VISTAS Online
ACA Knowledge Center
counseling.org/knowledge-center/vistas
703-823-9800 x281 | 800-347-6647 x281
By Drs. Garry R. Walz and Jeanne C. Bleuer of Counseling Outfitters, LLC | *Sponsored by the American Counseling Association*

Article 23

Section 504 Considerations for Students With Internalizing Disorders Experiencing Academic Difficulties

Jill K. Bryant and Dana J. Strabavy

Paper based on a program presented at the 2012 American School Counseling Association Annual Conference, June 23–26, Minneapolis, MN.

Bryant, Jill K., Ph.D., LMHC, NCC, ACS is currently Contributing Faculty at Walden University and a practicing mental health counselor in private practice.

Strabavy, Dana J., M.S., is a School Counselor of a RAMP Program in the South Bend School Corporation.

Abstract

When children or adolescents experience mental health problems, frequently the symptoms associated with their diagnosis also exacerbate their abilities to meet academic expectations. Behavioral, physical, and cognitive symptoms are likely to affect school performance, which in turn complicates clinical improvement. Section 504 of the Rehabilitation Act of 1973 affords students the right to appropriate support, accommodations, or interventions to assist them in their efforts to be successful in the school setting. This article examines common symptoms of youth diagnosed with depression or anxiety and explores the application of Section 504 to assist these students in managing their academic performance. School counselors can utilize this information to advocate for students who are experiencing academic difficulties due to symptoms associated with internalizing disorders.

Children and adolescents receiving counseling from mental health professionals frequently face academic difficulties (Mellin, 2009). Changes in or a deterioration of school performance is a common symptom of youth diagnosed with a mental illness (Blackorby & Cameto, 2004; Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Mellin, 2009). Parental concerns and pressures from school may add to the challenges faced by these students, compounding their distress and adding to their burden (Mazzone et al., 2007). When presenting academic problems become insurmountable or appear to be the product of a mental health issue (e.g., depression or anxiety), students are at risk for academic decline, academic failure, or school dropout (Erk, 1999; Planty et al., 2008). In many cases, these academic difficulties can be addressed through appropriate interventions. Section 504 of the Rehabilitation Act of 1973 affords these students

protection under such circumstances. However, without proper identification and advocacy, these students may never realize the academic support they are entitled to, and in many cases, school personnel may be unaware of the etiology of the student's academic challenges (Erk, 1999). This article explores the background and application of Section 504 in the school setting and the benefits it may offer children and adolescents diagnosed with common internalizing disorders who are struggling academically due to symptoms related to their diagnosis.

Overview of Section 504

The civil rights legislation known as Section 504 is a part of the broader Rehabilitation Act of 1973. Section 504, specifically, affords individuals with disabilities protection from discrimination in programs or activities that receive federal financial assistance from the U.S. Department of Education (Office for Civil Rights [OCR], 2013). In determining whether an individual (in this case a student) is eligible for protection under Section 504, the student must "have a physical or mental impairment that substantially limits one or more major life activities" (OCR, 2013, Section 11). A mental impairment is defined as:

> 2. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. (34 C.F.R.104.3[j][2][i]).

Note that the definitions of disability are purposefully noncategorical, meaning they do not list specific disorders or disabilities. This allows for a broader application of the statute to those for whom it may apply (Smith, 2002). Part two of the definition must consider which of the major life events are substantially limited by the impairment. This legislation recognizes a long list of major life activities, and included in this list is the major life activity of learning (Erk, 1999). In addition to the aforementioned criteria, the statute further states that the individual must "have a record of such an impairment" or "be regarded as having such an impairment" (OCR, 2013, Section 11). Smith (2002) noted that meeting a threshold for these criteria is rarely an issue in the school setting and typically not the focus of a 504 evaluation.

Having an impairment does not make a student eligible for protection under Section 504. The individual's impairment must cause *substantial limitation* to the life activity identified, in this case learning. The group responsible for this determination is the 504 team located at the student's school, and school counselors are frequently a member of this team. Determining eligibility is not an easy task, and the statute does not provide formal definitions to assist the team in their assessment process (Moses, Gilchrest, & Schwab, 2005). Section 504 does, however, offer the following guidelines in determining the threshold for *substantial limitations*:

> 1. Unable to perform a major life activity that the average person in the general population can perform.
> 2. Significantly restricted as to the condition, manner, or duration under which the average person in the general population can perform the same major life activity.
>
> (29 U.S.C. § 1630.2[j][1])

Note that the standard 504 teams should use in determining the threshold of substantial limitation is the average peer performance in the general population (Smith, 2002), and the courts have consistently applied this comparison (Holler & Zirkel, 2008). It is also relevant to mention that in order to be qualified under Section 504, the student must be otherwise qualified, meaning either they used to be able to perform the tasks which are now limited, or they would have been capable of doing so prior to the impairment (Smith, 2002). An example of this would be a student who was previously successful academically with regard to grades (e.g., As and Bs) who is now failing some or most courses after being diagnosed with depression and struggling to meet academic expectations due to symptoms related to the disorder.

Typically, schools have both a school-based 504 team and a designated 504 coordinator who is often the school counselor (American School Counselor Association [ASCA], 2012; Betz, 2001). There are a number of individuals who might refer a student for evaluation and determination under Section 504, including but not limited to teachers, school support staff (i.e., school counselors), parents, and even an older youth or adolescent, who may advocate on their own behalf (Betz, 2001). According to the Office of Civil Rights (2013), school districts must "draw from a variety of sources in the evaluation process so that the possibility of error is minimized" (Section 19). Therefore, members of the 504 team for an identified student should include individuals who know the student and his/her circumstances (e.g., parents, mental health counselor, or student), as well as those with relevant data regarding the students' performance in the school setting (e.g., teachers, school counselor or principal; Moses et al., 2005). In addition, the team should gather and review pertinent data regarding the student's disability and affected performance in the school setting (Moses et al., 2005).

The general thrust of a 504 eligibility review is to determine if the student meets the criteria mentioned earlier, and if they do, what accommodations need to be made in the school setting to eliminate discriminate barriers to equal educational opportunities for the student in question (Betz, 2001; Holler & Zirkel, 2008). These safeguards can be further broken down into the two areas of nondiscrimination and entitlement to a free and appropriate public education (Smith, 2002). Respective 504 teams will make a determination of eligibility based on the individual and his/her presenting issues (Moses et al., 2005; Smith, 2002). If eligibility is established, the 504 team must design accommodations and modifications that make sense in ameliorating the presenting difficulties for the student in question. These accommodations are typically "inexpensive, commonsense modifications . . . intended to level the playing field so that students with disabilities have an equal opportunity to be successful" (Smith, 2002, p. 263). In most cases, accommodations are delivered in the general education classrooms by teachers and include a plethora of learning supports (e.g., testing or homework modifications, adjusted class schedules, or note-taking assistance; Betz, 2001; Erk, 1999; Smith, 2002). Typically, teachers are familiar with these accommodations and have used them in the past.

When considering pursuit of a 504 determination, school counselors should keep the following in mind. School districts must obtain parental permission in order to conduct an initial 504 evaluation (OCR, 2013). In addition, a very recent change in legislation has reversed the previous policy regarding mitigating measures and eligibility. In the past, the determination of substantial impairment was made with mitigating

measures (e.g., medication for Attention Deficit Hyperactivity Disorder [ADHD]), but the new legislation requires determination be made *without* mitigating measures (Holler & Zirkel, 2008; OCR, 2013; Zirkel, 2009). Therefore, if you have a student on medication, and medication helps with some symptoms, that fact is not a consideration for determination. The Section 504 team must consider eligibility for the student without the mitigating measure of their medication.

When the evaluation, performed by the school's 504 team, determines that the student is not eligible for services under Section 504, parents may request a due process hearing. Each school district and/or state has policies in place outlining the procedures to be followed in such situations. Parents may also file a complaint with the Office of Civil Rights, but most schools encourage starting the process at the local level if at all possible.

Students who are struggling academically due to mental health issues need the support and advocacy of their school counselors, as outlined by ASCA (2009). Likewise, academic success is a foundational mission for the school counseling profession. Furthermore, school counselors are frequently involved in the initial identification and intervention decisions for students who struggle to meet academic expectations (Geltner & Leibforth, 2008). Therefore, the following steps may assist school counselors as they advocate for students who may qualify for Section 504 support.

1. Does the student have a diagnosed mental illness? In some cases school counselors may be aware of this information, but in other cases students may attend school unidentified.
2. If the student does not have a professionally identified mental illness, do they present "as if" they have this diagnosis (e.g., do they appear as if they have clinical depression)?
3. Are symptoms related to their disorder substantially limiting their ability to learn in the school setting? Here the distinction is a comparison to their peers and also a comparison to their abilities prior to the impairment.
4. Is the student on medication? Medication may improve symptoms, but with the new legislation, the student's eligibility is determined by their limitations without the aid of prescribed medication.
5. If it appears the student meets the above considerations, discussion regarding the appropriateness of a 504 evaluation should begin. Each school has their own procedures, as they are not standardized.
6. If an evaluation is warranted, parental approval must be obtained.
7. School counselors and other identified personnel should begin gathering the appropriate information from all pertinent personnel, including mental health counselors, teachers, parents, or others knowledgeable about the student's circumstances. The focus here should be on specific difficulties which can be addressed through modifications and accommodations.
8. The 504 team would meet to decide eligibility, and if eligible, create a plan specifically for that student.
9. If it is determined that the student is eligible, the school counselors and other 504 team members should refer to interventions and accommodations that meet the

specific academic challenges identified (e.g., attention, memory, processing speed, fatigue).

Internalizing Disorders of Youth and Their Effects on School Performance

Currently, estimates are that one in five children has some form of an emotional, mental, or behavioral disorder significant enough to cause them functional difficulties in school, home, or community settings (Masi & Cooper, 2006; Mellin, 2009; National Institute of Mental Health [NIMH], 2007). Youth with mental health challenges are likely to miss more school (Blackorby & Cameto, 2004; Mychailyszyn, Mendez, & Kendall, 2010), be suspended or expelled (Blackorby & Cameto, 2004; Masi & Cooper, 2006), and more likely to see a drop in their grades (National Center for Children in Poverty, 2006). Perhaps most notable, high school students with impairing mental health problems are more likely to experience school failure and to drop out of school altogether (Planty et al., 2008). Students who have internalizing disorders can present in a multitude of different ways depending upon their age, their diagnosis, and the symptoms they are experiencing.

Anxiety Disorders

Anxiety disorders are the most prevalent emotional disorder of youth with estimates of prevalence between 2% to 27%, depending upon the parameters of measurement (e.g., age, type of anxiety disorder, interval measured; Hughes, Loure-Waddell, & Kendall, 2008; Keeton, Kolos, & Walkup, 2009; Mychailyszyn et al., 2010; Watts & Weems, 2006). Social anxiety disorder/social phobia is the most frequently diagnosed anxiety disorder in children and adolescents followed by generalized anxiety disorder (Costello, Egger, & Angold, 2005). Comorbidity of anxiety disorders is common in childhood with significant overlap of symptoms (Keeton et al., 2009; Van Amerigen, Mancini, & Farvolden, 2003).

Onset of anxiety disorders typically occurs in childhood or adolescence, although many go undiagnosed (Van Amerigen et al., 2003). Unfortunately, the school environment and academic expectations are often incongruent with and exacerbate many of the symptoms anxious youth experience (Mychailyszyn et al., 2010). For children and adolescents, anxiety disorders significantly predict lower standardized test scores, impaired school performance, chronic school refusal, attendance problems, academic failure, and premature withdrawal from school (i.e., dropping out; Hughes et al., 2008 Keeton et al., 2009; Mazzone et al., 2007; Mychailyszyn et al., 2010; Owens, Stevenson, Norgate, & Hadwin, 2008; Van Amerigen et al., 2003).

Symptoms of anxiety disorders fall into three general categories: behavioral, cognitive, and physical symptoms. Behavioral symptoms may include avoidance of academic and/or peer activities (e.g., asking questions, speaking in front of the class, or accepting assignments that have been graded due to a fear of finding out the grade), difficulty transitioning from home to school (i.e., being separated from an attachment figure), self-imposed social isolation (e.g., sitting alone at lunch even when invited to eat with others), or sudden panic episodes including running away (Keeton et al., 2009; Massachusetts General Hospital [MGH], 2010; Mychailyszyn et al., 2010; VanAmerigen et al., 2003). Cognitive difficulties include impaired memory, difficulty concentrating,

and excessive worry (MGH, 2010; Mychailyszyn et al., 2010). These symptoms then manifest in poor academic performance, including failure to complete work, test-taking difficulties, and preoccupation that obstructs learning, as the student will be using cognitive focus to scan the environment for perceived threats due to anxiety rather than concentrating on the academic task at hand (Watts & Weems, 2006). The final category, somatic complaints, is quite common in anxious youth and typically includes headaches, gastrointestinal complaints, restlessness, and feeling light-headed, causing students to miss more school, make frequent visits to the nurse's office, or be distracted in class (Hughes et al., 2008; Keeton et al., 2009).

There are a number of common accommodations and modifications a school's 504 team might consider for a student experiencing academic difficulty as a result of their symptoms associated with an anxiety disorder. Physical accommodations might include a change in seating or a cool down pass, allowing the student to leave the situation for a short time and deescalate, distract, or refocus before returning to the classroom. Behavioral accommodations might take the form of private signals between teacher and student (e.g., interrupters for a student with obsessive compulsive disorder), scaffolding classroom assignments (e.g., for working in groups or presenting to the class if the child has social anxiety disorder), or a plan for transitioning into the school when they are having a difficult time separating from their attachment figure (e.g., separation anxiety or school refusal). Perhaps most importantly, instructional accommodations level the playing field for students experiencing cognitive symptoms impairing their normal academic performance. Reducing assignments and homework expectations (e.g., shortening assignments, allowing students to do every other problem), altering testing conditions (e.g., allowing students to take their test in a private area or allowing additional time), or modifying performance-based assignments (e.g., modifying a presentation-based assignment to a written format) are examples of the changes a school might suggest in a 504 plan (Blazer, 1999; Children's and Adult Center for OCD and Anxiety, n.d.).

Depression

According to the Surgeon General (NIMH, 1999) at any given time 10–15% of youth experience some symptoms of depression. The estimates of children that meet diagnostic criteria range from 2.5% (Costello et al., 2003) to 5% (American Academy of Child & Adolescent Psychiatry [AACAP], 2008). Differences in the rate of depression have been reported, and these fluctuations depend upon a number of demographic variables. Depression in youth often presents differently compared with the adult population (AACAP, 2008; MGH, 2010). Unlike the common symptoms experienced by depressed adults (e.g., sadness, lethargy, hopelessness, and anhedonia), children and adolescents may display more externalizing symptoms such as irritability, temper tantrums, or other oppositional behaviors (Patterson, 2011). Likewise, while somatic symptoms may be present in adults, they are more prevalent in the younger depressed population (AACAP, 2008; Patterson, 2011). School counselors should also consider depression when working with youth engaging in self-injurious behavior (Patterson, 2011).

The symptoms of depression in youth correlate with a number of concerns related to the academic context. Depressed youth, as a group, have lower academic achievement

than their non-depressed counterparts (Försterling & Binser, 2002), experience lower grade point averages (GPA), and the stronger the symptoms the lower the GPA (Fröjd et al., 2008). In fact, an abrupt drop in grades is a key indicator of depression in children and adolescents (Patterson, 2011). Depressed youth experience increased school suspensions (Rushton, Forcier, & Schectman, 2002) and a decrease in both interest and ability to complete homework or attend class (AACAP, 2008; Humensky et al., 2010). While somatic complaints, mood symptoms, and externalizing behaviors contribute to academic difficulties, perhaps the most significant and readily addressed by a 504 plan are the cognitive symptoms associated with depressed youth.

Difficulty with concentration is a common challenge for depressed youth (AACAP, 2008; Cataldo, Nobile, Lorusso, Battaglia & Molteni, 2005; Fröjd et al., 2008; MGH, 2010; Wilkinson & Goodyer, 2006) who experience moderate attentional deficits on cognitive tasks, contributing to slower response time, omission errors, and more difficulty filtering out irrelevant information (Cataldo et al., 2005). In a study examining attentional control/switching (i.e., cognitive flexibility to switch from one way of working to another), Wilkinson and Goodyer (2006) found depressed adolescents were significantly slower in their attentional switching compared with the control group. Memory problems are also associated with depression in the school-aged population (MGH, 2010). A recent study by Brooks, Iverson, Sherman, and Roberge (2010) found lower scores on verbal memory for depressed youth compared with the control group, while slower processing speed and reaction time contributed to impaired performance on computerized and paper-and-pencil cognitive tasks (Brooks et al., 2010; Cataldo et al., 2005; Wilkinson & Goodyer, 2006).

This brief review of the literature illuminates the significant challenges depressed youth may encounter with regard to their academic expectations. School personnel may not be as aware of the cognitive difficulties associated with depression and consequently may not consider a 504 plan for these students. Classroom accommodations might include allowing the student to use a tape recorder or providing a scribe or copy of notes from class lectures. Another option would be for the teacher/instructor to augment their classroom instruction by providing their own recordings (video or audio) of lectures for the student or pairing the student with a study partner. Examination accommodations that may benefit a depressed student include extended testing time, taking the test in another room that is more quiet and/or free of distractions, or reformatting the exam to match the needs of the student (e.g., written, oral, or computerized). Finally, assignment or homework accommodations that may be appropriate include extended time to complete, reducing the assignment (e.g., doing every other problem rather than every problem), or permitting the work be done in a different format (e.g., on the computer rather than written) if necessary (MGH, 2010; Souma, Rickerson, & Burgstahler, 2009). Many more modifications and accommodations are available and would be at the discretion of the student's 504 team at their respective school.

Implications for School Counselors

Competence in Identifying Symptoms Related to Academic Difficulties

According to ASCA (2009), professional school counselors "must be prepared to recognize and respond to student mental health crises and needs and to address these

barriers to student success" (p. 1). Professional school counselors are often in the best position to assist and advocate for students and families who are experiencing academic failure due to an internalizing disorder (Mancillas, 2009; Roberts-Dobie & Donatelle, 2007; Roberts & Mills, 2009). This means that school counselors need a thorough working knowledge of the signs and symptoms of these disorders, as well as common and less readily recognized barriers to academic success found with internalizing disorders.

While school counselors are not typically expected to diagnose mental illnesses, they are expected to know enough about the mental health issues of children and adolescents so that they may adequately and ethically perform their duties. The relationship between the role of educator and the role of mental health professional may be confusing for school counselors and their stakeholders. The 2009 Council for the Accreditation of Counseling and Related Educational Programs (CACREP) standards specific to school counseling programs (CACREP, 2009) do not specify training in the area of mental health signs and symptoms. Depending upon the interpretation of these standards by counselor education programs, school counseling students may not ever take a class in child psychopathology, or a similar course of study, and therefore may lack the thorough knowledge base desired to adequately assist or advocate for students with internalizing disorders who are experiencing possible academic failure. In such cases, professional school counselors might consider additional training that will resolve deficits in their knowledge base with regard to mental health issues and their effects on academic performance.

Studies by Kolodinsky, Draves, Schroder, Lindsey, and Zlatev (2009) and Romano, Paradise, and Green (2009) suggested that school counselors do not feel competent or adequately trained to create appropriate academic accommodations for students who are eligible under Section 504 regardless of their identified problem. Counselor education departments might review their current program to evaluate their effectiveness in this area and identify additional training that could be infused within the courses already offered. Additionally, an increase in scholarly publications and presentations addressing mental health issues in academic settings will assist school counselors and others in improving their skills and competencies so they may effectively support their students with internalizing disorders.

Consultation

When school counselors are knowledgeable regarding the academic presenting problems of students with internalizing disorders, and aware of the assistance a 504 plan may provide for the student's academic success, they are in an ideal position to advocate. Consultation modes, deconstructed by Baker, Robichaud, Dietrich, Wells, and Schreck (2009), suggested several approaches to consultation that would be appropriate for situations proposed in this article. In the *prescriptive* consultation mode, school counselors would consult (with a teacher, administrator, or parent) regarding an issue with a student and the school counselor would offer solutions (i.e., suggest considering a 504 evaluation). When a school counselor becomes aware of an issue that is not being addressed, no assistance has been requested, and they act as the initial change agent, this is known as the initiation mode of consultation (i.e., the school counselor is the first to become aware of the academic difficulties created by the student's internalizing

disorder). In the *collaboration* mode of consultation, school counselors are working with numerous stakeholders and relevant data on behalf of a student in a collaborative fashion (i.e., preparation for a 504 evaluation). Finally, the *mediation* mode, as the title suggests, occurs when the school counselor takes the role of mediator between two or more stakeholders (e.g., as in circumstances when the team and/or the parents cannot come to an agreement).

According to Roberts and Mills (2009) school counselors can "facilitate conversations between the parents and the teachers" (p. 12) as they assist students experiencing mental health disorders, such as anxiety or depression. First and foremost, school counselors must cultivate a supportive relationship with the students, so that they may adequately consult with others on her/his behalf. Students may need their school counselor to consult with some of their teachers regarding academic deficiencies. Students often need to be educated on the implications of their diagnosis, particularly how it may affect their school performance. In addition, school counselors are in the best position to support students by equipping them with coping skills they might employ while at school that will help them navigate the challenges they are experiencing.

Teachers may benefit from the support provided by the school counselor. The time taken to educate teachers on the challenges inherently present for students with internalizing disorders will benefit not only current students, but future students as well. Frequently, adults mistakenly impose adult symptoms for these disorders onto youth, even though youth often present differently. Furthermore, a number of cognitive symptoms may often be attributed (mistakenly so) to other etiology (e.g., adolescent angst, substance abuse, or laziness) rather than pervasive symptoms of anxiety or depression. Without orientation to this information, teachers cannot be expected to adequately identify students so that they might consult with the school counselor regarding a drop in academic performance. Educating school staff regarding internalizing disorders not only creates a more thoughtful and tolerant environment, but also improves the chances future student symptoms will be identified and reported.

Professional school counselors serve as a referral source for parents of students with internalizing disorders. In some cases, the school may identify symptoms before the parent is completely aware, and in these cases, the school counselor can discuss school concerns with the parents and provide referral sources. According to Roberts-Dobie and Donatelle (2007) "referring students outside the school for treatment is one of the most important roles of today's school counselor" (p. 263). Roberts-Dobie and Donatelle also proposed that professional school counselors clearly articulate with parents the areas in which the school counselor can work with their student and the areas that need to be addressed by a community mental health professional. Finally, school counselors may be in a position to help educate the parents on how their child's internalizing disorder is affecting their academic performance, so no misunderstandings emerge.

School counselors will want to consult with referral sources available through the school setting. Student Success Teams, Child Study Team members, school psychologists, school social workers, and school-based mental health professionals can offer support and guidance for the creation of a 504 Plan. In many cases, it may be advisable to consult with the community mental health professional treating the student's internalizing disorder. Just as school counselors may not have the same level of training in diagnosing disorders, mental health professionals most likely do not have an adequate

understanding of the school context and the difficulties their client is experiencing. In addition, this consultation may be very beneficial to the therapist and the student, as the therapist may become aware of additional school stressors that are causing barriers to the treatment goals of their client. The mental health professional could be invited to any 504 evaluations that take place, or at a minimum be asked to provide pertinent information on behalf of the student as suggested by Section 504 literature and legislation. Of course, proper authorization must be acquired before consultations of this nature can take place.

Advocacy/Leadership

Students experiencing academic struggles resulting from symptoms associated with an internalizing disorder may go unidentified or lack the academic support they need. Professional school counselors are "encouraged to pursue systemic change through leadership, advocacy, and collaboration" (Geltner & Leibforth, 2008, p. 162). In the case of students with internalizing disorders, school counselors should be prepared to gather the necessary information to prepare a clear picture of the academic difficulties a student is experiencing and how symptoms related to their internalizing disorder are related to their ability to learn and perform at the level they are or were previously capable of. With this information, school counselors can serve as a liaison between the student, teachers, parents, and the school's 504 team. This responsibility falls heavily on the school counselor, as there are few if any other professionals within the school who have the training or the ability to serve students in this manner.

In addition to gathering data relevant to the student's academic difficulties, school counselors typically serve on their school's 504 team and, as members, can continue their advocacy efforts for students in need. Students with internalizing disorders may need accommodations to be successful in the school setting, and their school counselor can advocate for these accommodations if needed (Mancillas, 2009). It is essential that school counselors be well educated on the appropriate accommodations for students with internalizing disorders. Crafting a well-designed accommodation plan takes careful gathering of information by the 504 team, and school counselors are in a prime position to help gather specific information and offer suggestions tailored to the student and her/his barriers.

Conclusion

Professional school counselors are uniquely positioned to identify academic failure as it relates to students in general. In light of their training, school counselors are also equipped to recognize the signs and symptoms of mental illness in the student population. Ideally, school counselors would also be competent in distinguishing the effects of a mental health diagnosis as it relates to academic performance. In some cases, school counselors may be the only educator in their school with the capabilities of advocating for students in this particular area.

The purpose of this article was to illuminate what may be a silent population of students in need. Students with internalizing disorders experience physical, cognitive, and behavioral symptoms which may impede academic performance, but may go unidentified by faculty, administration, parents, support personnel, and even the students themselves. In many cases, these students may be eligible for accommodations or modifications

through Section 504, which can mediate the complications experienced due to depression or anxiety. This article reviewed the parameters of Section 504 as it relates to students who may be academically impaired due to their internalizing disorder, as well as common symptoms which exacerbate academic performance in the school setting. Finally, this article explored the school counselor's role as a consultant, leader, and advocate for students experiencing these impediments.

As leaders in the school community, professional school counselors promote the equitable treatment of all students and their pursuit of personal, academic, and career goals. Therefore, school counselors are charged with identifying barriers to learning and advocating on behalf of students who have a legal right to accommodations or modifications. With future diligence in this area, more students will receive the legal, ethical, and appropriate consideration needed so that they may experience academic success and support in their educational setting.

References

Allen-Meares, P., Colarossi, L., Oyserman, D., & DeRoos, Y. (2003). Assessing depression in childhood and adolescence: A guide for social work practice. *Child and Adolescent Social Work Journal*, *20*, 5–20. doi:10.1023/A:1021411318609

American Academy of Child & Adolescent Psychiatry. (2008). *Facts for families: The depressed child.* Retrieved from http://www.aacap.org/App_Themes/AACAP/docs/facts_for_families/04_the_depressed_child.pdf

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.

American School Counselor Association. (2009). *The professional school counselor and student mental health.* Retrieved from https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_StudentMentalHealth.pdf

Baker, S. B., Robichaud, T. A., Dietrich, V. C. W.; Wells, S. C., & Schreck, R. E. (2009), School counselor consultation: A pathway to advocacy, collaboration, and leadership. *Professional School Counseling*, *12*(3), 200–206. doi:10.533/PSC.n.2010-12.200

Betz, C. L. (2001). Use of 504 plans for children and youth with disabilities: Nursing application. *Pediatric Nursing*, *27*(4), 347–352.

Blackorby, J., & Cameto, R. (2004). Changes in school engagement and academic performance of students with disabilities. In *Wave 1 Wave 2 Overview (SEELS)* (pp. 8.1–8.24). Menlo Park, CA: SRI International. Retrieved from http://www.seels.net/designdocs/w1w2/SEELS_W1W2_chap8.pdf

Blazer, B. (1999). Developing 504 classroom accommodation plans: A collaborative, systematic parent-student-teacher approach. *Teaching Exceptional Children*, *32*(2), 28–33.

Brooks, B., Iverson, G., Sherman, E., & Roberge, M. (2010) Identifying cognitive problems in children and adolescents with depression using computerized neuropsychological testing, *Applied Neuropsychology*, *17*(1), 37–43. doi:10.1080/09084280903526083

Cataldo, M. G., Nobile, M., Lorusso, M. L., Battaglia, M., & Molteni, M. (2005). Impulsivity in depressed children and adolescents: A comparison between behavioral and neuropsychological data. *Psychiatry Research*, *136*, 123–133. doi:10.1016/j.psychres.2004.12.012

Children's and Adult Center for OCD and Anxiety. (n.d.). *Sample accommodations for anxious kids.* Retrieved from http://www.worrywisekids.org/node/40

Costello, E. J., Egger, H. L., & Angold, A. (2005). The developmental epidemiology of anxiety disorders: Phenomenology, prevalence, and comorbidity. *Child Adolescent Psychiatric Clinics of North America*, *14*, 631–648. doi: 10.1016/j.chc.2005.06.003

Costello, E. J., Mustillo, S., Erkanli, A., Keeler, G., & Angold, A. (2003). Prevalence and development of psychiatric disorders in childhood and adolescence. *Archives of General Psychiatry*, *60*, 837–844. doi: 10.1001/archpsyc.60.8.837do

Council for Accreditation of Counseling and Related Educational Programs. (2009). *The 2009 standards*. Retrieved from http://www.cacrep.org/wp-content/uploads/2013/12/2009-Standards.pdf

Erk, R. R. (1999). Attention deficit hyperactivity disorder: Counselors, laws, and implications for practice. *Professional School Counseling*, *2*(4), 318–326.

Försterling, F., & Binser, M. J. (2002). Depression, school performance, and the verdicality of perceived grades and causal attributions. *Personality and Social Psychology Bulletin*, *28*(10), 1441–1449.

Fröjd, S., Nissinen, E., Pelkonen, M., Marttunen, M., Koivisto, A., & Kaltiala-Heino, R. (2008). Depression and school performance in middle adolescent boys and girls. *Journal of Adolescence*, *31*(4), 485–498.

Geltner, J. A., & Leibforth, T. N. (2008). Advocacy in the IEP process: Strengths-based school counseling in action. *Professional School Counseling*, *12*(2), 62–165. doi:10.5330/PSC.n.2010-12.162

Holler, R .A., & Zirkel, P. A. (2008). Legally best practices in section 504 plans. *School Administrator*, *65*(8), 38–40.

Hughes, A. A., Lourea-Waddell, B., & Kendall, P. (2008). Somatic complaints in children with anxiety disorders and their unique prediction of poorer academic performance. *Child Psychiatry and Human Development*, *39*, 211–220. doi:10.1007/s10578-007-0082-5

Humensky, J., Kuwabara, S. A., Fogel, J., Wells, C., Goodwin, B., & Van Vorhees, B. W. (2010). Adolescents with depressive symptoms and their challenges with learning in school. *The Journal of School Nursing*, *26*(5), 377–392. doi:10.1177/1059840510376515

Keeton, C. P., Kolos, A. C., & Walkup, J. T. (2009). Pediatric generalized anxiety disorder: Epidemiology, assessment, and management. *Pediatric Drugs*, *11*(3), 171–183. doi: 10.2165/00148581-200911030-00003

Kolodinsky, P., Draves, P., Schroder, V., Lindsey, C., & Zlatev, M. (2009). Reported levels of satisfaction and frustration by Arizona school counselors: A desire for greater connections with students in a data-driven era. *Professional School Counseling*, *12*(3), 193–199. doi: 10.5330/PSC.n.2010-12.193

Masi, R., & Cooper, J. (2006). *Children's mental health: Facts for policymakers.* National Center for Children in Poverty. New York, NY: Columbia University.

Massachusetts General Hospital. (2010). *Child/adolescent mental health information.* School Psychiatry Program and Madi Resource Center. Retrieved from http://www2.massgeneral.org/schoolpsychiatry/schoolpsychiatry_childadolescent.asp

Mazzone, L., Ducci, F., Scoto, M., Passaniti, E., D'Arrigo, V. G., & Vitiello, B. (2007). The role of anxiety symptoms in school performance in a community sample of children and adolescents. *BMC Public Health*, *7*. doi:10.1186/1471-2458-7-347

Mellin, E. A. (2009). Responding to the crisis in children's mental health: Potential roles for the counseling profession. *Journal of Counseling & Development, 87*, *501-506.* doi.org/10.1002/j.1556-6678.2009.tb00136.x

Moses, M., Gilchrest, C., & Schwab, N. (2005). Section 504 of the Rehabilitation Act: Determining eligibility and implications for school districts. *The Journal of School Nursing*, *21*(1), 48–58. doi.org/10.1177/10598405050210011001

Mychailyszyn, M., Mendez, J., & Kendall, P. (2010). School functioning in youth with and without anxiety disorders: Comparisons by diagnosis and comorbidity. *School Psychology Review*, *39*(1), 106–121.

National Center for Children in Poverty. (2006). *Children's mental health: Facts for policymakers.* Retrieved from http://nccp.org/publications/pub_687.html

National Institute of Mental Health. (1999). *Mental health: A report from the surgeon general.* Retrieved from http://www.surgeongeneral.gov/library/mentalhealth/chapter3/sec1.html

National Institute of Mental Health. (2007). *Child and adolescent mental health.* National Institute of Mental Health. Retrieved from http://www.nimh.nih.gov/health/statistics/prevalence/any-disorder-among-children.shtml

Office for Civil Rights. (2013). *Protecting students with disabilities.* Retrieved from http://www2.ed.gov/about/offices/list/ocr/504faq.html

Owens, M., Stevenson, J., Norgate, R. & Hadwin, J. (2008). Processing efficiency theory in children: Working memory as a mediator between trait anxiety and academic performance. *Anxiety, Stress, & Coping*, *21*(4), 417–430. doi:10.1080/10615800701847823

Patterson, J. (2011). Young and depressed. *Counseling Today*, *54*(1), 32–35.

Planty, M., Hussar, W., Snyder, T., Protvasnik, S., Kena, G., Dinkes, R., Kewal Ramani, A., & Kemp, J. (2008). *The condition of education 2008.* Washington, DC: U.S. Department of Education.

Roberts-Dobie, S., & Donatelle, R. (2007). School counselors and student self-injury. *Journal of School Health*, *77*(5), 257–264. doi:10.1111/j.1746-1561.2007.00201.x

Roberts, L. C., & Mills, C. (2009). Meeting students' needs. *School Counselor*, *46*, 12–17.

Romano, D. M., Paradise, L. V., & Green, E. (2009). School counselors' attitudes towards providing services to students receiving section 504 accommodations: Implications for school counselor educators. *Journal of School Counseling*, *7*, 1–36.

Rushton, J. L., Forcier, M., & Schectman, R. M. (2002). Epidemiology of depressive symptoms in the national longitudinal study of adolescent health. *Journal of the American Academy of Child and Adolescent Psychiatry*, *41*, 199–205. doi:10.1097/00004583-200202000-00014

Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §794 (1973).

Smith, T. E. C. (2002). Section 504: What teachers need to know. *Intervention in School and Clinic*, *37*(5), 259–268. doi:10.1177/105345120203700501

Souma, R., Rickerson, N., & Burgstahler, S. (2009). *Academic accommodations for students with psychiatric disabilities*. Seattle, WA: University of Washington. Retrieved from http://www.washington.edu/doit/Brochures/PDF/psych.pdf

Van Amerigen, M., Mancini, C., & Farvolden, P. (2003). The impact of anxiety disorders on educational achievement. *Anxiety Disorders*, *17*, 561–571. doi:10.1016/S0887-6185(02)00228-1

Watts, S., & Weems, C. (2006). Associations among selective attention, memory bias, cognitive errors and symptoms of anxiety in youth. *Journal of Abnormal Child Psychology*, *34*, 841–852. doi:10.1007/s10802-006-9066-3

Wilkinson, P. O., & Goodyer, I. M. (2006). Attentional difficulties and mood-related ruminative response style in adolescents with unipolar depression. *Journal of Child Psychology and Psychiatry*, *47*(12), 1284–1291.

Zirkel, P. A. (2009). History and expansion of section 504 student eligibility: Implications for school nurses. *Journal of School Nursing*, *25*(4), 256–260. doi:10.1177/1059840509336930

Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: http://www.counseling.org/knowledge-center/vistas