

Individual Counseling in Schools: A Process Model

for School Counselors

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Abstract

According to the American School Counselor Association, the role of a school counselor includes improving success for all students. Thus, the profession of school counseling encompasses a variety of tasks, duties, and responsibilities. One of the most fundamental responsibilities of a school counselor is to provide individual counseling to students. While individual counseling is undoubtedly essential to the role of a school counselor, information and resources regarding the process of providing individual counseling to students remain somewhat obscure given that school counselors do not diagnose or treat students and generally provide short-term counseling. The purpose of this resource brief is to provide school counselors with an outline of an individual counseling process, as well as specific resources to guide school counselors as they engage in individual counseling with students.

Keywords: individual counseling, school counselors, individual counseling processes, counseling resources

Individual Counseling in Schools: A Process Model for School Counselors

The U.S. Department of Labor indicates that there were 146,430 educational, guidance, school, and vocational counselors employed in elementary and secondary schools in the United States in 2019 (Bureau of Labor Statistics, 2019). School counselors may work in schools that have a comprehensive school counseling program or they may work in schools where they assume a variety of tasks and responsibilities that school or district administrators have designated as comprising a school counselor's job description. The percentage of schools that utilize a comprehensive school counseling program is unclear. In 2019, the membership of the American School Counselor Association (ASCA) included 36,740 U.S. members (S. Wicks, personal communication, September 17, 2020). Approximately 25% of counselors working in schools appear to be members of ASCA, and it would seem reasonable to assume that many, if not most, work from a school counseling programmatic framework.

One of the fundamental responsibilities of a school counselor includes providing individual counseling to students (ASCA, n.d.; Gysbers & Henderson, 2012; Gysbers et al., 2017; Johnson & Johnson, 2003). There have been several models of comprehensive school counseling programs during the evolution of the school counseling field (ASCA, 2019b; Gysbers & Henderson, 2012; Gysbers et al., 2017; Johnson & Johnson, 2003; Myrick, 2011). Counseling has been, and continues to be, a key component in school counseling programs and an essential activity for school counselors. It is, after all, the essential term in a school counselor's title.

According to ASCA, the role of a school counselor involves improving success for all students through the implementation of a comprehensive school counseling program (n.d.). The delivery component of the ASCA National Model includes counseling as a direct service to students (ASCA, n.d., 2019b). ASCA developed a list of professional standards and competencies which assert that school counselors demonstrate competencies specifically related to assessment, appraisal, advisement, counseling interventions, and referral (2019a). In addition, ASCA promotes 47 position statements that are meant to guide the practice of professional school counselors (ASCA, 2020). It is noted that 47% (22 out of 47 total) position statements include references promoting counseling as a direct service to students, including elements such as understanding counseling theories, appraisal for counseling interventions, and counseling or crisis intervention focused on mental health or situational (e.g., grief, difficult transitions) concerns, to name a few.

While it may be clear that counseling is an essential component of a professional school counselor's role, the counseling process and resources available remain somewhat obscure. Counselors in fields other than school counseling typically utilize a counseling process model that results in making a diagnosis and developing a treatment plan. Given that school counselors do not diagnose or treat students and generally provide short-term counseling, school counselors would benefit from a process and format that assist in the development of effective school counseling plans. This article will outline a model for the counseling process and provide helpful resources (forms) to assist school counselors as they engage in individual counseling with their students.

Counseling Process

When school counselors engage with students (couselees) in the process of counseling (the term couselee is used to denote that the student is currently receiving counseling services from a school counselor), it is helpful to organize the process into steps or stages. For example, common counseling process models include steps (e.g., Hackney & Bernard, 2017; Young, 2017) such as rapport, assessment, goals, interventions, evaluation, and termination. In Table 1, we propose a stage model that abbreviates the counseling process steps into foundation (rapport and assessment), conceptualization, counseling plan (goals and interventions), and closure (evaluation and termination). Using stages allows a school counselor to map the progress of counseling and to determine which strategies will strengthen the relationship and propel the working alliance towards a useful outcome for the couselee.

Table 1

School Counseling Process Steps With Stages, Strategies, and Objectives

Steps	Stage	Strategy	Key Objectives
Foundation	Rapport	Attending	Trust is the critical issue
	Assessment	Exploring	Gather information about issues and background
Conceptualization	Insight	Understanding	Explain couselee issues based on counseling theory
Counseling Plan	Goals	Planning	Collaboratively designed goals and objectives
	Interventions	Changing	Interventions to help meet objectives
Closure	Evaluation	Reviewing	Checking outcomes
	Termination	Ending	Separating and saying goodbye

If counseling is to be effective, one of the most essential objectives for the counselor is to forge the counseling relationship into a *working alliance* (Horvath et al., 2011). The working alliance does not suddenly appear; it is formed over time and shaped out of trust, mutual respect, empathy, and genuine non-judgmental concern and interest (Horvath et al., 2011; Suro, 2018). In the counseling process, the foundation step is meant to establish a working alliance with the counselee while gathering information relevant to the presenting issues. The information gathered during the foundation step is used by the counselor to develop a conceptualization based upon the counselor's chosen counseling theoretical orientation. Information and ideas from the foundation and conceptualization are used to design a short-term counseling plan that contains goals, objectives, and interventions. When counseling goals have been met, the counselor and counselee may enter the closure step where they evaluate the counselee's circumstances and decide if terminating the counseling relationship is appropriate. Each successive step in the counseling process shapes and influences the next step.

Foundation Step

As school counselors begin the counseling process in the foundation step, they often work in the stages of rapport and assessments simultaneously. Within the stage of rapport, the most critical element is trust. Without trust, a relationship may form, but a productive working alliance will not. Time limitations for school counselors require them to work quickly in a school setting. Consequently, having a template or guide to assist the counselor in gathering information about their counselee may save time and help keep counseling focused on the important aspects of the presenting issues.

While much has been published on building rapport in a counseling relationship, it seems that the school counseling literature offers limited support regarding what types of information should be gathered. Given that different counseling theories may be interested in different kinds of information, it may be most useful to gather information that is not directly related to a specific counseling theory. Consequently, the question arises: What areas of a counselee's life should the counselor attempt to learn and understand?

Student Well-Being

Nelson et al. (2015) developed the PACES model of student well-being which can be used to assist counselors during the assessment stage of the foundation step. The model embraces many of the objectives (e.g., student success, well-being, career development, student mental health, academic achievement) that are found in the mission, values, and position statements of the National Education Association (NEA), American Counseling Association (ACA), and ASCA (ACA, n.d., ASCA, 2019b, 2020; NEA, 2006).

The PACES model of student well-being contains five distinct and interactive domains (physical, affective, cognitive, economic, and social) that may serve as an information gathering framework that is atheoretical, and consequently, may be useful to counselors regardless of their theoretical choices (Nelson et al., 2015). These domains (when relevant to the presenting issue) may provide a school counselor with a manageable breadth of information that will be beneficial and necessary to understand the counselee's issues or concerns.

Assessment Guide

In an effort to assist school counselors in the counseling process, an assessment guide (Appendix A) is provided that can be used during the foundation step to gather relevant information while simultaneously building rapport. The assessment guide lists key areas in bold and includes questions, lists, and statements as suggestions or key concepts to be considered by the school counselor as a means to guide the assessment process. Some categories or domains have numerous descriptors or key concepts. It is not intended that a counselor inquire or gather information about *all* the descriptors. Having more than is necessary for one circumstance may be helpful in working with another counselee or presenting issue. Counselors may not be able to remember all the things that they had intended to ask a counselee about during an actual counseling session. The assessment guide can be kept on or near the counselor's desk for reference.

The first section of the assessment guide includes background information related to the counselee. Identifying information consists of several characteristics that describe aspects of the counselee. Referral indicates the person who referred the counselee to the school counselor (e.g., self, teacher, administrator, parent). Presenting issues contain a description from a counselee's perspective. It is important to note that the presenting issues may differ from those offered by the referral source. It is common for the issues expressed by the referral source to deviate from those issues identified by the counselor in consultation with the counselee. Relevant history includes background information gathered by the counselor that is specifically relevant to the presenting issue. A general counseling history is too broad and would take too long for the school

counseling setting. It is, however, important to gather background information that is relevant to the presenting issues.

The second section in Appendix A includes six domains and corresponding elements. The first five domains (physical, affective, cognitive, economic, social) correspond to the domains of the PACES model of student well-being (Nelson et al., 2015) and the last domain (behavioral) concerns a counselee's actions. Within each domain category, there are numerous elements that serve to assist the school counselor in gathering information for the specific domain. Each list of elements may contain items that may not be relevant, given the nature of the presenting issues and the grade level of the counselee. School counselors using this form are encouraged to customize the list by adding or deleting items that they deem to be most appropriate for their students. It also important to note that the list of domain elements is suggested as a template that should be modified over time to accommodate new, more contemporary elements.

The physical domain focuses on health, nutrition, physical activity, and medical issues. This domain is often overlooked by counselors but remains vital to a counselor's understanding of their counsees. The affective domain concentrates on feeling elements such as emotions, anxiety, moods, or grief. It encompasses the feeling domain that most counselors routinely work with during the counseling process. The cognitive domain attends to the thinking and mental processes such as thoughts, attitudes, creativity, and beliefs. It concerns one's ability to process information effectively and to solve problems. The economic domain describes impacts and issues related to family finances and career decisions such as housing, employment, and

income. Information in this domain has a significant impact on understanding a student's sense of security and resources. The social domain concentrates on interpersonal, cultural, and family issues such as friendship, family support, sibling relationships, and classroom interactions. It helps explain how counselees function in relation to others at home, school, and other settings. The behavioral domain encompasses patterns and actions such as academic progress, bullying, and patterns of eating or sleeping. It is focused on the elements involved in what the counselee *does*. It is often the most common domain discussed by educators and parents (Nelson et al., 2015).

The assessment guide is meant to serve as a resource that counselors may follow as they gather information related to a counselee's presenting issues. The assessment guide in Appendix A can be used as a reference list of categories, domains, and elements in order to detail the information gathered. School counselors may use the entire assessment guide or sections of the assessment guide based on school counselor preference in data gathering and students' needs. School counselors may print and use the blank assessment guide template (Appendix B) to take notes during or after counseling sessions. Once these data points are gathered and compiled in the assessment guide, they can be used in conjunction with a counseling theory to develop a conceptualization that describes and explains a counselee's presenting issues.

Conceptualization Step

A counseling theoretical conceptualization includes a summary of the school counselor's understanding of the issues or problems. It should describe and explain the

core elements of the counselee and issues that cause them to seek counseling. It seeks to answer questions and integrate information. A useful conceptualization is a synthesis of assessment data and explains why a counselee thinks, feels, and does the things they do. The conceptualization will utilize a counseling theoretical orientation to provide an explanation for the counselee's issues or concerns.

Counseling theories vary greatly regarding their explanations of human behavior and their counseling interventions. Ultimately, the conceptualization is intended to help the school counselor understand the counselee sufficiently to consequently design a counseling plan. The primary objective of counseling is to help facilitate change in the thoughts, feelings, and/or behaviors of the counselee. The conceptualization lays the groundwork for the creation of an effective counseling plan that precipitates change.

Counseling Plan Step

Planning is an essential aspect of providing effective counseling. This is the step of the counseling process where *change* becomes activated. It is also the step that the counselee needs in order to improve some aspect of their life. A well-designed counseling plan contains overall goals, specific objectives, and counseling interventions. (Jongsma et al., 2014; Knapp and Jongsma, 2014). Appendix C provides a form that school counselors may use to design, track, and evaluate their counseling planning process. The following paragraphs provide an explanation of how to use the form in Appendix C.

Based upon the assessment information and the conceptualization, school counselors may describe the goals, objectives, and interventions that will address the presenting issue/s outlined. Goals (broad- and long-term) and objectives (measurable

short-term goals or counselee outcomes) should be clear, concise, and consistent with a counseling theoretical orientation. Interventions include activities, techniques, or assignments that the school counselor uses inside or outside the counseling sessions. Interventions are meant to help a counselee achieve their objectives, which in turn are designed to help the counselee meet their goals.

Problem Identification and Description

Counselees come to counseling with various issues, some more urgent or troublesome than others. It is essential to collaborate with the counselee to identify a primary problem on which to focus in counseling – there may be secondary issues related to the primary, but focus must be maintained on the primary in order to avoid *problem-wandering*. Once identified, a primary problem must be adequately defined and described according to the counselee's specific circumstances and symptom characteristics. A well-organized conceptualization is very useful in fully understanding and describing the identified problem.

Goals

Broad goals provide aim for counseling and focus on the resolution of the identified problem. The statements tend to be global, long-term goals that describe a desired positive outcome. They may or may not be stated in strictly measurable terms.

Objectives

Objectives are short-term goals that the counselee will need to achieve in order to meet the broader goal. Above all, objectives are stated in behaviorally measurable terms. It must be clear that a counselee has achieved an objective or not. Ideally, a series of objectives (often specifically sequenced) when completed will result in the

achievement of the counseling goal. There should be at least two objectives for each goal. Dates of anticipated objective completion should be stipulated for each objective. Additional objectives may be added as counseling progresses.

Interventions

Interventions are the strategies employed by the school counselor that are intended to assist the counselee in completing their objectives. There needs to be at least one intervention for each objective. If the objective is not achieved after completing the first intervention, then the school counselor should design additional interventions. Interventions may originate from various counseling theoretical orientations or from experience. These interventions may be pharmacological, psychological, or behavioral and may take place during the actual session or as an assigned outside experience.

Counseling plans should be customized for each counselee and not manufactured for presenting issues. Strengths, weaknesses, stressors, supports, and resources are all important variables to consider in the development of a counseling plan. It forms the map that a school counselor and counselee may follow together as school counselors help counselees find ways to healthier lives.

Closure Step

The closure step contains an evaluation stage and a termination stage. During the evaluation stage, the school counselor and counselee collaboratively review the counselee's progress to determine if the objectives and goals of the counseling plan have been met. If more work is needed or if additional issues are present, then the process cycles back to the counseling plan step or even the assessment stage of the foundation to repeat the process. If they agree that the goals have been met and there

are no further issues to address, then the process enters the termination stage. During the termination stage, the school counselor and counselee agree to conclude the counseling relationship and may discuss how the counselee moves ahead in their life.

Summary

When school counselors implement comprehensive school counseling programs, they are responsible to provide counseling services to their students (ASCA, n.d., 2019a, 2019b, 2020; Johnson & Johnson, 2003; Gysbers et al., 2017). The counseling process with students differs somewhat from counseling in the clinical setting. Consequently, school counselors benefit from a counseling process that leads to an effective counseling outcome. This article provides an abbreviated counseling process model that includes steps (foundation, conceptualization, counseling plan, closure), and applicable resources (assessment guide, counseling plan form) for school counselors to use when counseling with students. The assessment guide provided is designed to be atheoretical and can therefore be used by school counselors, regardless of their counseling theoretical orientation. The assessment guide is based upon a model of student well-being and is meant to be adapted by the school counselor to meet the needs of the students. Finally, a counseling plan template is provided to assist school counselors in mapping the counseling process as they proceed to an effective outcome for their counsees.

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Appendix A

Assessment Guide

Background

Identifying Information

Age and Grade	Gender and Gender Identity
Ethnicity	Birth Order & Ordinal Position
Living Situation	Manner of Dress
Physical Appearance	General Self-Presentation

Referral

Who referred the counselee and/or how was the referral brought to you?

Presenting Issues

This includes a listing of the problem areas as seen from the counselee's perspective, noting the counselee's order of importance.

- Was there a precipitating set of circumstances? How long has the problem/s persisted?
- Has this problem occurred before? What were the circumstances then?

Relevant History

This will vary in comprehensiveness, according to depth and length of counseling, theoretical orientation, and specific nature of the problem(s).

Personal Domains and Elements

Physical – health, nutrition, and medical issues

- Status of health or medical concerns
 - ✓ When was their last physical exam?
- Access to health care
- Physical disabilities and challenges
- Vision/perception, pain, touch, hearing, taste, smell
- Diet and exercise habits
- Physical activity level: underactive/overactive
- Family history of health or mental health concerns
- Trauma – family or individual
- Prescription drugs and adherence to prescriptions

Affective – feeling factors such as emotions, anxiety, and moods

- Typical or most common emotional states
- Self-esteem and emotional sense of self
- Appropriateness of affect
- Range of emotions that the counselee displays
- Prevailing mood, mood swings, anxiety level, fears/phobias, depression, loneliness, guilt-shame, adequacy-inadequacy, trust/distrust, anger, hurt, caring, happiness

- Emotional expressiveness: Over (excitation, over reactivity); Under (flat, inhibition, over control)
- Frequency, appropriateness, duration intensity of emotions or feelings
- History of grief and/or loss

Cognitive - *thinking and mental processes such as thoughts, attitudes, beliefs*

- Intelligence: include how this was assessed (grades, tests, special education)
- Creativity
- Self-efficacy (belief in one's ability to accomplish tasks, be successful or complete goals)
- Perception: hallucinations, delusions
- Sense of belonging versus absence of purpose or meaning
- Ideals, values, beliefs, attitudes, and mental alertness
- Persistence of negative thoughts and/or self-talk
- Coping skills (adaptive and maladaptive)
- Body self-image
- Insight- counselee's awareness of his or her problems
- Judgment - counselee's ability to make decisions and carry out the practical affairs of daily living
- Types of interpretations, assumptions and misconceptions, anticipations, worries, expectations, obsessions, delusions, self-statements
- Beliefs about men, women, the world, self, authority, or life
- Goals: ability to make short-term and long-term goals
- Defeating patterns: exaggeration or magnification; dichotomous thinking (thinking in extremes); catastrophizing; overgeneralization; personalization; selective focusing (tunnel vision); confusing thoughts with facts; lack of humor; hyper suggestibility

Economic – *impacts and issues related to family finances and career decisions*

- Living situation
 - ✓ Who lives in the home?
 - ✓ Where do they live?
 - ✓ Custodial issues
- Housing or homelessness
- Family members' careers
- Family financial issues
- School lunch program
- Student dress and grooming: appropriateness for weather, situation. grooming.
- Career aptitudes, interests, values
- Post-secondary education
- Qualifications/need for financial assistance

Social – *interpersonal, cultural, and family issues*

- Social skills
- Classroom interactions
- Communication patterns: aggressive, assertive, passive, passive-aggressive
- Interpersonal style: counselee's orientation toward others in her or his environment
 - ✓ Is there an overall posture s/he takes toward others?

- ✓ What is the nature of his/her typical relationships?
- ✓ How is the counselee's interpersonal stance oriented toward the counselor?
- Family, group membership, religion, community
- Cultural considerations or influences
- Influence of counselee problems on significant others
 - ✓ What do they no longer do because of the counselee's problem?
 - ✓ What would they begin doing if the problem no longer existed?
- Environmental factors
 - ✓ Stressors (both central and peripheral to the issues)
 - ✓ Supports (e.g., friends, family, living accommodations, recreational activities, financial)
- Socially engaged versus isolated; hobbies and interests

Behavioral – patterns of behaviors and actions

- Self-injury or suicidal behavior
- Acting out with or without consequences for disruptive (maladaptive) behaviors
- Anger and conflict management: aggression or fighting
- Bullying perpetrator
- Academic performance: success, motivation, organization, challenges, failure, interests
- Alcohol and/or drug use
- Goals of behavior
- Psychosomatic symptoms
- Behavioral stance: responsibility-irresponsibility; competitiveness-cooperativeness
- Eating and sleeping patterns
- Frequency, intensity, appropriateness, duration of behaviors
- Interpersonal behavior style:
 - ✓ Moving toward (tolerant, accepting) moving against (aggressive, hostile)
 - ✓ Moving away from (rejecting, withdraw)
- Level of awareness (attention/focus and concentration vs. inattention, distractibility)
- Behavior toward authority
 - ✓ Conformity-nonconformity
 - ✓ Independent-dependent
 - ✓ Dominant-submissive

Appendix B

Assessment Conceptualization Template

Background

Identifying Information

Referral

Presenting Issues

Relevant History

Personal Domains and Elements

Physical – health, nutrition, and medical issues

Affective – feeling factors such as emotions and moods

Cognitive – thinking and mental processes such as thoughts, attitudes, beliefs

Economic – impacts and issues related to family finances

Social – interpersonal, cultural, and family issues

Behavioral – patterns of behaviors and actions

Conceptualization

Appendix C Counseling Plan

Name:	Date:
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Presenting Issue/s:

Problem Description

Goals

Objectives	Interventions
1.	1.
2.	2.
3.	3.