

**School Counselors and School Psychologists: Partners in Collaboration for
Student Success Within RTI and CDCGP Frameworks**

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Abstract

For many students, school counselors and school psychologists are the initial and primary mental health service providers. The authors will articulate how these two professional groups can use complementary competencies to better serve students through collaborative efforts. Within the context of Response to Intervention and the CDCGP Model, a collaborative model complete with sample strategies to illustrate the effective delivery of collaborative prevention, intervention, and remedial services for all students is provided.

Keywords: school counselor, school psychologist, collaboration, response to intervention, comprehensive and developmental counseling and guidance program model

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In the current climate of educational accountability, schools are challenged with meeting an increasing number of students' academic and mental health needs while resources for these services have stagnated or decreased (Maag & Katsiyannis, 2010; Porter, Epp, & Bryant, 2000). Moreover, the present economic crisis has resulted in cutting staff and budget cuts in spite of the influx of educational reform movements such as Response to Intervention (RTI) and continued emphasis on high stakes testing (Reback, 2010).

It is estimated that approximately 20% of children and adolescents experience psychological impairment sufficient to warrant a diagnosis, and approximately 5% experience extreme psychological impairment (U.S. Department of Health and Human Services, 1999). Further, approximately 13% of children and adolescents enrolled in public schools meet eligibility criteria to receive special education services (Snyder & Dillow, 2010). Increasing rates of Autism and ADHD also suggest schools are serving an increased number of students with diverse disabilities (U.S. Department of Health and Human Services, 1999). Moreover, schools have had to contend with alarming rates of bullying, the advent of cyber-bullying, and teen suicide (Nansel et al., 2001).

Based on data from the 2008 National Survey on Drug Use and Health (Substance Abuse and Mental Health Services Administration [SAMHSA], 2009), 12% of adolescents reported receiving school-based mental health services for emotional or behavioral problems. This population was only slightly lower than the 13% of teens who reported receiving these services in more traditional inpatient or outpatient settings, and

significantly higher than the 3% who reported receiving these services through general medical providers such as pediatricians (SAMHSA, 2009). These findings support previous research indicating that the education system is the most common provider of mental health services for many children and adolescents (Farmer, Burns, Phillips, Angold, & Costello, 2003). As such, school mental health personnel have been called on to meet the increasingly complex demands of today's students.

In light of the high level of need and federal requirements, such as the Individuals with Disabilities Education Improvement Act (IDEA, 2004), and in conjunction with limited resources, many schools are reevaluating their service delivery models and methods in order to increase the efficiency with which services are provided (Maag & Katsiyannis, 2010). In most districts, school counselors and school psychologists play central yet separate roles in helping students succeed academically, socially, and psychologically.

The authors argue that student outcomes can be maximized via deliberate collaboration between school counselors and school psychologists. The opportunities for such collaboration are becoming more frequent with the advent of the RTI approach (Fuchs, Mock, Morgan, & Young, 2003) to service delivery. Specifically, the authors will (a) briefly describe the federal requirements of RTI as specified in IDEA, (b) articulate the need and rationale for collaboration between school counselors and school psychologists, (c) present a model for collaboration based on the professional literature, and (d) identify directions for future research in this area. While previous papers have articulated the need for collaboration among these professional groups, the authors will present a contemporary collaborative model that fits RTI framework requirements into a

recognized comprehensive and developmental counseling and guidance program model (CDCGP) already accepted in 44 of the 50 states (Martin, Carey, & DeCoster, 2009).

Response to Intervention

RTI is a data-driven method for identifying and helping struggling students in need of more intensive instruction than what they experience in the general classroom (Brown & Doolittle, 2008). Within RTI models, staff intervene early using a multi-tiered approach where each tier provides interventions of increasing intensity. In the first tier of problem solving, general education teachers are asked to provide high quality instruction informed by universal screening data and frequent progress monitoring within the general education curriculum. Approximately 80% of students should have their needs adequately met through Tier I instruction (Berkeley, Bender, Peaster, & Saunders, 2009).

Students who are not performing on grade level as determined by universal screening are provided with Tier II intervention. It is estimated that approximately 15% of students will need Tier II services (Berkeley et al., 2009); these students may work individually with a specialist, in small groups, or may be pulled out for support. Examples include a student participating in the school's Title I reading program as a result of performing below grade level on benchmark testing, or a group of students identified as needing social skills instruction via group counseling.

Students who do not respond to Tier II intervention require Tier III intervention, which is the most intensive and individualized layer of support. Only about 5% of

students require the services characterized by Tier III intervention (Berkeley et al., 2009), which may include a formal referral for possible special education eligibility.

Recent changes in federal law, specifically the reauthorization of IDEA (2004) and No Child Left Behind (2001), have resulted in rapid implementation of RTI models in schools (Berkeley et al., 2009). Given that RTI is a systems-level initiative beginning in the general education setting, effective RTI models require collaboration among stakeholders, especially mental health professionals. Indeed, research has highlighted the need for increased training and support for school staff in order to implement these programs successfully as RTI requires expertise in varied skills and processes such as assessment, instruction, evidence-based intervention, and progress monitoring (Haager, 2007; Samuels, 2011; Werts, Lambert, & Carpenter, 2009).

Need and Rationale for Collaboration

Collaboration has been slow to develop between school counselors and school psychologists because of historic roots. School counseling and school psychology were created to address different strands of student needs. Gysbers and Henderson (2006) related the beginning of school counseling to the early 1900s vocational guidance movement resulting from concern for “assisting young people in making the transition from school to work” (p. 5). By contrast, Fagan and Wise (2000) indicated school psychology developed as an ancillary service to provide “an individualized approach to children to solve their problems...especially problems related to schooling” (p. 33). Thus, despite their divergent professional origins and history of operating in isolation, recent legislative initiatives, educational reform efforts, and evolving student needs have made collaboration necessary (Rowley, 2000), as school psychologists and school

counselors are uniquely positioned to assist in the implementation and development of programs and interventions (Santos de Barona & Barona, 2006). Comprehensive and effective school programming should focus on coordinating resources in order to serve more students more effectively (Brener, Martindale, & Weist, 2001). As such, the American School Counselor Association (ASCA, 2008) has urged school counselors to collaborate with others to provide effective instruction, remove systematic barriers, and implement interventions. Likewise, the National Association of School Psychologists (NASP, 2010) training standards emphasize the importance of school psychologists to “consult, collaborate, and communicate with others during design, implementation, and evaluation of services and programs” (p. 6).

The rationale for collaboration among school counselors and school psychologists is multifaceted. First, developing collaborative models of service delivery can result in better use of limited resources. Effective implementation of RTI demands more of schools with little if any additional resources, thereby requiring an efficient service delivery. Further, schools are under increased pressure to provide services to a more diverse and heterogeneous group of students and families (Murphy, DeEsch, & Strein, 1998; Simcox, Nuijens, & Lee, 2006). School counselors and school psychologists feel this pressure as they are pulled in many directions by teachers, administrators, students, and parents who recognize the value of their services.

Despite historically rooted roles, school counselors and school psychologists can maximize services and lessen duplication of services by coordinating services and consulting with one another on cases (Flaherty, Garison, & Waxman, 1998; Murphy et al., 1998). A coordinated process for handling new referrals, crises, and other tasks can

result in greater efficiency. Promoting the comprehensive school counseling program model, already accepted in the majority of states, will assist in familiarizing administration and school personnel with newly articulated school counselor and school psychologist roles within that framework. Santos de Barona and Barona (2006) noted the importance of collaborative services to culturally and linguistically diverse students and families. These families may rely more on preventive and mental health services provided by schools due to limited access to services from other agencies. Further, the absence of resources to hire additional school counselors and school psychologists requires the use of existing professionals in more creative and effective ways to meet all students' needs (Rowley, 2000).

Second, collaboration increases the likelihood of early prevention and intervention opportunities. School counselors and school psychologists can work together to identify student problems and intervene before problems become more serious. Early identification and intervention may decrease the number of referrals for special education and the need for more intensive psychological services later on (Weist, 1997).

Third, collaboration provides a system for implementing RTI approaches. School counselors have the potential to play a large role within the pre-referral process and in primary intervention efforts. Within this context, the school counselor may be seen as coordinating primary (universal) intervention, the school counselor and school psychologist may work together to implement secondary (targeted) intervention, and the school psychologist may coordinate tertiary (individualized, intensive) assessment and intervention for students who do not respond to the first two tiers. Furthermore, school

psychologists and school counselors can work together to monitor treatment integrity, consult with teachers to address difficulties with implementation, and collect progress monitoring data (Santos de Barona & Barona, 2006), all critical components if RTI efforts are to be successful.

Fourth, collaboration allows for greater opportunities for professionals to learn from one another (Flaherty et al., 1998). For example, a school counselor may gain additional insight into a child's behavioral functioning by discussing cognitive assessment results with the school psychologist, while the school psychologist may seek consultation with the school counselor with regard to student background, family characteristics, and involvement in prevention and wellness programming given school counselors often spend more time at one school and consequently know students and families at more personal levels (Santos de Barona & Barona, 2006; Staton & Gilligan, 2003). These opportunities for professional growth also facilitate the development of supportive relationships, as each professional group recognizes and respects what each brings to the team. These relationships can buffer feelings of isolation experienced by these professionals who may feel that others in the school do not understand their perspective or role as a mental health specialist and student advocate (Staton & Gilligan, 2003).

Finally, graduate students in both school counseling and school psychology programs experience commonalities in their training while also maintaining unique areas of focus. For example, students in both programs learn about human growth and development, learning theories, and developmental processes related to behavioral, affective, adaptive, and social skills within multicultural contexts. At the same time,

school counseling programs emphasize transitions and wellness over the lifespan (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2009), whereas school psychology programs give more emphasis to the assessment and evaluation of developmental processes (Ysseldyke et al., 2006). These similar yet distinct competencies prepare school counselors and school psychologists to work collaboratively, further increasing the likelihood of improved outcomes for children.

A Model for Collaborative Service Delivery

The professional literature provides little information regarding collaborative work between school counselors and school psychologists. One notable exception was Klingman's (1986) five-level model of intervention for school psychologists and school counselors, which advocated broadening school mental health services and the convergence of the two professions. Based on areas of training and expertise, his service delivery model placed school psychologists' secondary prevention responsibility on crisis intervention and indirect consultation while school counselors focused on wellness optimization and anticipatory guidance. Other collaborative models specifically addressed the needs of culturally diverse students (Santos de Barona & Barona, 2006; Simcox et al., 2006). A guiding model for school psychology training and practice (Ysseldyke et al., 2006) includes interpersonal and collaborative skills as a foundational competency and conceptualizes a delivery system at the universal, targeted, and intensive levels, thus closely mirroring the three RTI intervention levels.

Rowley (2000) proposed joint service delivery for school counselors and school psychologists through the comprehensive developmental counseling and guidance program model (CDCGP). The model is *comprehensive* because it provides all students

activities and services that address their *developmental* needs as they grow (American School Counselor Association [ASCA], 2005; Gysbers & Henderson, 2006). Rowley specified that this model (a) has proven efficacy for facilitating student achievement through teamwork, (b) is based on developmental theory, a significant part school counselors' and school psychologists' training, and (c) relies on collaboration for implementation. The model was first articulated by Gysbers and Moore (1981) and further developed by Gysbers and Henderson (1988). The CDCGP model has received promotion in the *ASCA National Model for School Counseling Programs* (ASCA, 2005) and has a varied level of implementation among 44 of the 50 states (Martin, Carey, & DeCoster, 2009). Therefore, the authors propose the use of the CDCGP service delivery structure as a means of facilitating collaboration.

CDCGP Service Delivery Components

The CDCGP includes the four service delivery components of guidance curriculum, individual planning, responsive services, and system support. The guidance curriculum component is used to deliver developmental guidance lessons to all students through small, classroom, or larger groups. Preventive and proactive lessons are designed to help students acquire age appropriate awareness, knowledge, and skills for daily living, and to enhance their personal, social, educational, and career development. Lessons can be delivered collaboratively with other educators and address skills such as decision-making, goal-setting, and cross-cultural effectiveness (ASCA, 2005; Texas Education Agency [TEA], 2004).

The individual planning system component is employed "to guide all students as they plan, monitor, manage, and evaluate their own educational, career, and personal-

social development” (TEA, 2004, p. 20). Individual students’ plans and goals can include interests such as transitions between school levels, planning for post-secondary opportunities and the world of work, social skills development, and may include the use of assessment data.

The responsive services component is used to address students’ circumstances, concerns or “problems that interfere with their healthy personal, social, career, and educational development” (Gysbers & Henderson, 2006, p. 140). Related activities include individual and group counseling, crisis response, parent and teacher consultation, and student and family referral to other service providers.

Finally, the system support component is comprised of activities that indirectly benefit students. Related activities and services include management of the developmental and comprehensive counseling and guidance program and appropriate support of other guidance related school activities (Gysbers & Henderson, 2006; TEA, 2004). Sample activities include planning and implementing the counseling and guidance program, participating in professional development, teacher consultation, parent education, and student advocacy.

Collaborative RTI Service Delivery Through CDCGP Components

Given the CDCGP model is accepted in the majority of states and recent estimates indicate 15 states are currently implementing RTI models, 22 are developing RTI models, and 10 are providing guidance to districts in RTI implementation, increased collaboration is not only necessary but critical if we are to adapt to change and meet student and education system needs (Berkeley et al., 2009). Because of their common prevention focus and structural tenets, school counselors and school psychologists can

collaboratively provide services to and for students organized under the four CDCGP delivery components to address the multi-tiered approach articulated within RTI models. School counselors and school psychologists can select or design prevention and intervention activities needed to address students' increasingly intensive needs as they move through Tiers I, II, and III identified in RTI models. The sample activities described below reflect the alignment between RTI and CDCGP components.

RTI Tier I Level Prevention and Intervention

RTI universal screening for the early identification of at-risk students is grounded in the idiom, "an ounce of prevention is worth a pound of cure" (Benjamin Franklin). Therefore, instructional and behavioral screening is central to RTI models, thereby laying the foundation for prevention and early intervention for all students. The following examples are provided to illustrate how school counselors and school psychologists can orchestrate collaborative services to provide RTI screening, prevention, and intervention through CDCGP delivery components.

Guidance curriculum. Guidance curriculum addresses the developmental needs of all students through a designed plan implemented in classroom or group guidance activities (Gysbers & Henderson, 2006). In a collaborative arrangement and to satisfy the core components of both CDCGP and RTI, school counselors can deliver classroom guidance activities to the general student population focusing on self-monitoring techniques with a targeted focus on goals, timelines, and objectives. Using follow-up group guidance strategies to reduce duplicated effort and in many cases make possible consistent implementation, school psychologists can lend their expertise in single-case design to teach identified students who need modified learning content and

environments to establish baselines, predict growth, and track progress. Students who are sufficiently served by developmental guidance services and those requiring more individualized preventive attention are able to have their needs met through an organized collaborative between school counselors and school psychologists.

Unfortunately, these are precisely the types of services that are being cut due to reduced resources, more time needed to proctor and coordinate state testing, and more time devoted to academic, career, and college counseling (Maag & Katsiyannis, 2010; Martin, Carey, & DeCoster, 2009; Porter, Epp, & Bryant, 2000).

Individual planning. By helping students understand assessment results, school counselors and school psychologists can use differentiated strategies to help students apply their learning to their own academic, career, personal, and social planning. School counselors can work with the general student population individually, in groups, or in classrooms to assist each one in using their own assessment results to develop action plans that incorporate their educational, career, personal, and social goal-setting (ASCA, 2005). Using student data collected from classroom guidance observations and individual goal-setting sessions, school psychologists can use their assessment expertise to help those students that require additional assistance to address more complex goals (Rowley, 2000). Historically, school psychologists have primarily worked with students receiving special education services; however, with the advent of RTI school psychologists are expanding their services to general education students, thereby providing opportunities for school psychologists to lend their expertise to help any student who is struggling to develop or meet academic or behavioral goals.

System support. School counselors can use their group assessment expertise to assist teachers and others in understanding and using student data through their involvement in universal academic and behavioral screening integral to RTI frameworks. Furthermore, school counselors can use assessment data to inform both guidance curriculum and individual planning, thereby effectively modeling the use of the very strategies they strive to teach. In leading efforts to use available data, school counselors support the notion that “every student receives the benefits of the school counseling program” (ASCA, 2005, p. 49).

With their expertise in instructional and behavioral consultation, school psychologists can build on this activity by consulting with teachers to use student data to identify common and unique needs in the classroom, and to identify students who may require more intensive assessment and intervention. Further, school psychologists can apply their expertise in measurement and statistics to the development and implementation of system-wide assessment measures.

Responsive services. Teacher-assist or pre-referral teams are an area where school counselors and school psychologists can collaborate in the problem solving process. School counselors, who are often more visible than the school psychologist, can use consultative skills and resources to assist teachers in problem solving for students at risk for academic and behavioral problems (Holmes-Robinson, 2010). Ideally, school counselors can serve as the liaison between teachers and the school psychologist and provide updates on students working through the tiers of RTI. Additionally, school psychologists are able to train teachers and school counselors in intervention development and treatment integrity through targeted workshops and in-

service training as much of their work occurs at the tier-two and three levels historically reserved for students receiving special education services. Working as a team, however, tier-one interventions can address the educational and behavioral needs for students who require minor adjustments in teaching strategies or classroom environment.

RTI Tier II Level Interventions

Tier I interventions provide universal preventive and proactive strategies to address the needs of all students. However, some students have academic and behavioral concerns that require continued intervention to address their specific needs. At this secondary level of targeted interventions, school counselors and school psychologists can combine counseling and consulting expertise to devise individual and small group strategies.

Responsive services. Students who present continuing concerns not addressed through Tier I efforts require interventions that school counselors and school psychologists can address collaboratively, as increasingly resistant problems often have psychological components. For example, responsive services strategies can be used to better serve more students through the organization of small counseling groups. Consulting with teachers regarding academic and behavioral concerns and using data gleaned through direct interaction and observation can assist in the organization of small counseling groups (Fuchs et al., 2003; Sullivan & Wright, 2002). Working together to organize groups may result in unduplicated services to a wider range of students with differing needs by offering an increased number of groups addressing more topics. While the school counselor leads groups in social skills development, the school

psychologist can facilitate a group of students at risk for emotional disturbance or other special education disability. Thus, collaboration and coordination at the front end will result in targeted and focused group work that will meet the unique needs of identified students (Staton & Gilligan, 2003). As such, increased collaboration can potentially result in fewer students in special education as needs are met at the general education level (Fuchs et al., 2003).

Collaboration with teachers and parents can result in shared responses to ongoing, intensive situations that challenge the student's ability to succeed in school. For example, school counselors and school psychologists can work together with teachers and parents to identify the nature of barriers impeding student success. Again utilizing their visibility in the schools and proximity to teachers, the school counselor can work with teachers to identify strategies that target problematic conditions or situations in the classroom (CACREP, 2009). Simultaneously, the school psychologist can use a behavioral and ecological systems approach widely accepted in school psychology practice, to work with related family dynamics that affect the presenting problem (NASP, 2010). The school psychologist can also assist in identifying and referring the family to community resources that can support problem resolution at this level. Again maximizing similar training and filling the resource gap, parent support and training groups can be co-led by the school counselor and the school psychologist. While student and family concerns are often addressed in parent groups, RTI concerns can also be addressed. RTI question and answer sessions can be held where concerns are addressed and details about intervention implementation and data collection are discussed. Staff collaboration and parent groups will serve to strengthen the

communication between school and home effectively reinforcing the RTI model in the school.

Individual planning. School counselors and school psychologists can co-lead groups or split the case load in half by alternating weekly sessions and independently leading a predetermined number of group sessions to “help students make plans that relate to their personal and social lives” (Gysbers and Henderson, 2006, p. 151). In groups, students can individually review and evaluate previously developed action plans or develop new goals. Students receiving Tier II services have demonstrated an increased need for support. These targeted groups of identified students have a gravity of needs representing their “limited cognitive, affective, and physical resources” (Janson, 2010, p. 692) that impede school success. Therefore, co-leading groups allows school counselors and school psychologists to maximize the power to assist students by (a) using complementary skills to best address students’ needs, (b) mutually assessing students’ progress in attaining personal goals, and (c) providing a basis for professional consultation necessary to improve the group experience and address individual needs (Milsom, 2010). Participation in groups can empower students to modify their action plans by identifying strategies and resources that can address barriers to individual success.

RTI Tier III Level Interventions

At the tertiary (intensive) level, school counselors and school psychologists work with individual high risk students whose needs have not been successfully addressed through Tier I and II strategies. Oftentimes academic, behavioral, and mental health problems go hand in hand. As such, school counselors’ traditional training in counseling

and consultation can effectively combine with school psychologists' emergent emphasis in applied behavior analysis (CACREP, 2009; NASP, 2010). Using school psychologists' training in individual assessment and psychopathology can provide both professionals with ready information about the severity of students' needs and a foundation for case conceptualization. School counselors' rigorous training in counseling skills can be utilized to provide effective, research-based interventions to address the students' specific situations (Holmes-Robinson, 2010). Together, the team of professionals and parents can develop a response action plan to demonstrated or anticipated student behavior, including the coordination and use of district and community health resources (ASCA, 2008). Such collaboration opportunities allow these professionals to fully utilize their skills beyond their separate traditional roles.

Need for Further Research

As noted, few studies have examined collaborative efforts between school psychologists and school counselors and even fewer collaborative models have been proposed (Choi, Whitney, Korcuska, & Proctor, 2008; Rowley, 2000). However, a call for increased collaboration was made as early as 1978 (Gerken & Minney, 1978; Klingman, 1986). Consistent with lack of guidance and direction from the professional literature, a recent study that examined collaboration and consultation practices between school psychologists and school counselors found little to be occurring, and identified the need for clearer roles, guidelines, and open and improved communication for improved collaboration and consultation (Choi et al., 2008).

Similarly, Staton and Gilligan (2003) reported on collaborative efforts between school psychologists and school counselors in one southeastern state. Their descriptive

study was designed to measure school counselors' and school psychologists' perceived satisfaction and effectiveness with collaborative efforts. The study provided a rare view of collaborative practices between these two groups. Both groups gave higher endorsements of satisfaction and effectiveness to special education evaluations, pre-referral and behavior management planning, parent conferences, and 504 accommodation activities. School psychologists rated group counseling and prevention activities higher than school counselors. Both groups gave lower ratings to activities such as social skills training, teacher workshops, classroom management planning, standardized testing results reporting, and parent workshops. Thus, preliminary survey data suggest that although most school psychologists and school counselors do report collaborating with each other on smaller-scale services, they are less likely to collaborate on *bigger picture* activities. One implication of this pattern is that current collaborative efforts may not reach their full potential, because they have not focused on larger-scale impact.

In light of the limited research on collaboration between school counselors and school psychologists, in conjunction with the new opportunities for such collaboration provided by RTI, the authors propose that the following research questions merit empirical investigation: (1) Are school counselors and school psychologists collaborating as part of their daily practices? (2) On which activities do these professionals report collaborating the most and the least? (3) What is the perceived impact or effectiveness of these collaborations? (4) What are the current barriers that impede collaboration? Only by addressing these questions empirically can the

collaboration literature move beyond conceptual papers towards recommendations that are informed by data.

Conclusion

The underlying rationale for collaboration is that students can be better served when school counselors and school psychologists work together. There is a large literature base documenting the need for more comprehensive mental health services in the schools as school-based services remedy many of the barriers and limitations associated with community-based services (Weist, 1997). Many of these needs can be met through school counselors and school psychologists if services are provided in a collaborative and coordinated manner. Choi et al. (2008) found that clear roles and guidelines are necessary for improved school counselor and school psychologist collaboration. The model proposed herein may provide the needed structure and guidance.

It was noted that much of the push for collaboration comes from the school counseling literature rather than school psychology, although Stoiber and Vanderwood (2008) suggest many school psychologists express a desire for more consultation and prevention programming in the schools, thereby moving beyond the traditional role of special education eligibility assessment. Collaborating with school counselors in planning and providing services to students and families can support this shift in roles and desire to expand services while increasing needed services. Moreover, the requirements of RTI along with CDCGP model ideals provide ample opportunities for collaborative efforts.

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