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Counseling Practicum Students' Experiences Working with Children with Learning Exceptionalities

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Abstract

School-based practicums provide opportunities for counselors-in-training to provide supervised counseling services to youth while providing authentic, immersive counseling experiences for the counselor. Children counseled may identify with or without exceptionalities. The researchers sought to understand the experiences of five counselors-in-training who counseled children with exceptionalities during a semester-long school-based practicum. In this phenomenological study, researchers thematically coded transcripts from a focus group about counseling children with exceptionalities. Three themes were identified: (a) counselors-in-training identity inclusive of anticipated counselor identity versus their practical identity, (b) acceptance inclusive of acceptance of self and acceptance of clients, and (c) worldview inclusive of culture shaping, personal experiences, and biases. The findings are relevant to counselor educators, counselors-in-training, and exceptional education departments.

Significance to the Public

The findings of this study relate to practicum students' experience working with children with exceptionalities. Themes relate to readiness and learning opportunities are presented, with implications applicable to counselor educators and supervisors.

Keywords: counselor-in-training, exceptionalities, counselor identity, acceptance, worldview

In 2022, 906 counseling programs across more than 400 institutions qualified as accredited programs by the Council for Accreditation of Counseling and Related Education Programs (CACREP, 2022). According to Mascari and Webber (2013), counselors who graduate from CACREP schools have higher job offers, increased engagement with faculty and staff, and are more likely to be accepted into doctoral-level programs in counselor education and supervision than professionals who did not attend a CACREP program. Additionally, CACREP accreditation has been identified as one of the key factors influencing the enrollment choices of counselors-in-training (CITs; Mascari & Webber, 2013). Therefore, the preparation of CITs provided by CACREP organizations is often considered the highest standard of preparation in the profession.

Students enrolled in CACREP programs must complete practicum and internship courses involving individual and group experiences (CACREP, 2016). Practicum and internship experiences provide an opportunity for CITs to encounter clients of various backgrounds and for the CITs to apply knowledge and skills acquired in the classroom (Joe et al., 2021), as prepracticum students often express self-doubt and fear about their skills. Real-world practicum experiences can effectively improve and maintain counselors' self-efficacy when working with diverse populations (Belser et al., 2018; Ikononopoulos et al., 2016; Joe et al., 2021). While CACREP does mandate the minimum number of required practicum, internship, and supervision hours CITs must complete, there is no mandate for the type of clients CITs must

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counsel (CACREP, 2016). Therefore, the preparation and exposure CITs receive to work with children and adolescents may be minimal. Further, preparation to support children with exceptionalities is limited even though the need is great (Foley-Nicpon & Assouline, 2020; Goodman-Scott et al., 2019).

Learning Exceptionalities

During the 2020–2021 school year, 7.2 million students were identified as having a learning exceptionality, making up 15% of public school students. Qualifying exceptionalities include specific learning disability, speech or language impairment, as well as other health impairments, such as autism, developmental delay, intellectual disability, emotional disturbance, multiple disabilities, and hearing impairment (National Center for Educational Statistics [NCES], 2023). The most common exceptionality diagnosis is specific learning disability (SLD; NCES, 2023). The Individuals with Disabilities Education Improvement Act (IDEA) defines SLD as being present when a learner struggles to achieve at a level comparable to their peers due to severe achievement deficits. While requirements differ state-to-state, SLD is commonly diagnosed via the ability-achievement discrepancy method or the response-to-intervention method (Maki & Adams, 2018). In 2018, 35% of students received services under SLD (NCES, 2023), and according to Rossetti and colleagues (2017), the number of students receiving services continues to increase. The need to support students with exceptionalities is great. Yet, literature related to how counselors interact with children and youth with exceptionalities is limited, necessitating calls for more research (Feather & Carlson, 2019).

An Individual Education Plan (IEP) is a written statement designed to meet the specific needs of a student with a disability. IEPs contain items such as behavioral interventions, academic goals, and classroom placement (Kurth et al., 2019). With a continued focus on inclusive education and teacher accountability, a collaborative planning approach to educating children is pivotal to success (Da Fonte &

Barton-Arwood, 2017). Participation from teachers, counselors, caregivers, and specialized support staff are vital to meet the multifaceted needs of children (Da Fonte & Barton-Arwood, 2017). Thus, as mandated by IDEA, IEPs are developed collaboratively by a team of school professionals and the student's parent/caregiver (Kurth et al., 2019). IEP teams must be knowledgeable and supportive of the interventions to properly implement the plan (Da Fonte & Barton-Arwood, 2017; Santiago et al., 2014). One element of exceptional education services that should not be overlooked is the role of mental health (Watts et al., 2004). Therefore, CITs must be afforded training and practice to support children and youth with IEPs, as was investigated in this study.

Interventions for Children With Exceptionalities

Children with IEPs differ from those without IEPs in behavior, social skills, self-concept, and temperament (Watts et al., 2004). Students with exceptionalities demonstrate higher rates of depression, anxiety, anger, low self-esteem, loneliness, and rejection (Hatch et al., 2009; Shechtman & Pastor, 2005). Further, between 25% and 40% of children with mental health disorders have co-occurring disorders, including high rates of attention-deficit/hyperactivity disorder (ADHD), conduct disorders, intellectual disabilities, and anxiety disorders (Lambros et al., 2016). Children with IEPs are more likely to receive out-of-school suspensions and expulsions than their peers not identified as having a learning exceptionality (Anderson, 2020; Krezmien et al., 2006; Leone et al., 2000). Thus, learner support teams must be educated and prepared to take an active role in adequately providing support (Belser et al., 2018).

According to Glenn (1998), many counselors are unaware of how to develop an appropriate intervention plan for students with exceptionalities. The unique way attitudes, beliefs, theories, and skills must be applied to children with exceptionalities makes counseling particularly difficult (Arman, 2002; Glenn, 1998; Reis & Colbert, 2004). However, some strategies and

approaches have been identified as impactful counseling models for students with differing abilities, such as group counseling and employing a humanistic approach to counseling (Arman, 2002; Bowen & Glenn, 1998; Kelchner et al., 2019). Approaches inclusive of behavioral interventions, practicing social skills, sharing feelings, and appropriately giving and receiving feedback, may enhance social and academic success (Arman, 2002; Bowen & Glenn, 1998; Corey, 1997).

According to Joe and colleagues (2021), many CITs do not have an opportunity to work with children during practicum or internship. Moreover, many counselors enter the professional field ill-prepared to work with students with disabilities (Scarborough & Deck, 1998). While much is known about the unique challenges of working with students with exceptionalities, little is known about CITs providing counseling services to children with exceptionalities during their practicum experience. Thus, the following research question guided the present study:

RQ1: What were the experiences of CITs counseling children with exceptionalities in a school-based clinical mental health practicum setting?

Method

The researchers aimed to understand the experiences of master's-level practicum students who worked with children with exceptionalities. Phenomenology is described by Husserl (2014) as a methodology intended to capture the “essence” of an experience, free of interpretation or theorizing by the researcher. Data was collected via a single focus group session. According to Bradbury-Jones and colleagues (2009), focus groups for data collection are congruent with phenomenological methodology due to the notion that participants hearing the thoughts of others may help clarify and elaborate on their own experiences (Bradbury-Jones et al., 2009; Cote-Arsenault & Morrison-Beedy, 2001; Jasper, 1996). Additionally, Halling and Leifer (1991) and Halling and colleagues (1994) argued that focus

groups utilized in phenomenology help bracket prejudices because group members may challenge assumptions.

Participants

All participants in the focus group were CITs enrolled at a large research institution in the southeastern United States. Specifically, all participants had completed their practicum at a school-based site within the last academic year, during either the fall or spring term of the 2021–2022 academic year. Their practicum was completed as part of the school-based practicum program at one of three Title I elementary schools in a neighboring district, completing a minimum of 100 hours. Within those 100 hours, the participants were required to complete a minimum of 40 hours providing direct services (i.e., conducting individual, group, or family counseling services). Specifically, the participant inclusion criteria included: (a) at least 18 years of age, (b) completed practicum via the school-based practicum program in the 2021–2022 academic year, (c) assigned a counseling client with an identified learning exceptionality, and (d) agreed to be audio recorded. Based on the inclusion criteria, 13 students qualified as potential participants. The first author was the primary recruiter, and five ($n = 5$) eligible students agreed to participate. The sample size in phenomenology is not driven by a specific number but rather by reaching saturation (Creswell & Poth, 2018). Based on the data analysis, it was determined that saturation was reached as the themes were repeated in the focus group.

Participants ranged in age from 23 to 27 years old ($M = 24.5$), and all identified as female. Three participants identified as White, one identified as White Korean, and one identified as White/Hispanic. All participants had completed at least five semesters of master's coursework in a counseling program, and each participant reported working with three elementary school students during practicum. Of the five participants, two were enrolled in the school counseling program, and three were enrolled in the clinical mental health program. Two participants identified as

neurodivergent and indicated they were not currently receiving support services through their institution (See Table 1). Compensation was

provided to participants after completing the focus group in the form of a \$10 Amazon gift card.

Table 1

Participant Demographics

Name	Age	Gender	Race	Program	Site Location	Client Caseload	# Clients with Identified Exceptionality	Prior Experience Working With Children?
Lucy	23	Female	White	Clinical Mental Health	A	3	1	No
Rosie	24	Female	White Korean	Clinical Mental Health	A	3	1	Yes
Spencer	26	Female	White	School	B	3	1	Yes
Amber	27	Female	White/Hispanic	School	C	3	1	Yes
Grace	23	Female	White	Clinical Mental Health	C	3	1	No

Setting: School-Based Clinical Practicum

Through a university–school district partnership, counseling services were available to students and families at three Title I elementary schools at no charge. The five CITs counseled youth at one of the three elementary schools, with each CIT working with up to three children. Weekly counseling sessions were no more than 50-minutes in length and were held on the same day of the week on the campus of the student client’s school. Each client met with the same CIT as their primary clinician throughout the 14-week semester. CITs worked with school personnel, including administrators, counselors, social workers, teachers, and exceptional education staff, to provide comprehensive counseling services. During the counseling sessions, all CITs were supervised by a licensed mental health professional serving as university faculty. As part of the practicum requirements, CITs received weekly supervision via triadic and group supervision. During the 2021–2022 academic year, 50 individual children participated in the school-based practicum. Nine students (18%) were identified by their

parent/caregiver as having a learning exceptionality and receiving support via an IEP.

Research Team’s Positionality

At the time of the study, the first author was a doctoral candidate and a graduate research assistant for the school-based mental health practicum program. Before beginning her PhD studies, the first author worked as a school counselor for 9 years in Title I schools. During her time as a school counselor, the first author worked extensively with students with learning exceptionalities, collaborating with students, families, and education colleagues. Her research focus includes counselor preparation. The second author has a doctoral degree in counselor education with a research focus on working with children with exceptionalities and family counseling and has worked with students with varying exceptionalities in the K–12 school systems and in postsecondary systems. The third author has a doctorate in educational psychology and developed an academic support program for middle and high school students with learning differences. Prior assumptions discussed included (a) CITs would have limited training related to working with children with exceptionalities, as is based on professional experience and prior knowledge of CACREP standards; and (b) CITs might not understand or face challenges

understanding children with exceptionalities due to limited backgrounds.

Data Collection and Analysis

After receiving program and institutional (IRB) permissions, the recruiting process was conducted by email. Each participant completed an anonymous demographic survey via Qualtrics. Next, all participants received informed consent via email, and a verbal explanation of the study took place at the beginning of the focus group. The focus group protocol developed by authors one and two included seven questions about CITs' experience working with students with exceptionalities. Examples of interview questions include *Thinking back to your classes and practicum orientation, how prepared did you feel to work with students with exceptionalities?*, and *Thinking back to your work with students with exceptionalities, help me understand how if at all, the student's exceptionality impacted your work as a clinician*. The 60-minute in-person focus group was audio recorded with permission from the participants.

The data analysis process was multiple steps. First, verbatim transcription of the focus group was completed utilizing otter.ai, an online transcription service powered by artificial intelligence (AI). The first author reviewed the transcription while listening to the recording to check for accuracy. Upon confirmation of accuracy, the first author shared the transcription with the coauthors. All three authors reviewed the transcription independently and engaged in memo writing and identifying themes utilizing inductive and thematic coding. Inductive coding was used in the data analysis process, a common method used in phenomenological studies (Saldana, 2021). Moreover, thematic analysis was utilized, as is appropriate for research focused on understanding people's lived experiences (Clarke et al., 2015). Next, the three authors collaboratively engaged in a line-by-line analysis and compared notes taken in the memo-writing process. Where there were differences in the codes and themes, a discussion led to consensus. Agreement on the themes was

reached based on the mutual understanding of the meaning and agreement that saturation was reached.

Establishing Trustworthiness

The role of phenomenological studies is to bring awareness of lived experiences retrospectively to reflect on the meaning of that experience (Van Manen, 2017). Therefore, the trustworthiness of the findings and the integrity of the study must be established. Trustworthiness refers to the degree of quality of a study based on the confidence of data, interpretation, and methodology (Polit & Beck, 2020). There are five criteria associated with trustworthiness (Connelly, 2016). According to Polit and Beck (2020), credibility is the most essential criterion of trustworthiness. Thus, the researchers engaged in bracketing, integrating a number of processes to ensure trustworthiness.

First, all researchers completed a positionality statement prior to beginning the study. In doing so, personal assumptions, values, and beliefs were identified (Creswell & Miller, 2000). The process of writing positionality statements allows for researcher bias to be minimized (Creswell & Miller, 2000). Next, triangulation was utilized to increase credibility. Triangulation involves using multiple data sources to reduce bias that may occur when a single data source is used (Long & Johnson, 2000). The researcher utilized data triangulation by reviewing multiple data sources. The primary data source was that of the interview participants, each offering a unique insight into their experiences. The researchers reviewed content related to the topic of counselor preparation, including CACREP standards. Each author coded the focus group transcription independently, utilizing memo writing and reflection, followed by collaborative coding by all three authors upon consensus. Finally, the researchers engaged in the process of peer debriefing throughout the study. The researchers reviewed the findings at multiple points throughout the study, allowing for multiple informed perspectives to be shared (Long & Johnson, 2000).

Findings

Three themes emerged from the data. The three primary themes include (a) CIT identity, (b) acceptance, and (c) worldview. The CIT identity theme identified the expected and actual counselor identity. The theme of acceptance was inclusive of self-acceptance and acceptance of others. Finally, the worldview theme identified culture shaping, personal experiences, and biases. The themes are described in detail and include responses from the participants as illustrations. Pseudonyms are being used to protect confidentiality.

CIT Identity

In regard to the first theme, the participants shared the journey of transitioning from the expectations of their counselor identity to a more realistic understanding of their counselor identity. The participants had mutual feelings of apprehension at the onset of the experience. Words such as “anxiety,” “nervous,” and “not feeling prepared” were shared. Although Rosie explained she had previously been a teacher, she was “very nervous” about beginning practicum as she had never been in that type of experience. However, she did share that it allowed her to grow as she had “wiggle room in terms of becoming yourself and identity as a counselor.” Lucy supported Rosie’s statement and further elaborated on the expectations she had for herself: “Going in, I’m like, ‘I’m gonna save these kids, I’m gonna be so trauma-informed!’ but it made me realize that I can only give 50%, the other 50% has to come from the client and their family.” She then followed up by explaining that she initially expected herself to address all of the student’s issues in the limited timeframe:

and there’s no way I can address all the traumas she went through. I mean, because she had like five deaths, homelessness, a loss of house, and she almost lost her cat. There is no way you’re gonna unpack that in the, what, 14 weeks we have.

The emergence from expectations of counselor identity to realistic counselor identity was discussed. Lucy shared an experience developing a treatment plan describing it as “an utter failure,” then described that the failure helped her better understand how to conceptualize the needs of children with exceptionalities more practically. Spencer shared that working with children with exceptionalities helped her become more flexible. For example, Spencer learned to become more comfortable with silence, a commonly used therapeutic technique (Beck & Kulzer, 2018). Grace shared that working with students with exceptionalities taught her to think beyond how she thought she would structure sessions. Rosie shared that she felt empowered to try different counseling techniques: “Okay, well, their kid is still coming. So, you know, it’s okay. I can try different things. They’re giving me permission to try different things.”

Acceptance

In regard to the second theme of acceptance, not only did the participants express growth as clinicians, they discussed how working with children with exceptionalities helped them become more accepting of self and others. Identifying as neurodivergent, Lucy shared that her experience counseling children with exceptionalities aided her in her own self-acceptance. When asked what lessons were learned from working with students with exceptionalities, Lucy shared that she now applies the skills she instilled in her clients into her own self-care and acceptance:

I can STIM and if someone gives me a dirty look, it’s just a dirty look. And I’ll never see them again. That my mental health, and what helps me cope with the stresses of life are more important than what someone else will view me in that 20 seconds.

Similarly to Lucy, Rosie experienced personal growth. “You can’t do everything perfect with a kid. So I definitely went from Type A to maybe like, I don’t want to say Type B entirely, but more like Type B.” Amber echoed the sentiment, stating

that working with students with exceptionalities allowed her to practice patience and to embrace her role and the impact of the therapeutic relationship.

The participants shared that the practicum experience taught them to accept their students with exceptionalities for who they are. Rosie shared that she learned the importance of understanding students and “how they present themselves.” For example, Spencer shared an experience with her student who was reluctant to speak, stating that she did not force him to talk as she viewed it as his way of “expressing his choice and expressing, you know, his power and control.” Lucy shared a story about her client’s use of speaking in accents, in particular a “cowboy voice.” By embracing her client’s use of the accent throughout the session rather than suppressing it, she saw a positive change in the client’s engagement. “I’ve never seen that kid show himself off in such a behaved way ... he was very present.” Rather than verbalizing, one student Amber worked with practiced the skills she taught him to use during a conflict. “I asked if there was something he can do the next time that happens to help him feel better and stay calm. He thought about it for a minute and did not say a word but just started taking deep breaths.”

Worldview

Regarding the third theme of worldview, the participants shared many ideas related to similar topics. Cultural shaping refers to how the culture (e.g., institutional, businesses, schools, online platforms) informs norms and behaviors. Rosie discussed how her former position as a preschool teacher shaped how she anticipated communicating with her client’s caregivers.

I think at first, it made me really nervous to not have the parents involved. ... my background is a preschool teacher. So I was taught you don't do anything without like calling the parent first, don't touch them, don't change their clothes. Like, you know, you have to have the parents' consent with everything. So as we're doing these, like, counseling interventions, I felt like I

should be talking to their parents, I feel like I'm being invasive with their own child.

She later noted how her preconceived notions based on a preschool culture morphed as she adopted new understandings. She stated, “I realized, or I had this thought of like, okay, they’re bringing their kid every week. So I feel like I can take that as consent, like, they think I’m doing a good job.” Spencer’s prior experiences were evident in how she viewed her clients. Mini-lessons augmented the content she learned throughout her coursework. These lessons provided her understanding of children. Likewise, Rosie noted prior experiences informed her work with children and how she had insights to working with children with exceptionalities. She stated, “I like to say I'm pretty good at, like, catching things early.”

Preconceived notions or biases may inform one’s worldview. Consider Amber’s thoughts about case presentations of children with exceptionalities. She stated, “Sometimes it felt like people [other practicum students and the practicum supervisor] were more gentle when discussing case presentations of the students with exceptionalities or it felt like they [other counselors] thought no progress could be made during our [counseling] time together.”



Discussion

A focus group was conducted of five counselors-in-training to address the need to better understand the experience of CITs working with children with exceptionalities. The participants completed a semester-long practicum active learning immersive experience counseling children (with and without exceptionalities) in an elementary school. A thematic analysis of the focus group transcript yielded three themes: (a) CIT identity, (b) acceptance, and (c) worldview.

Apprehension and lower self-efficacy are often exhibited when tackling a new task, activity, or experience (Goreczny et al., 2015; Margolis & McCabe, 2006). Similarly to Belser and colleagues

(2018), these participants expressed concern when counseling children for the first time. The nervousness and lack of preparation expressed by the counselors in training in this study were anticipated, as practicum is a time to gain hands-on experience, which can lead to improved self-efficacy (Ikonopoulou et al., 2016). The identity shift from the course and classroom ideals was realized through interactions with children with exceptionalities. As the counselor gained new knowledge, they could establish more realistic goals as a counselor, which in turn supported their professional identity (Cureton et al., 2019; Gibson et al., 2018).

Acceptance of self and children with exceptionalities grew throughout the practicum experiences. Self-acceptance included realizing that skills may not be the primary factor in successful counseling but that the relationship between the counselor and the client is pivotal to client progress (Frank & Gunderson, 1999; Rogers, 1957). Client acceptance related to reframing behaviors to accept the students' behaviors and mannerisms that may have initially caused frustration or stress (Guest et al., 2020).

Implications

The focus of the present study is understanding the experiences of CITs working with children with exceptionalities. Based on the analyzed data and the emerging themes, the study's implications are primarily relevant to counselor educator practitioners and counseling supervisors.

Implications for Counselor Educators and Programs

The findings indicate that CITs working with children in the school or private setting would benefit from additional training related to working with individuals with unique abilities. Notably, only two participants indicated being on the school counseling track, while the other three were enrolled in the clinical mental health program. Therefore, the findings indicate that all CITs, not just those in the school counseling track, should

receive training on working with youth and adolescents with unique abilities. Thus, the researchers propose that counseling programs consider integrating training and curriculum specific to working with children and adolescents with unique abilities throughout all specialty areas.

Institutional cultural shaping affected the self-efficacy of the counselor-in-training. Prior known norms and experiences can affect how one reacts and how they view themselves, which can, in turn, affect outcomes. An implication for counselor educators includes encouraging CITs to identify the institutional cultures that may be prevalent in their worldview to raise awareness of perceptions and biases that may stymie their work with clients (Boysen, 2011; Taylor Kemp & Mallinckrodt, 1996). Amber's comments about others indicating that no progress would be made was a worldview bias that could have affected counseling approaches, efforts, and outcomes (Taylor Kemp & Mallinckrodt, 1996). Therefore, unpacking biases is vital for counselors (Boysen, 2011), especially when working with children with exceptionalities (Milsom, 2006).

Implications for Supervisors

Clinical supervisors can also glean information from the present study. Amber's story relating to the lack of feedback during case presentations highlights that some CITs or supervisors may have assumptions about an individual with learning exceptionalities and ability to progress in counseling. Her story may indicate that supervisors may have biases regarding counseling children with exceptionalities, impacting the supervision experience. It is suggested that supervisors reflect on any potential personal bias regarding working with clients with exceptionalities. The present study also highlights that supervisors should be aware of equity of feedback in the group supervision setting,

Limitations and Future Research

While the findings of this study are valuable to the development of counselor education programs, there are some limitations to the study. First, all the

participants were enrolled at the same institution and received the same programmatic instruction. Future studies expanding beyond the scope of a single university would be beneficial. Another limitation of the study relates to the supervision the CITs received during the practicum. The five participants received supervision from three different supervisors, only one of whom was a core faculty member, which may have impacted the overall practicum experience. Research related to the role of faculty supervisors vs. adjunct supervisors in preparing counselors to work with children with exceptionalities should be considered. Similarly, the participants did not complete their practicum at the same school site or during the semester. Therefore, consideration should be given regarding the varying level of engagement from the school counselors, school social workers, and school exceptional services team, and how that may have impacted the CIT's experience.

Future research could include: (a) investigating instructional approaches to how CITs (school and mental health tracks) are trained to work with all youth and especially individuals with exceptionalities, (b) exploring systemic supports for CITs counseling in a school setting, and (c) designing an experiential learning intervention that would include reflection and discussion as a means to support CITs' growth and development. An additional area of research includes understanding the experiences of counselor education students who identify as having learning exceptionalities and their relationship with clients with exceptionalities.

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