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Article 83

The Need for Grief Plan Awareness and Staff Training in Schools

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Introduction

School faculty members, regardless of their experience and training, often interact with students who have experienced a loss of someone close to them. Counselors and school psychologists are typically trained to work with grieving students, but those that work most closely with students on a daily basis typically do not have that training. Administrators, school counselors, and school psychologists should be aware of the training level of the teachers with whom they work closely in order to better serve the student population. Researchers have addressed the inadequate training of school faculty members when working with grieving students (Adamson & Peacock, 2007; Allen, Burt, et al., 2002; Allen, Jerome, et al., 2002; Aspinall, 1996; Munson & Hunt, 2005; Pratt, Hare, & Wright, 2001; Reid & Dixon, 1999). It is important for administrators, counselors and psychologists to coordinate and implement a training program that prepares faculty members to properly interact with a grieving student since as many as 200,000 students nationwide experience a death of someone close to them each year (Hoyer, Kochanek, & Murphy, 1999, as cited in Andrews & Marotta, 2005).

It has been reported that an average of two students per classroom are grieving the loss of a loved one at any given time (Glass, 1991) and that nearly two million receive social security benefits due to the death of a parent alone (McClatchy, Vonk, & Palardy, 2009). This suggests that a faculty member in a school can be in contact with a grieving student on any given day. There is obviously no warning when something traumatic happens in a students' life. Death is a natural part of life, but many times is still unexpected. Moreover, grief is not limited to experiencing a death. This reaction can be felt by a student who has had a parent move out of the home due to a divorce or separation; with this in mind, the statistics cited in Glass may be quite higher than those reported since one third of children in school have parents who are divorced (Cantrell, 1986, as cited in McGlaulin, 1998). Grief can also be felt by students who are injured

and no longer a vital part of a sports team, who have a close friend move away, or who have a parent that loses a job (White, 1993, as cited in Charkow, 1998).

Children grieve very differently than adults. For example, the grieving process is much longer for a child than it is for an adult (Aspinall, 1996) and a common error is to believe that children should be able to deal with death just as readily as adults. It was Kubler-Ross (1969, as cited in Charkow, 1998) who settled on the now popular five stages of death: anger, bargaining, denial, depression, and acceptance. Although there is no sequential order to these stages for either adults or children, it is much more difficult and prolonged for children to complete Kubler-Ross's stages of death than for adults. This is partially because adults and caregivers alike are attempting to shield children from the reality and truth of death (Ayyash-Abdo, 2001; McGlaulin, 1998; Schoen, Burgoyne, & Schoen, 2004; Willis, 2002). It would be difficult if not impossible to experience grief in a manner that is considered healthy when children are not given the information necessary to help process the life-changing event that has taken place.

Children present many of the common forms of grieving, such as sadness, anxiety, anger, crying, and denial. They also react to death in a number of different ways: often, they feel guilt or shame; have problems eating and sleeping; become more aggressive; isolate themselves from others or withdraw; have a drop in academic performance and concentration; experience mood swings; have problems remembering simple things that would normally be easy; have emotional outbursts and seek attention; and are preoccupied with the idea of death (Aspinall, 1996; Ayyash-Abdo, 2001; Broadway, 2008; Eppler, 2008; Lawhon, 2004; McGlaulin, 1998; Schoen et al., 2004; Willis, 2002). Although children may appear to be handling death well, it is important for counselors to understand that children less than 6 years old often react to the emotions of others. In other words, these children watch adults as they grieve and get cues from them as to how to react. Although they seem to be acting appropriately to the adult, these children are often not dealing with grief, but merely following the lead of those around them. Essentially, by using social learning theory (Bandura, 1978), school faculty, counselors, and parents should demonstrate healthy ways of grieving so that children can develop healthy ways as well (McGlaulin, 1998; Willis, 2002).

It is beneficial for schools to have plans set in place for when a student or students are grieving the loss of someone, either expected or traumatic (Aspinall, 1996; Munson & Hunt, 2005). Much of the research offers suggestions, but there are few developed curriculum available for counseling programs. It has been suggested that schools teach the concept of death to students to better prepare them to handle their emotions and understand the situation when it occurs in their lives (Aspinall, 1996; Lawhon, 2004; McGlaulin, 1998). One approach to educating families of grief came from a study conducted by Vardanega and Crombie (2003) where police officers gave a package of information to families who were receiving news that someone close to them had died. This package included pamphlets and resources about death, grieving, and where to go for help. Preliminary reports indicated that the ability of the officers to discuss the matter had increased. This method can be implemented by schools who are meeting with families prior to the student's return so they can prepare themselves to help the grieving child.

It has also been suggested that crisis intervention teams be created within school districts in order to prepare for crisis, prevent the occurrence, and activate when a crisis

occurs, such as a loss of someone close to a student (Knox & Roberts, 2005). These teams typically include administrators, mental health professionals, teachers, and other community members such as police officers, social service professionals, and/or medical professionals. Regional, district, and school-based teams can be set in place to support, train, supervise, and implement a crisis intervention plan when needed (Knox & Roberts, 2005). The teams work together by focusing on their specific tasks to quickly react to an event that would cause the deployment of teams into the schools or community.

Crisis intervention teams work with three levels of intervention to prepare for and handle a traumatic event when one arises. Primary intervention is preventative steps carried out by schools, which may include training intervention teams while also incorporating drills and educational programs in the schools such as gun safety, suicide prevention programs, conflict resolution, grief curriculum, and safe driving techniques. Secondary intervention is the action taken immediately following a crisis, like implementing the intervention by evacuating schools (when necessary), debriefing, and providing short-term counseling for students, as well as handling the press and communicating with families. Lastly, tertiary prevention is long-term steps taken to improve the crisis intervention and any final options that may be employed. Here, the teams evaluate the effectiveness of the implementation of the program, suggest changes that should be made, allow for memorials to be created (when appropriate), and refer students or staff for more long-term counseling intervention (Knox & Roberts 2005; Poland, 1994).

Knox and Roberts (2005) state that mental health professionals working directly with students during a difficult time need more specialized training in the area of crisis intervention, and/or grief awareness, than other professionals on staff. Surprisingly, some research has found the lack of specific training for school counselors and school psychologists (Adamson & Peacock, 2007; Allen, Burt, et al., 2002; Allen, Jerome, et al., 2002). Many of these professionals report that their educational training only included a class addressing the life span development of humans, which touches on the subject of death, and dying. The majority of school counselors and school psychologists report that their knowledge and training regarding crisis intervention and working with grieving students comes from their own private studies along with conferences or seminars (Adamson & Peacock, 2007; Allen, Burt, et al., 2002; Allen, Jerome, et al., 2002).

Overall, it is the teachers who directly interact with students when they come back to school after a death occurs. However, many researchers report that the majority of teachers are not prepared to help students who are grieving (Munson & Hunt, 2005; Pratt et al., 2001; Reid & Dixon, 1999). Some researchers (Haggard, 2005; Lawhon, 2004; Lowton & Higginson, 2003) have suggested that teachers should make special accommodations for grieving students for a short period of time after their return. These accommodations may include allowing students to leave the class unexpectedly if a topic is too upsetting for them, being more lenient towards disruptive behavior from the grieving student, allowing more time to finish assignments if the student did not complete them, giving assignments in multiple forms such as verbal and written, or creating groups of children to do assignments that also serve as a support group for the grieving child (Haggard, 2005; Lawhon, 2004). Lowton and Higginson (2003) reported teachers in the United Kingdom using time-out cards for students to turn in so they could leave the classroom at any time when emotions may be running high in order to avoid

inappropriate behavior. They also reported teachers having contact books with parents or the students themselves where the teacher can communicate with the student or their family regarding any problems or concerns without others being aware of it (Lowton & Higginson, 2003). It is important for teachers to understand the difficulty that children have when dealing with grief, be sensitive to those needs, and still attempt to get students back to their regular schedule as soon as they are ready (Lowton & Higginson, 2003; Schoen, et al., 2004; Willis, 2002).

From past research, it is apparent that the training and knowledge of many of the professionals working in schools with grieving students is lacking (Adamson & Peacock, 2007; Allen, Burt, et al., 2002; Allen, Jerome, et al., 2002; Aspinall, 1996; Munson & Hunt, 2005; Pratt et al., 2001; Reid & Dixon, 1999). In Reid and Dixon's study (1999), they focused only on teachers from elementary and middle schools. Their study did not examine teachers from each grade level or the administrators, school counselors, and school psychologists that also work closely with students upon their return after the loss of a loved one. Few studies have reported the knowledge, comfort level, and training of a diverse population of school faculty members: past focus has only been on either teachers or the mental health professionals within the schools. With the number of divorces, unexpected deaths, and natural deaths becoming a more common occurrence, additional research is needed to better understand the training needs for professionals working in the school systems.

Method

Participants

Initially, 696 surveys were distributed to all teachers, counselors, school psychologists, and administrators in 18 schools in Kentucky and Illinois. The schools were relatively diverse in terms of size, population served, and location (rural vs. urban). A total of 251 Kindergarten through 12th grade public school faculty members (36.1%) volunteered to participate in this study by returning surveys. Three surveys were not included in the study due to incompleteness while 248 were complete and included in the study. Approximately 20% ($n = 53$) of the participants were male while 78.5% ($n = 193$) were female; two participants did not identify their gender. The majority (97.2%, $n = 241$) of participants were Caucasian. Two participants (0.8%) identified themselves as African-American and one (0.4%) as "Other" racial background. Four participants did not identify their race when responding to the survey.

Of the study participants, 41.5% ($n = 103$) worked in elementary schools, 18.1% ($n = 45$) worked in middle schools, 33.9% ($n = 84$) participants worked in high schools, while sixteen of the participants, all of whom were school psychologists, did not identify themselves with a specific school level since they work across all levels in their school districts. Administrators contributed to 4.4% ($n = 11$) of the participating population, school counselors comprised 5.2% ($n = 13$), school psychologists were 6.9% ($n = 17$), and teachers made up 75.8% ($n = 188$). Roughly 7.3% ($n = 19$) of the participants marked "Other" for their job title and one participant did not choose any of the job titles listed. The level of education earned by participants varied. Twenty-three percent ($n = 57$) of the participants held a bachelor's degree while 37.1% ($n = 92$) had obtained master's. Of participants, 32.7% ($n = 81$) had taken classes beyond the master's to earn additional

certification (i.e., 30 hours above the master's) and 4.8% ($n = 12$) had their specialist degrees. Two participants (0.8%) had doctorate degrees. Participants were divided into five groups depending on how long they had been working in their current profession: 27.4% ($n = 68$) had worked less than 5 years, 19.8% ($n = 49$) had worked 6-10 years, 19.4% ($n = 48$) had worked 11-15 years, 14.9% ($n = 37$) worked 16-20 years, and 16.1% ($n = 40$) had worked for over 21 years. Six participants did not indicate how long they have been working in their current position. Participants did not receive any compensation for completing the survey. The study was approved by and conducted in accordance with the University's Institutional Review Board (IRB) guidelines.

Instrumentation

A survey was developed by the primary author prior to this study. The survey consisted of 15 items that addressed the participants' demographics, experience with grieving students, training in dealing with grieving students and perceived ability to assist a grieving student within their school. Answers were given using a Likert-type scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The items on the survey can be reviewed in the Appendix. The internal reliability of the survey was deemed acceptable (Cronbach's Alpha = .743). A pilot study, conducted with 50 participants, revealed similarly good internal reliability (Cronbach's Alpha = .723).

Results

Overall Analysis

Aggregated scores ranged from a high of 3.39 (on a Likert-type scale with 1 being "Strongly Disagree" and 5 being "Strongly Agree") on Item 8 which was, "I have experienced working with students in school that were grieving" to a low of 1.72 on Item 7 which was, "It is not my job to coddle a student after a death of someone close to that student." When questioned whether participants had been specifically trained to help with grieving children (Item 1), their responses averaged 2.04. The participants also reported that they could not identify mourning children without knowing that there was a death for Item 2 ($M = 2.82$) and that they would not know what to do with those children ($M = 2.47$) for Item 4.

Participants reported an average of 2.40 on the item stating, "I know the differences between adult grieving processes and child grieving processes" (Item 3). Participants' average on Item 5, which measured their knowledge of strategies to use to help grieving students do well during their time of mourning, was a 2.28. The participants strongly disagreed ($M = 1.79$) with the statement that implies that they would not treat grieving students differently from students who were not mourning (Item 6). Finally, the last item measured the participants' knowledge of the existence of a program to assist teachers and staff with grieving students. Here, the average response was 2.27 (Item 9). The average scores for the 9-item survey are in Figure 1.

Analysis by Job Title

Responses were analyzed between participants within the elementary, middle, and high school levels that held different titles such as administrators, school counselors, school psychologists, or teachers. T-tests were used to determine the existence of

statistically significant difference; the more conservative .01 alpha level was used to control for alpha slippage. There was a significant difference between responses from administrators and counselors with counselors reporting higher levels on Item 1 ($p = .001$) which measured the amount of training received to work with grieving students and on Item 3 ($p = .007$) measuring knowledge of adult and child grief processes. Administrators and teachers were also significantly different on Item 5 ($p = .009$) which measured one's knowledge of strategies to use to help grieving students perform well despite their circumstances. Here, administrators reported higher levels than teachers.

School Counselors had statistically higher scores compared to teachers on Item 1 ($p = .001$), Item 3 ($p = .001$), Item 4 ($p = .001$) measuring perceived ability to work with grieving students, Item 5 ($p = .001$) and Item 7 ($p = .003$) which measured the amount of special attention a student who is grieving will receive.

Psychologists had statistically different scores on Item 1 ($p = .001$), Item 3 ($p = .002$), Item 4 ($p = .001$) and Item 5 ($p = .001$) compared to teachers who had lower responses than the school psychologists. Average scores and statistical comparisons among titles are presented in Table 1.

Analysis by Educational Level

Data analyses between participants with varying educational levels were conducted as well. Participants with bachelor's degrees differed significantly from participants with master's who reported higher levels of experience working with grieving students on Item 8 ($p = .007$). Those participants who reported having a bachelor's degree had significantly lower responses to those that had more than a master's degree on Item 4 ($p = .005$) and Item 5 ($p = .001$). Those with master's degrees also differed statistically from participants who had more than a master's on Item 5 ($p = .002$) where participants who had classes beyond their master's reported higher awareness of strategies. The number of doctoral participants was too small to compare responses to other participants in the study. Average responses between educational levels are in Table 2.

Analysis by Work Experience

Participants were divided into five groups of work experience: less than 5 years, 6-10 years, 11-15 years, 16-20 years, and over 21 years. These differences between work experiences were also analyzed using T-tests but no significant differences were discovered at or below the .01 level. Average responses are in Figure 2.

Analysis by School Level

The responses varied slightly when analyzing the differences between elementary, middle, and high school employees. Significant differences were noted between faculty members in elementary and middle schools on Item 1 ($p = .002$) which measured the amount of training received to work with grieving students and also on Item 3 ($p = .007$) measuring knowledge of adult and child grief processes. Participants in middle school had higher responses on average than those from elementary schools. Average responses for these groups are in Table 3.

Discussion

Overall, although participants reported that they had experienced a grieving student within their professional environment, the majority reported that they did not have the training or a solid knowledge base about what to expect from a child after the death of someone close to them. Results indicated that, as a whole, participants were not aware or were unsure of special care techniques that can be used to make the academic environment easier for students upon their return to class although they reported that they would treat those grieving students differently for some time upon their return.

When analyzing differences between professionals within the schools, teachers rated their experience and overall knowledge lower than administrators, school counselors, and school psychologists except on Item 6, which measured the degree in which an individual would treat a grieving student differently. This is particularly disturbing since teachers are the first school professional notified and dealing with the student daily. On this particular item, teachers rated their perceived need to treat a student differently higher than both school counselors and school psychologists, but not at a significant difference. It is apparent that further education for teachers in this area is warranted. Professional training should be implemented for schools and teachers to prepare them for the natural yet unwelcomed event of a student experiencing death first hand.

Overall, the elementary, middle, and high school level of knowledge and preparedness were similarly low. High school faculty members did report high agreement in regard to having students who were in the grieving process as compared to those in the elementary school level, but surprisingly, middle school faculty reported the highest on Item 8. It was assumed that high school staff members would experience a higher number of students who were mourning due to the teenage mortality rate being higher than young children's due to accidents, homicide, and suicide (Center for Disease Control, 2008).

Regarding differences in the level of experience that faculty members have giving a disadvantage or an advantage in situations in which grieving students are involved, there appears to be no major evidence to support this hypothesis.

An important purpose of this study was to explore participants' knowledge of the presence of a program within their school that can assist faculty with their needs as well as the needs of the student who is mourning. Interestingly, results across all comparisons indicated that crisis plans or grief programs partnered with curriculum were either non-existent or the staff did not know of them. This is very disappointing considering that most counseling programs within schools should have some plan in place to utilize in cases such as this. Regarding differences between elementary, middle, and high school, it appears that elementary staff were more aware of programs that help teachers and students get through this period. This could be because there are more counseling programs implemented at the primary level, while middle and high schools may be devoting more time to other counseling duties (i.e., planning for college, social skills training, or group work).

Conclusions and Recommendations

Overall, these results indicate that faculty members working directly with students in schools such as administrators, school counselors, school psychologists, and teachers feel significantly unprepared to help grieving students and that they should be provided at least minimum knowledge of grieving children and ways to work with them within the school environment. Teacher preparation programs could integrate this basic training into courses or create new courses. This study also indicated a need for school counselors and school psychologists to work more closely with teachers and administrators regarding grief since those participant's overall self-ratings were higher than teachers or administrators. By offering training through seminars or in-service workshops, both school counselors and school psychologists could better prepare administrators and teachers about grief, coping, and teaching techniques that can be used with grieving students. Building on these skills year to year should not only ease the discomfort for those working in the schools, but should benefit any child that is experiencing grief. Similarly, there appears to be a need for all school faculty to have more prominent and research-driven programs available for grief-stricken students.

The results of this study were surprising and disappointing. It translates into the need for administrators, school counselors, school psychologists, and teachers to become better equipped through formal education and additional training or personal studies regarding grieving students. This study also revealed a need for school personnel to provide more information to their staff within the school systems. The schools that these participants were a part of did not have grief programs available to the staff (or they did not advertise availability of the program). Although this may not be a subject that is thought of commonly within school counseling or school psychologist's curriculum, it is one that could prove valuable at a time of crisis. Regarding future research, several recommendations can be made. First, it would be helpful to determine if (and how) school counselor and school psychology training programs offer this training. Second, it would be helpful to know if school counselor and school psychology training standards require this training to be provided. Third, it would be useful to determine if school personnel feel the need to have training in this area. Fourth, school counselors and school psychologists should attempt to do a better job "advertising" their expertise to teachers, administrators, and students.

References

- Adamson, A. D., & Peacock, G. G. (2007). Crisis response in the public schools: A survey of school psychologists' experiences and perceptions. *Psychology in the Schools, 44*(8), 749-694.
- Allen, M., Burt, K., Bryan, E., Carter, D., Orsi, R., & Durkan, L. (2002). School counselors' preparation for and participation in crisis intervention. *Professional School Counseling, 6*(2), 96-102.
- Allen, M., Jerome, A., White, A., Marston, S., Lamb, S., Pope, D., & Rawlins, C. (2002). The preparation of school psychologists for crisis intervention. *Psychology in the Schools, 39*(4), 427-439.

- Andrews, C. R., & Marotta, S. A. (2005). Spirituality and coping among grieving children: A preliminary study. *Counseling and Values, 50*(1), 38-50.
- Aspinall, S. Y. (1996). Educating children to cope with death: A preventative model. *Psychology in the Schools, 33*(4), 341-349.
- Ayyash-Abdo, H. (2001). Childhood bereavement: What school psychologists need to know. *School Psychology International, 22*(4), 417-433.
- Bandura, A. (1978). Social learning theory of aggression. *Journal of Communication, 28*(3), 12-29.
- Broadway, M. D. (2008). Dealing with death: Books to help young people cope with death. *Teacher Librarian, 35*(5), 44-48.
- Center for Disease Control. (January 2008). *Death rates by age and age-adjusted death rates for the 15 leading causes of death in 2005* (Table 9) [Statistical Chart]. United States: Retrieved from <http://www.disastercenter.com/cdc/LeadingCauseofDeath1999-2005.html>
- Charkow, W. B. (December, 1998). Inviting children to grieve. *Professional School Counseling, 2*(2), 117-122.
- Eppler, C. (2008). Exploring themes of resiliency in children after the death of a parent. *Professional School Counseling, 11*(3), 189-196.
- Glass, J. C. (1991). Death, loss, and grief among middle school children: Implications for the school counselor. *Elementary School Guidance & Counseling, 26*(2). 139-148.
- Haggard, G. (2005). Providing school support for the grieving child. *Delta Kappa Gamma Bulletin, 72*, 25-26 & 44.
- Knox, K. S., & Roberts, A. R. (2005). Crisis intervention and crisis team models in schools. *Children and Schools, 27*(2), 93-100.
- Lawhon, T. (2004). Teachers and schools can aid grieving children. *Education, 124*(3), 559-566.
- Lowton, K., & Higginson, I. J. (2003). Managing bereavement in the classroom: A conspiracy of silence? *Death Studies, 27*(8), 717-741.
- McClatchy, I. S., Vonk, M. E., & Palardy, G. (2009). The prevalence of childhood traumatic grief – A comparison of violent/sudden and expected loss. *Journal of Death and Dying, 59*(4), 305-323.
- McGlaflin, H. (1998). Helping children grieve at school. *Professional School Counseling, 1*(5), 46-49.
- Munson, L. J., & Hunt, N. (2005). Teachers grieve! What can we do for our colleagues and ourselves when a student dies? *Teaching Exceptional Children, 37*(4), 48-51.
- Poland, S. (1994). The role of school crisis intervention teams to prevent and reduce school violence and trauma. *School Psychology Review, (23)*2, 175-189.
- Pratt, C. C., Hare, J., & Wright, C. (2001). Death and dying in early childhood education: Are educators prepared? *Education, 107*(3), 279-286.
- Reid, J. K., & Dixon, W. A. (1999). Teacher attitudes on coping with grief in the public school classroom. *Psychology in the Schools, 36*(3), 219-229.
- Schoen, A. A., Burgoyne, M., & Schoen, S. F. (2004). Are the developmental needs of children in America adequately addressed during the grief process? *Journal of Instructional Psychology, 31*(2), 143-148.

- Vardanega, L., & Crombie, K. (2003). Dealing with unanticipated loss through community education. *Guidance and Counseling, 18*(3), 82-84.
- Willis, C. A. (2002). The grieving process in children: Strategies for understanding, educating, and reconciling children's perceptions of death. *Early Childhood Education Journal, 29*(4), 221-226.

Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: http://counselingoutfitters.com/vistas/VISTAS_Home.htm

Appendix

Below are series of statements, please respond on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree). Please respond "Not Applicable" (N/A) if necessary.

1. ____ I have been trained to help a grieving student.
2. ____ I could identify a grieving student by their behaviors even if I did not know they had lost a loved one.
3. ____ I know the differences between adult grieving processes and child grieving processes.
4. ____ If there were a bereaved student in school, I would know how to work with them.
5. ____ I am aware of strategies to use with grieving students so they can still be able to do well in school.
6. ____ I would not treat a grieving student any differently than a student who had not experienced a recent loss of a loved one.
7. ____ It is not my job to coddle a student after a death of someone close to that student.
8. ____ I have experienced working with students in school that were grieving.
9. ____ Where I work, there is a program that can be implemented by administration and counselors to partner with teachers who have grieving students in their classroom.
10. ____ What grade level(s) do you teach?
11. ____ How long have you been working in your current profession?
12. ____ Highest level of education obtained (circle one): Bachelors Masters
 Rank I (Masters +) Ed. Specialist Doctorate
13. ____ Your current title (circle one): Administrator School Counselor
 School Psychologist Teacher Other
14. ____ Are you (circle one): Male or Female
15. ____ Are you (circle one): African-American Asian-American Caucasian
 Hispanic-American Other

Table 1

Analysis by Job Title

Item	Administrator	Counselor	School Psychologist	Teacher
1	2.18 ^b	3.92 ^{a,d}	3.24 ^d	1.76 ^{b,c}
2	3.09	3.38	2.94	2.72
3	2.45 ^b	3.92 ^{a,d}	3.06 ^d	2.18 ^{b,c}
4	2.91	4.00 ^d	3.13 ^d	2.23 ^{b,c}
5	2.82 ^d	3.92 ^d	3.00 ^d	2.02 ^{a,b,c}
6	1.91	1.69	1.76	1.89
7	1.82	1.25	1.80 ^d	1.76 ^b
8	4.18	4.23	3.35	3.23
9	2.82	2.50	2.56	2.24

Note. $n = 229$

^a = Administrator, ^b = School Counselor, ^c = School Psychologist, ^d = Teacher

The presence of superscripts denotes a statistically significant difference ($p < .01$) between the groups. For example, the superscript ^b adjacent Item 1 under the Administrator header means there was a statistically significant difference between Administrators and School Counselors in Item 1.

Table 2

Analysis by Educational Level

Item	Bachelors	Masters	Masters +	Ed. Specialist
1	1.85	1.92	2.20	2.33
2	2.75	2.85	2.84	2.67
3	2.16	2.33	2.62	2.50
4	2.18 ^c	2.36	2.68 ^a	2.45
5	1.96 ^c	2.04 ^c	2.59 ^{a,b}	2.55
6	1.96	1.82	1.89	1.67
7	1.88	1.73	1.72	1.45
8	2.87 ^b	3.62 ^a	3.39	3.33
9	2.51	2.10	2.30	2.60

Note. $n = 242$

^a = Bachelors, ^b = Masters, ^c = Masters +, ^d = Ed. Specialist

The presence of superscripts denotes a statistically significant difference ($p < .01$) between the groups. For example, the superscript ^c adjacent Item 4 under the Bachelors header means there was a statistically significant difference between Bachelors and Masters + in Item 4.

Table 3

Analysis by School Level

Item	Elementary School	Middle School	High School
1	2.18 ^b	3.92 ^a	3.24
2	3.09	3.38	2.94
3	2.45 ^b	3.92 ^a	3.06
4	2.91	4.00	3.13
5	2.82	3.92	3.00
6	1.91	1.69	1.76
7	1.82	1.25	1.80
8	4.18	4.23	3.35
9	2.82	2.50	2.56

Note. $n = 232$

^a = Elementary School, ^b = Middle School, ^c = High School

The presence of superscripts denotes a statistically significant difference ($p < .01$) between the groups. For example, the superscript ^b adjacent Item 1 under the Elementary School header means there was a statistically significant difference between Elementary School and Middle School in Item 1.

Figure 1. Overall average responses from all research participants on survey items using the Likert-type scale (1 being “Strongly Disagree” and 5 being “Strongly Agree”). *N* = 248.

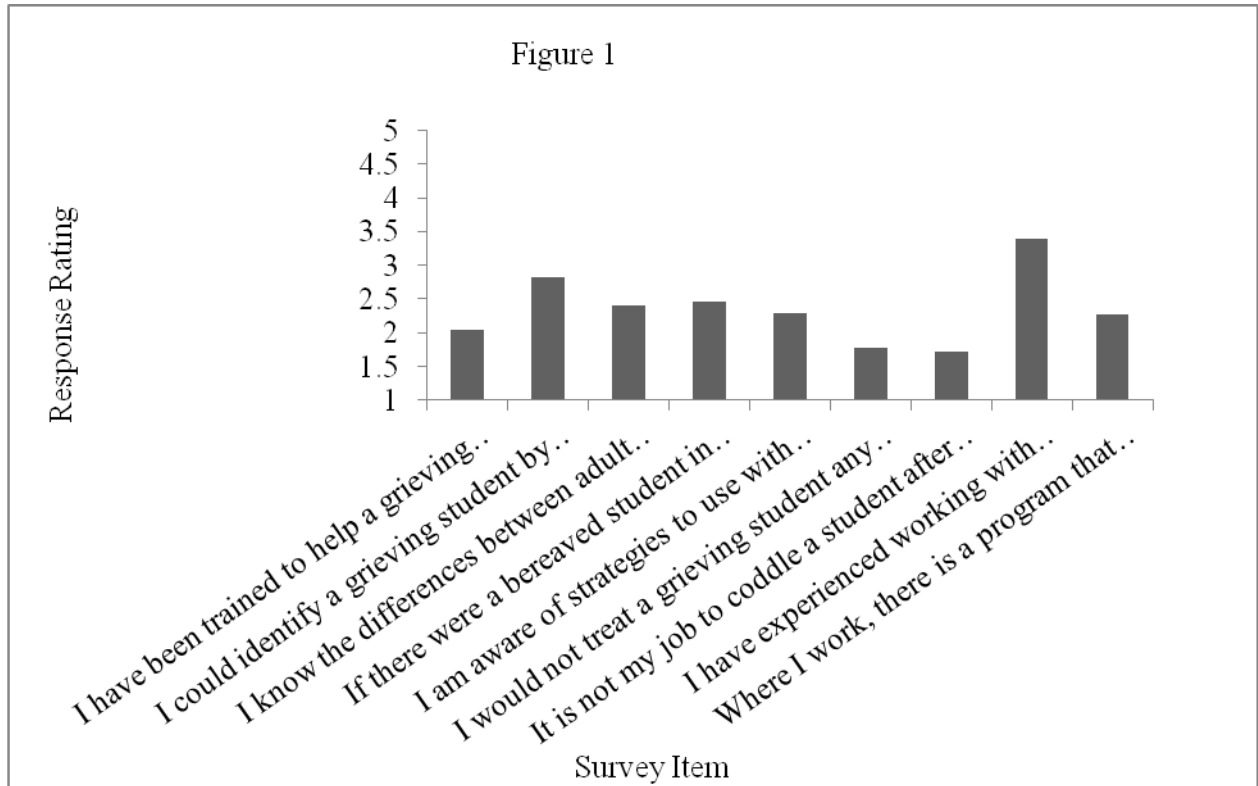


Figure 2. Average response from participants grouped by years of experience in their current position on survey items using a Likert-type scale (1 being “Strongly Disagree” and 5 being “Strongly Agree”). $n = 242$.

