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## Mental Health Counseling Advocacy in K-12 Special Education A Training and Resource Manual for Mental Health Counselors

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Mental Health Counseling Advocacy in K-12 Special Education  
A Training and Resource Manual for Mental Health Counselors

A Project Presented to  
The Graduate Faculty of  
Minnesota State University Moorhead

By

Teni Ebsen

In Partial Fulfillment of the  
Requirements for the Degree of  
Master of Science in  
Clinical Mental Health Counseling

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Moorhead Minnesota

## **Abstract**

This literature review is an examination of effective strategies for clinical mental health counselors to participate within the special education process on behalf of their clients. Mental health disorders among children are on the rise (Osagiede et al., 2018). Within special education, schools are seeing more children requiring social/emotional and behavioral services. When a student is referred by either guardians or school staff for special education services, an initial evaluation is completed (Berger et al., 2022). This is often a cumbersome process that may be overwhelming and confusing for families to navigate (Hott et al., 2015) If a student qualifies for services, an Individualized Education Program (IEP) is written that includes the student's diagnosis, services, accommodations/modifications, goals, and oftentimes an accompanying Behavior Intervention Plan (BIP) or Positive Behavior Support Plan (PBSP) (Walker et al., 2016). The special education process is a unique opportunity for mental health counselors to serve as advocates for their clients and client's guardians (Hott et al., 2015) Counselors have expertise about their clients' mental health, strengths, and barriers to success. They can also administer and interpret a variety of assessments (Scott & Cooper, 2017). These skills make mental health counselors allies to the special education process in schools.

*Keywords:* special education, advocacy, Individualized Education Program, school based mental health

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## **Introduction**

Due to the increase in mental health disorders among youth, there has been more students entering special education that embody behavioral or social/emotional concerns (Amatea et al., 2004). Behavioral and social/emotional concerns directly impact students' ability to function at school. This impairment of function leads to academic struggles, high dropout rates, and hindered peer relationships (Amatea et al., 2004). In fact, according to a study conducted by Dr. Michele Déry, most students receiving special educational services for behavioral difficulties have severe enough symptoms to meet the criteria for at least one DSM-IV diagnosis (Déry et al., 2004). Dr. Déry's findings support the idea that collaboration between mental health professions and special education staff is needed in order to create effective programming for students who have behavioral and social/emotional needs. Counselors can advocate on behalf of students and their families through conducting mental health assessments as part of school evaluations, educating guardians on procedural safeguards, and providing input on Individualized Education Programs, Behavior Intervention Plans and Positive Behavioral Support Plans (Berger et al., 2022). Collaboration can be achieved in the office or even while attending meetings at schools as advocates on behalf of students and their guardians.

## **The History and Prevalence of Mental Health Disorders in Special Education**

In 1975, the United States Congress implemented the Education for All Handicapped Children Act (EHA) (Walker et al., 2016). This act ensured that children with disabilities received a free and appropriate public education, also known as FAPE. In addition, school personnel were also now required to create Individual Education Plans (IEP) for all children who were evaluated and deemed to have a disability (Santiago et al., 2014). An IEP is a legal document that outlines a special education student's academic plan that includes their goals and objectives, accommodations and modifications, related services and transitional services. The IEP ensures that students in special education are receiving specialized instruction in order to meet the needs of their disability (Walker et al., 2016). Today, each child in special education is still required to have an Individualized Education Program that is intended to be created with collaboration of a multidisciplinary team. (Hott et al., 2015) The team is made up of the child's guardians, other school personnel and related service providers (Draper, 2020). In 1990 EHA was replaced by The Individuals with Disabilities Education Act (IDEA) (Walker et al., 2016). IDEA expanded the categories in which a child could qualify for special education (Santiago et al., 2014). Now, "emotional disturbance" became a category students could receive special education under, along with autism spectrum disorder (Santiago et al., 2014). IDEA also put into place "least restrictive environment to ensure that students would receive education alongside their non-disabled peers to the maximum extent appropriate (Walker et al., 2016). Under IDEA, regardless of the disability category, students are entitled to receive necessary related services for the student to fully benefit from their education (Draper, 2020). Along with the creation of IDEA, came the recognition that active collaboration with guardians throughout all steps of the special education process is essential to children receiving the best services (Santiago et al.,

2014). Families report feeling defeated and a lack of decision-making power when the child's needs are focused on rather than their strengths (Hott et al., 2015).

Mental health disorders are recognized as the leading issue for youth in the United States (Pastor & Reuben, 2009). It is estimated that 20-25% of children in the United States experience some form of mental health disorder each year (Osagiede et al., 2018). Of the students experiencing mental health disorders, only 30%-50% are receiving the proper interventions (Berger et al., 2022). With the increase of mental health needs in children, the importance of collaboration between schools and mental health providers is more important than ever. The most common mental health disorders among school age children are attention-deficit hyperactive disorders, anxiety, depression, substance abuse, and behavioral or conduct problems (Osagiede et al., 2018) (Santiago et al., 2014). The effects of these disorders negatively impact a child's ability to function at school. There is a strong correlation between a child's mental health and their academic success in the classroom (Osagiede et al., 2018). In fact, we know that school based mental health screenings can play a large role in identifying students that need mental health support. Unfortunately, it is reported that only 38% of children are receiving the mental health support they need (Osagiede et al., 2018).

Within schools, special education has emerged as a modality for providing mental health services for students (Pastor & Reuben, 2009). The Individuals with Disability Act includes "emotional disturbance" as a category students can receive special education under (Santiago et al., 2014). However, mental health disorders are also prevalent among special education students who are receiving services under any of the eligible categories including attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), and specific learning disabilities schools (Kern et al., 2017). The National Center for Education Statistics reports that

7% of students in special education were receiving therapy as a related service on their IEPs. Youth are six times more likely to receive mental health services if they can be completed within schools (Kern et al., 2017). Partnering with outside mental health agencies and having clinical mental health providers come to the schools is increasing the number of students who can access mental health services in schools (Kern et al., 2017). In 2018, 3.5 million adolescents received their mental health services in schools (Pastor & Reuben, 2009). These adolescents had limited access to mental health services due to barriers such as public insurance, low-income households, and being from racial minority groups (Kern et al., 2017). However due to partnerships with community mental health agencies, these children were able to receive the mental health support they needed.

In the 2020-2021 school year, it was estimated that over 7.2 million students were receiving special education services in the United States (National Center for Education Statistics, 2020). Five percent of those students receive services under the “emotionally disturbed” category (National Center for Education Statistics, 2020). The COVID-19 pandemic only intensified the challenges youth were already facing with mental health. Disruption in routine, isolation, and gaps in learning made returning to school challenging. Additional funding was provided to IDEA through the American Rescue Plan Funds to help youth recover from coronavirus impact (Lucas et al., 2022). These funds are designed to go towards special education support and services which includes mental health services to children (Lucas et al., 2022).



## **Best Collaborative Practices for Counselors and School Special Education Staff**

More than ever, mental health professionals and schools are in collaboration to find ways to support students in special education and their families. One of the ways this is being accomplished is through mental health professions participating in the special education process. The special education process includes multiple steps that mental health counselors can take part in (Hott et al., 2015). Mental health counselors support families and the student in advocating during the evaluation, development of the Individualized Education Plan (IEP) as well as the annual reviews of the IEP, and three-year re-evaluations.

It is also predicted that more counselors using their expertise to advocate at the “grass root level” will benefit schools at the district and state-level (Owens et al., 2008). One of the most important pieces of advocacy work in special education a counselor can do is have the knowledge to educate guardians and children on their rights within the special education system (Hott et al., 2015). This work can be done in office therapy sessions and does not need to be completed on sight at the school (Schoenwald et al., 2000). Counselors can work with students and guardians to make sure they understand their rights and protections during the special education process. These rights and protections are known as procedural safeguards (Lynch, 2022). One of the procedural safeguards that is important for counselors and families to be aware of is that guardians have the right to invite anyone to meetings. This could include professional advocates, outside related service providers or extended family members (Duncan et al., 1995). Parents also need to be notified by the district if there are any changes to their child’s individual education program and given written consent before those changes can be implemented (Lynch, 2022).

Another way counselors can be beneficial to the special education process is making sure their clients and families are aware of Independent Education Evaluation (IEE) (Duncan et al., 1995). Every three years, a new education evaluation is completed to ensure students still meet the criteria to receive special education services. This evaluation is done within the school free of charge, but parents have the right to choose to have an outside evaluator conduct portions of the evaluation if they choose (Schoenwald et al., 2000). For example, this could mean having a mental health counselor conduct the mental health portions of the evaluation rather than the school psychologist or special education teacher. If parents choose this, they are responsible for the cost, but portions of the evaluation are often able to be completed by mental health counselors which could be covered by insurance (Berger et al., 2022). The benefit of having a clinical mental health provider complete mental health portion of evaluations is that they are experts in mental health whereas special education teachers are not. School psychology researchers have criticized evaluations completed within schools for unreliability and bias (Haine et al., 2007). Mental health counselors are trained in administering and interpreting multiple mental health assessments (Haine et al., 2007). They also have valuable data through case notes and prior assessment that can be used to support a child's eligibility for special education services (Schoenwald et al., 2000). When given permission by a guardian, counselors can use treatment plans and information from sessions with the child to help determine which accommodations, goals and services are most appropriate for the student to receive.

Counselors can help to advocate for families and students by attending the IEP meeting (Haine et al., 2007). During the annual IEP meeting, parents can request that the clinical mental health professionals attend the meeting and be part of the child's multidisciplinary team (Geltner et al., 2008) (Hott et al., 2015). A counselor provides valuable insight on proposed interventions

and social skill/behavioral goals as well as contributing information to present levels of performance (Hott et al., 2015). Present levels of performance are a write up in the IEP that states how the student is performing academically, socially and emotionally (Geltner et al., 2008). The information provided by the present levels is used to determine appropriate goals and objectives. Mental health counselors can provide information to the school about the child's social and emotional functioning that school staff may not be aware of (Geltner et al., 2008). Counselors can attend as a form of emotional support for the families as well as provide a clinical perspective on the student. Examples of possible mental health related services that can be included on an Individualized Education Program are school nurse services for medication administration, counseling services for the student and parent education sessions (Haine et al., 2007). During this meeting the creation of a Positive Behavioral Support Plan (PBSP) or Behavioral Intervention Plan (BIP) may be created to outline how best to support a student's behavioral needs and how to respond in times of crisis (Hott et al., 2015). For children with emotional and behavioral concerns, a Functional Behavioral Assessment (FBA) is often completed. The purpose of an FBA is to create an intervention plan for when students are experiencing behaviors at school (Scott & Cooper, 2017). An FBA identifies a child's triggers, target behaviors, de-escalation strategies and effective consequences after the behavior is finished (Scott and Cooper, 2017). Since clinical mental health counselors work closely with the student, they can provide input on the child's behavior as well as strategies that have worked well to calm the child (Hott et al., 2015). Clinical mental health counselors can provide input on student's goals and objectives (Hott et al., 2015). For example, a study conducted by Dr. Spiel examined IEP goals and objectives for a sample of 97 middle schools in special education to address ADHD. It was discovered that the programs implemented by the schools had little or no

research supporting their effectiveness (Spiel et al., 2014). Input from clinical mental health counselors who are educated in evidence-based practices for treating mental health disorders like ADHD would be very beneficial to the creation of goals and objectives. It has also been noted how valuable outside evaluation reports and testing done by mental health professionals can be as part of guiding the student's educational plan (Smith, 2021). Mental health counselors can also be part of creating accommodations and modifications for students (Hott et al., 2015). Accommodations and modifications are changes in the student's educational environment that support them in being successful regardless of disability (Hott et al., 2015). Accommodations do not change the content, instructional level or performance criteria (Holt, 2020). Modifications do alter content, instructional level and/or performance criteria to meet the student's individual abilities (Holt, 2020). Students with behavioral and emotional concerns often benefit from accommodations and modifications like scheduled breaks, fidgets, behavioral modeling and scripting from adults as well as the option to take assessments individually (Osayande et al., 2018).

### **Suggestions for Advocacy in Schools for Counselors**

Advocacy is a key element to clinical mental health counseling. Counselors help to support their clients in removing barriers to live healthier and happier lives. Mental health counselors, who work with youth, have the unique opportunity to advocate for their clients within the schools. Especially when they are receiving special education services. It is encouraged to involve all members of the student's "team" in building plans, reviewing data and goal setting (Berger et al., 2022). Currently, schools do not have enough school counselors in order to meet the mental health needs of their students (Butryn et al., 2017). This is especially true at the elementary level where the student to counselor ratio is 3.5 times greater than at the

secondary level (Berger et al., 2022). The shortage of school counselors in a time where more students than ever are experiencing mental health disorders is why many schools are choosing to partner with outside clinical mental health agencies level (Owens et al., 2008). Counselors partnered to provide services in schools are a great source of advocacy for students. When students can meet with counselors at school, it is more convenient for parents and children miss less of their school day. Clinical mental health counselors partnering with schools fosters better communication and relationships between counselors and school personnel. This way mental health counselors can better advocate for families and their clients (Walker et al., 2016).

Counselors who have youth on their caseload, and may not be affiliated with a school, can still attend special education meetings (Owens et al., 2008). A great example of advocacy can be seen within the special education process. The American Counseling Association (ACA) supports advocacy of clients at both the micro-level and macro-level (Ratts & Hutchins, 2002). Advocating for students would be categorized at the micro-level. There is a growing belief that counselors are no longer to only operate from their offices to make changes for clients.

Counselors only relying on their sessions in office in order to make a difference for their clients is limiting (Ratts & Hutchins, 2002). One framework used for advocacy is called the Advocacy Competencies. This model focuses on advocacy on three different levels. The three levels are client/student, community/school, and public arena (Ratts & Hutchins, 2002). Clinical mental health counselors advocating for students and guardians during the special education process would fall under advocating at the client/student and community/school level (Owens et al., 2008). Many counselors use empowerment strategies in order to support their clients.

Empowerment is a useful way to encourage guardians and students to advocate for themselves during the special education process. Empowerment can include supporting the development of

self-advocacy skills, identifying clients' strengths and helping clients to find their voice and use it. (Ratts & Hutchins, 2002). Not only is it important to assist the client in developing self-advocacy skills, but at times, advocating on behalf of the client is needed. Counselors can move beyond their offices and advocate for students on behalf of their education (Osterloh & Koorland, 1998). In the case of advocating for special education students, this may take shape in advocating for services, giving input in behavior plans, identifying and eliminating barriers as well as identifying allies within the school. With permission, counselors can also meet with teachers, paraprofessionals and other support staff on the student's behalf (Owens et al., 2008). Since students with disabilities are often stigmatized, psycho-education on mental health and fostering an environment of inclusion is another way counselors can advocate for students (Ratts & Hutchins, 2002). According to researchers Talbott and Fleming, counselors are increasingly serving on special education teams that identify disabilities and implement services (Talbott & Fleming, 2003). There has been a recent push to implement some instruction on the special education process in school counseling curriculum, but the same cannot be said for clinical mental health counseling (Hall, 2015).

### **Barriers**

One of the barriers to more counselors being ingrained within the special education process is the national shortage of counselors. In fact, in 2022 the California Department of Education was seeking approval from the legislature to provide loan forgiveness, scholarships and reduce the time needed for licensure in order to bring 10,000 mental health counselors into schools to address the growing mental health concerns within schools (California Department of Education, 2022). In 2018, researchers at Healthforce Center and the University of California predicted that by 2028, there would be a 11% decrease in clinical mental health counselors

(California Department of Education, 2022). In the United State, 18% of counties report not having enough mental health providers to meet their residential mental health needs (Butryn, 2017) The United States' shortage of mental health counselors is causing those in the profession to have more demand than ever. This decreases their availability to partner with schools or spend time attending special education meetings (Butryn, 2017). Another barrier to clinical mental health counselors being part of the special education process is cost. Counselors can either be contracted through the schools, or already serve the students through state or private insurance. In 2017 alone, it was estimated that youth mental health cost \$247 million when factoring in special education services, psychiatric health care, counseling services and juvenile justice services were considered (Kern et al., 2017). However, cost-benefit analysis predicts that by strengthening mental health services for our youth, money will be saved due to decreases in further support later in life (Kern et al., 2017). Even while considering the documented costs of untreated mental health issues in youth, schools still struggle to find the funding necessary in order to support strong mental health supports. Low-income families with public insurance, or even those without insurance are also not able to always afford a mental health counselor for their child that can be in the role of an advocate during the special education process (Kern et al., 2017). Lastly, there is a lack of training about special education within counselor preparation programs. If mental health counselors are unsure of the special education process, how are they going to be able to serve as advocates for students and guardians? Dr. Geddes Hall reported that less than half of counselor preparation programs include training in the special education process (Hall, 2015). Although a 2003 study by Studer and Quigney showed that counselors are increasingly being integrated into the special education process, there has not been an increase in training within counselor preparation programs about the elements of special education (Studer & Quigney, 2004). If counselor preparation programs

are not educating future counselors about the basics of the special education process or proper advocacy for special education students, then many counselors will not feel confident to take on this role (Hall, 2015).

## **Conclusion**

Collaboration between mental health counselors and special education teams has been shown to be beneficial to students' overall educational experience. Counselors can have a positive impact on program planning, advocating for families and making sure that the evaluation report represents the student's correct mental health needs. More schools are partnering with outside mental health agencies in order to serve the rising number of students who need support. However, counselor shortages, cost, and lack of knowledge remain barriers in a partnership that could benefit our most vulnerable children. With proper training resources, counselors would be able to play an important role as advocates for students who are part of special education.

## **Training**

The purpose of the training is to educate mental health counselors on the special education process and ways to be effective advocates for their clients. Due to the increase of mental health needs in schools, there are more mental health professionals being asked to provide services. The special education process is cumbersome, but if properly navigated there is an opportunity for mental health professional to be valuable assets as part of the IEP team on behalf of advocating for the student and their family (Hott et al., 2015). There is a call in the counseling field to consider social justice work as the "fifth force" of counseling alongside the existing psychodynamic, cognitive behavioral, existential-humanistic, and multicultural forces (Ratts, 2009). The social justice counseling approach encourages the use of activism and



advocacy work in order to address inequitable conditions for clients (Ratts, 2009). Special education students are part of a marginalized group of people with disabilities who often face inequity. This training helps to give mental health counselors the training necessary to use a social justice counseling approach with clients in special education to ensure that their academic experiences are not impeded on. The intended audience is mental health counselors either interested in school based mental health, or working with children who are in evaluation for special education or already receiving services.

The presenter for this training must be a licensed counselor (LPC, LPCC, LMFT, LICSW or LP) and be knowledgeable with the special education process. It would also be beneficial for the presenter to have a background in school based mental health.

To measure the effectiveness of this training, there will be a pre-training survey as well as a post training survey. Participants will have the option to complete the surveys anonymously by writing a matching ID on the top of each survey. This option ensures that participants are as truthful as possible. The surveys measure the participants comfortability with advocating and participating in the special education process before and after the training. It also provides opportunity for participants to provide critiques of the training so that it can be improved upon.

The training will run about 2 hours with one 15-minute break in between. It will be conducted in person, with a group of people to encourage collaboration during activities. The training will be delivered through speaker and PowerPoint format.

## Training Presentation

Slide 1

# MENTAL HEALTH COUNSELING ADVOCACY IN K-12 SPECIAL EDUCATION

A TRAINING AND RESOURCE  
MANUAL FOR MENTAL HEALTH  
COUNSELORS

Presented by Teni Ebsen, MSUM CIT  
April 2023



Hello everyone and welcome to our training on Mental Health Counseling Advocacy in K-12 Special Education. My name is \*\*\*\*\* and I will be conducting today's session. Today's training will go from \_\_\_\_:\_\_\_\_ \_\_\_\_ to \_\_\_\_:\_\_\_\_ \_\_\_\_ with a 15 minute break. My job is that by the end of today, you are better informed. If at anytime you have questions, please do not hesitate to raise your hand. At the end of the presentation there will also be time for questions and discussion.

## AGENDA

- Introduction
- Pre-Training Survey
- Purpose of today's training discussion
- Part One: The Ins and Outs of Special Education
- Break
- Part Two: How to be an Advocate for Client's and Families in Special Education
- Post Training Survey
- Questions?



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As you can see, we have a lot on our agenda! First, we will take a pre-training survey (see Appendix A). Next, we will dive into the purpose of this training and why it is needed. Then we will go over part one, the “Ins and Outs of Special Education.” Following the first part will be a 15-minute break, and then we will complete the second part, “Part Two: How to be an Advocate for Clients and Families in Special Education.” Lastly, we will complete a post-training survey (see Appendix D) and then have time for discussion. Please know questions are welcome at any time during this training.

### Slide 3



Please turn to page 1 of your handout and complete the pre-training survey (see Appendix A). Once finished please turn in your survey upfront. At the top, please put your first name or a number. If you choose to use a number, please make sure to put the same number at the top of your post training survey. I use these surveys to ensure the training I provide is effective.

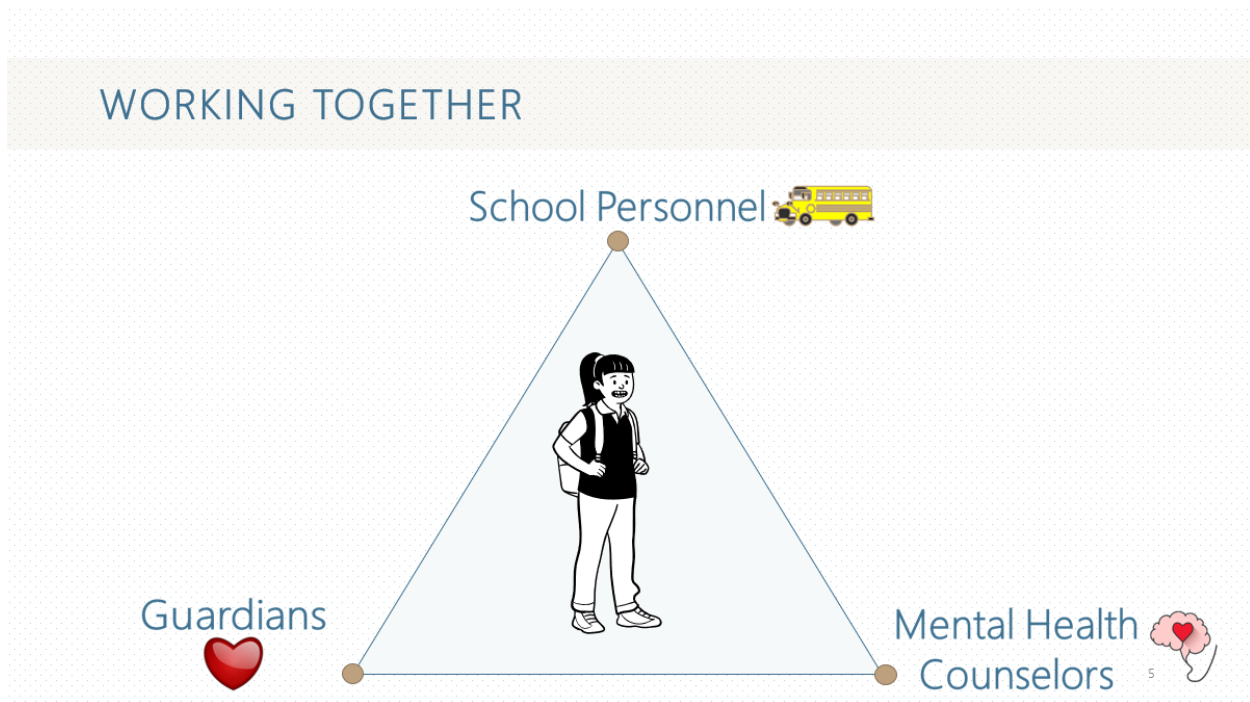
Once everyone has completed their pre-training survey, we will begin with our first sections "The Ins and Outs of Special Education"

## PURPOSE OF TODAY'S TRAINING

- Mental health disorders are recognized as the leading issue for youth in the United States. (Pastor & Reuben, 2009)
- There is a strong correlation between a child's mental health and their academic success in the classroom (Osagiede et al., 2018).
- Within schools, special education has emerged as a modality for providing mental health services for students (Pastor & Reuben, 2009).
- Mental health disorders are also prevalent among special education students who are receiving services under any of the eligible categories including attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), and specific learning disabilities schools (Kern et al. 2017).

4

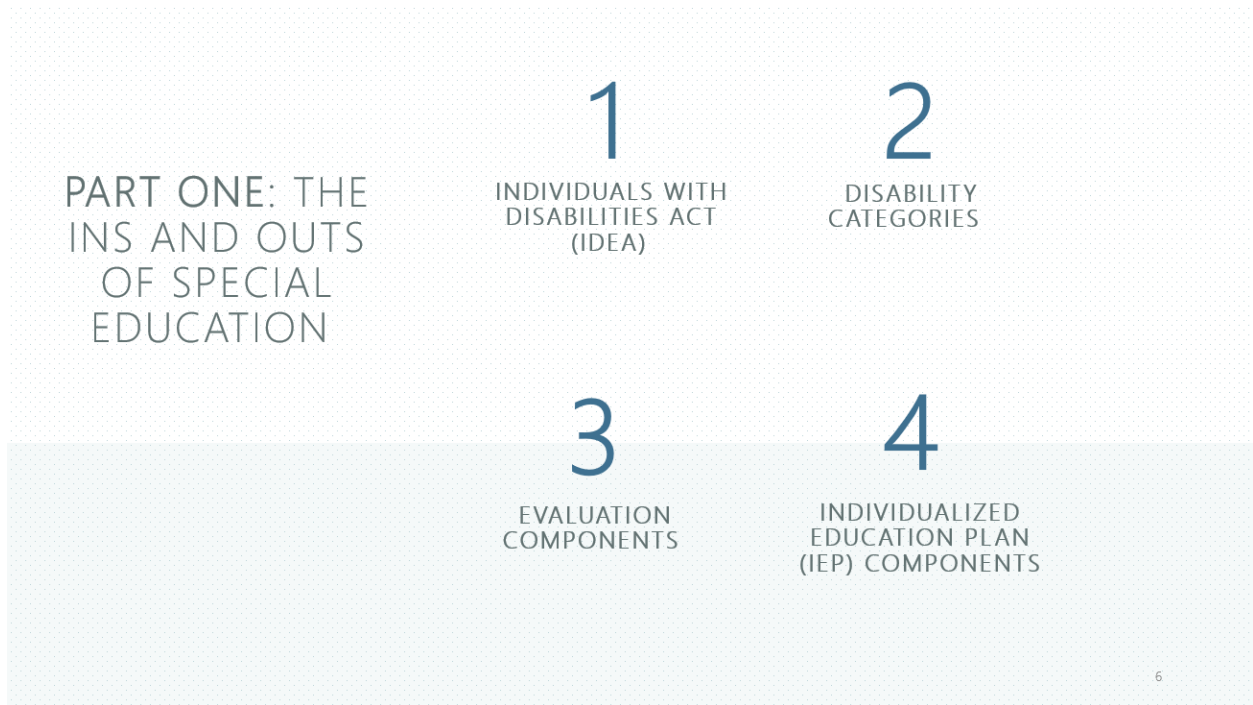
To begin, let's answer the question "Why is it important for mental health counselors to be part of students' special education programming?" Mental health disorders are on the rise in schools. It is estimated that 20%-25% of children in the United States experience some form of mental health disorder each year (Osagiede et al., 2018). With the increase of mental health needs in children, the importance of collaboration between schools and mental health providers is more important than ever. Within schools, special education has emerged as a modality for providing mental health services for students (Pastor & Reuben, 2009). One of the ways this is happening is through the disability category "emotional/behavioral disability." However, mental health disorders are also prevalent among special education students who are receiving services under any of the eligible categories including attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), and specific learning disabilities (Kern et al., 2017).



Many students in special education suffer from mental health disorders (Santiago et al., 2014).

As a mental health counselor, you may find yourself either having clients who are in special education come to your office or maybe even work with in the schools. When all the adults in the student's life can work together, the student has the best chance to be supported at school. After today's training, my hope is that you have a better understanding how you can help support clients and their families who are part of the special education process.

## Slide 6



Throughout part one, we will be covering the ins and outs of special education. There are four areas we will discuss during this time.

The first is the Individuals with Disabilities Act. This law helped set the groundwork for special education today (Walker et al., 2016).

Next, we will cover the 13 different disability categories children can qualify for in special education and which ones we see most often receiving mental health services as part of their programming.

The third section is a brief overview of the different evaluation components that mental health counselors can be involved in.

Lastly, we will discuss how mental health counselors can best support a student's school team in creating an Individual Education Program.

## Slide 7



### EDUCATION FOR ALL HANDICAPPED CHILDREN ACT (EHA)

- Introduced Free Appropriate Public Education (FAPE), Least Restrictive Environment (LRE) (Walker et al., 2016)
- Replaced by Individuals with Disabilities Education Act (IDEA) in 1990 (Walker et al., 2016)
- IDEA expanded who could qualify for special education as well as introduced additional procedural safeguards (Santiago et al., 2014).

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In 1975, the Education for all Handicapped Children (EHA) was introduced into law (Walker et al., 2016). EHA ensured that all children with disabilities would receive a free and appropriate education (FAPE). FAPE also required that the education must be individually tailored to meet the unique needs of each student as well as accessible to all children regardless of the severity of their disability (Walker et al., 2016). In 1990, EHA was replaced by the Individuals with Disabilities Act, which expanded who could qualify for special education as well as put additional procedural safeguards and services into place (Santiago et al., 2014). Under IDEA, regardless of the disability category, students are entitled to receive necessary related services for the student to fully benefit from their education (Draper, 2020). Something you will notice throughout this training is that there are many acronyms used in special education. Page two of your hand out (see Appendix B) includes a cheat sheet of common acronyms used in special education and their meetings.



## COMPONENTS OF IDEA

### Free

Education must be provided at no cost to the caregivers (Walker et al., 2016)

### Appropriate

The education must be individually tailored to meet the unique needs of each student (Walker et al., 2016).

### Public Education

The education is public and accessible to all children regardless of the severity of the child's disability (Walker et al., 2016).

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One of the main laws to come out of IDEA, formally EHA, was Free Appropriate Public Education (FAPE). There are three parts included in FAPE.

- First, the education must be provided at no cost to the caregivers (Walker et al., 2016).
- Secondly, the education must be appropriate, meaning that it is tailored to meet the unique needs of each student (Walker et al., 2016).
- Lastly, education is public and accessible to all children regardless of the severity of the child's disability (Walker et al., 2016).

# COMPONENTS OF IDEA

## Least Restrictive Environment (LRE)

Children with disabilities must be educated alongside children without disabilities to the maximum extent possible (Walker et al., 2016)



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Another component of IDEA is Least Restrictive Environment or LRE. This means that the student with a disability must be fully educated alongside children without disabilities to the greatest extent appropriate (Walker et al., 2016). The student's team must provide support and accommodation necessary for the student to be in the general education room when possible. LRE is relevant to mental health counselors, because they can provide insight on ways to support students emotionally for them to be able to participate along side their peers.



There are 13 disability categories that a child can qualify under to receive special education services. One of the changes IDEA brought was expanding the categories so that more children could receive special education (Santiago et al., 2014). The most common categories that children often receive mental health services alongside special education are emotional disturbance, autism spectrum disorder and other health impairments categories (Kern et al., 2017). These categories are highlighted in yellow. Attention Deficit Hyperactivity Disorder falls under other health impairments which is why children in this category often have mental health needs (Kern et al., 2017).

## EVALUATIONS

### Referrals

- School staff members or guardians can refer a child for special education (Berger et al., 2022)
- If a guardian requests a referral, the school must complete an evaluation (Lynch, 2022)

### Evaluation Plan

- The team will identify which disability categories they will be evaluating for (Berger et al., 2022).
- Parents have the right to bring people with to the meeting that they feel will advocate for their child. Mental health counselors would be a great addition to helping create the evaluation plan (Lynch 2022).

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Before a child begins special education services, an evaluation is first completed. School staff or guardians can propose that a child has an evaluation completed (Berger et al., 2022). If a parent requests an evaluation, the school must complete one (Lynch, 2022). Mental health counselors can empower parents to advocate for their child and request an evaluation if they feel their child would benefit from special education services. Even if the school disagrees, an evaluation must still be completed if guardians request one (Lynch, 2022). The student's team will meet to create an evaluation plan that outlines all the assessments and sources of information the team will use to complete the evaluation. There are assessments, such as the Behavioral Assessment System for Children (BASC-3) that evaluate a child's behavioral concerns (Berger et al., 2022). Mental health counselors could be utilized as a great asset in completing the BASC-3 and similar assessments (Schoenwald et al., 2000). Re-evaluations must be completed every three years to determine if the child still demonstrates a need for special education (Schoenwald et al., 2000). Mental health counselors can contribute in the same ways during a re-evaluation as they can for an evaluation.

## EVALUATIONS CONTINUED

Background & Need Statements	Functional Behavioral Assessment
<ul style="list-style-type: none"><li>• Mental health counselors can provide background information on the child that can be used in the evaluation (Hott et al., 2015).</li><li>• Mental health counselors can also give input on what needs they feel the child has throughout their school day (Hott et al., 2015).</li></ul>	<ul style="list-style-type: none"><li>• A functional behavioral assessment identifies the child's behaviors that are having a negative impact on their education (Scott and Cooper, 2017).</li><li>• Aims to identify the antecedents as well as preventative strategies staff can use to best support the child (Scott and Cooper, 2017)</li></ul>

12

Mental health counselors can be an important resource to provide background information regarding the child's mental health. As part of an evaluation, the team must identify the needs that the child has within their school day because of their disability (Berger et al., 2022). An example of this could be a child who has an emotional behavioral disability may demonstrate the need of requiring behavioral skills and coaching to better manage their emotions when escalated. Mental health counselors could provide valuable insight on what needs the child may have throughout their school day because of their disability (Hott et al., 2015). Another component of evaluations that include behavioral concerns is a Functional Behavioral Assessment, or FBA for short (Scott & Cooper, 2017). An FBA is an analysis of what happens before, during and after a child's behavior. An FBA identifies a child's triggers, target behaviors, de-escalation strategies and effective consequences after the behavior is finished (Scott and Cooper, 2017). Since clinical mental health counselors work closely with the student, they can provide input on the child's behavior as well as strategies that have worked well to calm the child (Hott et al., 2015)

## Slide 13



# INDIVIDUALIZED EDUCATION PROGRAMS (IEP)

Turn and talk about the following questions:

- Have you heard of an Individualized Education Program (IEP)?
- Do you know any children on an IEP? (Clients? Family members?)
- What is your understanding of what an IEP entails?



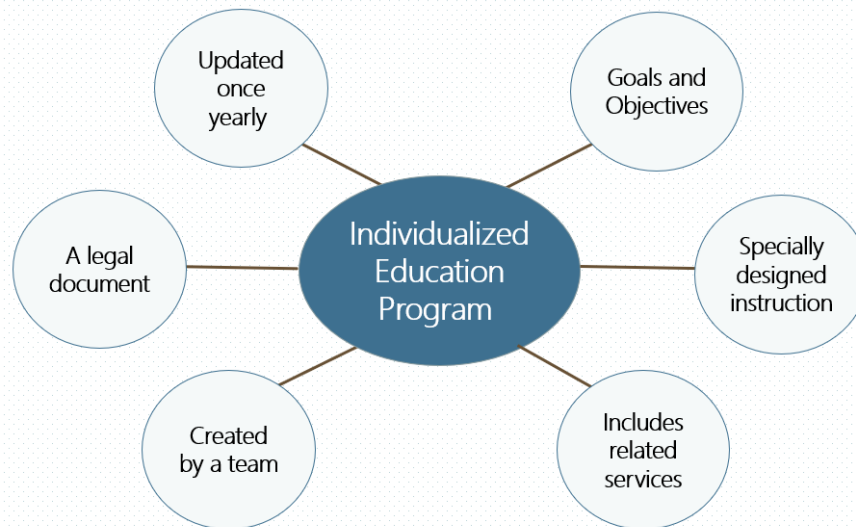
13

Please choose someone near you to discuss these questions with. After a couple minutes, we will have a group discussion.

\*\*\*\*\*

It sounded like there was some great discussion happening. The first question was “Have you heard of an Individualized Education Program (IEP)?” Does anyone feel comfortable sharing with the group? (Calls on person) (Responses will vary) The next question asks “Do you know any children on an IEP?” Is anyone willing to share what their partner and them discussed? (Calls on person) (Responses will vary) Lastly, what is your understanding of what an IEP entails? There are many pieces to an IEP so feel free just to call out what you discussed!

## INDIVIDUALIZED EDUCATION PROGRAM CRASH COURSE



14

There are many parts to an Individualized Education Plan. Not every part of the plan is pertinent for a mental health counselor to be involved in. However, as you see on this slide there are 6 different aspects to be aware of.

1. The first is that an IEP is updated yearly. At this time, the IEP team will meet to go over the student's progress over the last year, update present levels, goals and objectives as well as review accommodations and modifications. Parents have the right to invite those to this meeting that can help advocate on behalf of the child (Lynch, 2022). The case manager of the child may also invite those who can provide insight on the child's needs. As mental health counselors, it is good to remind parents that you can be invited to the child's yearly IEP meeting (Hott et al., 2015). If you are a mental health counselor going

into schools that have contact with the child's case manager, they can be reminded to invite you to the meeting as well.

2. The next component is that an IEP contains goals and objectives for a student to be worked on for the 12 months following the meeting (Hott et al., 2015). For example, if an IEP meeting takes place for a 2nd grade student in November, the goals and objectives will be worked on for the remainder of that child's 2nd grade year as well as up until November of their third-grade year. If the child requires behavioral or social/emotional support at school, goals will be written in this area (Hott et al., 2015). Mental health counselors can aid in helping to create these goals for the child (Haine et al., 2007).
3. An IEP is meant to ensure that a child has a specially designed education plan in order to ensure they are receiving the best education possible regardless of their disability. This is done using individualized goals and objectives like we discussed above, as well as accommodations and modifications that must be carried out in the classroom (Haine et al., 2007). Clinical mental health counselors can assist the team in identifying accommodations and modifications in the student's day that would be most helpful to them (Hott et al., 2015). Each individual student also has differing amounts of time they spend receiving special education and other related services like speech, occupational therapy and physical therapy (Draper, 2020). Mental health services can also be written in the IEP as part of the student's plan. This is a way to ensure the school legally must set aside that time in the student's day for mental health services. Youth are six times more likely to receive mental health services if they can be completed within schools (Kern et al., 2017).



4. An IEP is created by a team. This team must include the special education teacher, general education teacher, parents, any related service providers and a district representative (Hott et al., 2015). That is the team that must be there, but more people can always be invited. Parents have the right to invite whoever they would like to the meeting to advocate for their child (Lynch, 2022). Mental health counselors can be invited and be an important part of the team!
5. Lastly, it is important to know that an IEP is a legal document. The school must provide the student everything documented in the IEP. If this is not being done, the school can be held liable. Mental health counselors can help to empower the families of student to hold schools responsible for carrying out IEPs (Haine et al., 2007).

## INDIVIDUALIZED EDUCATION PROGRAM- PRESENT LEVELS OF FUNCTIONING

<h3>What are present levels of performance?</h3> <ul style="list-style-type: none"><li>• A section of an IEP that includes how the student is currently performing academically, socially and behaviorally (Geltner et al., 2008) .</li><li>• Includes input from the special education teacher, general education teacher, related service providers and families (Geltner et al., 2008) .</li><li>• The information from the present levels of functioning is used to write goals and objectives (Geltner et al., 2008).</li></ul>	<h3>How can mental health counselors be involved?</h3> <ul style="list-style-type: none"><li>• With parent permission and a release of information, provide any information about the student's current mental health that would be useful for the school to know (Lynch, 2022).</li><li>• Provide treatment goal progress information to the team (Geltner et al., 2008) .</li><li>• Have an option discussion about any information in the present levels of functioning that you feel don't reflect the student (Lynch 2022).</li></ul>
--	--

15

Present levels of performance are just how they sound. It is a section of the IEP that includes a write up of how the student is currently doing academically, socially and behaviorally. The information in the present levels of performance help the team determine what the new goals for the student should be as well as determine service (Geltner et al., 2008). Mental health counselors can provide information that can be very helpful to use in the student's present level of functioning. For example, if a mental health counselor notices a child has improved in their ability to identify emotions, that could be information added into the present levels that the school staff have not observed. If there is any information in the present levels of performance that you do not feel accurately represents the child, do not be afraid to open a discussion to the team about it (Lynch, 2022). For example, the present levels of performance might state that the child flees the classroom to avoid work. If you know the child has significant trauma and their trauma response is "flight", then the statement could be corrected to "When frustrated or overwhelmed, the child may flee the classroom as a trauma response. The child is addressing this challenge in weekly therapy

## INDIVIDUALIZED EDUCATION PROGRAM- GOALS AND OBJECTIVES

### What are goals and objectives?

- Updated yearly (Geltner et al., 2008)
- Academic (reading, writing, math)
- Behavioral (self-regulation, task completion, direction following)
- Social (staying on topic, friendship, self-advocating)
- Related Services (Speech, Occupational Therapy, Physical Therapy) (Haine et al., 2007)

### How can mental health counselors be involved?

- All members of the IEP team are involved in creating IEP goals and objectives (Haine et al., 2007)
- Mental health counselors invited to the IEP meetings can provide input on goals and objectives (Hot et al., 2015)
- Like treatment plans, social and behavioral goals should be measurable, timely and relevant . (Spiel et al., 2014) .

16

Just like treatment plans, individualized education plans have goals and objectives (Hott et al., 2015). These goals and objectives are created by the IEP team (Hott et al., 2015). Students who struggle behaviorally or socially in school often have social skill goals and/or behavioral skills on their IEP (Spiel et al., 2014). Mental health counselors can provide valuable insight on meaningful and achievable goals for their clients that they can work on in school. In a study conducted by Dr. Spiel, he examined IEP goals and objectives for a sample of 97 middle schools in special education diagnosed with ADHD. It was discovered that the programs implemented by the schools had little or no research supporting their effectiveness (Spiel et al., 2014). Input from clinical mental health counselors who are educated in evidence-based practices for treating mental health disorders like ADHD would be very beneficial to the creation of goals and objectives (Spiel et al., 2014). When mental health counselors are part of the planning process, they can open a line to communication with school staff and work on skills in session that can carry over to other environments (Lucas et al., 2022).

ACCOMMODATIONS VS. MODIFICATIONS	
<b>Accommodations</b> Do not change the content, instructional level or performance criteria (Holt, 2020). Provides equal access to learning and demonstration of knowledge using: <ul style="list-style-type: none"><li>• Variation in time</li><li>• Variation in input</li><li>• Variation in output</li><li>• Variation in size</li></ul>	<b>Modifications</b> Alters content, instructional level and/or performance criteria to meet the student's Individual abilities (Holt 2020). This could look like... <ul style="list-style-type: none"><li>• Modified length of assignments or tests</li><li>• Breaks between tasks</li><li>• Model expected behavior by adults</li></ul>

On an IEP, there is a section for accommodations and modifications. Accommodations are changes to the educational environment that do not change content, instructional level or performance criteria (Holt, 2020). Common examples of accommodations include:

- Listening to audio recording of text instead of reading text
- Taking tests in a different location
- Using sensory tools
- Scheduling breaks within a student's day

Modifications are a change in what the student is being taught or expected (Holt, 2020).

- Learning different material than peers
- Alternative tests or projects
- Excused from particular projects

Students with behavioral/emotional needs will benefit from accommodations more often than modifications (Holt, 2020).

## Slide 18



# GROUP ACTIVITY

In groups of 2 or 3 discuss the following:

- As mental health counselors what are some accommodations/modifications you would advocate your client have during their school day?
- Be ready to share with the group!



18

Please break up into groups of 2 or 3 to discuss the following question. “As mental health counselors what are some accommodations or modifications you would advocate that your client having during their school day?” At IEP meetings, you have the right to suggest accommodations or modifications to your client’s school day in order to help them be successful. After 10 minutes, each group will share the accommodations or modifications they discussed. On page 3 of your handout (see Appendix C), there is space meant to write down any ideas you like that you can bring into future IEP meetings for your clients.



This concludes the first portion of our training. Please take a 15 minute break and return here at  
\_\_ : \_\_ \_\_ .

## PART TWO: HOW TO BE AN ADVOCATE FOR CLIENT'S AND FAMILIES IN SPECIAL EDUCATION

1

PROCEDURAL  
SAFEGUARDS

2

ADVOCATING IN  
AND OUT OF THE  
OFFICE

3

SCHOOL  
PARTNERSHIPS

4

QUESTIONS AND  
DISCUSSION

18

Welcome back! In part two, we will be discussing how mental health counselors can best advocate for client's and families in special education. The first part will be going over procedural safeguards that protect the students and their families during the special education process. Next, we will discuss ways mental health counselors can advocate for their clients in and out of the office. Third, information will be school-based mental health. Lastly, there will be time for questions and group discussion.

## PROCEDURAL SAFEGUARDS

### What are procedural safeguards?

Legal rights and protections in place to protect students and families during the education process (Lynch, 2022).



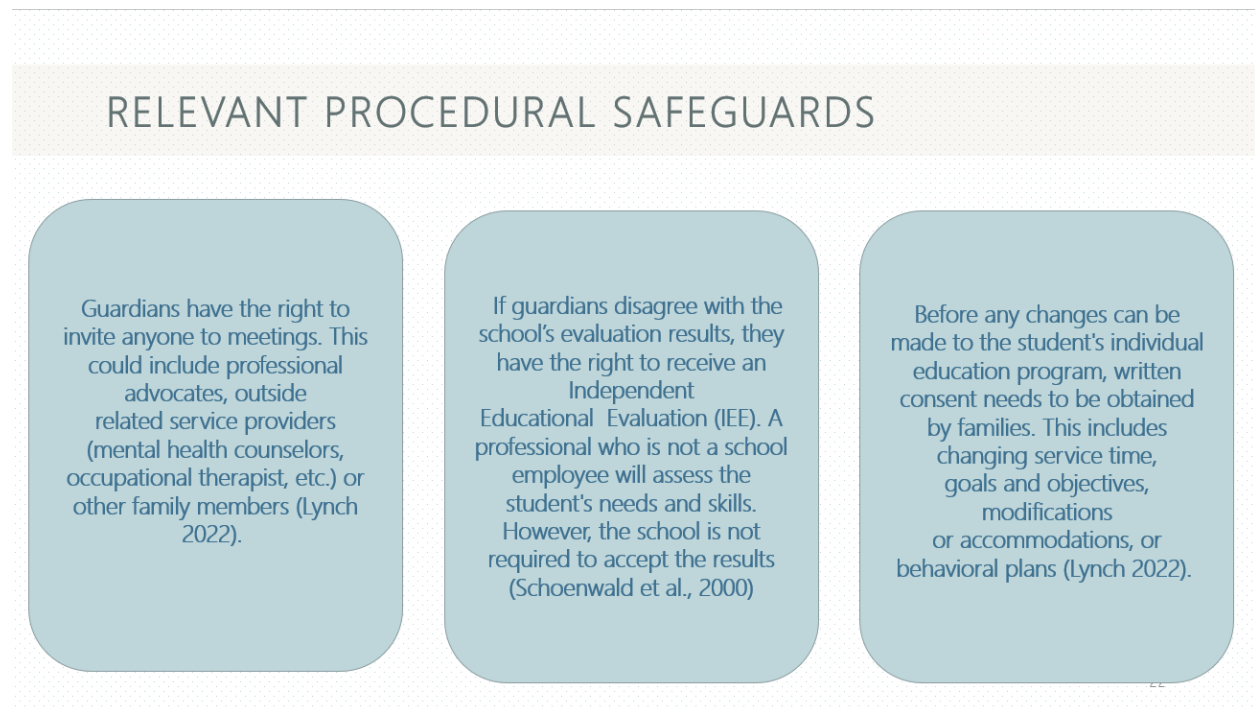
### How can mental health counselors be involved?

- Inform families of their rights and protections (Hot et al., 2015)
- Speak up at meetings if you notice rights and protections being violated (Lynch, 2022)
- If client is of appropriate age, help prep and encourage them to voice their needs at meetings if necessary (Hot et al. 2015).

21

Procedural safeguards are in place to protect students and their families during the special education process (Lynch, 2022). There are many safeguards in place that do not pertain to the work mental health counselors will be doing with families. However, in the next slide we will discuss three important safeguards that mental health counselors should be aware of in order to empower and advocate for families. As members of the IEP team, mental health counselors have the right to speak up at meetings if they notice rights or protections being violated (Lynch, 2022).



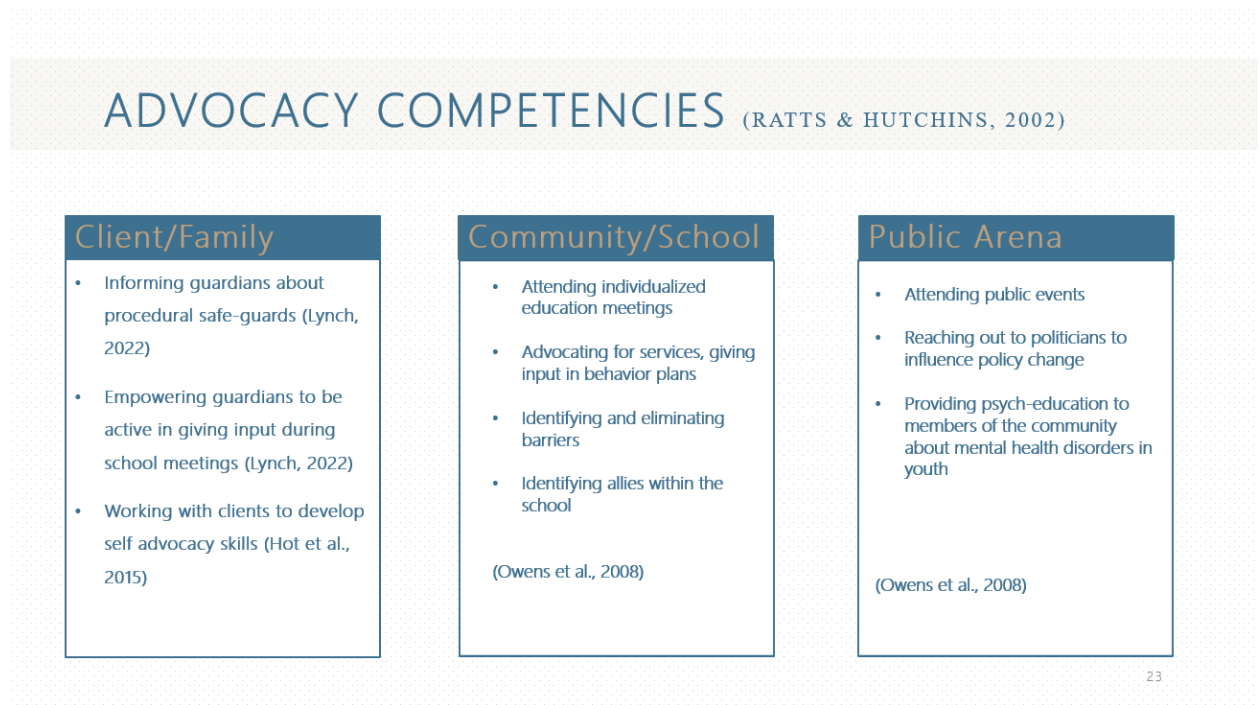


Please take a moment to read through the three procedural safeguards. After, I will briefly go through each one and why it pertains to mental health counselors.

1. The guardians of the student have the right to invite people to be part of the students IEP team. Anyone they feel knows their child best and could help contribute to creating an effective education plan for the student is welcome to join by parents request. This includes mental health counselors. The school will often invite a counselor if they are at the school, but often will not invite outside service providers unless the parents request it. It is important to remind parents of this because having a well-rounded IEP team of individuals who know the student best is powerful.
2. Next, guardians do not have to accept the evaluation results by the school. If they are unhappy, and the school is standing by their results, parents can request an

Independent Educational Evaluation to be conducted by someone who is not a school employee.

3. Last, any change made to the student's IEP cannot be done before the school receives written consent by the guardians. If a guardian notices changes happening during their child's school day that they did not consent to (for example changed service time, spending less time with general education peers, changes in accommodations or modifications) then the school is violating the guardian's rights.



One framework used for advocacy is called the Advocacy Competencies. This model focuses on advocacy on three different levels. The three levels are client/student, community/school, and public arena (Ratts & Hutchins, 2002). Clinical mental health counselors advocating for students and guardians during the special education process would fall under advocating at the client/student and community/school level (Owens et al., 2008). Many counselors use empowerment strategies in order to support their clients. Empowerment is a useful way to encourage guardians and students to advocate for themselves during the special education process. Empowerment can include supporting the development of self-advocacy skills, identifying clients' strengths, and helping clients to find their voice and use it (Ratts & Hutchins, 2002). Not only is it important to assist the client in developing self-advocacy skills, but at times, advocating on behalf of the client is needed. Counselors can move beyond their offices and advocate for students on behalf of their education (Osterloh & Koorland, 1998). In

the case of advocating for special education students, this may take shape in advocating for services, giving input in behavior plans, identifying and eliminating barriers as well as identifying allies within the school. With permission, counselors can also meet with teachers, paraprofessionals and other support staff on the student's behalf (Owens et al., 2008). Since students with disabilities are often stigmatized, psycho-education on mental health, and fostering an environment of inclusion, is another way counselors can advocate for students (Ratts & Hutchins, 2002).

## SCHOOL BASED MENTAL HEALTH (SCHOOL PARTNERSHIPS)

In some school districts, mental health agencies are embedded into schools.

Why?

- Currently, schools do not have enough school counselors in order to meet the mental health needs of their students (Butryn et al., 2017).
- At the elementary level, the student to counselor ratio is 3.5 times greater than at the secondary level. (Berger et al., 2022)
- School partnerships with mental health counselors is a way to get more mental health professionals in the school with the rise of mental health issues in youth and a shortage of school counselors (Butryn et al., 2017)

24

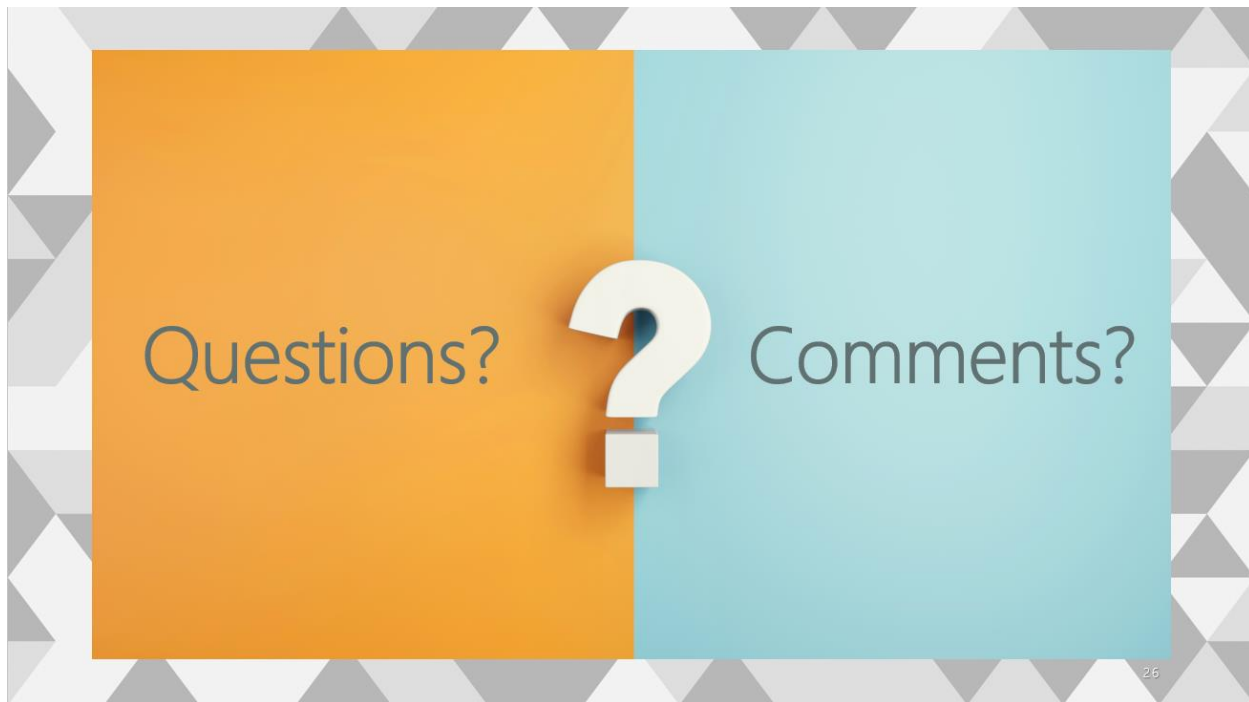
Mental health agencies being embedded into schools ensures that more mental health professionals are providing services. There is a school counselor shortage, especially at the elementary level (Butryn et al., 2017). The ratio for counselor to student at the elementary level is 3.5 times higher than at the secondary level (Berger et al., 2022). When students can meet with counselors at school, it is more convenient for parents and children miss less of their school day. Clinical mental health counselors partnering with school fosters better communication and relationships between counselors and school personnel. This way mental health counselors can better advocate for families and their clients (Walker et al., 2016).

## BARRIERS TO MENTAL HEALTH COUNSELOR ADVOCACY IN SPECIAL EDUCATION

- The United State's shortage of mental health counselors is causing those in the profession to have more demand than ever which decreases their time to spend in schools (Butryn, 2017).
- In the United State, 18% of counties report not having enough mental health providers to meet their residential mental health needs (Butryn, 2017).
- Cost is another barrier. In 2017 alone, it was estimated that youth mental health cost \$247 million when factoring in special education services, psychiatric health care, counseling services and juvenile justice services were considered (Kern et al. 2017).
- There is a lack of training for mental health counselors on the emotional and behavioral needs of students in special education as well as the special education process (Hall, 2015).

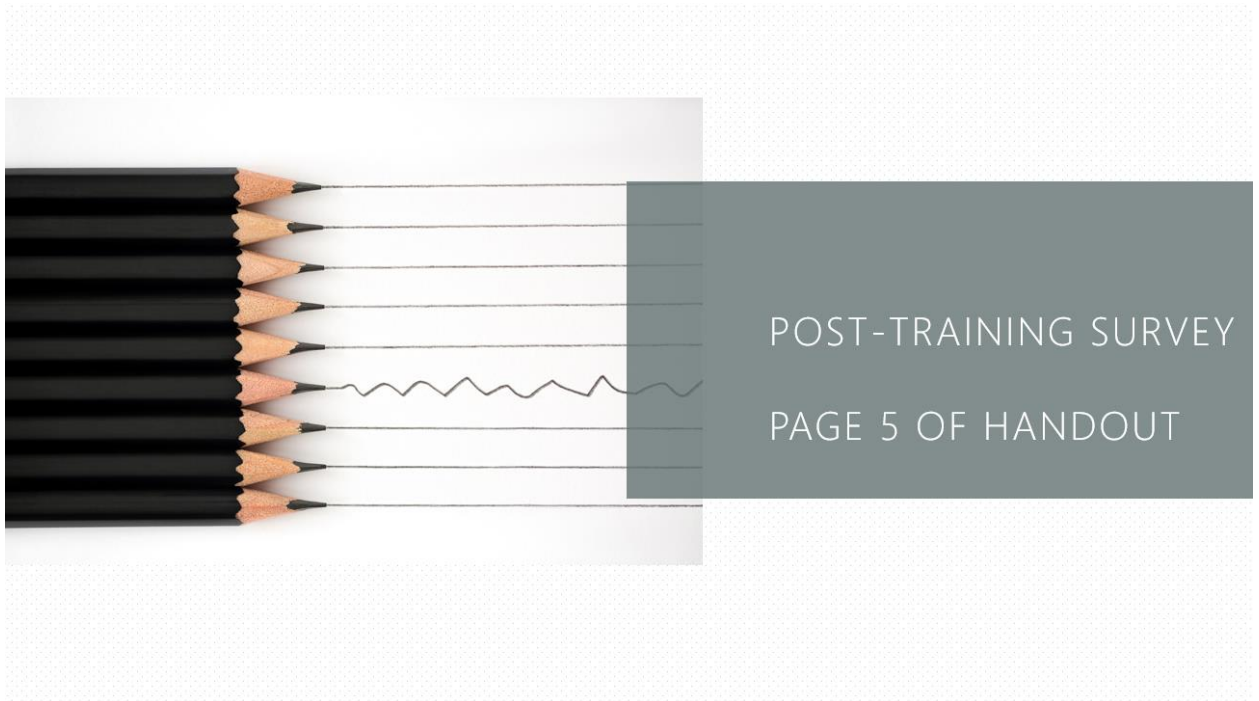
25

There are multiple barriers to mental health counselors being part of the special education process. The first barrier is a shortage of counselors in the United States (Butryn, 2017). With less counselors and greater mental health demands then ever, there is decreased time for mental health counselors to spend in schools (Butryn, 2017). The next barrier is cost. In 2017, it was estimated that youth mental health cost \$247 million when special education services, psychiatric health care, counseling services as well as juvenile services were considered. Asking states to fund school based mental health programs is often not easily received (Kern et al., 2017). Lastly, there is a lack of training in counselor preparation programs about the mental health needs in special education. If counselors are unaware of the issue or how to navigate the special education process, less are going to participate in special education advocacy work (Hall, 2015).



Today's training on mental health counseling advocacy in K-12 special education has come to an end. The floor is open for any questions or comments to have further discussions.

Slide 27



Please turn to page 5 of your hand out and complete the post training survey (see Appendix D). Please either put your name or ID number matching the pre-training survey at the top of the page. When you have completed the survey you are free to leave. Thank you so much for participating in today's training!



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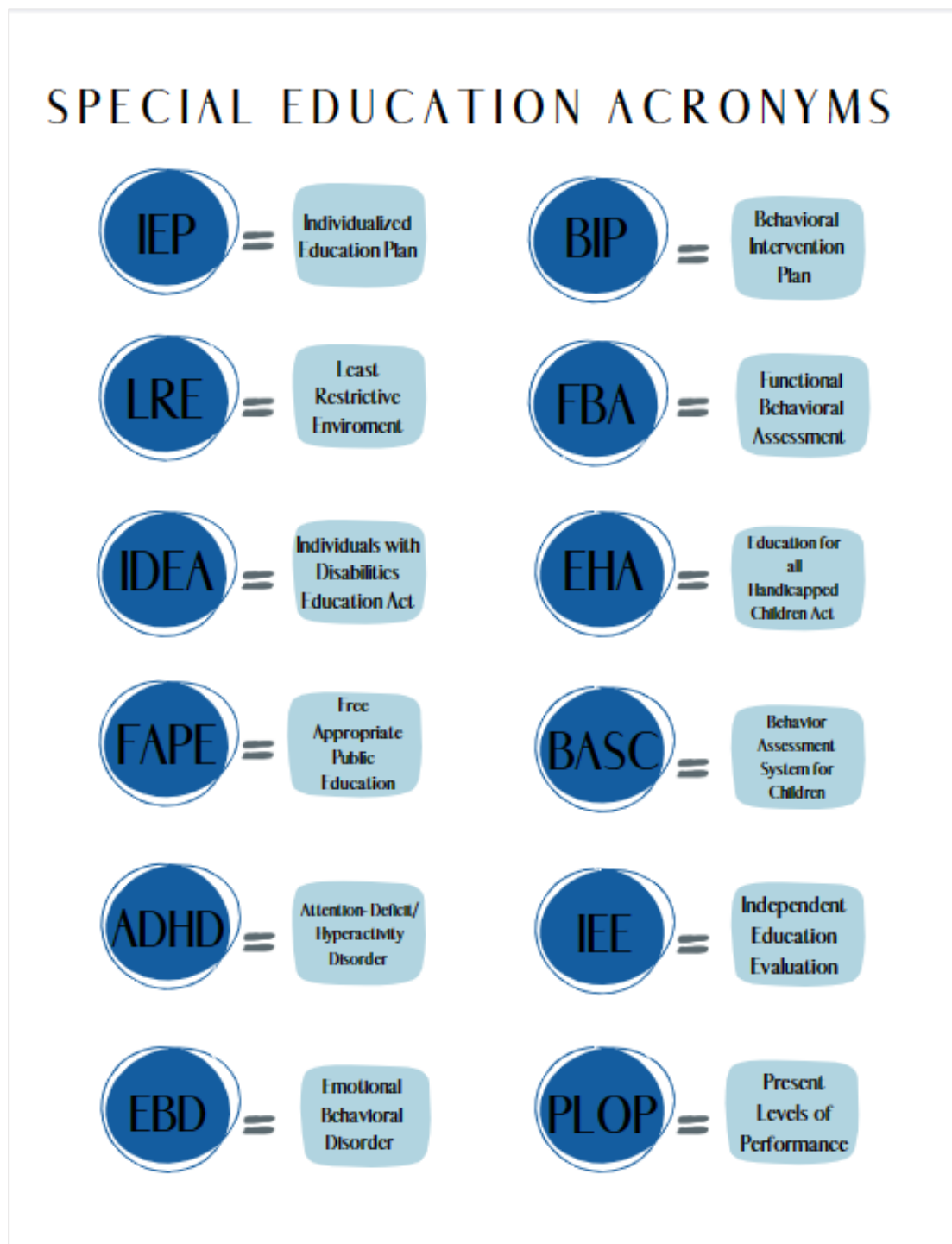
## Appendix A

### Pre-Training Survey

Name or ID _____
<h2>Pre-Training Survey</h2>
What license do you hold as a counselor and what population do you primary serve?
_____
_____
How comfortable are you advocating for clients and families during the special education process?
A) Uncomfortable
B) Somewhat comfortable
C) Comfortable
How comfortable are you contributing to the development of a students Individualized Education Plan?
A) Uncomfortable
B) Somewhat comfortable
C) Comfortable
Have you ever had a client who was in special education?
A) Yes
B) No
Do you have any experience with school based mental health?
A) Yes
B) No
What are you hoping to learn from today's training?
_____
_____
_____
_____



## Appendix B

### Special Education Acronyms



## Appendix C

### Modification and Accommodations Brainstorm

MODIFICATION AND ACCOMMODATIONS BRAIN STORM	
 Group Idea 1	 Group Idea 2
Accommodations and Modification shared by others in training...	
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## Appendix D

### Post Training Survey

Name or ID _____
<h2>Post-Training Survey</h2>
How comfortable are you advocating for clients and families during the special education process?
A) Uncomfortable
B) Somewhat comfortable
C) Comfortable
How comfortable are you contributing to the development of a students Individualized Education Plan?
A) Uncomfortable
B) Somewhat comfortable
C) Comfortable
Do you have any interest in pursuing school based mental health?
A) Yes
B) No
What would you have liked to learn more about?
_____
_____
_____
_____
How can this training be improved?
_____
_____
_____
_____