



## SCHOOL COUNSELING AND STUDENTS WITH DISABILITIES

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### ABSTRACT

The literature indicates changing criteria from a reactive to a proactive process to include people with disabilities in inclusion counseling in primary schools. This article outlines the additional factors that are contributing to the low professional visibility of school counselors. The Proactive Model of School Counseling presented here encourages counselors to widen their horizons, not only being responsive to the students seeking counseling on their own, but also reaching out to all students including "special students", for the implementation of concrete agendas. Their preplanning activities might include: developing a school guidance committee, conducting assessment surveys to prioritize student needs, planning an annual calendar for guidance activities, and making provisions for group guidance sessions. The Proactive Model emphasizes the conceptual, operational, evaluative, public relations, and personal development of student counselors. These components are sequenced, interrelated, and precede one another in significance during implementation. Each component is discussed and suggestions for implementation given.

**Keywords:** inclusion, counseling, disability, Proactive Model

The counseling services provided to children with disabilities are significantly outside the average range of general counseling. Many areas of the counseling profession in primary schools have fallen short, with a lack of understanding and appreciation (e.g., attitudes, values, beliefs), a limited repertoire of skills (e.g., techniques, strategies, interventions), and knowledge base. When school counselors do not provide services or develop programs to accommodate the needs of children with disabilities, they deny these students of their expertise and themselves of the enrichment that comes with working with children with disabilities who are challenging, deserving, and responsive.

There are a number of additional factors that are contributing to the low professional visibility of school counselors; lack of well-defined school counselor's roles, goals and job descriptions (Baker, 1992 ; Brown, 1989), too many administrative routine assignments and too high counselor-student ratio that don't allow school counselors to use their special skills (Gysbers, 1990). However, all students refers to those who are average, gifted and talented, low achieving and to those with handicaps and disabilities; those in all ethnic, and cultural, groups; those who speak Turkish as a second language; migrants; boys and girls; and any other "special students" in the school. This principle indicates that all students, including children with disabilities, should have equal access to counselors, the guidance curriculum, counseling resources, and all other direct and indirect services.

Children with disabilities will experience some of the following problems throughout their school age years. They may be subjected to a multitude of obstacles and barriers (i.e., non-acceptance, discrimination, stereotypically thinking). In some cases, these children experience more than their normal share of frustration and difficulty in attempting to resolve the issues that are encountered with daily living activities. It is not uncommon for children with disabilities to experience chronic hopelessness as a result of anxiety and depression. Sometimes they have access and performance problems in schools, which could or could not be related to the disability. Also, they show delayed development of self-concept that can influence one's sense of self-worth, and viewing one's self as dumb, damaged, weak, and vulnerable.

Counseling professionals historically have had limited contact with this population for a variety of reasons. Some counselors lack confidence and training to serve these groups. Some are uncomfortable around people with disabilities. Others have incorrect information about or prejudices toward those with exceptional needs (Tucker, Shepard, & Hurst, 1986). In addition, because services to children



with disabilities are most often delivered by special education personnel, counselors may believe that their skills are not needed for these groups (Tarver Behring, Spagna, & Sullivan, 1998).

Although children with disabilities are an extremely heterogeneous group of diverse learners, each with unique learning strengths and needs, many of the graduate counselor education programs have not provided prospective school counselors with adequate training for the development and provision of services or how to professionally interact with children who have disabilities, which includes physical behavioral, emotional and mental disabilities. In addition, limited preparation is provided in the area of cooperation and collaborative efforts in working with other specialists and professionals to provide children with disabilities a more comprehensive developmental holistic approach to services.

Children with disabilities are often misunderstood and frequently less served by the counseling profession, these children need services just as much as other children (McDowell, Coven, & Eash, 1979). In addition, all counselors have a professional and ethical responsibility to facilitate conditions that promote the full potential for all individuals, including exceptional groups (Baker, 1992; Holmgren, 1996). As knowledge and experience are obtained for this population, counselors can serve children and their families more fully as intended by legal and professional guidelines. Most counselors, however, do not have many of the skills needed to work with these children and their families, such as communication strategies, a background in human, and experience with an array of therapeutic techniques (Cochrane & Marini, 1977). Moreover, a proactive approach to the role of counselor, a focus on relationship-building, a desire to operationalize equal opportunities policies, an inclusive approach to initial assessment, flexible and creative approaches to counseling, continuing professional training and awareness raising can be important facts in all counseling processes.

From a counseling perspective, these students, regardless of their specific handicap, present similar characteristics that preclude using traditional counseling methods. Inherently all of these students are believed to experience developmental delays that may impair one or more of their learning channels and may range from mild to severe. Individuals may exhibit inappropriate behavior relative to their chronological age and often are socially isolated. A poor self-concept is another quality found in this target population. Students may also lack adequate expressive language, are often disorganized in their thought processes, and usually have considerable difficulty with time management skills.

Keeping these factors in mind, school counselors are encouraged to do more in-depth research and preparation on specific disabilities, with strategies and interventions to assist the scope and direction of interventions that are effective when developing programs and providing services to children with disabilities. A number of empirical studies have verified the positive effects of group counseling interventions. Students have shown significant increases in academic persistence and achievement (Deffenbacher & Kemper, 1974; Morse, 1987), school attendance (Krivatsy-O'Hara, Reed, & Davenport, 1978), classroom behaviors (Myrick & Dixon, 1985), self-esteem (Herr, 1982), selfconcepts (Cangelosi, Gressard, & Mines, 1980), and their attitudes toward school and others (Herr, 1982). These increases held for special population groups, including low-achieving students (Thompson, 1987; Wilson, 1986a), disruptive students (Bleck & Bleck, 1982; Downing, 1977; Omizo, Hershberger, & Omizo, 1988), learning-disabled students (Amerikaner & Summerlin, 1982; Omizo & Omizo, 1987a, 1988b), gifted students (Kerr & Ghrist-Priebe, 1988).

As school counselors prepare to provide counseling services, it is important not to generalize across disabilities with handicapping conditions, putting children and adolescents with disabilities at risk. These children and adolescents vary just as much as individuals in any other group. Interventions may need to be more hands-on in the approach to the problem resolution as well as culturally sensitive and



appropriate. External issues, which are problems outside the child, may need to be addressed because of the direct or indirect implication on the disability. School counselors should be cognizant of the limits and biases that may be presented by children with moderate to severe disabilities. In addition, it is crucial that school counselors have knowledge of the laws and understand the rights of children with disabilities.

All of these issues challenge counseling professionals to be creative. Counselors attend to instructional practices, staff-student interactions, and other environmental factors that may impede development of students because; school counseling interventions have a substantial impact on students' educational and personal development. The initial stage of counseling requires the manipulation of several components in the counseling environment. Developing the setting is critical before learning can occur.

- Counseling activities should be no longer than 20 to 30 minutes.
- Distractions in the environment should be kept to a minimum or eliminated.
- Tasks should be structured and followed consistently.
- Multisensory approaches including auditory, visual, tactile, and kinesthetic, should be used by counselors while presenting activities to the students.

All of these components are designed to keep student confusion and frustration to a minimum and still allow the participants to function in a well-controlled environment using multisensory approaches to promote understanding.

The ability to communicate concretely is vital for success with handicapped students.

- Verbal generalities should be avoided. Abstract relationships and terms should not be used by the counselor.
- Questions beginning with the words how and why should be avoided.
- Short, concise, explicit sentences should be employed.

These guidelines will enable students to understand specific concepts and terminology used by the counselor so that they will be able to concentrate on learning.

Frequent and consistent repetitions are needed during the counseling session.

- A review of previous meetings and their objectives should occur at the beginning of each counseling session.
- Students or clients should be told what to expect at each session.
- A summary of the activity should be presented stressing the important areas for students or clients to remember.

Repetitions allow students to absorb each session and understand the continuity of the presentations.

There is widespread consensus concerning the desired nature and scope of school counseling for children with disabilities which includes interventions to increase awareness, acceptance, and appreciation of cultural diversities (e.g., ASCA, 1981, 1984; ASCA, 1988; ASCA/NACAC, 1986).

In addition, counselors attend to school policies and procedures, instructional practices, staff-student interactions, and other environmental factors that may impede development of students because, school counseling interventions have a substantial impact on students' educational and personal development. Moreover, individual and small-group counseling, classroom guidance, and consultation



activities seem to contribute directly to students' success in the classroom and beyond, and school counselors should spend the majority of their time performing these interventions.

It is in the spirit of empowering the school counselors to gain their credibility, assert their significance, and make their own unique place in the school system and the professional community; the following Proactive Model of School Counseling is postulated.

Basically, the underlying professional zeitgeist of this model is to shift reactive approaches to proactive approaches in school counseling. In addition being responsive to the daily demands of some students who seek counseling on their own, the primary focus of this model is to help school counselors reach out to all students in a systematic, well-planned manner for the implementation of some concrete agenda.

To become proactive, it is high time that counselors use a balanced approach to counseling and heed Baker's (1992) admonition: Counselors in the twenty-first century must be able to provide prevention services that meet and enhance developmental needs and treatment services when interventions are needed. Counselors will need to be flexible in reacting to differing consumer demands and be proactive in providing services that enhance person development and coping skills. This approach requires school counselors to shift from a primarily responsive service orientation to school counseling partnerships that are proactive and developmental.

Proactive approach is an advocacy approach to promote and support student interests. When a school is not responsive to the needs of students or there are some school practices that are detrimental to the interests of students, a counselor might have to make a difficult choice either to meet the needs of the students or the demands of the institution. Proactive counselors serve as strong advocates of students when they have to face such matters as "confidentiality, injustice to students, inappropriate curricula, incompetent teachers, and unresponsive administrators" (Aubrey, 1970, p. 6). In their advocacy role, school counselors can collaborate with teachers to maximize potential of their students through information about different learning styles, motivational strategies, and new pedagogical approaches.

Student problems require enormous amount of time, networking with others is not a matter of luxury but a dire necessity. A counselor can build a large support group by developing a systematic, long-term liaison with a number of diverse groups within and outside the school. Within a school, students trained as peer counselors can effectively present topics such as self-esteem, peer-pressure, time-management, etc. to lower grade students. Similarly teachers trained by counselors could provide some group guidance activities in interpersonal skills, developing friendships, lifestyle decisions, developing self-discipline, and leadership skills. School counselors function at the forefront level in a manner that enhances teacher contributions in the proactive approach process. According to Hart and Jacobi (1992) counselors should train all school staff, from support staff through senior faculty and administrators, to contribute to the guidance function.

Since these services are basically instructional in nature, teachers can be extremely helpful in implementing them as classroom guidance activities. Since parents have a strong and direct impact on their children's personal development, their role in counseling and guidance can't be ignored. Parent involvement is an important component of programs designed to improve the educational outcomes for children with disabilities. When families are involved in collaborative relationships with school personnel and that active parent involvement is related to positive student outcomes such as increased student achievement and fewer discipline problems in the classroom and at home (Christenson, 1995; Christenson, Rounds, & Franklin, 1992; Christenson & Sheridan, 2001)



How can psychologists work with parents and teachers to foster the best possible outcome for students with disabilities in inclusive classrooms? School-based consultation is considered one of the primary vehicles for accomplishing this goal. Conjoint behavioral consultation (CBC) is a relatively new model of consultation that intervenes at the home–school level and actively engages educators and families in mutual decision-making (Sheridan, Eagle, Cowan, & Mickleson, 2001; Bulut, 2007). It is defined as a structured, indirect form of service delivery in which parents, teachers and support personnel join together in a collaborative effort to meet the academic, social or behavioral needs of children (Sheridan, Kratochwill, & Bergan, 1996).

The consultation process consisted of problem identification (PI), problem analysis (PA), treatment (plan) implementation (TI), treatment monitoring (TM) and treatment (plan) evaluation (TE), made operational by four structured interviews. The stages of CBC were implemented via standardized protocols detailing specific objectives and procedures of the model. The consultant developed the treatment monitoring (TM) stage to enhance fidelity to the intervention plan (Wilkinson, 2005). CBC counselors preplan their activities in advance to implement their guidance program for different levels; they are not just responsive to day to day situations and problems. Broadly speaking, counseling and guidance services are a shared responsibility of parents, school, and community.

Individuals who:

Level 1. Are not eligible and do not receive special services, (mild)

Level 2. Are identified as exceptional who are placed full-time in regular programs or classes, (mild)

Level 3. Are assigned to regular programs with supportive special services and resources, (mild)

Level 4. Are assigned part-time to a special program and part-time to a regular program, (mild)

Level 5. Are placed full-time in a special program or class (moderate)

The important distinction between consultation at Level 1 and the levels that follow is that many of the problems and needs in Level I do not legally qualify as exceptional. In such cases, the special educator may be precluded from providing direct services to the individual. However, existing legal guidelines do allow for CBC between any professional who is providing direct service and the special educator. This is an important and too often overlooked point. There is an understandable but unreasonable tendency to assume that any helping profession that is not directly engaged in service delivery is simply not involved at all. On the contrary, the professional who is responsible for the direct delivery of the service (e.g., classroom teacher, counselor, social worker) to the individual should assume an open invitation to consult with any other professional whose expertise has the potential for enhancing the effectiveness of the intervention.

Finally, school counselor responsibilities may include, but are not limited to:

- providing school counseling curriculum lessons, individual and/or group counseling to students with special needs within the scope of the comprehensive school counseling program
- providing short-term, goal-focused counseling in instances where it is appropriate to include these strategies as a part of the IEP
- encouraging family involvement in the educational process
- consulting and collaborating with staff and families to understand the special needs of a student and understanding the adaptations and modifications needed to assist the student
- advocating for students with special needs in the school and in the community
- contributing to the school's multidisciplinary team within the scope and practice of the comprehensive school counseling program to identify students who may need to be assessed to determine special education eligibility
- collaborating with other related student support professionals (e.g., school psychologists, physical therapists, occupational therapists, special education staff, speech and language pathologists) in the delivery of services



- providing assistance with developing academic, transition and postsecondary plans for students with IEP's as appropriate (Tarver-Behring, Spagna and Sullivan, 1998).

Counselors can prepare themselves to serve exceptional groups in several ways. As a first step, they must clarify their feelings and attitudes about working with children who have disabilities. Pity, low expectations, repulsion to physical abnormalities, misinformation, and other biases can preclude effective counseling (Baker, 1992). Correct information and direct experience can facilitate accurate awareness and acceptance of these groups. In addition, counselors must obtain knowledge and training for working with specific groups with exceptional needs (Tarver-Behring, Spagna, and Sullivan, 1998; Tucker, Shepard, and Hurst, 1986). They can obtain this knowledge through, counseling workshops, consultation, supervision, current therapeutic literature, and community resources.

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