The researchers found that programs with the best outcomes had the following features: built-in evaluation, an active approach that included modeling, discussion, and practice, a minimum of four sessions, implemented by multiple school staff, and parental participation. Ultimately, curriculum should be considered thoughtfully in order to best support the needs of the community, school, parents, and students.

Additional studies on prevention programs are still needed. Most evidence-based programs indicate increased learning, but they have not established whether or not these approaches lead to sustained behavioral changes, and more research is needed to ensure long-term benefits (Rudolph et al., 2018). Additionally, numerous curriculums continue to focus primarily on students and neglect or minimally include adults (Brown et al., 2008). This approach is flawed. As noted earlier, when abuse occurs, children are often powerless to stop it and hesitant to disclose. Many programs teach strategies such as saying no or trying to escape, but children's narratives indicated that these strategies did not stop abuse from occurring (Foster & Hagedorn, 2014b; Foster, 2017c). Another concern is that some programs give examples that perpetuate the myth that offenders are often strangers who are trying to trick kids with lures such as a puppy or candy. School counselors should use approaches that have sound principles, are culturally and age-appropriate, and include adults on the prevention team. While students are included in prevention, it is important to remember that it is the responsibility of adults to stop abuse (Rudolph et al., 2018; Shakeshaft, 2013; Wurtele, 2009).

Recommendations for Successful Implementation and Program Evaluation

There are several considerations for school counselors as they provide trainings to build CSA awareness. First, school counselors must create a safe environment for a topic that is frequently avoided and uncomfortable. School counselors should approach trainings with sensitivity as the content could be triggering for participants who have their own history of CSA. Resources should

be made available for those who wish to speak with a counselor about their own lived experiences. Second, school counselors need to know the current literature and use research to emphasize the importance of prevention efforts. Third, school counselors need to create trainings that are interactive and aimed at changing beliefs and protective behaviors. Knowledge alone is not enough to improve safety; it takes action. Fourth, school counselors are encouraged to utilize case studies to provide examples of different types of offenders and how they operate. Real examples help adults move away from faulty beliefs about offenders and victims. Finally, school counselors must form strong, collaborative relationships with staff, parents, and the community. Prevention work is not meant to be done in isolation.

To effectively provide training and CSA prevention programs, school counselors must have strong program evaluation and data analysis skills (ASCA, 2024; Astramovich, 2017). Research by Astramovich (2017) suggests that while school counselors recognize the importance of program evaluation, they may face challenges related to the necessary skills and confidence for engaging in such activities. Consequently, over the past decade, there has been an increasing emphasis and support for developing data-driven school counseling programs and the accountability of school counselors (ASCA, 2022; CACREP, 2023). As comprehensive, data-driven programs, school counselors can systematically develop policies and curricula to support CSA prevention, in line with legislative initiatives such as Erin's Law (2024) discussed earlier. To do this, the ASCA National Model (2024) offers school counselors various assessment tools, including the School Counseling Program Assessment, ASCA School Counselor Professional Standards & Competencies Assessment, and School Counselor Performance Appraisal Template. These resources provide a structured approach for school counselors to evaluate their program initiatives, understanding, and policies. The assessment process typically includes a) identifying the mindsets and beliefs, b) behaviors, c) direct and indirect interventions, d) data collection plans, and e) outcome data and implications.

To illustrate this process, with CSA prevention as a focus, school counselors must first identify the beliefs and understanding of CSA within the school community. This can be achieved through personal reflection, surveys, or interviews. Through this process, school counselors may realize an overall lack of understanding among staff regarding the risk factors and signs of CSA. Consequently, they could advocate to enhance information and initiatives to increase awareness about CSA and prevention efforts. Subsequently, direct and indirect interventions might involve creating resources for staff, providing professional development, and organizing parent-staff meetings to address potential concerns and increase collaboration. Finally, to evaluate the effectiveness of initiatives, data collection could involve pre-and-post tests or interviews with staff, students, and families. These assessments provide outcome data, enabling school counselors to determine the success of interventions and consider potential improvements to address existing needs or gaps. Ultimately, by systematically assessing a comprehensive school counseling program and specific efforts to reduce CSA, school counselors can develop the necessary skills and confidence to evaluate CSA understanding and prevention efforts. This, in turn, could enhance overall advocacy, programming and policy, and education related to CSA.

Conclusion

CSA prevention fits within the larger framework of trauma-informed schools and promotes the wellbeing of all children. School counselors hold a vital role within schools and their communities to coordinate and lead CSA prevention efforts. These initiatives must be developmentally

appropriate and aimed at increasing safety and awareness. Schools and communities can join together to work toward the common goal of protecting children from sexual victimization. This article provides a starting point for school counselors to implement CSA prevention efforts with school staff, community members, parents, and students. Along with implementing CSA prevention efforts, school counselors must also evaluate their effectiveness to increase program accountability, evidence-based practices, and school-wide policy.

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A Contemplative-Based Intervention for School Counselors Working with Adolescents

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Integrating contemplative practices into school counseling program delivery continues to grow in attention and scope. Loving-kindness meditation (LKM) is a contemplative practice that shows promise for fostering intrapersonal and interpersonal outcomes. In this conceptual article, the author describes a loving-kindness meditation-based contemplative intervention titled Supporting Personal Awareness, Compassion, and Engagement (SPACE) Project for use in schools with adolescents. The SPACE Project focuses on helping adolescents utilize contemplative strategies to cope with stress and daily challenges. The article reviews the literature on contemplative practice, details the SPACE Project, describes its application as a school counseling approach, and provides future research directions.

Keywords: school counseling, contemplative practice, loving-kindness, adolescents

Contemplative practices are activities rooted in the core tenets of awareness, connection, and community (Contemplative Mind in Society, 2021). Various branches of contemplative practice exist, including stillness, movement, activism, generative practices, creativity, relational experiences, and rituals (Contemplative Mind in Society, 2021). As research has grown, contemplative practices have been identified as practical approaches to promote student wellness in adolescence and young adulthood (Dahl & Davidson, 2019; Dorais & Gutierrez, 2021a; Dorais & Gutierrez, 2021b; Farb et al., 2015; Felver et al., 2015; Goralnik & Marcus, 2020). Subsequently, authors have offered programs and conceptual frameworks for the integration of contemplation in school settings (Davidson et al., 2012; Gutierrez et al., 2019; Kielty et al., 2017a; Morgan, 2015; Napora, 2017; Shapiro et al., 2015). An organization titled Mindful Schools aims to prepare teachers with the necessary skills and training for fostering students' mindfulness within school settings (mindfulschools, n.d.). Humanity Education, originating from communities in Rwanda, incorporates contemplation with community healing to promote forgiveness and reduce conflict (Gutierrez et al., 2019). Additionally, there is support for integrating yoga practices in schools, with positive outcomes for students' and school counselors' wellness (Taylor et al., 2019).

Although research has expanded in the last few decades alone, contemplative practices have existed for thousands of years. Contemplative practices encompass rituals grounded in spirituality, connection, awareness, and community (Contemplative Mind in Society, 2021; Zajonc, 2013). Meditation, centering, mindfulness-based approaches, prayer, yoga, and breathwork are only some of the many ancient practices scholars have examined in recent years (Dorais & Gutierrez, 2021a; Farb et al., 2015). Based on the findings, scholars suggest that contemplative practice-based interventions may combat stress and mental health symptoms while building inner resources (Felver et al., 2015; Miller et al., 2022). Contemplative practice has been associated with reduced stress (Miller et al., 2022), reduced anger (Felver et al., 2015), and reduced mental health

concerns (Hofmann et al., 2011). Researchers have found that contemplative practice is associated with favorable neurological development (Shapiro et al., 2015), increased health (Farb et al., 2015), and increased connection to others (Goleman & Davidson, 2017). Scholars in counseling and education have proposed the integration of contemplative practices into educational and school counseling curricula to facilitate positive change for individual students and school communities (Greenberg & Harris, 2012; Kielty et al., 2017a, 2017b; Morgan, 2015; Napora, 2017; Shapiro et al., 2015).

Scholars suggest that contemplative practices bolster adolescents' inner resources and strengthen resilience, even in severe adversity (Waechter & Wekerle, 2014). School-based contemplative practices may also contribute to the school community and culture by reducing incidents of violence at school (Greenberg & Harris, 2012) and cultivating resilience (Kielty et al., 2017a). Overall, the literature suggests that school-based contemplative interventions may foster beneficial outcomes for students (e.g., enhanced resilience and inner resources) and subsequently have positive impacts for school communities (e.g., reduced incidents of violence). Contemplative practices that emphasize compassion for self and others may lead to additional intrapersonal and interpersonal outcomes for students. However, a limited number of programs and interventions for school counselors exist that utilize contemplative practices, and those that exist may demand too many resources (i.e., cost, time) for practitioners to use within a school setting. Therefore, the purpose of this article is to (a) review the literature on contemplative approaches and loving-kindness; (b) describe the Supporting Personal Awareness, Compassion, and Engagement (SPACE) Project; and (c) illustrate the potential application of this intervention for school counselors.

Loving-Kindness Meditation

Loving-kindness meditation (LKM) is a compassion-based contemplative practice from Buddhist traditions. In Buddhism, the spiritual path toward liberation includes four optimal qualities of consciousness, known in Pali (the language of the Buddha) as the *brahma-viharas* or heavenly homes. The four *brahma-viharas* include *metta* (loving-kindness), *karuna* (compassion), *mudita* (sympathetic joy), and *upekkha* (equanimity; Salzberg, 1995). Metta, often translated as loving-kindness, exudes the qualities of friendship or unconditional positive regard and is the foundational *brahma-vihara* from which the other states arise. Although LKM is originally from Buddhist traditions, the exercise can be practiced without attachment to a particular religion. In LKM, practitioners engage in contemplation by extending thoughts of compassion inwardly toward themselves and outwardly in widening circles toward others (Fredrickson et al., 2017; Hutcherson et al., 2008; Salzberg, 1995, 2019).

In metta practice, the meditator begins by extending thoughts of compassion toward the self. Extending compassionate thoughts may be practiced through a general felt sense of compassion or the ritual of phrases, such as, may I be safe, may I be happy, may I be healthy, may I be at ease (Salzberg, 1995, 2019). After directing compassion toward oneself, the meditator begins to reach compassion outwardly toward a benefactor (one whom the meditator respects), then toward a close friend. The practice continues to include a neutral person, one toward whom the meditator feels neither like nor dislike, then toward a challenging person, then toward groups of beings. Ultimately, the practice includes compassion toward all beings everywhere (Salzberg, 1995).

In extant literature, LKM interventions have been shown to positively influence intrapersonal and interpersonal outcomes in adult samples. For example, in terms of interpersonal benefits, Hutcherson and colleagues (2008) found that participants' sense of social connection increased after brief LKM practice. Stell and Farsides (2016) found that as few as seven minutes of LKM practice reduced participants' racial bias toward others. Leppma and Young (2016) found that a weekly LKM intervention with counseling students resulted in increased empathy, particularly in the subscales of perspective-taking and empathic concern. Existing literature on LKM highlights many relational and prosocial outcomes (Hutcherson et al., 2008; Stell & Farsides, 2016; Tellhed et al., 2022).

Additionally, there is support for intrapersonal benefits from LKM practice (Kearney et al., 2014; Masters-Waage et al., 2022; Telke et al., 2022; Totzeck et al., 2020). Scholars have noted increased emotional regulation as an outcome of engagement in LKM (Fredrickson et al., 2008; Leung et al., 2013). Neurologically, LKM practice may increase gray matter volume in parts of the brain associated with emotional regulation as well as parts of the brain associated with empathy for others (Leung et al., 2013). Müller-Engelmann et al. (2019) examined the impact of an LKM intervention on individuals diagnosed with post-traumatic stress disorder following interpersonal violence. Their findings suggested that participants demonstrated statistically significant symptom reductions throughout the intervention (Müller-Engelmann et al., 2019). Similarly, Totzeck and colleagues (2020) examined the impact of LKM intervention on university students' (aged 19-30 years) mental health symptoms and found significant reductions in anxiety, depression, and stress levels from baseline to follow-up assessment six months post-intervention (Totzeck et al., 2020). The growing literature suggests that LKM may effectively reduce symptoms and bolster critical psychosocial factors. When implemented with youth, such intrapersonal and interpersonal outcomes could have wide-reaching benefits, positively impacting not only individual students, but also students' school communities and families. Therefore, LKM may be useful as an approach to fostering students' social-emotional learning.

Over the last two decades, social-emotional learning interventions have become increasingly popular in school counseling research and practice. The Collaborative for Academic, Social, and Emotional Learning (CASEL, 2022) defines social-emotional learning (SEL) as:

"the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions" (para. 1).

Programming designed to promote students' social-emotional learning (SEL) includes the competencies of (a) *self-awareness*, (b) *self-management*, (c) *social awareness*, (d) *responsible decision-making*, and (e) *relationship skills* (CASEL, 2022). SEL interventions intend to promote students' protective factors on the individual and environmental levels (Durlak et al., 2011). SEL interventions also promise a positive impact on student development, including academic achievement, wellbeing, and improved behaviors (Durlak et al., 2011; Taylor et al., 2017). As a result of growing support in the literature, SEL-based programs have become a primary value of school counseling and school-based interventions.

LKM can be considered an SEL intervention because both prioritize the development of intrapersonal and interpersonal outcomes (Durlak et al., 2011; Fredrickson et al., 2008; Fredrickson et al., 2017; Lemberger-Truelove et al., 2021). LKM-based interventions may promote individuals' emotion management (Fredrickson et al., 2008), connection to others (Hutcherson et

al., 2008), empathic perspective taking (Leppma & Young, 2016), and prosocial orientation (Hafenbreck et al., 2022). Such outcomes closely mirror the SEL competencies outlined by CASEL (2022). Therefore, LKM-based practices may be a natural complement to schools' SEL curricula and may help to promote optimal SEL-related student outcomes. The SPACE Project was developed with this in mind.

Supporting Personal Awareness, Compassion, and Engagement (SPACE) Project

The SPACE Project intervention, derived from LKM, was designed for adolescents aged 12 to 19, and emphasizes extending compassion toward self and others to increase positive affect and inner

Table 1. SPACE Project components

<i>Concentration</i>	Students focus their awareness on a single point (i.e., an object in their line of sight or the sensation of their feet on the floor). The purpose of concentration is to ground the student in the present moment. This step occurs for approximately 30 seconds.
<i>Breath awareness</i>	Students shift their attention onto their breath to increase present-moment awareness. The purpose of breath awareness is to ground the student to the present moment further. This step occurs for approximately 30 seconds.
<i>Mindfulness</i>	Students begin to observe any thoughts, sensations, emotions, or sounds that arise and do so without judgment. The purpose of mindfulness is to begin engaging students in nonjudgmental awareness; therefore, this step occurs for approximately 30 seconds.
<i>Guided imagery</i>	Students think of someone who evokes a positive emotion (e.g., self, friend, family member, a person they respect, a person they know or do not know, and a pet or animal) and then focus their attention on the individual. This begins the lovingkindness portion of the practice; therefore, students will be prompted to consider someone and then will continue to focus their attention on the individual for the remainder of the 10-minute practice (approximately eight minutes and 30 seconds). Guided imagery occurs in tandem with the following step, <i>self-talk affirmations</i> .
<i>Self-talk affirmations</i>	Students mentally repeat statements of positive affirmation, extending well wishes toward self, others, and communities. When directed toward self, the phrases are: May I be happy. May I be healthy. May I be at ease. When directed toward others, the phrases are May you be happy. May you be healthy. May you be at ease. The affirmations anchor the practice; therefore, students will continue to mentally repeat the phrases as they focus on an individual for the remainder of the 10-minute practice (approximately eight minutes and 30 seconds). Guided imagery and self-

resources. As an emerging intervention, the SPACE Project has shown promising outcomes with adolescents, particularly with improved intrapersonal factors (Niles et al., 2024). Often, LKM incorporates the elements of concentration, mindful awareness, and loving-kindness (Salzberg, 1995, 2019).

In the SPACE Project, these elements are delineated as five components, (a) concentration, (b) breath awareness, (c) mindful awareness, (d) guided imagery, and (e) self-talk affirmations (Niles et al., 2024), and occur progressively within the 10-minute practice (see Table 1). Students are encouraged to consistently practice the five components of the SPACE Project for each daily practice over a four-week intervention. Daily practices occur through an LKM-based 10-minute recording with guided meditation videos available through YouTube or embedded into a school's virtual learning platform. The recordings include LKM-based scripts adapted from Salzberg (1995, 2019), and guide students through the elements of LKM. The four-week process is designed to help meditators learn the general steps of the LKM practice first, then extend lovingkindness toward specific others and eventually all beings everywhere (Salzberg, 1995). A diagram of the practice sequence is provided (see Figure 1).

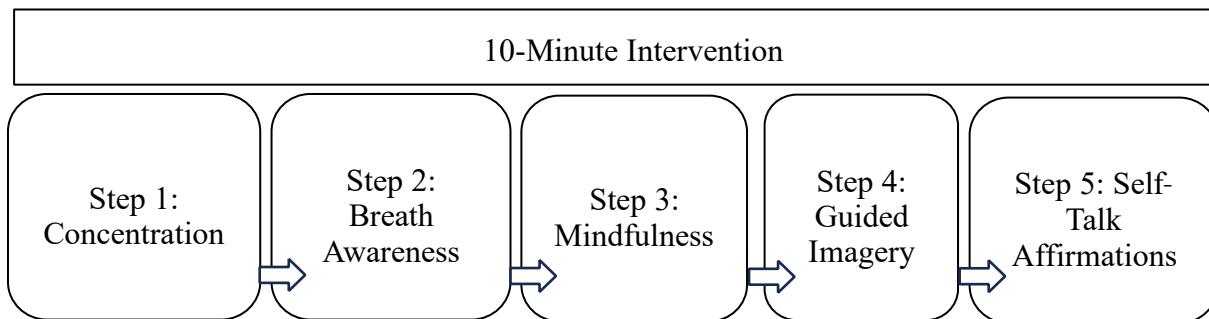


Figure 1. SPACE Project practice sequence.

Application of the SPACE Project

When implementing the SPACE Project, school counselors are encouraged to consider ways in which the intervention can be integrated into existing school counseling models and evidence-based approaches. For example, commonly used frameworks that school counselors may employ include the American School Counselor Association (ASCA) National Model, the International School Counselor Association Student Standards, and Multi-Tiered Systems of Support. The SPACE Project has various applications for comprehensive school counseling program delivery in alignment with each of the identified models, as evidenced herein.

The ASCA National Model

School counselors may find that the SPACE Project can be integrated into the ASCA National Model (2019) in a number of ways. The ASCA National Model (2019) includes the four components of define, manage, deliver, and assess, in which school counselors (a) align their programming with ASCA standards, (b) design their service delivery around program focus (e.g., beliefs, vision, and mission statements) and school data, (c) implement developmentally appropriate services to students, and (d) evaluate school counseling program outcomes. For example, a school counselor may first consider the ASCA student standards to be addressed,

review their school's vision and mission statements, and consider ways the SPACE Project may be a relevant practice for their student population. Then, informed by school data (e.g., needs assessments, behavioral data), the school counselor can implement the SPACE Project and evaluate its outcomes.

The SPACE Project addresses multiple standards of ASCA's *Mindsets & Behaviors for Student Success* (2021), and a school counselor may use these standards to support their decision for implementing the SPACE Project in their school. Relevant *Mindsets & Behavior* standards may include learning strategies (LS), self-management skills (SMS) and social skills (SS). In particular, the SPACE Project aligns with the Mindset Standard (M2): *Sense of acceptance, respect, support and inclusion for self and others in the school environment*, and Behavior Standards including (B-SMS 7) *Effective coping skills*; (B-SS 2) *Positive, respectful, and supportive relationships with students who are similar to and different from them*; (B-SS 3) *Positive relationships with adults to support success*; and (B-SS 4) *Empathy*. When communicating to stakeholders (e.g., administrators, caregivers, district leaders) about the implementation of the SPACE Project with students, school counselors can explain its alignment with the ASCA National Model and ASCA's *Mindsets & Behaviors*.

International School Counselor Association

School counselors around the globe may find parallels between the SPACE Project's alignment with the ASCA National Model and its relevance to international models of school counseling. For instance, the International School Counselor Association (ISCA) has developed the ISCA Student Standards that address life skills related to (a) social-emotional, (b) academic, (c) career, and (d) global perspective and identity development domains (ISCA, 2022). The SPACE Project may align with specific skills within each of the ISCA Student Standards domains, such as *relationships* and *social and self-awareness* within the social-emotional domain; *school-to-life experiences* in the academic domain; *self-exploration* within the career domain; and *cultural knowledge and awareness* of the global perspective and identity development domain (ISCA, 2022). School counselors may find additional ways in which the SPACE Project complements school counseling models implemented in their location.

Multi-Tiered Systems of Support

School counselors can integrate the SPACE Project using the Multi-Tiered Systems of Support (MTSS) framework. The MTSS framework is a three-tiered approach designed to support students across varying levels of need (Alvarez et al., 2022; Sugai et al., 2019; Ziomek-Daigle et al., 2016). Through the MTSS framework, school counselors and staff use data to determine students' area (e.g., academic, behavioral, social-emotional) and degree of need to guide the implementation of evidence-based practices to support students' growth (Harlacher et al., 2014). At Tier 1, interventions are considered universal, whereby all students in a school experience them. Tier 2 and Tier 3 interventions are designed to assist students who exhibit elevated needs. Tier 3 interventions include more individualized and intensive approaches (e.g., individual counseling) than Tier 2 (e.g., small group counseling; Ziomek-Daigle et al., 2016). School counselors can implement the SPACE Project across MTSS through classroom lessons, group counseling, and individual counseling. At each level, school counselors can adapt the intervention to support students' personal and academic success.

To implement an intervention at Tier 1, it is common to use school-wide events or classroom lessons. According to Davidson (2012), school-wide contemplative interventions can have a positive impact on students' well-being as well as a school's overall climate. The SPACE Project can be implemented as a school-wide initiative that students practice regularly in their classrooms. School counselors could elect to visit classrooms to guide students through the practice directly. Alternatively, school counselors could provide teachers with the materials needed to facilitate the SPACE Project with students and could support teachers as they facilitate the practice with their students. Prior to and following the intervention, school counselors could collect data from students and teachers regarding students' academic, behavioral, and social-emotional progress. Further, school counselors could survey students, teachers, staff, and administrators regarding their sense of the school climate and use the data to improve the intervention for future implementation.

For Tiers 2 and 3, school counselors collaborate with student support teams to identify students who require increased levels of support, discuss interventions, and determine measures of students' progress (Ziomek-Daigle et al., 2016). When working with small groups as a Tier 2 intervention, a school counselor can use the SPACE Project as an introductory meditation to ground the group session. After the group meditation, the school counselor can spend time processing the experience with the students, address any challenges the students might have encountered during the practice, or reflect on any benefits the students noticed. At Tier 3, students exhibit a level of need that require individualized interventions. Therefore, a school counselor working with an individual student on strategies for anger management might incorporate the SPACE Project to complement their counseling services. In this case, the school counselor may find it helpful to guide the student through the SPACE Project meditation practice to foster self-compassion and teach self-awareness and appropriate coping skills. School counselors can blend their knowledge of MTSS with the ASCA National Model to implement the SPACE Project as an element of their comprehensive school counseling program in collaboration with teachers and administrators, as demonstrated in the following case illustration.

Case Illustration

Sophie, a high school counselor, has been asked to support teachers with implementing a classroom-based intervention to reduce interpersonal conflict and support relational skill development. The high school where Sophie works is in a large metropolitan area in the United States; the student population is racially diverse and 60% of students come from low-income households. Sophie's students face high levels of stress and anxiety, symptoms of depression, suicidal ideation, and substance use. Sophie's administration team has asked her to find a Tier 1 intervention to help all students improve their coping skills and social skill development. Additionally, they would like the intervention to reflect the school's values of building relationships, empathy, and community connections. Sophie consulted the ASCA *Mindsets & Behaviors for Student Success* to identify relevant standards to guide the selection of her intervention.

Sophie reviewed the beliefs, vision, and mission statements of her school and school counseling program and gathered baseline data, including teacher report and behavioral data. Sophie then conducted a needs assessment with teachers for input into what interventions might be helpful. On the needs assessment, teachers reported that they would like a brief intervention of fifteen minutes or less to be incorporated daily into their homeroom periods following morning

announcements. To reduce classroom interruptions, teachers reported a preference for facilitating the intervention themselves with supervision and consultation from the school counselor. Sophie decided to implement the SPACE Project at the start of the spring semester. She created an online learning management classroom with links to the guided SPACE Practice meditation videos and copies of the meditation scripts. She provided access to the online learning management classroom to teachers, and at the next faculty meeting, she delivered training to teachers on how to effectively facilitate the SPACE Project. Sophie provided consent forms for teachers to send home to parents and included details about the SPACE Project and the benefits of LKM-based practices. Once teachers were trained, they began implementing the SPACE project in their homerooms at the start of the day. The teachers played the guided meditation for the whole classroom and provided an alternative activity for students who opted out of the intervention.

During the first week of implementing the intervention, Sophie visited classrooms to support the teachers and observe students' behaviors, using a trauma-informed approach to watch carefully for any noticeable discomfort from the students while practicing (e.g., excessive fidgeting, emotional reactions, or leaving the room). After some initial hesitation from students, she noticed that students began to ease into the practice, some with eyes closed and others gazing toward the floor. Students appeared focused and calm. After the meditation, students were invited to reopen their eyes, look around the classroom, adjust their seats, and reorient themselves to the classroom space. Sophie noticed the students were calmer than when they began the practice. The teacher transitioned the students to the next educational activity. Teachers continued to practice the SPACE Project with their classes for the remainder of the four weeks. On the final day of the intervention, Sophie conducted a postintervention survey of students and teachers to gather perception data about their impressions of the SPACE Project. Sophie used the student and teacher feedback to inform future implementation of the SPACE Project and shared the findings with school administrators.

Discussion

The SPACE Project offers students a pathway for practicing key social-emotional strategies, including concentration, social and personal awareness, emotion regulation, and compassion toward self and others. In past studies, compassion-oriented contemplative interventions have shown promise for improving adolescents' wellbeing, particularly for those who practiced frequently (Pace et al., 2013; Reddy et al., 2013). In the literature, implementation of the SPACE Project has indicated positive results with adolescents, demonstrating improved levels of hope and emotional intelligence with daily practice (Niles et al., 2024). As such, contemplative practices based on compassion for self and others, such as LKM and the SPACE Project, may benefit adolescents' mental health symptoms and behavioral outcomes. The case illustration was provided to demonstrate the potential use of the SPACE Project in school counseling programs. The SPACE Project addresses social-emotional learning needs while aligning with school counseling responsibilities (i.e., the ASCA National Model), promoting student standards and life-skills development (i.e., ISCA), and can be implemented as an element of MTSS. As illustrated, school counselors could implement the SPACE Project as an approach for delivering direct services as noted in the ASCA National Model (2019). Within the MTSS framework, school counselors can adapt the SPACE Project at each tier as a standalone approach or complementary to existing programs. The case illustration also demonstrated how the school counselor could integrate data and assessment strategies into evaluating the use of the SPACE Project. Building upon the case

illustration, international school counselors may also implement the SPACE Project as an approach that promotes ISCA Student Standards such as social and self-awareness (ISCA, 2022).

The SPACE Project has both shared and distinct elements as compared to existing school-based contemplative interventions. For example, the SPACE Project includes elements of mindfulness, and school-based contemplative interventions often incorporate mindfulness-based practices (Bleasdale, et al., 2020; Bluth et al., 2015, 2018). Kielty and colleagues (2017b) collaborated with school counselors to implement mindfulness interventions at a middle school, which included guided listening and breathing activities and showed positive results related to students' behavior management and stress reduction for students and teachers (Kielty et al., 2017b). Similar outcomes have been reflected elsewhere in various studies of mindfulness-based interventions (Phan et al., 2022), within the United States and internationally (e.g., United Kingdom; Montero-Marin et al., 2022). However, the SPACE Project is distinct in its inclusion of LKM practice, such as the repetition of phrases and the focus on compassion. Few scholars have examined school counseling interventions that include more types of contemplative practice, particularly LKM practices. Expanding intervention research in school counseling literature is necessary to capture the full range of potentially beneficial interventions available to school counselors and students, especially with regard to contemplative practice.

Implications for School-Based Counseling Policy

The World Health Organization (WHO, 2021) has reported that approximately 14% of adolescents worldwide experience mental health concerns, including symptoms of depression and anxiety. Given the global trends of adolescents experiencing mental health concerns, WHO has argued for the implementation of programs that can promote youth's well-being and emotional regulation (WHO, 2021). Because school-based contemplative interventions, including the SPACE Project (Niles et al., 2024), have demonstrated potentially beneficial personal-social outcomes for adolescents, educators and policymakers should consider the value of contemplative approaches for addressing adolescents' mental health needs. A core tenet of contemplative approaches is that intrapersonal change can lead to larger community transformation. Thus, legislators and policymakers should explore the growing field of school-based contemplative intervention research for evidence of the benefits of contemplative approaches for youth and school communities. School counselors and administrators can continue to gather data regarding the impact of interventions like the SPACE Project on student outcomes (e.g., well-being, emotional intelligence, academic performance) and school climate (e.g., school safety, behavioral trends, schoolwide performance data). School counselors and administrators can use the data collected to advocate to school district leaders, school boards, and state departments of education for schoolwide trainings on contemplative practices, professional development around SEL and contemplative approaches, or changes in policies that inhibit the implementation of SEL and contemplative interventions.

Limitations

Despite growing support for the benefits of contemplative practices for students, challenges and potential barriers exist. Barriers may include socio-political factors, limitations in training and delivery, and school counselors' task and role challenges. Because contemplative practices originate from spirituality, there may also be internal and external resistance to implementation in

the school setting. Sink (2004) noted that school counselors tend to deflect conversations related to spirituality, often out of concern for violating school policies, fear of legal ramifications, or an abundance of caution around ethical codes. Policies and legislation in recent years have increasingly impacted school counselors' service delivery and method of intervention, particularly around SEL services. Compounded with current socio-political climates and resistance to SEL, implementing an intervention that integrates spirituality and SEL may be challenging. Such concerns may result in hesitation from school counselors or other school staff to engage students in spiritually related or SEL-focused practices, limiting the SPACE Project's applicability as an intervention.

Another important consideration is the potential impact of school-based contemplative interventions, particularly for historically marginalized students and students of color (Holcomb-McCoy, 2022). Holcomb-McCoy (2022) cautioned that mindfulness and resilience-building practices might unintentionally teach students ways to tolerate a racist and oppressive society. With this in mind, it would be critical for school counselors to closely examine their use of contemplative practices. School counselors should always approach the SPACE Project from an invitational lens, emphasizing student's agency and choice with engaging in the practice. When used effectively, contemplative-based practices can promote racial healing and advocacy (Hilert & Tirado, 2018; Magee, 2019). School counselors should also consider culturally affirming and sustaining contemplative practices, and can include students' existing practices, rituals, and traditions (Niles & Gutierrez, 2024b). School counselors should continue to address and remove systemic barriers for students in tandem with the implementation of contemplative practices for student wellness (Lemberger-Truelove & Bowers, 2019). For example, school counselors can advocate for an equitable school environment in which a student's identity is affirmed and access to resources is shared. The implementation of a contemplative approach should not be used in place of advocacy, but rather seen as complementary to a school counselor's ongoing advocacy efforts.

Students' level of engagement in the SPACE Project may also be considered a limitation. School counselors should be prepared to encounter students' hesitation to engage in the SPACE Project practice. While increased engagement in contemplative practice tends to result in improved outcomes (Niles et al., 2024), there may be unforeseen barriers for students to fully engage on a consistent basis. For example, for students who face significant barriers (e.g., trauma, severe mental health concerns, barriers to basic needs, or other societal barriers), motivation to engage in contemplation may be reduced, and the intervention may be less beneficial (Montero-Marin et al., 2022). Approaching students from a trauma-informed lens, particularly in the context of contemplative practice, is critical for ensuring the prevention of harm to students. For example, using invitational language and allowing students to opt out of the activity at any time can help to ensure that students have a sense of agency throughout the practice. Further, it may be important to consider ways to personalize a contemplative-based intervention within a school setting to address students' individualized strengths and needs.

School counselors or other school staff interested in contemplative interventions could seek student input and perspectives when designing a school-based contemplative practice. Students may have existing contemplative, spiritual, or religious practices based on their traditions and cultural identities that support their sense of wellbeing. Contemplative practices are vast and encompass activities and rituals from traditions worldwide; LKM is only one of many existing contemplative practices, and the SPACE Project is only one approach to practicing LKM. Contemplation in other forms may resonate more deeply with individual students. School

counselors should consider the unique cultural identities of their students; the cultural histories, traditions, and contexts of the countries in which they reside; the socio-political landscape of the nation in which they work; and the way these considerations intersect to impact each student's experience. A school-based contemplative curriculum may be more effective when it includes various contemplative approaches or involves direct input from students about types of contemplation that resonate with them. School counselors and school administrators could synthesize evidence-based practices supported in the literature with personal knowledge of the students and families in their school communities to tailor contemplative approaches with efficacy.

Future Research

Future research should explore the impact of the SPACE Project on intrapersonal and interpersonal outcomes with youth. A randomized controlled trial or non-equivalent control group design would examine and evaluate the potential outcomes for students participating in the SPACE Project intervention compared to students assigned to a control group. Approaches that require smaller samples could also be used, such as single case design, qualitative case design, or qualitative outcome research. Thus far, the SPACE Project has been designed for and implemented with students in the United States; it would benefit the literature to examine ways to expand the SPACE Project to fit the needs of international schools and students. Researchers could then explore outcomes of the SPACE Project within international schools implemented by school counselors for students globally. Further, it would benefit the literature to examine the SPACE Project in varying educational settings, such as alternative education, traditional K-12 school settings, public schools, private schools, or parochial schools. The SPACE Project is designed for adolescents; therefore, future research could continue to examine its effectiveness with adolescents ranging from 12 to 19 years old (e.g., 6th to 12th grades) or focus more closely on specific grade levels (e.g., solely middle school or high school).

Conclusion

As the world shifts and changes, exploring opportunities to support adolescents in school counseling settings is valuable. The research-informed SPACE Project intervention was designed to be a school-based, SEL-oriented, contemplative intervention for adolescents. Further examination of the SPACE Project would contribute to the literature on contemplative practices related to school counseling service delivery. Incorporating contemplative strategies for SEL development into school counseling practice and research may promote student wellness, support relational skills, and bolster key protective factors during adolescent development.

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The CCAMS Department, Centralizing the Counseling, Community, Academic, and Medical Support (CCAMS) Services: A Leadership Role for School Counseling Administrators

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It is common for school support service (SSS) personnel to work in silos and not collaboratively. Logistics and availability of space continue to pose a challenge for interdisciplinary work. We offer the conceptual CCAMS model that proposes centralizing these support services (i.e., school counselor, social worker, psychologist) in one physical location to increase collaboration, student access, and information-sharing. The aim of this conceptual model is to create the foundation for the CCAMS department led by the director of school counseling. Benefits of the CCAMS department for practitioners and stakeholders are discussed. We offer suggestions for implementation and present limitations and future directions for this conceptual model.

Keywords: school counselor, collaboration, student support services, MTSS, consultation

In most schools, student support services (SSS)—consisting of the school counselor, social worker, psychologist, nurse, parent coordinator, and school-based community organization—are usually not centrally located in the school but could be dispersed throughout the building and in some cases, these services are detached and located throughout the school district (Mellin & Weist, 2011; Rosenblum et al., 1995). It is not a universal practice for schools to be structured this way, but for those schools that practice from a fragmented model, it can pose to be a logistical challenge for students and their families seeking their services. Moreover, this “siloed” format can cause frustration for SSS practitioners who may seek to work collaboratively but are unable to do so (Rosenblum et al., 1995; Weist et al., 2001). In this article we argue that the fragmented model of practice is inefficient (Weist et al., 2001, 2012), perpetuates administrative disorganization (Flaherty et al., 1998; Taylor & Adelman, 2000), and can negatively impact SSS practitioners’ ability to collaborate.

The COVID-19 pandemic drastically changed how schools delivered instruction, shifting from in person to remote, which widened the existing achievement gap between students by race, income, and residential location (Akojie et al., 2022). The pandemic negatively impacted teaching and learning and revealed schools’ inadequacy to pivot from in-person to remote learning

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(Francom et al., 2021; Sari & Nayir, 2020). Further, the disruption in traditional instruction exposed the disadvantages of a fragmented SSS model where mental health and academic support practitioners were inadequately prepared to service students and their families effectively in a remote setting (Pollack et al., 2021; Valentijn et al., 2013). Remote education was subpar at best for many students, and produced many challenges for educators, thereby making this option incomparable to the advantages of in-person delivery (An et al., 2021; Aslan et al., 2022). Similar challenges were echoed by SSS personnel where counselors struggled to arrange meetings with students to provide academic and personal-social support (Alexander et al., 2022), social workers could not offer consistent mental health counseling and support to students (Capp et al., 2021), school psychologists faced logistical barriers in testing students, and school nurses no longer had the ability to monitor students' health or administer prescribed medication while students were at home (Lowe et al., 2022; Reupert et al., 2022). Due to the common practice of the fragmented model, remote education exposed the gaps in collaboration and communication between SSS practitioners which led to delayed service delivery.

Imagine if student support services were centralized in a department where each discipline worked collectively to meet the needs of the students, families, and school they serve. We believe a department, where mental health, academic, and community resources are centralized, would be best led by a school counselor due to their skills in the areas of collaboration, consultation, and coordination (Cholewa & Laundy, 2019; Wingfield et al., 2010). The current fragmented approach lacks effective communication, coordination, and organization between disciplines, often angering students and families, which can lead to a level of mistrust in the SSS's ability to be helpful (Evans & Weist, 2004; Flaherty et al., 1998; Rappaport et al., 2003). The end to the logistical "hopscotch" for students and families is possible when schools adopt a centralized and unified approach to their student support services.

To illustrate this new vision, we introduce Caleb in the vignette below. Though an amalgam of real students, Caleb's experience mirrors that of many students seeking support from multiple school support personnel. We revisit Caleb's story later.

Caleb, 16, and his parents scheduled an appointment with the Derrydale High School parent coordinator to discuss his registration for school. Caleb disclosed that he and his family recently immigrated from Honduras and that his English is limited, and his parents only speak Spanish. During his intake meeting with the parent coordinator, Caleb shared his aspirations to attend college and major in engineering. His parents provided his academic transcripts from his previous school that indicated his high aptitude for STEM subjects—though his reading fluency and comprehension are markedly low compared to his peers. The parent coordinator asked about Caleb's medical history and learned of his recent diagnosis of ADHD at the age of 13, for which he takes medication to manage his behavior and attention while in school. At the conclusion of the intake, the parent coordinator assessed that Caleb and his family needed additional support and resources aside from his academic needs. His family required housing, food, and healthcare resources along with employment assistance. Lacking familiarity with the school building and community, the coordinator acknowledges that sending Caleb's family to visit each SSS practitioner—each situated in various locations in the building and the district—would pose a challenge to navigate with their limited knowledge of English and

reliance on public transportation.

For situations like these, we offer a conceptual approach called the *CCAMS model*. The CCAMS model proposes an advanced approach to unifying and centralizing the counseling, community, academic, and medical (CCAMS) supports to better assist students and their families. Though relatively novel in a school setting, the CCAMS model follows the tenets of an integrated care model, with its focus on efficient, holistic support within healthcare and social services (Kinchin, 2018; Valentijn et al., 2015). Integrated care models are also evidence-based, with multiple meta-analyses finding advantages of an integrated model versus traditional care. For example, Asarnow et al.'s (2015) meta-analysis of 35 intervention-usual care comparisons found that the integration of behavioral health into primary medical care led to better mental health and substance use outcomes for children and adolescents than traditional care. Similarly, Baxter et al.'s (2018) meta-analysis of 153 studies found that integrated care led to increased access to and perceived quality of care, and increased patient satisfaction. The adoption of the CCAMS model would lend to the creation of the CCAMS Department which we recommend be led by the director of school counseling. This individual commonly holds an administrative role in the school and can adeptly organize and coordinate efforts between the school, family, and community-based supports (Bryan & Griffin, 2010; Bryan et al., 2019).

Conceptual Framework: The Counseling, Community, Academic, and Medical Support (CCAMS) Model

Theoretical Underpinning

The CCAMS model concept is foundationally rooted in the *integrative care framework* (Valentijn et al., 2013) that brings multiple mental health and medical support disciplines together to provide holistic and streamlined services for individuals. Valentijn and colleagues describe the integrative approach to care as having three levels: *micro* (delivery of direct clinical services to individual), *meso* (organization and collaboration of the professional services), and *macro* (combining services into one system of care). Berntsen et al. (2018) found the use of *person-centered integrated care* (PC-IC) by mental health and medical practitioners improved outcomes and experiences for individuals who needed comprehensive support. Practitioners implementing the PC-IC approach look to a) set personalized goals for the individual, b) identify and align the system of care needed to meet those goals, c) acquire the necessary delivery of care, and d) evaluate if goals were attained due to the integrative approach to care.

Collaboration is an important aspect of school counseling as put forth by the American School Counselor Association (ASCA) in the ASCA National Model (ASCA, 2019) and is emphasized in school counseling literature (Gibbons et al., 2010; Hamlet et al. 2011; Oehrtman, 2022; Wilder, 2018) as well as in the ASCA Ethical Standards (ASCA, 2022). Ethical Standard A.6., under the *Appropriate Collaboration, Advocacy and Referrals for Counseling* states that school counselors should “Collaborate with all relevant stakeholders, including students, school faculty/staff and parents/guardians, when students need assistance, including when early warning signs of student distress are identified (ASCA, 2022, p. 3)”. Appling et al. (2019) found that administrative support for collaboration among SSS professionals greatly helped clarify the roles and duties for each discipline while increasing communication between practitioners and strengthening work culture.

Most notable, Epstein's *school-family-community partnership model* (Epstein, 1995)

highlights the importance of the collaborative relationship between the school, family, and community to support the shared interest of the students' academic, personal, and social development (ASCA, 2019). Epstein's model was adapted later for school counseling practitioners by Bryan and Holcomb-McCoy (2004) and was later revisited using an equity-based approach in 2019 (Bryan et al., 2019). Each model consists of seven stages and four guiding principles including democratic collaboration, empowerment, social justice, and a strengths-based focus — all of which provide important considerations for SSS personnel who consistently work to establish and foster strong student and faculty partnerships. These guiding principles from Epstein (1995) school-family-community partnership model and Bryan et al. (2019) adaptation of the model serve as the theoretical underpinning for the CCAMS model. The CCAMS model is the conceptual blueprint to design and develop a departmental representation of the Epstein's (1995) and Bryan et al.'s (2019) concept of collaborative work between disciplines located in a centralized space.

Student Support Services: A Fragmented State

For years this traditional model of separate programming has been accepted as the standard for how schools have designed and delivered their mental health and support services (Mellin et al., 2010; Mellin et al., 2011; Weist et al., 2012). Schools do their best to offer academic, medical and mental health services under one roof (Borg & Drange, 2019; Bruns et al., 2004), but in some cases this is not possible. Some schools can provide school-based services while others station these services at a district or county level (Shelton & Owens, 2020; Slade, 2003). This latter approach leads to the fragmentation of services (Eiraldi et al., 2015; Salm, 2014; Swick et al., 2018). When SSS practitioners are dispersed throughout the school building or district, potential barriers to effective and efficient service arise (Atkins et al., 2010). The present-day, fragmented model of student support services lacks interdisciplinary communication, collective curriculum design, and collaborative delivery. School support practitioners can be caught off-guard or underprepared to rapidly and successfully address issues brought on by school crises or natural disasters (Sokol et al., 2021).

Over time, researchers have raised awareness around the issues that result from a fragmented model of support services in schools (Griffin & Farris, 2010; Rosenblum et al. 1995; Taylor & Adelman, 2000; Valentin et al., 2013; Weist et al., 2001, 2012). There are various reasons why these disciplines have mainly worked in isolation for decades. Rosenblum et al. (1995) attributes support workers having to be at multiple sites during the school week or even within the same school day. Weist et al. (2001) found that the fragmented approach was perpetuated by work schedules, student need, and limited time, all of which ultimately impeded interdisciplinary work. Yet, these barriers that have mainly dissuaded collaboration, for Mellin (2009), Taylor and Adelman (2000), and Welch et al. (1992) have long called for the consolidation of resources to create comprehensive frameworks for intervention, engage in unified planning, and mobilize the services of an integrative program.

CCAMS Department: From Fragmentation to Centralization of Services

The fragmented approach is outdated and inefficient. The CCAMS model recommends unifying and centralizing SSS professionals to be housed in one department. Figure 1 depicts how the increased proximity promotes collaboration, coordination, and efficient access (See Figure 1; Mellin et al., 2010). Only recently have some schools adopted a collaborative model toward

student support services to provide resources such as dental, healthcare, sexual hygiene and literacy, and access to food resources (Kanters et al., 2014). Visualize the CCAMS department as one would of any other standard department in a school building (e.g., math, English, science departments, etc.).

The distinction the CCAMS department would have compared to traditional departments would be the inclusion of various disciplines working in a centralized location conducting collaborative work so pupil services can be accessible and integrated. The CCAMS department is not grounded by the traditional hierarchical structure of management and trickle-down delegation of work from administrators. The CCAMS department would be structured in a way where each discipline would conduct their assigned tasks and duties in accordance with their training and expertise working as a committee between each other. However, with each SSS discipline being housed in a centralized location would lend itself to cooperative interdisciplinary work with their counterparts as well. In the CCAMS department format, the role of the director of the CCAMS department would be the coordination of each student service to they are able to work seamlessly and collaboratively while connecting practitioners to the necessary resources needed for effective service delivery, rather than the director serving in the role of one who delegates tasks from the traditional a top-down hierarchical structure.

Models like CCAMS are supported by researchers such as Adelman (1996) who has long advocated for the unification and centralization of support services for students to increase response time and efficiency. Adelman proposed six areas where centralizing support services and program offerings can benefit students. Those areas are a) classroom-based learning, b) gaining student and family assistance, c) prevention of crises and response to crises, d) assistance with academic and career transitions (e.g., progressing from one grade to another, postsecondary plans), e) earlier involvement in home issues, and f) community outreach to increase community involvement (e.g., recruiting volunteers, mentors, and referrals). Even at the higher education level, Guy and Eimer (2016) evaluated a streamlined program implemented at Rasmussen College in 2014 where the *one-stop support model* (OSSM) was instituted to improve student access to financial aid, library and learning services, and academic affairs. Students who used the OSSM rated it as helpful and efficient (Weist et al., 2012). The CCAMS model aligns with Rasmussen College's OSSM model which demonstrates that when student services are consolidated and centralized, it results in greater student access and usage of these services.

The CCAMS model also aligns with the ASCA National Model (2019) in its focus on collaboration across disciplines, which is a major theme of the model. Further, the CCAMS model's focus on comprehensively supporting students (i.e., in all areas of life, not just academics) is ASCA-aligned. The CCAMS department would require schools to make logistical adjustments in their buildings and move these disciplines closer together. That means finding or creating office space on one floor or area of the school building that could sufficiently support each team. Moreover, the CCAMS department would require updated technological and software support to increase information-sharing for efficiency (Bates et al., 2019; Mellin & Weist, 2011). The CCAMS department's interdisciplinary approach would offer administrators a viable option to respond to anticipated future educational disruptions such as school violence (e.g., fights, active shooter, bullying), emergency services (e.g., medical emergencies), unexpected student/faculty deaths, political and school climate issues (e.g., gang violence, riots, activism), and student mental health crises response all in a "one-stop-shop" (Weist et al., 2012).

More discussion will be had around the benefits that can originate from the CCAMS department model for practitioners, students, their families, the school and the community as a

whole.

School Counselor as Director of CCAMS Department

We recommend that the CCAMS department be led by the Director of School Counseling, who possesses an advanced leadership certification, or if their school or counseling department does not have a director, the position can be held by a certified school counselor who has completed ASCA U's *School Counselor Leadership Specialist Training* (ASCA, n.d.). School counseling department heads are uniquely trained as not only mental health professionals, but also as coordinators and as collaborators that ensure holistic support of all students at the whole school, small group, and individual level (ASCA, 2019). If the school counselor who desires or is assigned to lead the CCAMS department does not possess an advanced certificate, the aforementioned ASCA U training, which is available to all counselors on the American School Counselor Association website, is an excellent option to prepare for a leadership role.

School counselors, by the nature of their work, often act as transformational leaders (Hilts et al., 2022; Mason et al., 2023). Through academic training and professional practice, school counselors implement a comprehensive school counseling program that requires them to maintain organized documentation while also providing various levels of tiered support to encourage and motivate students. School counselors also collaborate with various stakeholders internally and externally. The ability to be organized and connect with students, colleagues, families, and community-based supports makes school counselors most prepared to lead the CCAMS department because doing so would require extensive knowledge and coordination of the various resources that are included within the department. We recognize that there are administrative and district level leaders that should remain responsible for the supervision, evaluation, training, and provision of professional development resources of each individual department. At the school level, however, the day-to-day functioning, including the coordination and collaboration of each specialty within the department, should be done by a school counselor or school counselor department chair. With the addition of a leader who has the vision to organize collaboration between school and community-based support, student support professionals will no longer have to work in silos.

School counselors are trained to provide consultation when needed (ASCA, 2019; Baker et al., 2009). Oftentimes, school counselors know their students more holistically than a teacher might, giving them insight into how to best support a student in the classroom. As such, the *Collaborative-Interdependent* and *Triadic Dependent* models of consultation are often used by school counselors and will serve the school counselor well as the CCAMS department head. The collaborative-interdependent model of consultation allows each department specialization to collaborate with and consult one another in solving various school issues effectively by relying on one another's expertise. This is different from the triadic-dependent model where the counselor assumes the role of the expert on an issue, the person seeking assistance is the consultee, and the student is the client (Idol et al., 1995; Keys et al., 1998). In either consultation model, the school's counselor as head of the CCAMS department acts as a bridge to help address and resolve issues as they arise.

Additionally, the CCAMS department head (i.e., school counseling director) will need to effectively collaborate with many disciplines in the school including teachers, administration, nurses, school psychologists, and school social workers to ensure students are receiving holistic support to promote success within the school setting. This may require the ability to connect with

external resources including community-based organizations, mental health therapists, hospitals, and business owners, to ensure student access to supports not readily available within the school building. As the individual who establishes these connections with internal and external resources, the CCAMS department head will bridge the gap between students and services, thereby acting as a liaison. This amalgamation would allow student support personnel to pool their skills and resources to better serve students, families, and communities.

Lastly, many school counselors are adept with administrative skills and have the potential to effectively lead and coordinate the CCAMS department. They possess strong interpersonal and managerial skills, are often familiar with various virtual programs, and can be adaptable with their schedule. School counselors must maintain open communication with teachers, administrators, parents, and other student services departments (Mullen et al., 2019). It is school counselors' responsibility to connect with all key stakeholders in a student's life to ensure that they are receiving the support needed to be successful. Counselors typically work on a team alongside teachers and school administrators, while also connecting with outside resources, such as community members and other community-based organizations (Epstein & Van Voorhis, 2010). High school counselors typically build lasting relationships with local businesses and college representatives to support students in their post-secondary planning. Furthermore, managing caseloads of hundreds of students requires dexterous skills and knowledge of what resources are needed to support those students (Shi & Brown, 2020).

Benefits of the CCAMS Model for Practitioners

One difficult aspect of working as school support personnel is the often-siloed nature of the work (Cholewa & Laundry, 2019; Short et al., 2018). This lack of collaboration across school-based disciplines also extends to stakeholders within the larger school community (Dieker, 2001; Meyer & Barefield, 2010; Short et al., 2018). A collaborative approach, by comparison, leads to greater continuity of care, better case conceptualization, alternative perspectives on cases, and ultimately creates an opportunity to reach more students (Appling et al., 2019). An intentionally collaborative approach to student cases (i.e., the CCAMS model) may also serve to mitigate common complaints of student support personnel like role conflict and role ambiguity.

Role conflict and ambiguity stem from incompatible or inconsistent expectations between various stakeholders (Khanal & Ghimire, 2022) or a lack of clarity (Blake, 2020) about what role(s) school support personnel hold in the school. These experiences are found in disciplines from school psychology to school counseling, school nursing, and social work, among others (Brown & Sumner, 2013; Jameson & Bowen, 2020; Kim & Lambie, 2018; McCabe & Hagan, 2023). The CCAMS department centralizes student support to ensure that support personnel are only brought into cases relevant to their discipline and eliminates distractions caused by irrelevant or mismatched referrals. Though it may seem like a small benefit, the reduction of irrelevant referrals can have a real impact. Extant literature (e.g., Cohen et al., 2017; Mark et al., 2017) discusses how workplace distractions cost time and lead to higher error rates. The CCAMS department's ability to "buy back" wasted time is especially important given that some school support personnel hold caseloads of, on average, over one thousand students (Best et al., 2021; NASP, 2020).

The school counseling director who leads the CCAMS department can therefore be likened to a 911 dispatcher who receives a call (referral), and then enlists the services of pertinent emergency services (team members). From a practical standpoint, the MTSS pyramid (see Figure

2) is an apt analogy for how the CCAMS Department would run. Tier 1 within CCAMS would consist of whole-team meetings, wherein all personnel would discuss students being served by all members of the team. Tier 1 meetings may also feature discussions on whole school or district policies that affect the team. Finally, these meetings may serve as a place for planning school-wide events and services hosted by the CCAMS department (e.g., Children's Mental Health Awareness Week, school-wide character curriculum, etc.).

Another Tier 1 component of CCAMS would be its ability to act as a "one-stop shop" for community-based organizations and their access to families. It is common practice for specialized disciplines to meet separately and in different parts of the school building (which may lead to errors in continuity of care and redundancy). Instead at the Tier 1 level, colleagues from all disciplines are centrally located which may increase their efficiency, level of collaboration, and rapid delivery of services (Short et al., 2018).

Tier 2 within CCAMS would consist of subgroup interdisciplinary meetings with more pointed foci that does not require all department programs to attend. For example, the school counseling team meeting with the social work team. One Tier 2 service within CCAMS would be pointed services for affinity groups. For example, school data may show institutional equity gaps for a subgroup of students. Therefore, practitioners of the CCAMS department with a particular expertise from specific disciplines may join these groups to create a task group aimed at addressing these academic and personal issues. Moreover, Tier 2 meetings can offer the opportunity for specific practitioners (i.e., school psychologist, school counselors) to discuss student caseloads about who may be receiving targeted services from certain programs in the CCAMS department.

Tier 3 in the CCAMS perspective would entail discipline-specific meetings between team members of a program (i.e., smaller, more pointed meetings than in Tier 2, school counselors meeting as a team). Meetings at the Tier 3 level are designed to be exclusive where colleagues from the same discipline meet to discuss highly targeted interventions and services for students and families who have unique needs pertaining to student achievement, postsecondary transition options, and access to mental health supports. Examples of Tier 3 case would look like members of the social worker team meeting to discuss outside options for a student to receive therapy services who expressed thoughts of self-harm and suicide ideation.

Ideally, as the leader of the CCAMS department—the school counseling director—would remain updated on the agenda items and outcomes of each meeting held in the department. Although these tiers formally outline how the CCAMS department personnel would collaborate, the opportunity for some meetings to occur organically, impromptu, and informally is also possible due to proximity.

Using Caleb as an example, his enrollment could serve as an impetus for the CCAMS department to consider school-wide changes that support all immigrant students, or for the broadcasting of information to the school-wide community about access to outside resources (e.g., housing, food, health care, and/or employment resources; Tier 1). Separate task-groups may be created to tackle each of these initiatives (Tier 2).

Regarding Caleb's academic goals and performance, his low reading fluency might require testing to rule out a learning disability (school psychologist), whereas his medication needs may entail services from the school nurse. Caleb's post-secondary aspirations can be explored with a school counselor, while the on-site community-based organizations coordinator may work with Caleb's family to provide neighborhood resources that will help with acclimation to the new area. These professionals would collaborate on the most efficient means of serving Caleb holistically (Tier 2). In the current iteration of Caleb's case, the social worker and parent coordinator may be

made aware of him, but would not likely be part of the regular meeting about him. Finally, the consultations between support personnel (Tier 3) on the services provided to Caleb would occur, but would not require input from the entire department.

The MTSS pyramid as an analogy for the CCAMS model shows its dynamic, adaptive, and tailorabile nature and demonstrates how the CCAMS department interacts as both a unit, and as individuals within the school system, all based on the changing needs of the students being served and the school at large. The CCAMS model ensures that all team members are informed, but not bogged down by cases or initiatives for which their expertise or perspectives are not additive. Further, the CCAMS model provides a consistent and reliable space for collaborative data collection, analysis, and dissemination across the school community through the implementation of CCAMS department meetings (Tier 1).

Benefits for Stakeholders

The CCAMS department could have pragmatic benefits to students, families, school administrators (i.e., principals, board of education), and community members (Adelman, 1996; Epstein & Van Voorhis, 2010; Griffin & Farris, 2010). SSS practitioners continuing to work independent of each other means students and families may struggle to access the resources needed for support, being bounced around to various offices and buildings. Consider Caleb and his family who need not only academic support in his transition to Derrydale High School, but contact with the nurse for medication distribution, connection to the school social worker and Parent Coordinator for resources outside of school, and potentially a conversation with the school psychologist about testing for either a 504 plan or special education services. The CCAMS department, with the unification and centralization of SSS, would serve as a navigation point for Caleb and his family allowing them to easily connect with each of these professionals in one space.

The aforementioned MTSS framework provides a structural depiction for the application of the CCAMS model in supporting various external stakeholders (see Figure 3). At a Tier 3 level, students would have access to 360 degrees of proactive support services. Students would be able to visit the CCAMS department in their school to have one-on-one meetings with any student support personnel within the department. A centralized location may offer students the ability to register for academic support services (i.e., tutoring, after-school programs, volunteer programs), receive medical attention, and obtain mental health support all in one-stop. For example, Caleb might visit his school counselor to discuss his plans to apply to college to study engineering. He could then visit with the school nurse to take his medication and stop by the school social worker with an update on how his family is transitioning.

At a Tier 2 level, the CCAMS department would provide families with seamless and continuous communication between disciplines that address social and emotional, academic, and familial issues. Parents/guardians can gain information and access to community resources (i.e., food banks, free/affordable healthcare, family services, legal services) by making a call to one department. Caleb's family, already in conversation with the Parent Coordinator, could then meet with the school social worker and be connected with various community-based organizations that would be able to assist with housing, food, and employment opportunities for his parents.

Lastly, at a Tier 1 level, members of the CCAMS department would be at the forefront in assisting school officials in designing and developing crisis response policies and procedures for the school and district (Brown, 2020; Brown & Han, 2023). One centralized department benefits the school by having student and family records housed in one place where records can be updated,

accessible, and easily retrieved when needed by teachers and other staff members. Data collection and records-sharing would be an integral technological component in CCAMS department where SSS practitioners can access, store, update, and maintain records in real time through the school's learning management system (i.e., Naviance, PowerSchool, etc.). When families visit the school and make requests for records or student transcripts, the CCAMS department enables seamless access to these documents without families making multiple stops in various locations.

Additionally, members of the community, including local businesses can form partnerships and cooperative agreements with the school to offer students employment, internship, and mentorship opportunities (Coller & Kuo, 2014). Furthermore, the CCAMS department can foster relationships with local community organizations, cultural centers (Duquette et al., 2023), faith-based centers, and offer referrals for therapeutic support to students and families. The department could house a community outreach bulletin, sharing information about events, resources, and activities within the school and in the larger community where the public could take part in.

Implications for the CCAMS Model and Department

We previously enumerated the benefits of the CCAMS department for practitioners, the school, and its stakeholders. In addition, we offer several implications for the CCAMS department for SSS professionals considering utilizing the CCAMS model to redefine their direct and indirect delivery of services at their schools (ASCA, 2019; Peabody et al., 2018). Schools that currently have SSS personnel dispersed throughout the building or district could see improved productivity from this streamlined model (Kern et al., 2017; Kutash et al., 2011). Accessibility to these school services would see a boost in usage among students and their families due to the centrality.

The CCAMS department's interdisciplinary design opens the door for SSS professionals along with administrators to cooperatively design educational policies, form critical response teams, draft procedures and guidelines for crisis response, and improve response to educational disruptions such as a pandemic or natural disaster (Elbedour et al., 2020; Simonsen et al., 2014). Schools with an interdisciplinary team that adapts services based on circumstances are less likely to be caught off guard when traditional educational services are disrupted. According to Elbedour and colleagues (2020), schools should have a crisis management plan (CMP) to address school crises and student psychological trauma. They recommend schools to have effective CMPs that are designed with clear plans, direct communication, protocols for immediate response, and protocols and procedures for various crises.

A department that operates under the CCAMS model can immediately implement new directives handed down by state legislators and school administrators due to the cooperative relationship that exists among disciplines. Less practitioner burnout could come from consolidating academic, medical, mental health, and social services due to workload-sharing (Schilling et al., 2017; Weist et al., 2006). Research has shown burnout rates along with counselor impairment has been on the rise for decades (Bardhoshi et al., 2014; Fye et al., 2020; Gunduz, 2012; Holman et al., 2019; Kim & Lambie, 2018; McDaniel et al., 2023; Mullen & Gutierrez, 2016; Mullen et al., 2018), but has seen more of an uptick since COVID-19 introduced new demands on school mental health professionals (Akgul et al., 2021; Villares et al., 2022). Many of these challenges were unexpected and overwhelming leading to some SSS professionals leaving the profession (Lücker et al., 2022; Savitz-Romer et al., 2021).

Lastly, the CCAMS department would be set up to comprehensively serve diverse and underrepresented students and their families, such as Caleb and his parents who immigrated from

Honduras. If Caleb and his family had entered a school that applied the CAMMS model amongst their SSS practitioners, most of their needs would have been addressed in one place. The CCAMS department could benefit diverse individuals like Caleb by providing academic testing based on his English proficiency, scheduling of classes based on his credits, counseling services around to help with assimilation, housing, healthcare, and employment resources within the community, and registration for ELL classes in the school (and in the community for his parents). For schools implementing the CCAMS model, these services could all be accessible to diverse individuals like Caleb in one location, one department.

Historically, students and families of color have been met with more barriers and challenges with access to academic, mental health, healthcare, and social services which has created a gap in access and success compared to their White counterparts (Carter et al., 2017; Jones et al., 2021). The CCAMS department could dissolve some of these barriers traditionally faced by communities of color and diverse individuals (e.g., religious minorities, LGBTQ youth).

Historically, students and families of color have been met with more barriers and challenges with access to academic, mental health, healthcare, and social services which has created a gap in access and success compared to their White counterparts (Carter et al., 2017; Jones et al., 2021). The CCAMS department could dissolve some of these barriers traditionally faced by communities of color and diverse individuals (e.g., religious minorities, LGBTQ youth), by providing holistic support and services through the centralized model. The CCAMS model would allow for information sharing and data utilization between disciplines empowering students and their families who use these services. Previously outlined, the centrality of services is the primary purpose of the CCAMS department to serve as a hub of resources that interconnects academic, personal, social, medical, and career needs of the students and families who access it. Students of color and other diverse individuals will be able to find health services, counseling services, trauma informed care, and any additional supports through the CCAMS department.

Accessibility to these services may remove common barriers students and families of color historically face due to such reasons as income level, residential status (urban, deep rural), access to public transportation, along with logistical challenges attempting to locate these services individually. Moreover, the CCAMS department would use ongoing data collection to assess its effectiveness by identifying gaps in services, continued assessment of progress, along with ongoing refinement of current interventions. This accountability would ensure the support services offered are personalized to the specific needs of diverse communities to achieve long-term impact. Lastly, the CCAMS department can manage community-based partnerships that connect students and their families to resources to meet their “non-academic” needs with access to faith and religious organizations, intensive mental health therapy services, cultural centers, and resources for LGBTQ+/queer individuals and their families.

Limitations & Challenges to the CCAMS Model

The CCAMS Model posits streamlined provision of student support services (SSS) through the creation of a CCAMS department run by a Director of School Counseling. Notably, the utilization of the model assumes adequate personnel to meet the needs of students and communities. Realistically, this may not be the case for all schools, especially in light of how high many caseloads there are for school support personnel (ASCA, 2022; Best et al., 2021; NASP, 2023), and the fact that many already feel overwhelmed especially in a post-Covid era (Bardhoshi et al., 2014; Lee et al., 2021; Shernoff et al., 2016). Though the CCAMS model is designed to ultimately

boost efficiency and promote timesaving, it may be a tough sell initially for professionals who already feel stretched thin.

In a similar vein, the CCAMS model will likely be ineffective or impossible without meaningful administrative support. The job of school administrators is complex and demanding (Bush, 2018). School principals balance the needs and priorities of school personnel, families, students, and communities simultaneously while simultaneously overseeing duties for profession that they may not be entirely knowledgeable of (Blake, 2020; Mahfouz, 2020; Pregot, 2021). The multifaceted, multidisciplinary nature of the CCAMS model requires a deep understanding of the roles of school support personnel, including where their roles align and overlap as well as where they are unique from one another. Even though administrators will not be directly providing interventions through the model the smooth operation of the CCAMS department is contingent on leadership that has a strong basis of understanding its members, and the leadership capacity to oversee the day-to-day duties as assigned.

Another practical element of the CCAMS Department that would vary from school to school is the hierarchy within the team. In the United States, the supervision of SSS can vary widely, with some members (e.g., school psychologists, school social workers) being supervised by district-level leadership (Mitchell, 2023), and others (e.g., school counselors) with building-level leadership (i.e., principals) (Evans Zalewski, 2022). Even so, while this is commonly the case, it is not always the case (see Goodman-Scott et al., 2020). The suggestion of the school counselor as the head of the CCAMS Department is not meant indicate that the school counselor is a supervisor to other members of department, but rather the point person for organizing and reporting out of the team. As with the suggestions above, school personnel would need to consider the particulars of the hierarchies and relationships within their schools, and the implications implementation of the CCAMS model as provided here would have and adjust accordingly.

In terms of leadership of the CCAMS department, a significant amount of responsibility would fall on the school counseling director, which as discussed above may feel like additional responsibility coupled with no real power or authority. Though school counselors receive some training, these individuals may not be adequately prepared to run a department of such varied professions. While the discussed ASCA U Training will be a helpful first step, school counseling directors should also ensure that they have a strong grasp and understanding of the typical roles and responsibilities of the members of the CCAMS department to alleviate the aforementioned role ambiguity and role conflict (Brown & Sumner, 2013; Jameson & Bowen, 2020; Kim & Lambie, 2018; McCabe & Hagan, 2023). A good starting point for this would be researching the professional organizations of members of the CCAMS department (see Association of Family and Conciliation Courts, n.d.; National Association of School Nurses, n.d.; National Association of School Psychologists, n.d.; School Social Work Association of America, n.d.).

Schools and districts hoping to adopt the CCAMS model and department may also run into some logistical challenges. From a practical standpoint, some support personnel work across multiple schools (e.g., School Psychologists, School Nurses; Goforth et al., 2016; Willgerodt, 2018). Their role within the CCAMS department would have to be negotiated and tailored based on when they are present in each of their schools, and considerations made if there are no school days where all CCAMS members are present. Further, some of these positions may simply not exist in all schools. The lack of staffing often leads to existing personnel taking up the slack by “wear multiple hats” and expanding their duties and responsibilities which is additionally overwhelming with an already limited number of professionals present in the building.

Another challenge to this conceptual model centers on physical space—ideally the CCAMS department would all be within an office suite or have their respective offices nearby one another to boost efficiency in collaboration. We recognize this may not be logically possible due to available space in some school building, and to the architectural design of certain school buildings which may not allow the necessary level of proximity.

Lastly, the CCAMS model is theoretical in nature and has not yet been tested empirically. Though it has some semblance of face-validity given its strong grounding in extant literature, it is important that adequate data are collected and analyzed to ensure that the CCAMS approach is truly a timesaver and benefit for students and communities.

Future Directions

The CCAMS model is a conceptual design for professional consideration and has not been empirically tested. Researchers looking to understand the effectiveness of this model should conduct a study in a school setting. In a school setting, we can identify the level of impact a CCAMS department model can have in different types of schools as it pertains to student demographics (race, income level), location (rural, urban, suburban), school size (small, medium large), and funding (Title I, public and private donors, grants).

Further, we would like to gain a deeper understanding on how a CCAMS department model could meet the needs of diverse students (e.g., students with disabilities, students of color, varying cultures and citizenship statuses), along with understanding what benefits CCAMS department might have on postsecondary transition planning (Strear et al., 2019), college and career readiness curriculum development and implementation (Hines et al., 2019). Finally, a deeper understanding of the outcomes of centralizing SSS services on student retention, persistence, and graduation rates is of great interest. Researchers could consider conducting a longitudinal study that follows a cohort of students who received services under a CCAMS model approach and its impact on their wellness, achievement, persistence, retention, and feelings of support over their school tenure.

Similarly, the CCAMS model as put forth in this article assumes the existence of school support personnel commonly found in many schools within the United States. By nature of the three of us (authors) having practiced in the U.S.A., there may be unintentional-bias and/or tunnel-vision in our perceptions of school-based leadership hierarchies and support personnel. For international audiences interested in adapting the model to their own leadership structures we suggest a more flexible lens, focusing more on the overarching tenets of the model (e.g., integration of services, increased access) as opposed to a rigid implementation of roles for SSS.

Conclusion

It is critical that school administrators, educators, and other student support service professionals continue to consider how COVID-19 and the pandemic impacted our education systems (Barnová et al., 2020), affected our students, and changed the way we must support them. The pandemic posed new and unprecedented challenges for educators and SSS personnel to find ways to continue to support students and their families. New ideas must emerge to address how our educational systems continue to transition from their traditional models of teaching and learning, to more inclusive and collaborative models, such as our conceptual CCAMS model and department. Student support professionals should reject working the more traditional way of working in silos,

and embrace a collaborative interdisciplinary model that can holistically meet students' needs (Betters-Bubon & Schultz, 2017).

The formation of a CCAMS department is a deviation from the traditional fragmented model of delivering services in schools that have long frustrated students and their families. Merging the student support services into a centralized location will increase access, streamline service delivery, decrease turf issues (Mellin & Weist, 2011), integrate communication and information-sharing (Mellin & Weist, 2011), expedite policy creation and implementation, and increase interdisciplinary work. Adopting the CCAMS model may potentially grow the school-family-community relationship that Epstein (1995) and Bryan et al., (2010, 2012) suggest to be the key to increasing student and parent school involvement. The CCAMS model is not novel nor innovative, but offers a functional and cooperative service delivery approach. Schools and school counselors choosing to implement this model to form a CCAMS department will truly demonstrate a pioneering vision to the development and achievement of their students.

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