

Article 21

Counselors and School-Based Mental Health Professionals: Interprofessional Collaboration in Dropout Prevention

J. Ziomek-Daigle

Ziomek-Daigle, J., is an associate professor at the University of Georgia. Her research interests include dropout prevention, child and adolescent mental health, and the use of evidence-based practices in school settings.

Abstract

School-based mental health professionals such as counselors, social workers, and psychologists have collaborated on behalf of students for several decades. Most recently, this trio of school-based mental health professionals provides recommendations for students receiving tiered services. Often, students receiving tiered services experience challenges in achieving academic success and are at risk of dropping out of school. Results of a qualitative study examining the practices of counselors implementing a dropout prevention program indicate that school-based mental health professionals contribute to improving graduation rates by collaborating and forming working partnerships with families and community members. As described in this study, the graduation team served as the working partnership and resembles school/family/community collaboration models. Implications for school counselors and other school-based mental health professionals are presented and have the potential to impact K–12 student achievement issues. Future research directions examining the role of the school counselor in dropout prevention are also discussed.

Keywords: school counselors, leadership, dropout prevention, interprofessional collaboration, school-based mental health professionals, collaboration, student achievement, tiered services, school/family/community partnerships, response to intervention

In this age of accountability, school counselors can no longer work in isolation to address the various individual and academic needs of K–12 students. Although the American School Counselor Association (ASCA) recommends a counselor to student ratio of 1:250, the national average of a typical caseload is actually 459 (ASCA, 2010). According to ASCA (2005), school counselors are equipped with skills in advocacy, group work, and consultation and serve as leaders in the school. To provide leadership and advocate on behalf of students, school counselors often collaborate with other school-based mental health professionals.

Interprofessional collaboration is increasingly being recognized as key in addressing societal issues in education and mental health (Keyton & Stallworth, 2002). Although challenges exist for the collaborators in terms of managing roles, responsibilities, and power (Mellin, Hunt, & Nichols, 2011), the combined knowledge and skills from multiple professions can maximize efforts of professionals when working towards minimizing social problems. Collaborators contribute skills and approaches to issues, which can be viewed as comprehensive and holistic in nature. Abramson and Rosenthal (1995) suggested that a hallmark of collaboration is the reliance on others to complete certain tasks and access resources. Thus, collaborators can rely on their skill-sets and “spend time doing what each knows and does best” (Bronstein, 2003, p. 304).

School-based professionals that address both the academic and mental health needs of children and adolescents include school counselors, social workers, and psychologists. School counselors focus on the academic, career, and social/emotional needs of students and deliver services through individual counseling, small group counseling, and classroom guidance programming (ASCA, 2005). School social workers provide a link between the home, school, and community and have experience in offering case management services (Flaherty et al., 1998). Finally, school psychologists identify and assess learning disabilities, the overall psychological functioning of students, and help develop classroom accommodations and support (Flaherty et al., 1998).

Though there may be some differences from site to site, mental health professionals in the schools have collaborated since the 1970s with the passage of the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act, which requires that students who are referred need to be fully and comprehensively evaluated by a multidisciplinary team (Council for Exceptional Children, 2002). The multidisciplinary team identifies and assesses students in need of assistance and also provides recommendations on classroom plans and accommodations to enhance student learning. Presently, the rise in “tiered” interventions such as the Response to Intervention models designed for struggling students has formalized team approaches among school-based mental health professionals (Jozefowicz-Simbeni, 2008).

Models of tiered services were created during the implementation of the No Child Left Behind Act of 2001 (NCLB; 2002) to ensure that students are offered services based on their needs. Each tier represents increasingly more intense interventions with the goal to offer responsive services such as supplemental instruction rather than a swift recommendation for an evaluation. Often these tiered interventions address issues of behavior, absenteeism, truancy, learning differences, and school engagement that are impacting academic progress. These student issues, along with suspensions, low grades in math and reading, and school apathy, are known risk factors of dropping out (Suh & Suh, 2007). Thus, through work on multidisciplinary teams, school-based mental health professionals, such as counselors, social workers, and psychologists, can actively collaborate in efforts to eradicate barriers to graduation and prevent dropping out (Ziomek-Daigle & Andrews, 2009).

Dropping Out

The examination of national dropout rates can be alarming. The Institute of Education Sciences (IES; 2015) reports that the dropout rate has hovered around 7-12%

for the last 15 years for youth ages 16-24. The dropout rate for males remains higher than the rate for females. Almost twice as many Latino/a students dropout as compared to their White and African American peers (Bridgeland, Dilulio, Streeter, & Mason, 2008). Additionally, more students of lower socioeconomic class leave school prior to their more privileged peers (IES, 2015). These data indicate that males, students of color, and poorer students are not receiving high school diplomas at the same rate as their peers.

The State of Georgia's Initiative to Curb the Dropout Rate

In 2007, the Governor of the State of Georgia allocated \$15,400,000 to reduce the state's 41% dropout rate and assigned a "graduation coach" to every public high school and middle school in the subsequent year (Georgia Department of Education, 2008). The graduation coach program was designed to have one dedicated person within the school building to identify and serve students at-risk for dropping out. The graduation coaches were trained to engage parents, school-based personnel, and concerned adults; recruit local organizations and government agencies to assist in a variety of ancillary roles; and serve as a liaison between schools, families, and communities (Georgia Department of Education, 2008b). Several school districts in the state required graduation coaches to hold state certification as a school counselor.

Data showed in 2008, after a full year of implementation, that the state's graduation rate increased to 75.4%, which was a 3-point increase from the previous year (Georgia Department of Education, 2008). The graduation rate in 2010 soared to its highest ever, 80.8% (Georgia Department of Education, 2008). All groups of students had significant increases in their graduation rate in 2010. Georgia's African American students had a graduation rate of 75.8% and Latino/a students raised their graduation rate to 77.6% in 2010. Additional factors may have influenced the graduation rate gains; however, learning how graduation coaches collaborate with other school-based mental health professionals to prevent dropping out is worthy of further investigation. Further, Jozefowicz-Simbeni's (2008) assertion that the rise in tiered services is prompting an increase in school-based interprofessional collaboration also supports additional inquiry into the collaborative efforts of graduation coaches. The purpose of this study was to better understand the methods and strategies used by graduation coaches (with training in school counseling) in a comprehensive dropout prevention program.

Method

Participants

The study described in this article, which discusses school-based interprofessional collaboration efforts in addressing the dropout rate, is part of another study in which the graduation coach training and interventions used were explored. A qualitative study was designed and grounded theory was used. Grounded theory is useful when gathering information and constructing a theoretical explanation about a phenomenon based on the lived experiences of individuals (Lincoln & Guba, 1985). The criteria for participation in the study included being employed as a graduation coach in a Georgia public middle school or high school. Invitations to participate in the study were sent to 20 graduation coaches in urban, rural, and suburban school districts. Twelve potential participants

responded with interest, and six were eventually chosen based on availability for interviews during the end of the academic school year and their demographic information. Participants were sent consent forms and all forms were returned signed. Four participants were female and two were male. Three of the participants identified as White, two as African American, and one as Latino/a. All participants obtained a master's degree in counseling, were state certified as school counselors, and their professional experience ranged from 1–6 years; therefore, degree and training standards were comparable.

Data Collection

Documents, including training manuals, training guides, meeting minutes, meeting agendas, and program descriptions, were gathered and reviewed from various state offices that assisted the researcher in designing the research questions, served to support participant descriptions, and confirmed emerging themes. Pseudonyms were given to participants to protect their identity and the 60–90 minute interviews were audio recorded. The initial interview was in-person and two subsequent interviews were conducted by telephone. The interviews were transcribed so that data analysis could be completed.

Data Analysis

The interviews were transcribed and coded according to grounded theory procedures. Core categories and related topics were identified and the constant comparative method (Lincoln & Guba, 1985) was utilized until no new properties or dimensions were discovered. Thus, theoretical saturation was achieved after the interviews and document analysis were completed and the categories were fit into a theoretical framework based on dropout prevention. Three interviews per participant (n=18) as well as extensive reviews of all program documents, including manuals, training guides, and other forms, assisted the researcher in achieving theoretical saturation.

Several triangulation procedures were used to ensure the trustworthiness of the data. A reflexive journal was maintained by the researcher throughout data collection and analysis and this along with the transcripts were shared with a peer debriefer. Additionally, participants verified the accuracy of the transcripts through member checks. The researcher, a former school counselor, was able to reflect on the research project and bracket certain assumptions through the use of a peer debriefer.

Results

Data gathered from this study were assembled into a theoretical framework that revealed school, family, and community influences on preventing high school dropout. Counselors and other school-based mental health professionals have specific training working within and among these areas. Specifically, the participants discussed their use of a collaborative approach known as a graduation team. The graduation team increased interprofessional collaboration among the school-based mental health professionals. All participants described the use of a graduation team as a strategy in which representatives from the students' lives (e.g., parent, guardian, committed individual) met to offer

encouragement, planning, and problem solving for students at-risk for dropping out. The participants also noted their reliance on interprofessional collaboration for not only the knowledge their colleagues contribute, but also the direct services offered to students. Many of the strategies provided, which appear to have roots in interprofessional collaboration, have implications for counselors and school-based mental health professionals.

Interprofessional Collaboration for Counselors and School-Based Mental Health Professionals: A Graduation Team

Findings from this study indicated that participants overwhelmingly utilized collaborative, relational approaches when working with students in danger of dropping out. The participants discussed that the use of the graduation team approach occurred after reviewing research on collaboration strategies and school/family/community partnerships (Holcomb-McCoy, 2007) and the positive effect these may have on graduation rates. The graduation team included representatives from the student's life and these members (e.g., parent, guardian, committed individual) offered solutions to the barriers interfering with school completion. Members of a student's graduation team represented a system that had influence on their education such as the school, family, and community. Each member mentored, guided, and negotiated the level represented on behalf of the student. Each member had specific areas of focus, but there was overlap amongst team members. Graduation team meetings were scheduled as often as weekly to every 9 weeks, based on the prevalence of risk factors. Oftentimes, the graduation team was recommended as a top tier intervention offered to struggling students in accordance to the "Response to Intervention" model. Findings from the study indicated that collaborative approaches, such as the use of the graduation team, increased school completion and local and state graduation rates.

School Representative

The school representative was the graduation coach (i.e., state certified school counselor) in this study. The participants discussed that counselors are uniquely situated to serve as the school representative given their understanding of personal and academic development. However, other school-based mental health professionals can take on this role given their training in systemic work. The school representative was the person to identify the students in danger of dropping out by completing the Georgia Worksheet of Common Risk Factors (Georgia Department of Education, 2008). This worksheet revealed risk factors contributing to the student's dropping out and disengagement process. The caseload of graduation coaches ranged across grade levels and school need. The school representative then worked with the student to develop a graduation team and, at the same time, tracked academics, organized tutoring, monitored attendance and behavior, made recommendations for credit recovery or test retakes, and provided individual counseling to establish a relationship with the student and to identify and track short and long term goals.

The school representative was also the facilitator of outreach to local businesses and community partners in order to make these entities aware of the local dropout rate,

the individual consequences for not obtaining a high school degree, and the impact on communities when local dropout rates are high. A participant, Vernon, commented:

The school representative on the graduation team is the catalyst, the one who is able to identify a student with risk factors and the one to work directly with the student to develop the graduation team. It is very gratifying to see how the graduation team can motivate a student to get back on track for graduation.

Another participant, Tracy, discussed implications for counselors and school-based mental health professionals:

The school representative on the graduation team can be a school-based mental health professional but, ideally, the school counselor is usually the constant and the most accessible. The representative needs background knowledge as to the graduation requirements, the ability to organize, the dedication to empower and advocate, and the skills to facilitate change.

Al reflected on his experience as a school counselor:

My early training as a school counselor has helped in my role in addressing dropping out and developing graduation teams. I understand the dynamics of the school by being here full-time. I have existing relationships with teachers and parents and already have bonds with most students.

Finally, some participants commented that collaboration with other school-based mental health professionals was key, as they wanted access to multiple instruments to assess the severity of dropping out. Participants noted that concerns of school apathy and school engagement also contribute to the process of dropping out. Tracy explained:

The worksheet (Georgia Department of Education, 2008) is instrumental and helpful to us as we develop a caseload and identify tiered services. I would like to work more closely with the school psychologist to identify additional instruments and measures we could use. I am particularly interested in knowing how engaged students are. That is, if they feel valued and if they value the school community and in what ways.

Family Representative

The family representative may be a parent or guardian, but a concerned, committed individual can also fill the role. Rose explains, “The person who represents the family unit needs to have a desire to see the child succeed and the energy to monitor the child’s progress.” In the study, the family representative secured basic needs of the student, which included arranging housing, transportation, and health care. The person also offered support in terms of encouragement and supervision of homework and academic progress. Another participant, Clare, discussed how counselors and school-based mental health professionals have specific knowledge in family dynamics and community resources:

It’s always helpful when we meet as a graduation team to discuss and address any family issues that are interfering with a student’s academic progress and graduation. Those of us who coordinate the graduation team know how important family influences are, and so we are able to detect any barriers and then access our community resources to offer solutions.

Stefan also added, “I’ve worked with the same families and siblings for several years now. Families have seen me work towards improving conditions for their child. I have gained their trust and I can encourage more participation in their child’s life.”

Community Members

The participants commented on how instrumental community members were to graduation teams and the need to collaborate with community entities for several reasons. Involving community members helped to raise awareness of the local dropout rate and increased participation in the school and in the lives of students. Participants also remarked that community members might have access to additional resources and social capital so that more support could be provided to students who are struggling academically. Participants commented that community representatives might assist in resolving issues of housing, transportation, employment, daycare for dependent children, health care, interpretation and translation, support and supervision, and mentoring. Finally, participants reflected that counselors and school-based mental health professionals are skilled in collaborating and working with community agencies. Vernon shared:

Our communities have treasures that need to be found. We have the skills to network and increase support for our school. Local businesses approach us to build partnerships. I also present at the Chamber of Commerce to solicit their involvement. Community members have been a valuable addition to graduation teams. They come with a knowledge base that can help increase student’s social capital and tap into resources I am unaware of.

In summary, the participants interviewed discussed the ways that direct involvement from the school, family, and community can influence student success. A specific approach to prevent dropping out and increase student academic success, a graduation team, was also described. Participants indicated that counselors and school-based mental health professionals at other sites could adopt this practice as a way to have systemic influence in the lives of students struggling academically.

Discussion

Counselors and school-based mental health professionals collaborate when serving on interdisciplinary teams. Response to Intervention (RtI) is an example of an interdisciplinary, interprofessional prevention system that involves both educators and counselors. School-based professionals contribute to the RtI data collection and review and offer services to students who are having challenges with academics, behavior, motivation, attendance, and family discord. The participants described ways in which the school, family, and community influence student engagement and how the graduation team can provide additional support. School counselors address the social/emotional, career, and academic needs of students. Often, the school counselor is a full-time member of the school staff and therefore receives referrals from teachers if a student is falling behind academically. Given their focus on academics and access to students on a regular basis, school counselors are the “first line of defense” in identifying (Carr & Galassi, 2012) and preventing dropping out. Due to their full-time status, focus on academic achievement, and understanding of data and accountability, school counselors can be

trained to use the Georgia Worksheet of Common Risk Factors (Georgia Department of Education, 2008) to help identify students who might be in danger of dropping out. This worksheet is comprised of 23 risk factors. Some of the risk factors include: (a) years in high school, (b) total units of credit, (c) ethnic/gender distinctions, (d) age upon entering ninth grade, (e) economically disadvantaged status, (f) students with disabilities, (g) K–5, 6–8, 9–12 retentions, (h) days absent, and (i) the passing or number of attempts of the state exit graduation test.

Next, school counselors can then work with students to develop a graduation team. A graduation team includes individuals who represent the influencing systems in a student's life. The team helps provide support and eliminate any barriers in the school, home, and community so that students remain academically engaged and on target for graduation. Partnerships that unite schools, families, and communities have been linked to an increase in academic achievement, graduation rates, and test scores of all students including students of color and low-income students (Holcomb-McCoy, 2007). The use of a graduation team also includes "protective factors" (White & Kelly, 2010) that can increase school success such as social support, monitoring, mentoring, and parent involvement.

School counselors work as leaders and collaborators and advocate for the social/emotional, career, and academic development of all students (ASCA, 2012). Social workers, who are usually assigned to schools on a part-time basis, can work in concert with counselors to assist students in danger of dropping out by conducting home visits, encouraging parental involvement, accessing community resources, and serving on tiered intervention and graduation teams. School psychologists, who most likely are assigned to several schools, have the expertise to offer psychometric assessments that would provide other school-based interprofessionals with a window into a student's cognitive and psychological functioning.

While the example the Georgia Worksheet of Common Risk Factors (Georgia Department of Education, 2008; Ziomek-Daigle & Andrews, 2009) was offered as a way to identify struggling students, another assessment to be considered is the Student Engagement Instrument (Appleton, Christenson, Kim, & Reschly, 2006), as school engagement was suggested as a factor of dropping out by the participants in this study. This instrument assesses the construct of school engagement as connected to dropping out. The authors contend that the Student Engagement Instrument may be helpful "in the general practice of school psychologists to quickly assess a student's present level of engagement" (Betts, Appleton, Reschly, Christenson, & Huebner, 2010, p. 91). Further, the results of the assessment may offer school psychologists a clue as to whether "consultation models" (Betts et al., 2010, p. 91) are warranted such as tiered interventions or the use of the graduation team.

Many research studies have examined the risks and characteristics of dropping out in isolation (Farmer & Payne, 1992; Roderick, 1993; Suh & Suh, 2007), but few have revealed that students are part of a much larger macro system that has influence over their academic and social/emotional success. Counselors and school-based mental health professionals are skilled in collaboration and systemic work and can use these skills together to identify and provide services for students in danger of dropping out.

The use of a graduation team or utilizing collaborative approaches to decrease the dropout rate is in agreement with Jozefowicz-Simbeni (2008), who stated that dropout

prevention strategies should take a “multi-systemic, integrative approach” (p. 60) and that six components are needed for dropout prevention success. These components include: (a) early identification, (b) individualized attention, (c) involvement of peers, (d) involvement of families, (e) involvement of community, and (f) community-wide multiagency collaboration. The use of a graduation team concurs with Jozefowicz-Simbeni’s recommendations, with the exception of peer involvement, a factor not included in the original study. Further, Dockery (2012) suggested that school counselors can create dropout prevention task forces as a way for schools to connect to the larger community.

Students are less likely to dropout when parents provide supervision, monitoring, and are more involved with their child’s schooling (McNeal, 1999; Rumberger, 1995). In one study, 80% of parents reported that they believe their involvement to be important and that they should be advocates for their children in navigating the educational process (Bridgeland et al., 2008). Additionally, increasing family involvement has been shown to increase test scores for students of color and low-income students (Bohan-Baker & Little, 2002). A graduation team may provide students with multiple advocates, which Bridgeland et al. (2008) surmised can prevent dropping out.

Additionally, when examining school/family/community collaborations in the schools, Holcomb-McCoy (2007) emphasized that these efforts can result in positive relationships with students and parents, an increase in the graduation rates, and that active collaboration can “empower students and lead to improved components of schools and communities that these learners have no power over” (p. 55). Finally, Bridgeland et al. (2008) summarized that dropping out can be prevented when (a) a student has a strong relationship with at least one school representative, (b) communication among the school and parents remains consistent and ongoing, and (c) additional supports and adults advocate and work with the student. Outcomes of this research include resources and recommendations for counselors and school-based mental health professionals who are aiming to improve school completion rates and academic achievement.

Implications

The findings of this study have implications that not only cross but bridge professions. School-based mental health professionals, such as school counselors, social workers, and psychologists, who collaborate for tiered intervention meetings could use the findings presented here to identify and assess those students who may be in danger of dropping out. School counselors are expected to serve as leaders and collaborate on behalf of students (ASCA, 2012). Dropout prevention efforts place counselors and other school-based mental health professionals in situations to make a substantial impact on students’ lives and in the local community. Students at-risk for dropping out could be first identified by using the Georgia Worksheet of Common Risk Factors (Georgia Department of Education, 2008) as well as the Student Engagement Instrument (Betts et al., 2010).

The Georgia Worksheet of Common Risk Factors (Georgia Department of Education, 2008) can assist counselors and other professionals in developing a caseload of students most at-risk for dropping out. The risk factors included on the worksheet are congruent with current research on dropout prevention (Jozefowicz-Simbeni, 2008). This research-based worksheet is easy to use and provides a helpful resource to those

examining local dropout trends. The use of the worksheet also allows professionals to disaggregate data and uncover certain patterns of student subgroups.

The School Engagement Instrument (Appleton et al., 2006) offers opportunities to examine a student's level of school engagement. The instrument measures five subtypes of engagement, including teacher-student relationships, control and relevance of school work, peer support for learning, future aspirations and goals, and family support for learning. "Students with patterns of lower scores in specific subtypes or depressed scores across all subtypes" (Appleton et al., 2006, p. 91) can be given access to additional supports to help increase school engagement and, thus, complete requirements for graduation. Information pertaining to the specific subtypes such as teacher-student relationships, future aspirations and goals, and family support for learning could propel counselors and other school-based mental health professionals to intervene and offer necessary services.

Limitations

There were limitations to this study. The findings were derived from the experiences of six graduation coaches in one Southern state. Although theoretical saturation was achieved and triangulation procedures were employed, the findings might not be representative of all counselors and school-based mental health professionals. Further, the last two interviews were conducted by telephone and qualitative interviewing techniques, such as attending to non-verbals, were not employed.

Future Research

There are several directions for future research. First, researchers could utilize qualitative methods to explore the relationship between and among counselors and school-based mental health professionals including the strengths and challenges of interprofessional collaboration. The data from the qualitative findings could then be formed into an instrument or assessment and used to guide the interprofessional collaboration of counselors and school-based mental health professionals. School counselors may want to further examine how they respond to issues of dropping out and how collaborative efforts may impact factors that lead to dropping out and disengagement such as attendance, behavior, test scores, psychological functioning, family support, and community resources. Finally, additional investigation of the graduation team approach, which unites school-based mental health professionals and seeks to address systemic issues that influence the dropping out process, may provide further evidence of what interventions improve the academics of K–12 students.

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