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Professional School Counselors and Relational Aggression: Training, Perceptions, Barriers, and Interventions

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Professional School Counselors and Relational Aggression: Training, Perceptions, Barriers, and Interventions

A Dissertation

Submitted to the Graduate Faculty of the
University of New Orleans
in partial fulfillment of the
Requirements for the degree of

Doctor of Philosophy
in
Counselor Education

By

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B.A. Samford University, 2006
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DEDICATION

I dedicate this dissertation to my husband, Bryan. I would not be where I am without your devoted support and belief in me. And to my daughter June—you bring so much joy to my life. I am so lucky to be your mama. I love you both so much. Thank you.

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Abstract

Relational aggression (RA) is a type of bullying in which the relationship is used as the agent of harm (Crick & Grotpeter, 1995). RA behaviors are intended to impair or ruin reputations, friendships, and feelings of inclusion in a peer group (Putallaz et al., 2007). Professional School Counselors (PSCs) are charged to be social justice advocates for students; RA is a social justice issue because the effects of RA bullying, victimization, and bullying/victimization lead to poor academic achievement. Recent literature suggests that PSCs do not perceive the effects of RA to be as serious as the effects of physical and verbal bullying; however, training can increase RA sensitivity and willingness to intervene (Jacobsen & Bauman, 2007). No studies have explored PSC training, PSC perceptions regarding RA, PSC perceived barriers to RA intervention, and PSC intervention strategies.

The purpose of this study was to examine PSC training for RA, PSC perceptions of RA as an issue with serious consequences for students, PSC perceived barriers to RA care, and the interventions PSCs currently use for RA. This study also examined if sex differences, grade level with which PSC worked, and school type in which PSC worked existed in PSC perceptions of RA as an issue with serious consequences for students. A substantial amount of PSCs surveyed strongly agreed (24.5%), agreed (39.8%) and somewhat agreed (26.8%; a cumulative of 91.2% of participants) that RA was an issue with serious consequences for students with whom they work. RA was recognized by PSCs as an issue with serious consequences for students with no significant differences by training, gender, and school type at which the PSC worked. Significant differences were found by school level with which the PSC worked. Several barriers to RA care were identified including lack of time, parents, issues with students reporting RA, and the confusion surrounding instances of RA. Several important RA

interventions were identified including individual counseling with the victim and/or bully, using outside resources, group counseling, and focusing on school wide bullying interventions.

Implications for PSC practice and training were given in addition to implications for future research.

Keywords: relational aggression, bullying, relational aggression intervention, barriers to relational aggression intervention, professional school counselors, professional school counselor training

CHAPTER ONE

INTRODUCTION

In this chapter, an overview of the study is presented. Relational aggression (RA), the professional school counselor (PSC) and the school counseling profession, barriers to RA intervention, and RA interventions are discussed. The purpose and significance of the study are presented, as well as research questions, assumptions of the study, and delimitations of the study. The chapter ends with a list of terms that have been defined.

Background

Bullying and bullying intervention have become relevant topics in schools and in the media in recent years, partially due to a series of bully-related adolescent suicides (Bullying Statistics, 2009). Suicide is the third leading cause of death for adolescents between the ages of 10 and 24, with 4,600 deaths each year (Centers for Disease Control and Prevention, 2012). Participation in bullying activities has been found to increase the risk of suicidal ideation and/or behaviors in adolescents (Kim & Leventhal, 2008). Beyond the risk of suicide, “depression, anxiety, substance abuse, trouble with the law, poor performance in school and work, and lack of involvement in socially accepted activities” (Austin, Reynolds, & Barnes, 2012 p. 288) are some of the other issues that result from bullying. Up to 160,000 students stay home on any school day due to fear of being bullied (Austin et al., 2012). As a result, strict anti-bullying policies have been created in schools, and legislation that directly addresses bullying has been passed in at least 45 states (Austin et al., 2012; Walker, 2010).

According to Mason (2013), bullying is defined as unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance where a child who bullies intends to cause fear, distress, and/or harm to the victim’s body, feelings, self-esteem, or reputation. The behavior is repeated, or has the potential to be repeated, over time. Relational

aggression (RA) is a type of bullying in which the relationship is used as the agent of harm. Crick and Grotpeter (1996) defined RA as “harming others through purposeful manipulation and damage of their peer relationships” (p. 711). Relationally aggressive behaviors are intended to impair or ruin reputations, friendships, and feelings of inclusion in a peer group (Putallaz et al., 2007). Relational victimization occurs when a student is bullied through relational means (Crick, 1996).

It is impossible to know exactly how many students RA affects because secrecy is a hallmark of RA. In 2011, the U.S. Department of Education conducted a study of 11,561 students in the third through eighth grades in Oregon schools regarding relational and overt aggression; the researchers found that between 41.4% and 48.1% of girls and 30.6% and 41.7% of boys reported experiencing relational victimization (Nishioka, Coe, Burke, Hanita, & Sprague, 2011). Additionally, between 20.7% and 27.9% of girls, and 20.3% and 24.2% of boys reported engaging in RA bullying behaviors (Nishioka et al., 2011). O’Brennan, Bradshaw, and Sawyer (2009) found that 41% of students surveyed in their study were frequently involved in bullying: 23% as victims, 8% as bullies, and 9% as bullies who also victimized others (bully/victims).

RA in the school is an issue of social justice because the harm experienced by RA bullies, victims, and bully/victims may create barriers to academic, personal/social, and ultimately career success (ASCA, 2012; Crick, 1996; Goldstein, Young, & Boyd, 2008; O’Brennan et al., 2009). RA victims have reported experiencing depression, loneliness, social anxiety, peer rejection, low self-esteem, and intense anger or retaliatory feelings as a result of aversive RA experiences (Crick, 1996; Crick & Bigbee, 1998; Putallaz et al., 2007; Rose & Swenson, 2009; Yoon, Barton, & Taiariol, 2004). RA bullies were found to be disliked more by peers, have issues with externalization, lack prosocial behaviors, have high levels of depressions, use substances, and have a negative view of school leading to negative relationships with teachers (Bacchini,

Esposito, & Affuso, 2009; Crick & Grotpeter, 1995; Goldstein et al., 2008; Prinstein, Boegers, & Vernberg, 2001; Yoon et al., 2004). RA bully/victims experience both the negative effects of being the bully and the negative effects of being the victim (O'Brennan et al., 2009), reporting high levels of depression and anxiety; they have difficulty coping when other peers are aggressive because of their lack of interpersonal resources (O'Brennan et al., 2009). RA bullies, victims, and bully/victims all perceive the school environment to be unsafe and they disengage from school, which leads to poor academic achievement (Buhs, Ladd, & Herald, 2006; Goldstein, et al., 2008; O'Brennan et al., 2009).

Researchers have advised that the development of different coping skills in victims, bullies, and bully/victims could help break the cycle of RA. Crick and Bigbee (1998) suggested that “peer victims may need help coping with difficult feelings, making friends among their peers, and changing some of the ways that they interact with their peers (e.g., becoming more assertive or changing their own reactions to peers so that they do not reward aggressors and invite future attacks” (p. 346). Putallaz et al. (2007) proposed that students involved with RA work on improving conflict resolution, prosocial skills, and inclusive behaviors.

The Professional School Counselor and School Counseling

The PSC is the most appropriate school professional to help RA bullies, victims, and bully/victims. The focus of school counseling, according to the American School Counselor Association (ASCA), is to remove barriers to student academic achievement (ASCA, 2012c). Dahir (2009) reported that “Twenty-first-century school counselors are social justice advocates who ensure that academic, career, and interpersonal success is woven into the fabric of education for every student” (p. 87). Therefore, the PSC has both a preventative and responsive role with students, especially in regards to RA (Jacobsen & Bauman, 2007). The school setting is an ideal venue to address RA because schools “represent the most opportunistic setting for peer

harassment and victimization” (Walker, 2010, p. 598). Unfortunately, very little literature exists to describe PSCs’ perceptions about RA, PSC training for RA, barriers to RA intervention, and RA interventions.

Jacobsen and Bauman’s (2007) study represents one of the few studies that examined PSC perceptions towards RA severity. PSCs in the study reported perceiving physical and verbal bullying was more severe than RA bullying (Jacobsen & Bauman, 2007). PSCs also reported feeling more empathy towards victims of physical and verbal bullying than towards victims of relational bullying (Jacobsen & Bauman, 2007). Many PSCs recommended stronger interventions for physical and verbal bullying than for RA (Jacobsen & Bauman, 2007). Jacobsen and Bauman (2007) also took into account RA training and found that RA training was positively associated with increased RA sensitivity in PSCs. Based on their findings, the researchers proposed that RA training in graduate school and continuing education post-graduation could increase PSC sensitivity towards RA victimization (Jacobsen & Bauman, 2007).

An essential element to PSC success in responding effectively to RA is graduate education. Paisley (1999) suggested that PSCs are not adequately prepared to meet the educational needs of today’s youth (as cited in Coker & Schrader, 2004). Bemak (2000) proposed that current training has resulted in “school counselors who are frequently out-of-step with current educational policies and practices, and essentially unprepared for the rigors of today’s schools.” Coker and Schrader (2004) asserted that school counselors are not learning skills of coordination, collaboration, evaluation, and advocacy in the classroom or field experience. Jacobsen and Bauman (2007) warned that, without “bullying prevention and intervention curricula for school counselors” (p. 7), school counselors will not be prepared to

deal with all forms of bullying. Jacobsen and Bauman (2007) explained that the RA training school counselors “are currently receiving is not having the optimal effects” (p. 7).

Even when PSCs are well trained to deal with RA and bullying, they still encounter significant barriers to job efficacy, as well as obstacles to relational aggression intervention. Some of the major barriers school counselors experience include the lack of training, time to work with students, support from administration and faculty, resources, supervision, and space (Ebrahim, Steen, & Paradise, 2012). Some other identified barriers included differing administration priorities such as the push for PSCs to perform interventions with measurable behavior outcomes and to primarily focus on academics (Ebrahim et al., 2012). Additionally, the student to PSC ratio, competing with teachers for time to see students, and rocky relationships with administration are also potential barriers to RA intervention (Brown & Trusty, 2005).

Interventions for RA are abundant in the literature. Interventions include supporting RA victims through comforting, encouraging, and helping to identify and develop positive coping techniques (Putallaz et al., 2007). PSCs can also discuss conflict management and better ways to deal with aggression with RA bullies (Putallaz et al., 2007). Informing the parents or caregivers of both victims and bullies in addition to the school authorities can help to end the cycle of RA (Jacobsen & Bauman, 2007). Also, collaboration with parents/caregivers, teachers, and administration at the school to address specific issues of RA and bullying can be effective (Crick & Bigbee, 1998; Jacobsen & Bauman, 2007). In order to deal with bullying on a school wide level, many researchers advocate the creation of a bullying task force that includes students, parents, administration, teachers, and other community stakeholders (Austin et al., 2012). Educating students, parents, and teachers about RA identification and intervention is also an important step in eradicating RA (Austin et al., 2012; Jacobsen & Bauman, 2007). Finally,

school counselors are called to advocate for victims of RA at the legislative level (ASCA, 2012b).

According to Remley and Herlihy (2014), school counselors are ethically bound to prevent bullying of any kind. The preamble to the ASCA code of ethics explicitly states, “Each person has the right to feel safe in school environments that school counselor help create, free from abuse, bullying, neglect, harassment or other forms of violence” (ASCA, 2010). The American School Counselor Association (ASCA) code of ethics calls for PSCs to support the best interests of students and work against factors that may interfere with student achievement (ASCA, 2010). Dahir (2009) proposed “when school counselors embrace the ethical and moral obligation to reduce and eliminate the institutional and/or social barriers that may stand in the way of every student’s academic, career, or personal-social development...they advance the moral dimensions of school to include a strong social justice agenda to ‘close the gap’”(p. 4).

Purpose of the Study

The primary purpose of this study was to examine professional school counselors’ (PSC) training for relational aggression (RA), PSC perceptions of RA as a problem with serious consequences for students, the barriers that PSCs encounter in dealing with RA, and the methods they use to intervene in RA. A second purpose was to determine how school counselor gender, school level (elementary, middle, secondary/high school, and K-12), and school type (private, public, faith-based, charter, and other) are related to PSC perceptions of the problem. To gather data, I surveyed PSCs who are members of ASCA to assess their training and preparedness to deal with RA, beliefs regarding RA, perceived barriers to relational aggression intervention, and intervention strategies.

Significance of the Study

There is a breadth of literature and research available on bullying and relational aggression among students; however, the current research and literature offers very little about school counselors and their relational aggression beliefs and training (Jacobsen & Bauman, 2007). The results of this exploratory study helped to establish a baseline of information regarding PSC beliefs about relational aggression, training and preparedness for dealing with RA, barriers to intervention, and intervention strategies.

Students are being bullied through RA and would benefit from help. School counselors can provide that help if they are trained to identify and intervene effectively. The results of this study help to identify the extent to which school counselors believe they are trained in relational aggression and resulted in suggestions for counselor educators of school counseling students. This study also helped to identify PSCs' perception of the seriousness of RA consequences, and resulted in suggestions for counselor educators of school counseling students as well as PSCs who may present at conferences. The results of this study helped to identify PSC perceived barriers to RA intervention, which may result in PSC advocacy for barrier removal. Finally, this study helped to identify interventions PSCs most commonly use to deal with RA.

Research Questions

This research questions for the study are:

1. To what extent do professional school counselors (PSCs) believe that relational aggression (RA) is a problem with serious consequences for students?
2. What do PSCs perceive to be their role in dealing with RA?
3. How frequently do PSCs encounter instances of RA in their work?
4. Is there a significant relationship between school counselors' training (courses with RA content, workshops/institutes) and their perceptions of the seriousness of consequences of RA?

5. Are there significant differences between male and female PSCs in their perceptions of the seriousness of consequences of relational aggression?
6. Are there significant differences by school level (elementary, middle, secondary/high school, and K-12) in PSCs' perceptions of the seriousness of consequences of relational aggression?
7. Are there significant differences by school type (private, public, faith based, charter, and other) in PSCs' perceptions of the seriousness of consequences of relational aggression?
8. To what extent do PSCs perceive themselves as being prepared to deal with instances of RA?
9. What barriers to relational aggression intervention do PSCs experience?
10. What interventions do PSCs use in responding to relational aggression?

Assumptions of the Study

It was assumed that the instrument, the *School Counselor Perceptions of Relational Aggression [SCPRA]* was valid and accurately measured PSCs' beliefs about RA as a problem with serious consequences for students, barriers to intervening in RA, and methods for RA counseling interventions. Additionally, it was assumed that the PSC participants answered survey questions honestly, candidly and willingly. A final assumption was that the sample was representative of the population of ASCA members.

Limitations and Delimitations of the Study

Limitations and delimitations applied to this study. A potential limitation was that the *SCPRA*, due to its construction, did not adequately or accurately measure PSC perceptions of the seriousness of the consequences of RA, PSC training regarding RA, PSC perceived barriers to RA, or interventions used for RA. Additionally, data from the *SCPRA* rely on the responses of PSCs, which could have been biased based on PSC personal beliefs. The results from this study

may not be representative of all PSCs because the survey may only have been answered by PSCs who were interested in and had professional experience with RA; PSCs who were not interested in and did not have much professional experience with RA could have been underrepresented.

This study was delimited to ASCA members. ASCA's membership is over 31,000 school counselors; however, 105,000 school counselors were employed in the 2010-2011 school year (ASCA, 2012e); therefore, ASCA members are not inclusive of the entire population of school counselors. Ultimately, this study is generalizable only to PSCs who are members of ASCA.

Definitions of Terms

Aggression: A goal oriented sequence of behaviors that intend to inflict pain (Feshbach, 1969).

American Counseling Association: A non-profit, educational, and professional organization whose focus is to enhance on counselor growth and the counseling profession (American Counseling Association, 2013).

American School Counselor Association (ASCA): The school counseling division of ACA, which is made up of more than 31,000 professionals. ASCA provides professional development opportunities to its members, attempts to define and enhance school counseling programs, and researchers school counseling practice (ASCA, 2012a).

Bullying: Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance where a child who bullies intends to cause fear, distress, and/or harm to the victim's body, feelings, self-esteem, or reputation. The behavior is repeated, or has the potential to be repeated, over time (Mason, 2013).

Charter School: A public school that is autonomous that was "created by a contract between a sponsor, as a local school district or corporation, and an organizer, as a group of teachers or a community group" (Dictionary.com, 2013a).

Counseling: The collaborative effort between a counselor and client wherein the counselor uses mental health, human development, and psychological principals to define client goals, discuss potential solutions to emotionally charged problems; communication, coping skills, and self esteem are potentially improved, and an overall attempt to promote behavior changes is made (American Counseling Association, 2013).

Counsel for the Accreditation of Counseling Related and Educational Programs

(CACREP): An independent agency that provides accreditation for masters degree programs in addiction counseling, career counseling, clinical mental health counseling, marriage, couple, and family counseling, school counseling, and student affairs and college counseling. CACREP also provides accreditation for doctoral programs in counselor education and supervision (Council for the Accreditation of Counseling and Related Educational Programs, 2013).

High School: School grades 9 through 12.

K-12: School grades Kindergarten through 12.

Lower Elementary: Grades consisting of Pre-Kindergarten through 1.

Middle School/Junior High: Grades consisting of 5 through 8.

Perceived Popularity: A type of popularity that is associated with high levels of aggression, in addition to high levels of prosocial behaviors; students with high perceived popularity are not always well liked (Puckett, Aikins, & Cillessen, 2008).

Private School: A school that is maintained by a private group rather than the government that usually charges tuition for students to attend (Dictionary.com, 2013b).

Professional School Counselor (PSC): The “certified/licensed educators with a minimum of a master’s degree in school counseling” (ASCA, 2012e, para. 1) who assists students in the school setting with academic achievement, career development, and social/personal development in order to promote and/or enhance student success (ASCA, 2012e).

Professional School Counselor Role: “All of those tasks and activities [school counselors] engage in as they work to enhance the functioning of students, their school, and their program” (Brown & Trusty, 2005, p. 152)

Public School: A school in the United States that is free for students of the community to attend and maintained through public expense (Dictionary.com, 2013c).

Relational Aggression (RA): “Harming others through purposeful manipulation and damage of their peer relationships” (Crick & Grotpeter, 1995, p. 711), with the intention to impair or ruin reputations, friendships, and feelings of inclusion in a peer group (Putallaz et al., 2007). Examples of RA include rumor spreading, gossiping, purposeful exclusion of a peer, and non-verbal gesturing (Simmons, 2002).

Relational Aggression Bully: A student (male or female) who participates in unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance where a child who bullies intends to cause fear, distress, and/or harm to the victim’s body, feelings, self-esteem, or reputation. The behavior is repeated, or has the potential to be repeated, over time (Mason, 2013), through relationally aggressive means.

Relational Aggression Victim: A student (male or female) who is the target of unwanted, aggressive behavior among that involves a real or perceived power imbalance (Mason, 2013) through relational means (Crick, 1996).

Relational Aggression Bully/Victim: A student (male or female) who is “highly disliked by some peers and highly liked by other peers” (Crick & Grotpeter, 1995, p. 720) who experiences both the negative effects of being the bully and the negative effects of being the victim (O’Brennan et al., 2009).

Religious/Faith Based School: A school created and run by a religious organization (e.g., the Catholic Church) that charges tuition for students to attend (Dictionary.com, 2013d).

Social Justice Issue: Issues that create inequity, oppression, and injustices for clients (ACA, 2013c). Social justice issues in schools create barriers to academic, relational, and future career success (ASCA, 2012c).

Sociometric Status: A type of popularity associated with low aggression and high prosocial behaviors; students with high sociometric status are generally well liked and emulated by peers (Puckett et al., 2008).

Stakeholders: Stakeholders in the school community include parents, teachers, administrators, board members, community leaders, and anyone who has a vested interest in student success.

Upper Elementary: School grades consisting of 1 through 4.

CHAPTER TWO

REVIEW OF THE LITERATURE

In this chapter, the literature and research related to relational aggression (RA), professional school counselor (PSC) perceptions regarding RA, PSC training, barriers to RA intervention, and different types of RA interventions are presented. The school counseling profession, school counselor role, and school counselor training are described to provide the context for the study of PSC perceptions, training, barriers, and interventions with respect to RA. The chapter is organized into four sections. The first section begins with a brief history of RA research and RA is defined. Then multicultural aspects of RA including gender, popularity status, and culture/ethnicity are examined, as are developmental differences. Finally, RA is established as a social justice issue, through an understanding of the effects of RA victimization, RA bullying, and RA bully/victimization.

The focus of the second section is the school counseling profession; the section begins with a discussion of the history of school counseling. The current role of the PSC as a social justice advocate is addressed. The role of the PSC is defined by ASCA's National Model (2012c) themes of leadership, advocacy, collaboration, and systemic change. The final topic addressed in this section is current PSC perceptions of RA found in research.

The third section of this chapter focuses on school counselor training, both at the graduate level and post-graduate continuing education levels. The Council for Accreditation of Counseling and Related Education Programs (CACREP) Standards (2009) and American Counseling Association (ACA) school counselor competencies (2003) are discussed in regards to graduate level education. PSC continuing education is discussed.

The fourth section addresses the common barriers PSCs experience that interfere with both job efficacy and RA intervention. Next, this section addresses RA interventions found in

RA and bullying research. Finally, this chapter ends with an examination of ethical considerations related to RA and PSC.

Relational Aggression

History of Relational Aggression Research

The concept of RA has been researched for over a century; originally, investigations were tied to gender (Feshbach, 1969). Feshbach (1969) researched aggression differences between boys and girls, citing earlier research that found boys to be more aggressive than girls. In her work on indirect aggression, Feshbach (1969) concluded that girls used indirect aggression more than boys.

In 1995, Crick and Grotpeter published their seminal work on gender differences in aggression. Before this work, researchers believed that boys were generally more aggressive than girls (Crick & Grotpeter, 1995). Crick and Grotpeter (1995) hypothesized that girls used RA to damage social relationships, whereas boys used physical aggression to obtain dominance over one another (Crick & Grotpeter, 1995). The researchers reported that girls were significantly more relationally aggressive than boys, whereas boys were significantly more physically and overtly aggressive than girls (Crick & Grotpeter, 1995).

Underwood (2003) noted that not all researchers agree on the term relational aggression. Other researchers have used the terms social aggression and indirect aggression. Social aggression, defined by Cairns, Cairns, Neckerman, Ferguson, et al. (1989), is when students use “alienation, ostracism, or character defamation” to manipulate peer group acceptance (p. 323). Galen and Underwood (1997) defined social aggression as intent to damage the self-esteem and social status of another through the use of direct aggression (e.g., negative facial expressions) and indirect aggression (e.g., gossip). Feshbach (1969) described indirect aggression as “social exclusion and rejection” (p. 249). Lagerspetz, Bjorkqvist, and Peltonen (1988) added that the

perpetrator of indirect aggression is often unidentified, and thereby avoids retaliation. A great deal of overlap exists among all three definitions of aggression (Underwood, 2003). Young et al. (2006) noted that the similarities among the three terms far outweigh the differences. RA is the term chosen for use in this study because RA research is vast and encompassing (Leff, Waasdorp, & Crick, 2010).

Relational Aggression Defined

Olweus (1993) defined bullying as the repeated exposure to negative actions by one or more students. Smith and Sharp (1994) added that a systematic abuse of power usually exists between the bully and the victim. More recently, Mason (2013) defined bullying as unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance where a child who bullies intends to cause fear, distress, and/or harm to the victim's body, feelings, self-esteem, or reputation. The behavior is repeated, or has the potential to be repeated, over time (Mason, 2013). Crick and Grotpeter (1995) defined RA as "harming others through purposeful manipulation and damage of their peer relationships" (p. 711). RA victimization occurs when a student is bullied through relational means (Crick, 1996). Relationally aggressive behaviors are intended to impair or ruin reputations, friendships, and feelings of inclusion in a peer group (Putallaz et al., 2007). Examples of RA include rumor spreading, gossiping, purposeful exclusion of a peer, and non-verbal gesturing (Simmons, 2002).

French, Jansen, and Pidada (2002) suggested that RA behaviors mainly occur in three forms: social ostracism, relational manipulation, and malicious rumor spreading. Social ostracism prevents a person from feeling included, such as when one student is intentionally not invited to a party (French et al., 2002). Relational manipulation occurs when an aggressor manipulates the peer relationship for gain (French et al., 2002); for example, one student threatening to withhold friendship unless the other obeys. Malicious rumor-spreading attempts

to damage reputations through rumors and gossip (French et al., 2002; Simmons, 2002), which can spread quickly and on a much larger scale than was true in previous decades due to the availability of social media. RA behaviors can encompass other types of bullying behaviors such as cyber bullying. In first world countries, particularly, where students spend a large portion of their time online, RA often occurs through the use of electronic devices such as cell phones and computers (Snell & Englander, 2010). RA can occur at times in normal adolescent friendships (Chesney-Lind, Morash, & Irwin, 2007; Crick, & Nelson, 2002) and can happen once or repeatedly over time, either escalating or staying at the same intensity level (Chesney-Lind et al., 2007; O'Brennan et al., 2009).

Unlike physical or verbal aggression, RA is difficult to identify (Young et al., 2006). Young et al. (2006) provided this example: "Students who instigate relational aggression can easily say, 'I didn't do anything. Is it a crime to not talk to someone?'" (p. 299). RA is covert, and happens most frequently during adolescence when peer relationships are very important (Leff, Waasdorp, & Crick, 2010). Adolescents often will tolerate a large degree of abuse in order to remain accepted rather than tell an adult (Leff, Waasdorp, & Crick, 2010). Older adolescents are often distrustful of adults and reticent to disclose incidents of RA because they think adults will not help, and that adult intervention may make the bullying worse (Mishna, 2004).

RA actions can be direct or indirect (Leff, Waasdorp, & Crick, 2010). An example of direct RA is the statement, "I don't want to be your friend." Direct RA is often utilized by younger students, and is easier for adults to identify than indirect RA (Leff, Waasdorp, & Crick, 2010). Indirect RA is when a student uses covert means to circuitously harm a person, such as in rumor spreading or ignoring another student (Leff, Waasdorp, & Crick, 2010; Young et al.,

2006). As students get older and more socially complex, instances of relational aggression become more indirect and difficult to identify (Leff, Waasdorp, & Crick, 2010).

According to Young et al. (2006), RA can either be instrumental or reactive. Instrumental RA is manipulation for gain; for example, when one child tells another, “I won’t be your friend unless you do things my way.” Reactive RA happens as a response to feeling angry or threatened by another (Young et al., 2006). The distinction between instrumental or reactive RA is important to understand because it illustrates that the motivation behind RA varies, which may influence adult intervention (Young et al., 2006).

It is impossible to know exactly how many students are affected by RA. The U.S. Department of Education conducted a study of 11,561 students in grades 3-8 in Oregon schools regarding relational and overt aggression and found that between 41.4% and 48.1% of girls and 30.6% and 41.7% of boys reported experiencing relational victimization (Nishioka et al., 2011). Additionally, between 20.7% and 27.9% of girls, and 20.3% and 24.2% of boys engaged in RA behaviors. In a different study, O’Brennan et al. (2009) found that 41% of students surveyed were frequently involved in bullying; 23% as victims, 8% as bullies, and 9% as bullies who also victimized others (bully/victims).

Multicultural Aspects of Relational Aggression

Gender

Current research suggests that both boys and girls use RA to manipulate relationships; however, girls typically use RA exclusively, whereas boys tend to use RA in tandem with physical aggression (Archer, 2004; Crick & Bigbee, 1998; Leff, Waasdorp, & Crick, 2010; Putallaz et al., 2007; Radliff & Joseph, 2011). Some girls use relational aggression to maintain and keep friendships as well as to retaliate when they feel threatened (Simmons, 2002).

According to Leff, Waasdorp, and Crick (2010), girls were more distressed and experienced a

higher physiological response (e.g. systolic blood pressure) to RA. Girls also stand to gain more social benefits (e.g., higher popularity status) from the use of RA than boys (Rose, Swenson, & Waller, 2004). However, Crick (1996) found that RA related negatively to future friendship acceptance for girls. Elsaesser, Gorman-Smith, and Henry (2013) found that girls reported supporting beliefs about RA as appropriate conflict management more than boys.

Several researchers have found that boys use RA and physical aggression in equal proportions (Crick, 1996; Crick, & Bigbee, 1998; Putallaz et al., 2007). Crick (1996) discovered that boys reported less emotional pain in response to relational victimization than girls. Putallaz et al. (2007) found that boys who relied on RA were likely to use physical aggression. Exposure to high levels of RA was a predictor for boys bringing a weapon to school in some cases (Leff, Waasdorp, Paskewich et al., 2009).

Popularity status

RA is an adaptive social strategy that many students utilize to gain the common social goal of popularity (Puckett et al., 2008; Rose et al., 2004). Dijkstra, Berger, and Lindenberg (2011) perceived popularity to be one of the most significant determinants of friendship selection for students. Salmivalli, Kaukiainen, and Lagerspetz (2000) suggested the use of RA requires a certain degree of social intelligence and an average popularity status among peers. Puckett et al. (2008) added that RA bullies must understand social behavior and have the ability to “operate within a social network” (p. 564) to effectively utilize RA.

According to Puckett et al. (2008), two types of popularity exist: sociometric popularity and perceived popularity. Sociometric popularity is associated with low aggression and high prosocial behaviors; students with high sociometric status are generally well liked and emulated by peers (Puckett et al., 2008). Perceived popularity is associated with high levels of aggression, in addition to high levels of prosocial behaviors; students with high perceived popularity are not

always well liked (Puckett et al., 2008). Students with high perceived popularity are more likely to use RA (Rose & Swenson, 2009). Perceived popular students often use RA to gain and maintain social status (Rose, & Swenson, 2009; Rose et al., 2004). These students may exert significant social influence in their peer groups (Puckett et al., 2008). RA victims are more likely to forgive perceived popular RA aggressors in order to gain sociometric status (Rose & Swenson, 2009). Perceived popular students may experience positive emotional responses for RA use; therefore, they often continue to victimize other students (Leff et al., 2010; Rose & Swenson, 2009). In a longitudinal analysis, Rose et al. (2004) found “initial perceived popularity predicted increased relational aggression” (p. 385) for boys and girls in fifth through ninth grade. Rose et al. (2004) suggested that “perceived popularity may lead to even greater relational aggression among girls as they attempt to enhance their status further” (p. 385), thus creating a cyclical pattern of relational victimization.

Culture/Ethnicity

Literature related to culture/ethnicity and RA is still in development and not yet conclusive (Young et al., 2006). U.S. cultural/ethnic RA research is somewhat flawed because U.S. researchers have used non-representative samples of mostly White, middle class subjects (Putallaz et al., 2007). According to Putallaz et al. (2007), another problem is that socioeconomic status is often not controlled for, which is a significant confounding problem for exploration of race/ethnicity. Leff, Waasdorp, and Crick (2010) suggested that more research is needed on both racial and ethnic use of RA so that interventions for RA may be more culturally sensitive.

Most of the literature that addresses culture/ethnicity in RA originated in countries outside of the US; RA has been studied in Italy, Australia, Austria, India, Indonesia, China, and Russia (Bowker, Ostrov, & Raja, 2012; French, et al., 2002; Strohmeier, Spiel, & Gradinger,

2008; Swit & McMaugh, 2012). Research results suggested that a strong cultural identity and multicultural focus can buffer the effects of RA. Flanagan et al. (2011) examined how Canadian Aboriginal cultural identity acted as a protective factor against physical aggression and RA. The findings showed that students with strong cultural identities experienced fewer incidents of RA (Flanagan et al., 2011). Kawabata and Crick (2011) studied the protective factors of cross-racial/ethnic friendships in classrooms, finding that students who formed cross racial/ethnic friendships in classrooms were less likely to experience RA victimization (Kawabata & Crick, 2011). Therefore, strong cultural and ethnic identity can buffer the effects of RA.

Developmental Issues

In one sense, RA is a developmental issue that peaks in the middle school years (Leff, Waasdorp, & Crick, 2010; Swit & McMaugh, 2012). However, RA manifests at other developmental stages, as well. Instances of RA are apparent in children as young as three (Ostrov, Woods, Jansen, Casas, & Crick, 2004). Leff, Waasdorp, and Crick (2010) reported observing preschoolers engaging in simple, more direct forms of RA such as covering their ears to indicate they were ignoring a peer. However, preschool students were observed by Ostrov et al. (2004) in a different study using sophisticated and subtle forms of RA such as telling secrets and gossiping.

RA behaviors become more complex and intense as students enter middle school (Leff, Waasdorp, & Crick, 2010; Swit & McMaugh, 2012). Peer relationships and reputations gain in importance during early middle school, making this a pivotal time for intervention (Leff, Waasdorp, & Crick, 2010). Goldstein et al. (2008) found that middle school students reported RA more frequently than high school students. Archer (2004) found girls reported RA incidents with the greatest frequency between ages 11 and 17. There is a lack of literature regarding high

school students' use of RA, so it is unknown how often high school students engage in RA behaviors.

Archer (2004) suggested that RA is an issue with which people deal throughout their lives in varying degrees of frequency (Archer, 2004). This is contrary to the long-held assumption that RA is strictly a developmental phase (Young et al., 2006). RA changes in appearance and frequency with development (Leff, Waasdorp, & Crick, 2010). Rose et al. (2004) explained that the “ability to aggress strategically in ways that are socially dominant, that display superiority, and that result in perceived popularity likely requires advanced interpersonal skills that may develop with age” (p. 2385), implying that RA may not disappear after adolescence, but may actually become more sophisticated and harder for an outsider to witness.

Relational Aggression as a Social Justice Issue

The American Counseling Association (ACA, 2013) defines social justice issues as those that create inequity, oppression, and injustices for clients. Social justice issues in schools create barriers to academic, relational, and future career success for students (ASCA, 2012c). RA is a social justice issue because it causes major obstacles for student academic, social, and career achievement.

RA is damaging to its bullies, victims, and bully/victims, and predicts future social maladjustment (Crick, 1996; Goldstein et al., 2008; O'Brennan et al., 2009). RA is stable over time (Young et al, 2006; Crick, 1996; Crick & Bigbee, 1998). Elsaesser et al. (2013) found “interpersonal school climate and school safety were related to both relational aggression and perpetration and victimization” (p. 244). A common issue for RA bullies, victims, and bully/victims is that they feel unsafe at school; therefore, they may not achieve academically or socially (Baker, 1998). Psychological and physical perceptions of safety precede academic engagement and potential success for victims and bullies of RA (Yoon et al., 2004).

Effects of Relational Aggression Victimization

RA victims experience serious adjustment issues (Crick & Bigbee, 1998; Rose & Swenson, 2009). Putallaz et al. (2007) correlated RA victimization with depression, loneliness, social anxiety, and peer rejection. RA victims often have low self-esteem and come to believe they deserve RA victimization (Crick, 1996; Crick & Bigbee, 1998; Putallaz et al., 2007; Rose & Swenson, 2009; Yoon et al., 2004). Putallaz et al. (2007) reported that RA victims reported avoiding social situations and worried about negative evaluation.

Crick and Bigbee (1998) found that RA victimization led to high levels of internalizing problems; these researchers proposed that exhibiting emotional difficulties could make victims an easy target for additional abuse. They also found that victims reported issues with self-restraint such as “more difficulty inhibiting anger and greater impulsivity” (Crick & Bigbee, 1998, p. 346). Crick and Bigbee (1998) suggested that restraint issues might contribute to further victimization by provoking aggressive peers. Victimized children may experience intense anger or retaliatory feelings as a result of the aversive experiences of RA (Crick & Bigbee, 1998). Victimized students were found to be “significantly more submissive than their peers” (Crick & Bigbee, 1998, p. 346); the researchers suggested that submissiveness may be “a hallmark of victimization” (p. 346). Finally, Crick and Bigbee (1998) noted “victims were significantly more maladjusted than nonvictims” (p. 346).

Buhs et al. (2006) found chronic peer exclusion for children in kindergarten through 5th grade led to disengagement from school and poor academic achievement. Victims reported feeling less safe at school, which has been found to lead to bad sleep habits, alcohol use, bringing weapons to school, and retaliatory bullying behaviors (Elsaesser et al., 2013; Goldstein et al., 2008).

Effects of Relational Aggression Bullying

The effects of RA bullying are far reaching. Crick (1996) found RA behaviors were stable over 1-month and 6-month periods for 3rd-6th grade students and concluded that RA students would likely remain aggressive over time without intervention. RA related negatively to future peer acceptance for girls (Crick, 1996). Crick and Grotpeter (1995) found RA bullies were “significantly more disliked than other children” (p. 719). Prinstein et al. (2001) reported that RA bullies had problems with externalizing issues, and that in some cases peer aggression was related to oppositional defiant disorder and conduct disorder. In a study by Werner and Crick (1999), RA was found to be significantly associated with borderline personality disorder features and the development of bulimia for college aged females. RA bullies often report high levels of depression and substance use (Crick & Grotpeter, 1995; Goldstein et al., 2008; Yoon et al., 2004). Talbot, Celinska, Simpson, and Coe (2002) suggested that RA can lead to the use of physical forms of aggression.

RA bullies reported feeling unsafe at school and had negative overall social school experiences (Goldstein et al., 2008). According to Bacchini et al. (2009), RA bullies often had conflicted and negative relationships with teachers. Stipek and Miles (2008) conducted a longitudinal study that followed 300 children from kindergarten through fifth grade, assessing aggression and achievement. They found that increases in student aggression predicted increases in teacher-student conflict, which then predicted changes in how engaged the student was in learning, finally predicting student achievement. The results of this study suggest that aggression promotes poor academic achievement (Stipek & Miles, 2008).

Effects of Relational Aggression Bullying/Victimization

Crick and Grotpeter (1995) defined RA bully/victims as students who are “highly disliked by some peers and highly liked by other peers” (p. 720). RA bully/victims may have the greatest risk for psychosocial adjustment issues because they experience both the negative effects

of being the bully and the negative effects of being the victim (O'Brennan et al., 2009). According to O'Brennan et al. (2009), bully/victims often provoke negative social interactions with their peers, are socially avoidant, and are perceived by others as outcasts. Bully/victims report high levels of depression and anxiety; they have difficulty coping when other peers are aggressive because of their lack of interpersonal resources (O'Brennan et al., 2009). At school, bully/victims retaliate quickly, often when retaliation is unwarranted (Austin et al., 2012; O'Brennan et al., 2009). Schwartz (2000) suggested that bully/victims "were characterized by poorly modulated affect and behavior" (p. 189). Teachers rated bully/victims highly for emotional dis-regulation, hyperactivity, and impulsive behavior (Schwartz, 2000). Schwartz hypothesized that this "overly reactive behavior...might be one important reason that they emerge as persistent targets of bullying" (p. 189) as they reward other aggressors with displays of excessive anger and distress. O'Brennan et al. (2009) found that bully/victims perceived the school environment as unsafe and felt disconnected from school. As bully/victims disconnect from school, their ability to achieve academically also suffers.

The School Counseling Profession

The PSC is a social justice advocate for students who addresses inequity, inequality, and the achievement gap in the United States (Dahir, 2009). Students affected by RA can benefit from a PSC to help them learn to cope while simultaneously advocating for school wide change. However, PSCs and PSC training are largely missing from the literature regarding RA (Jacobsen & Bauman, 2007).

School Counseling History

The school counseling profession began over 100 years ago, with the purpose of providing vocational guidance to students (ASCA, 2012c). Administrators and/or teachers originally filled the school counselor role, and the profession lacked organizational structure

(ASCA, 2012c). During the twentieth century, the position evolved in response to research, new organization structures, and the passage of national legislation (ASCA, 2012c). Yet, the nature, function, and purpose of the PSC still needed a unified purpose and strong governing body; the profession lacked cohesion, focus, and a unified mission (ASCA, 2013; Dahir, 2004). As a result, PSCs were often undervalued and spent their time doing administrative and clerical tasks (Dahir, 2004).

The American School Counselor Association (ASCA) was formed in 1952 to help focus school counseling (ASCA, 2012c). The education reform of the 1990s initiated substantial professional changes (Dahir, 2001) with legislation such as the No Child Left Behind Act of 2001 and the Individuals with Disabilities Education Act, which placed responsibility for student achievement on schools and teachers (Dollarhide & Lemberger, 2006). PSCs were missing entirely from the reform agenda, prompting PSCs to unify and advocate for their profession in order to remain relevant (Dahir, 2001).

ASCA created the National Model in 2003 to provide “a framework of components that all school counseling programs should exhibit” (ASCA, 2012c, p. x). The National Model established accountability for PSCs to “help every student improve academic achievement, navigate personal and social development and plan for successful careers after graduation” (ASCA, 2012c, p. x). The National Model standardized school counseling programs nationwide, and provided credibility to the profession (ASCA, 2012c). The National Model and ASCA helped PSCs to be recognized as an “integral to academic achievement and overall student success” (ASCA, 2012c, p. xi).

The focus of school counseling, according to the National Model (ASCA, 2012c) is to remove barriers to student academic, personal/social, and career achievement. The National Model promotes “equitable access to a rigorous education for all students” (2012c, p. xii)

provided by state credentialed school counselors, and attempts to close the academic achievement gap by valuing the diversity in each individual (ASCA, 2012c). Dahir (2009) reported that “Twenty-first-century school counselors are social justice advocates who ensure that academic, career, and interpersonal success is woven into the fabric of education for every student” (p. 87).

The Role of the Professional School Counselor

The National Model notes: “the objective of school counseling is to help students overcome barriers to learning” (ASCA, 2012c, p. xi). According to Dahir (2009), the vision of the National Model has become common practice for PSCs nationwide. The PSC has both a preventative and responsive role with students, especially in regards to RA (Jacobsen & Bauman, 2007). To that end, the National Model discusses leadership, advocacy, collaboration, and systemic change to help define the PSC’s role.

Leadership

An effective PSC must be a solid leader; there are four contexts in which PSC leadership can be understood: structural, human resource, political, and symbolic leadership (Dollarhide, 2003). Structural leadership includes building the foundation for an operational, effective school counseling program (Dollarhide, 2003). Duties for structural leadership include defining the focus for the school counseling program, evaluating PSC competency, and providing opportunities for PSC growth in areas of deficiency (Dollarhide, 2003). Human resource leadership relates to the empowerment of others; for PSCs, this means they believe in students’ potential for academic, personal/social and career achievement. PSCs must be able to communicate that belief and empower students to succeed (Dollarhide, 2003). Political leadership relates to the PSC’s understanding of the political power within the organization of the school (ASCA, 2012c). PSCs must understand the power they hold within the school, and

use that power to advocate for students with education stakeholders (ASCA, 2012c; Dollarhide, 2003). Stakeholders in the school community include parents, teachers, administrators, board members, community leaders, and anyone who has a vested interest in student success. Finally, a PSC with symbolic leadership skills is able to create a vision for how the school community must change to become safe for all students (Dollarhide, 2003). Symbolic leadership begins with a strong vision for the school that the PSC communicates with both students and stakeholders.

Advocacy

The ASCA National Model states that “advocating for the academic achievement of every student is a key role of PSCs and places them at the forefront of efforts to promote school reform” (2012c, p. 4). The twenty-first century PSC is a strong social justice advocate (Dahir, 2009) who addresses issues that impede student achievement (ASCA, 2012c). According to Ratts, DeKruyf, and Chen-Hayes (2007), “social justice advocacy is warranted to right injustices, increase access, and improve educational outcomes for all students” (para. 2). Dixon, Tucker, and Clark (2010) submitted that PSCs are perfectly positioned to be “social justice leaders in the schools” (p. 103), advocating not only for individuals but also for groups of students, parents, and even teachers.

According to the ACA school counselor Advocacy Competencies (ACA, 2003), PSCs act *with* students to empower them to overcome barriers through school counseling curriculum, individual student planning, and responsive services (ASCA, 2012c). PSC competencies needed to empower students include the abilities to identify student strengths and resources; identify different social, political, cultural and economic factors that impact the student; and “recognize the signs indicating that an individual’s behavior and concerns reflect responses to systematic or internalized oppression” (ACA, 2003).

The PSC also advocates on *behalf* of students (ACA, 2003). Student advocacy occurs when the PSC becomes “aware of external factors that act as barriers to an individual’s development” (ACA, 2003), such as RA victimization. Student advocacy may include referrals to outside counseling, consulting with other professionals, collaborating with teachers or parents, and using a student’s data profile (e.g., grades and attendance records) to help the student (ASCA, 2012c). Competencies for student advocacy include helping students gain access to resources, the abilities to identify institutional barriers and establish and carry out a plan of action, and the ability to identify allies to help overcome the barriers (ACA, 2003).

Collaboration

PSCs collaborate with students, parents, teachers, administrators, and other school stakeholders towards “the common goal of equity, access and academic success for every student” (ASCA, 2012c, p. 6). PSCs experience four types of collaborations that directly relate to RA: youth-centered collaborations, parent-centered collaborations, intra-organizational collaborations, and community collaborations (Lawson, 2003). Youth-centered collaborations involve PSCs viewing their students as partners in counseling (ASCA, 2012c). Parent-centered collaboration involves PSCs viewing parents as experts, important parts of student support systems, and partners in the counseling process (ASCA, 2012c). Intra-organizational collaboration takes place between the PSC and individuals in the school organization including teachers, school professionals, cafeteria workers, and school custodians (ASCA, 2012c). Finally, community collaboration takes place between the community stakeholders and the PSC who “secures the engagement, mutual accountability and coproduction capacities of all the legitimate stakeholders in a workable geographic area” (ASCA, 2012c, p. 7). The PSC should know who stakeholders are in the geographic area around the school and find ways to connect them with students.

Systemic Change

The final theme of the ASCA National Model is systemic change; wherein PSCs are encouraged to view the school as a system (ASCA, 2012c). However, sometimes the barriers to academic, social, and career success exist on different levels ranging from the school classroom procedures to national and state legislatures (ASCA, 2012c). The PSC is “uniquely positioned to identify systemic barriers to student achievement” (ASCA, 2012c, p. 8) due to access to student data. The PSC must use data such as grades, attendance, and behavioral issues to understand the needs of the students and tailor the school counseling program in the direction of those needs (ASCA, 2012c).

According to the ACA Advocacy Competency Domains (2003), the process for changing the systemic status quo requires “vision, persistence, leadership, collaboration, systems analysis, and strong data” (p. 2). The PSC must be able to identify environmental factors that cause impediments to growth before addressing systemic change (ACA, 2003). The PSC should “awaken the general public to macro-systemic issues regarding human dignity” (ACA, 2003, p. 3). The PSC can provide ethical and developmentally appropriate psychoeducation regarding RA to students and stakeholders (ACA, 2003). The ACA (2003) recommends the PSC “disseminate information through a variety of media,” (p.3) for example, through newsletters, the school website, general assemblies, and RA related podcasts. Beyond psychoeducation, the PSC may find it necessary to advocate for students on a political level through lobbying legislators and policy makers (ACA, 2003). Ratts et al. (2007) suggested that the moral and ethical duty of a PSC is to advocate for political and systemic change in schools.

School Counselor Perceptions of Relational Aggression

Jacobsen and Bauman (2007) addressed PSC perceptions of RA severity by surveying school counselors. The researchers used a questionnaire that consisted of six bullying vignettes:

two portrayed verbal bullying, two portrayed physical bullying, and two portrayed relational bullying (Jacobsen & Bauman, 2007). After participants read each vignette, they were asked to rate the severity of the incident and the likelihood they would intervene using a 5-point Likert-type scale. Participants were also asked to comment on how they would respond to each bullying incident (Jacobsen & Bauman, 2007).

The sample used for Jacobsen and Bauman's (2007) study was Arizona school counselors whose e-mail addresses were listed on the Arizona Department of Education guidance directory: 183 school counselors participated, 26.4% of whom were male and 73.6% were female (Jacobsen & Bauman, 2007). Participant ages ranged between 21 and 61 with 31.1% falling in the 41 to 50 years-old age bracket and 39.3% falling in the 51 to 60 years-old age bracket (Jacobsen & Bauman, 2007). Participants reported having between 0 to 26 or more years of experiences as a school counselor with 31.9% having 6 to 10 years experience and 29.1% having 0 to 5 years experience (Jacobsen & Bauman, 2007). The participants reported working with all levels of students, although most (48.6%) reported working with high school students (Jacobsen & Bauman, 2007).

According to Jacobsen and Bauman (2007), the participants rated all three types of bullying as moderately serious; however, participants rated physical and verbal bullying as more serious than relational bullying (Jacobsen & Bauman, 2007). The PSCs reported feeling more empathy towards victims of physical and verbal bullying than towards the relationally bullied victims. The PSCs reported they were more likely to intervene in physical or verbal bullying than in relational bullying (Jacobsen & Bauman, 2007). Many PSCs also recommended stronger interventions for physical and verbal bullying than for RA (Jacobsen & Bauman, 2007). Jacobsen and Bauman noted that "school counselors' lower ratings for relational bullying are

particularly disturbing, because evidence suggests that relational bullying is quite damaging” (p. 5).

Jacobsen and Bauman (2007) found that female school counselors perceived RA to be more serious than male school counselors. While the researchers had no way to explain this phenomenon, they suggested that female school counselors were more sensitive because “relational bullying may be more common in girls, and is more distressing to girls” (Jacobsen & Bauman, 2007, p. 6).

Additionally, Jacobsen and Bauman (2007) noted that RA training was positively associated with increased RA sensitivity. PSCs with RA training perceived RA bullying to be more serious and reported feeling more inclined to intervene than those without training (Jacobsen & Bauman, 2007). Jacobsen and Bauman proposed that RA training in graduate school and continuing education could increase PSC sensitivity towards RA victimization.

Jacobsen and Bauman (2007) was the only research study found on PSC perceptions of RA seriousness. The findings indicated that PSCs do not perceive relational bullying to be as serious as physical or verbal bullying, despite the existence of research that shows the extensive, detrimental consequences of relational bullying and victimization. Jacobsen and Bauman (2007) suggested that PSCs might “minimize relational bullying and assume that teasing and excluding are part of normal childhood development” (p. 5).

School Counselor Training

An essential element to PSC success is graduate education. A review of the current literature indicates that school counseling students are not receiving effective graduate training for RA (Jacobsen, & Bauman, 2007; Young et al., 2006).

School Counselor Graduate Education

The Council for the Accreditation of Counseling and Related Education Programs (CACREP) sets the current standards of excellence in educating counselors (Remley & Herlihy, 2014). CACREP standards are derived from the common skills and knowledge that underlie school counseling practices (Holcomb-McCoy, Bryan, & Rahill, 2002). CACREP's Standards (2009) guide counselor educators in creating a curriculum to educate school counselors (Dixon et al., 2010). CACREP Standards do not dictate specific subject matter for each course; therefore, it is possible that RA may never be addressed through coursework. However, CACREP Standards do recommend school counselors should be trained in many areas related to RA such as identifying barriers to "the academic, career, and personal/social development of students" (CACREP, 2009, p. 42), advocating for programs that "enhance a positive school climate" (CACREP, 2009, p. 42), understanding the professional purpose of school counseling is to help students "overcome barriers and impediments to learning" (CACREP, 2009, p. 41), and creating and implementing "prevention and intervention plans related to the effects of [...] atypical growth and development" (CACREP, 2009, p. 41). Finally, school counseling students should understand how factors like depression and abuse affect students' overall functioning (CACREP, 2009).

Paisley (1999) suggested that PSCs were not adequately prepared to meet the educational needs of today's youth (as cited in Coker & Schrader, 2004). Bemak (2000) proposed that the lack of school counselor preparedness may be due to antiquated school counselor graduate programs, which have not changed over three decades. According to Bemak, graduate PSC training often resulted in school counselors who were unprepared for the current educational policies and practices and school's rigors. Coker and Schrader (2004) proposed that school counselors were not learning skills of coordination, collaboration, evaluation, and advocacy in the classroom or field experience. Jacobsen and Bauman (2007) warned that without "bullying

prevention and intervention curricula for school counselors” (p. 7), school counselors will not be prepared to deal with all forms of bullying. Jacobsen and Bauman (2007) explained that the RA training school counselors “are currently receiving is not having the optimal effects” (p. 7).

Continuing Education

Continuing education is a safeguard for maintaining competency in the counseling profession, requiring licensed counselors to obtain a certain number of continuing education credits per year while helping to keep counselors aware of current issues in the counseling profession. Continuing education requirements vary by state and licensure organization. School counselor licensure exists, but differs from state to state in the requirements for licensure, maintenance, and continuing education (ASCA, 2012d). Some states require previous teaching and/or counseling experience while others require school counselors to pass tests to obtain certification (Milsom & Akos, 2007). Not all states require graduate degrees from CACREP-accredited institutions for licensure (ASCA, 2012d). The school counseling profession lacks a unified governing body in the United States (Milsom & Akos, 2007) that would standardize continuing education requirements across the board.

PSCs without prior RA knowledge could learn about RA through continuing education at conferences, through other forms of professional development, and by reading current research (Paisley & McMahon, 2001). According to the ASCA National Model, “an effective school counselor leader...assumes responsibility to facilitate professional development activities pertaining to beliefs about student learning” (2012c, p. 12). This is especially important when considering that PSCs have varying levels of educational backgrounds in counseling; having completed requirements ranging from a 12-hour, non-CACREP accredited master’s degree program to a 60-credit-hour CACREP-accredited graduate program.

Relational Aggression Barriers and Interventions

Barriers to Relational Aggression Intervention

PSCs encounter significant barriers to job efficacy and RA intervention. Minimal literature exists regarding barriers PSCs encounter in intervening in RA incidents.

According to Brown and Trusty (2005), PSC role confusion is a major obstacle to providing student care. Brown and Trusty defined the PSC role as “all of those tasks and activities [school counselors] engage in as they work to enhance the functioning of students, their school, and their program” (p. 152). PSCs are often encouraged to take on more roles by the ASCA National Model, school administration, and even their students (Brown & Trusty, 2005). However, the more roles PSCs take on, the less time they have for providing student care (Brown & Trusty, 2005).

Ebrahim et al. (2012) discussed barriers to providing play therapy to students that elementary school counselors reported. The major barriers included lack of play therapy training, lack of time to work with students, lack of support from administration and faculty, lack of resources, and lack of space (Ebrahim et al., 2012). Other identified barriers included lack of supervision, the push for PSCs to perform interventions with measurable behavior outcomes, the primary focus on academics, and differing administration priorities (Ebrahim et al., 2012). Although these researchers examined play therapy, many of these barriers are generalizable to other PSC job aspects.

The student-counselor ratio can present a significant challenge for PSCs. The ASCA National Model recommends the PSC to student ratio should be 1:250 to help PSCs “achieve maximum program effectiveness” (ASCA, 2012c, p. xii). Unfortunately, very few school districts actually meet this standard (Brown & Trusty, 2005). In the 2010-2011 school year, the average PSC to student ratio in the United States was 1:471, while in some states (e.g., Minnesota) the ratio was as high as 1:782 (ASCA, 2013b). All PSCs share the same objective to

meet the needs of their students; however, when the PSC to student ratio is high, PSCs will “establish more limited goals and alter their roles to fit the situation so they can maximize their impact” (Brown & Trusty, 2005, p. 163). For many school counselors who are responsible for more than the recommended number of students, dealing with everyday issues like RA may become less of a priority.

Another obstacle for school counselors is that they may have to compete with teachers for students’ time (Brown & Trusty, 2005). Legislation such as the No Child Left Behind act made public school funding contingent upon student performance on certain academic tests (Dollarhide & Lemberger, 2006). As a result, the priority in public schools for school counselors has become helping students achieve academically; ultimately, issues like RA are not addressed as quickly as academic issues.

Another significant barrier to RA intervention is PSC difficulty in identifying aggressors and/or victims of RA. This difficulty can originate from students not disclosing RA or bullying incidents (Mishna, 2004), or it can be due to the PSC’s lack of RA understanding. PSCs who graduated before 1995 and have not stayed current by reading RA literature may also have difficulty identifying RA because the majority of RA research and literature did not appear until after that time.

Relational Aggression Interventions

The literature highlights many different RA interventions that start at the individual level and proceed up to the school wide level. Interventions for RA can include students, parents, teachers, school administration, and other community stakeholders. The PSC is perhaps the most appropriate among school personnel to help victims, bullies, and bully/victims.

RA intervention on the individual level exists between the PSC and bully, victim, or bully/victims. Individual interventions include supporting RA victims through comforting,

encouraging, and helping them to identify and develop positive coping techniques (Putallaz et al., 2007). Discussing with the bully conflict management and better ways to deal with aggression is also effective (Putallaz et al., 2007). Crick and Bigbee (1998) submitted that “peer victims may need help coping with difficult feelings, making friends among their peers, and changing some of the ways that they interact with their peers (e.g., becoming more assertive or changing their own reactions to peers so that they do not reward aggressors and invite future attacks” (p. 346). Putallaz et al. (2007) proposed that students involved with RA work on improving conflict resolution, prosocial skills, and inclusive behaviors. Informing parents or caregivers of both victims and bullies, while also informing higher school authorities, can help to end the cycle of RA (Jacobsen & Bauman, 2007).

Additionally, PSCs can help students identify and build support systems. Young et al. (2006) found that support systems, such as having a close friend, buffered the effects of RA. Prinstein et al. (2001) noted that “high levels of close friendship support mitigated the associations between relational victimization and social-psychological maladjustment” (p. 489). Additionally, Kawabata and Crick (2011) found that students who formed cross racial/ethnic friendships in classrooms were less likely to experience RA victimization. In a study by Flanagan et al. (2011), students with a strong cultural identity experienced fewer incidents of RA.

The PSC can help students and teachers develop positive teacher-student relationships. Radliff and Joseph (2011) proposed that teachers should collaborate with students about behavior expectations in the classroom, and then remain consistent with “consequences for positive and negative behavior” (p. 174). A warm, supportive environment inside the classroom was found to foster a positive environment outside the classroom (Radliff & Joseph, 2011). In the same vein,

Leff, Waasdorp, and Crick (2010) recommended teachers would benefit from RA trainings so they better understand what RA is, how to identify RA, and what to do when they see RA.

RA can be addressed school-wide by students, teachers, administration, and parents working together to create a safe, warm atmosphere for all students (Austin et al., 2012). Crick and Bigbee (1998) recommended: “to be most effective, interventions designed to reduce peer victimization must go beyond the level of the individual child to include the school, the community, and the society as a whole” (p. 346). O’Brennan et al. (2009) added that schools must attempt to sustain a positive atmosphere, especially for students at the greatest risk such as victims and bully/victims. Radliff and Joseph (2011) echoed that it is crucial for students to experience a positive and safe school environment:

An overarching goal of prevention and intervention is to create a positive, healthy, and safe school environment where students can learn...raising awareness and communication, establishing clear and consistent expectations, improving prosocial behavior and appropriate peer relationships, fostering positive and supportive student-teacher relationships, addressing relational aggression that occurs online, and specific programs that can be implemented at the classroom or school level” (p. 174).

Many researchers have advocated the creation of a bullying task force and collaboration with parents/caregivers, teachers, and administration at the school to address issues of RA and bullying (Austin et al., 2012; Crick & Bigbee, 1998; Jacobsen & Bauman, 2007). Educating students, parents, and teachers is also an important step in eradicating RA (Austin et al., 2012; Jacobsen & Bauman, 2007).

Researchers have examined RA intervention programs that PSCs who have resources may purchase. Leff, Waasdorp, and Crick (2010) discussed the strengths and limitations of nine school-based RA intervention programs. Most of the programs reviewed focused on developing better prosocial interaction skills through classroom-based lessons; some of the programs also included group therapy sessions (Leff, Waasdorp, & Crick, 2010). Almost all of the programs addressed children between pre-kindergarten and 8th grade (Leff, Waasdorp, & Crick, 2010).

The prevention programs were in early stages of development and evaluation, and none of the programs met the “stringent criteria for being efficacious as defined by the Society for Prevention Research” (Leff, Waasdorp, & Crick, 2010, p. 531). Finally, the authors exhorted PSCs to “take a central role in the implementation and evaluation of intervention programs” (Leff, Waasdorp, & Crick, 2010, p. 531).

Leff, Waasdorp, Paskewich et al. (2010) reported on “the Preventing Relational Aggression in Schools Everyday Program” (p. 569) (PRAISE), a culturally sensitive intervention program for urban girls. The authors found PRAISE to be effective and beneficial towards high-risk relationally aggressive girls (Leff, Waasdorp, Paskewich et al., 2010). This program was one of few that attempted to help culturally diverse groups of students cope with RA.

Walker (2010) noted that the school setting is one of the best venues to address RA, perhaps because schools “represent the most opportunistic setting for peer harassment and victimization” (p. 598). The challenge for PSCs is “to implement with integrity what we currently know about interventions that may positively affect relational aggression and scale up those that are ready for adoption and broader application” (Walker, 2010, p. 595). Walker (2010) questioned how willing schools would be to take responsibility for addressing RA issues, noting that it took a Supreme Court decision for schools to broadly address physical bullying prevention and intervention.

Ethical Considerations

According to Remley and Herlihy (2014), school counselors are ethically bound to prevent bullying of any kind. The preamble to the ASCA code of ethics explicitly states, “Each person has the right to feel safe in school environments that school counselor help create, free from abuse, bullying, neglect, harassment or other forms of violence” (ASCA, 2010). The ASCA code of ethics calls for PSCs to support the best interests of students and work against

factors that may interfere with student achievement (ASCA, 2010). School counselors “work as advocates and leaders in the school to create equity based school counseling programs that help close any achievement, opportunity and attainment gaps” (ASCA, 2010). Dahir (2009) proposed that “when school counselors embrace the ethical and moral obligation to reduce and eliminate the institutional and/or social barriers that may stand in the way of every student’s academic, career, or personal-social development...,they advance the moral dimensions of school to include a strong social justice agenda to ‘close the gap,’ especially for diverse populations of students who have been traditionally underserved or underrepresented” (p. 4).

The ACA Code of Ethics (2005) also calls on counselors to be advocates for social change at many different levels including the individual, group, institutional, and societal levels. As advocates, counselors “improve the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered” (ACA, 2005). As members of the counseling profession, school counselors are obligated to adhere to the ACA Code of Ethics (2005) as well as the ASCA Code of Ethics (2010). The ACA Code of Ethics notes the values that guide behaviors “are deeply ingrained in the counselor and developed out of personal dedication” (ASCA, 2005, p.3).

Summary

In this chapter, the literature relevant to RA, PSCs’ perceptions of RA, training for RA intervention, barriers, and interventions was discussed. The chapter began with an in-depth discussion of multicultural aspects of RA including gender differences, popularity status, culture/ethnicity, and developmental issues. RA was established as an issue of social justice in the school because the effects of RA victimization, bullying, and bullying/victimization create substantial barriers to academic and personal/social achievement.

Next, the school counseling profession was discussed. School counseling history and the changing role of the school counselor were addressed, followed by the current and future role of the PSC. According to the ASCA National Model (2012c), today's PSC embodies features of leadership, collaboration, systemic change, and most importantly advocacy. PSCs are social justice advocates, charged with removing barriers to student success such as RA (ASCA, 2012c). According to Jacobsen and Bauman (2007), PSCs perceived RA to be less serious than physical or verbal bullying. Jacobsen and Bauman (2007) suggested that better school counselor training could lead to PSCs who are more sensitive towards RA victimization.

School counselor training was addressed in the light of CACREP Standards (2009). While CACREP Standards seem to support counselor educators addressing many aspects of RA, many researchers suggested that school counselors are not in fact prepared to meet the educational needs of youth (Bemak, 2000; Coker & Schrader, 2004; Jacobsen & Bauman, 2007). PSC continuing education was discussed as a way for PSCs to keep current on RA related information.

Lastly, RA barriers, interventions, and ethical considerations were discussed. Some RA barriers identified in the literature include PSC role confusion, lack of time to work with students, lack of support from administration and faculty, lack of resources, the push for PSCs to perform interventions with measurable behavior outcomes, the primary focus on academics, and differing administration priorities (Brown & Trusty, 2005; Ebrahim et al., 2012). RA interventions were discussed on three different levels: individual interventions (between the PSC and student), those that include the teacher, and school wide. Finally, ethical considerations regarding PSCs involvement in ending RA were addressed.

CHAPTER THREE

METHODOLOGY

In this chapter, the methodology that was used in the study is discussed. The purpose of the study, the rationale for survey design, variables and research questions, participants, data collection procedures, survey and survey development, and data analysis plan are presented.

Purpose of the Study

The primary purpose of this study was to examine professional school counselors' (PSC) training in regards to relational aggression (RA), PSC perceptions of RA as a problem with serious consequences for students, the barriers that PSCs encounter when dealing with RA, and the methods they use to intervene in RA. A second purpose was to determine how PSC gender, the school level (elementary, middle, secondary/high school, and K-12) in which they worked, and school type (parochial, private, public, and other) in which they worked were related to perceptions of RA as a problem with serious consequences for students. To gather data, members of the American School Counselor Association (ASCA) were surveyed to assess training and perceptions of preparedness to deal with RA, beliefs regarding RA, intervention strategies, and perceived barriers to relational aggression intervention.

Survey Design

I utilized a survey method to collect data. The survey method was the optimal choice for this study because it allowed me to rapidly collect data from a large number of people in various locations, allowing for study generalizability. The survey method also ensured participant anonymity, which may have helped participants remain more truthful than in other methods of data collection (Leedy & Ormrod, 2005).

The online survey method was chosen because it has many advantages over traditional pen and paper survey methods (Jacobsen, & Bauman, 2007). Some advantages include the

abilities to access many individuals, to save time and money, and to increase respondent motivation. Additionally, Internet-based surveys are able to access previously hidden populations, are simple, collect better data due to reduced respondent error, and collect information quickly (Rhodes, Bowie, & Hergenrather, 2002). Finally, Internet-based surveys allow for participant anonymity. Internet surveys have been used in similar studies; for example, Jacobsen and Bauman (2007) used an Internet survey to study PSC responses to different types of bullying scenarios.

Variables

The independent variables in this study were PSC gender (male or female), level of school at which PSC works (elementary, middle, secondary, K-12, and other), type of school (private, public, faith-based, charter, and other), and training. The dependent variables in this study were PSC perceptions of the seriousness of RA consequences for students, PSC perceptions of preparedness, PSC perceptions of identified barriers to RA intervention, and PSC intervention methods for RA.

Research Questions

1. To what extent do PSCs believe that RA is a problem with serious consequences for students?
2. What do PSCs perceive to be their role in dealing with RA?
3. How frequently do PSCs encounter instances of RA in their work?
4. Is there a significant relationship between PSC training (courses with RA content, workshops/institutes) and their perceptions of the seriousness of consequences of RA?
5. Are there significant differences between male and female PSCs in their perceptions of the seriousness of consequences of RA?

6. Are there significant differences by school level (elementary, middle, secondary/high school, and K-12) in PSCs' perceptions of the seriousness of consequences of RA?
7. Are there significant differences by school type (parochial, private, public, and other) in PSCs' perceptions of the seriousness of consequences of RA?
8. To what extent do PSCs perceive themselves as being prepared to deal with instances of RA?
9. What barriers to RA intervention do PSCs experience?
10. What interventions do PSCs use in responding to RA?

Participants

The target population for this study was PSCs who work with students from kindergarten through twelfth grade in the U.S. The sample for this study was drawn from ASCA (American School Counselors Association) membership. ASCA is a division of the American Counseling Association (ACA), and has a membership of over 31,000 PSCs representing all regions of the United States. Participants for the study were identified through the ASCA membership directory, which is available to members of ASCA through the ASCA website (www.schoolcounselor.org). The membership directory includes the e-mail addresses of 27,267 members who are categorized by (among other things) the level(s) of students with which they work. Participants included PSCs who identify their working level as elementary, elementary/middle, K-12, middle/junior high, secondary/high school, and middle/secondary.

Characteristic of the sample

The sample for this study was drawn from members of ASCA who work with students from kindergarten through twelfth grade in the U.S. At the time that the sample for the study was selected, the ASCA membership database consisted of 3,849 e-mail addresses for elementary school counselors, 1,052 e-mail addresses for elementary/middle school counselors, 1,466 e-mail

addresses for K-12 school counselors, 2,484 e-mail addresses for middle/junior high school counselors, 5,452 e-mail addresses for secondary/high school counselors, and 975 e-mail addresses for middle/secondary school counselors for a total of 15,278 e-mail addresses of ASCA members who qualified to participate in this survey. From the 15,278 addresses, I selected two stratified random samples: the first was of 5,000 members and the second was of 2,000 members. The sample was stratified based on the level at which the PSCs work, including: elementary, elementary/middle, K-12, middle/junior high, secondary/high school, and middle/secondary. To obtain a random sample, all email addresses were downloaded from the ASCA website and imported into an Excel spreadsheet, separated by school level. A random number between 0 and 1.0 was assigned to each name by Excel. The email names were then sorted in numerical order based on the number provided by Excel.

The first sample included 5,028 members; 838 members were selected from each group. After the initial e-mail was sent, 204 e-mails bounced back and one e-mail failed. Therefore, 4,823 members were eligible to participate. Based on a 5,000-person sample, 356 surveys must be completed to ensure that the survey accurately represents the views of the population (Zemke & Kramlinger, 1986). After the second reminder e-mail was sent to the first sample, I sent the survey out to a second stratified, random sample due to low initial response rates from the first sample. I sent the survey to the second sample to ensure that the total number of participants was sufficient to be representative of the population. The second sample included 2,221 e-mail addresses for 500 elementary PSCs, 151 elementary/middle PSCs, 500 K-12 PSCs, 500 middle PSCs, 500 high school PSCs, and 71 middle/secondary PSCs. There were smaller numbers of elementary/middle and middle/secondary PSCs in this sample because there are smaller numbers of those PSCs overall in the ASCA membership directory. After the initial e-mail was sent to the second sample, 146 e-mails bounced and one e-mail failed, resulting in 2,074 eligible

participants. Between the two samples, 629 potential respondents started the survey and 522 completed the survey; therefore, it can be concluded that this sample accurately represents the views of the ASCA PSC population. The response rate was 7.57 percent.

Participants were asked to complete a researcher-developed survey entitled *The School Counselor Perceptions of Relational Aggression (SCPRA)*. They were asked to provide demographic information about themselves including gender and ethnicity (see Table 1). An overwhelming majority of the participants were female (89.5%), and a much smaller percentage of the participants were male (10.5%). This may be attributed to the general gender composition of the school counseling profession in the US; according to a recent report, 77 % of school counselors were women (College Board Advocacy & Policy Center, 2011). Caucasian/European Americans comprised the vast majority of participants (84.9%). Smaller percentages of participants self-identified as African American (6.7%), Asian American (.4%), Hispanic (5.2%), Native American (1%) and Other (1.9%) (see Table 1).

Table 1
Frequency Distribution of Respondents by Gender and Ethnicity (n=522)

Variable	n	%
Gender		
Female	467	89.5
Male	55	10.5
Total	522	100.0
Ethnicity		
African American	32	6.7
Asian American	2	.4
Caucasian/European American	443	84.9
Hispanic	27	5.2
Native American	5	1.0
Other	10	1.9

The *SCPRA* asked the year the participant graduated because research indicates that educational training may vary by how recently it was acquired. RA research has been published with more frequency since 1995; therefore, a PSC who graduated prior to 1995 may not have learned about RA while in graduate school. Respondents reported graduating from at least a master's-level graduate program from 1975 through 2013, which represents a 39-year range (see Table 2). The modal graduation year was 2004. The average years since graduation was 7.5 years.

Table 2
Frequency Distribution of Respondents by Year Graduated (n=522)

Year Graduated	n	%	Cumulative %
1975	1	.2	.2
1976	1	.2	.4
1978	4	.8	1.1
1979	2	.4	1.5
1980	3	.6	2.1
1981	6	1.1	3.3
1982	4	.8	4.0
1983	4	.8	4.8
1984	4	.8	5.6
1985	3	.6	6.1
1986	2	.4	6.5
1987	2	.4	6.9
1988	8	1.5	8.4
1989	8	1.5	10.0
1990	5	1.0	10.9
1991	8	1.5	12.5
1992	7	1.3	13.8
1993	12	2.3	16.1
1994	12	2.3	18.4
1995	13	2.5	20.9
1996	17	3.3	24.1
1997	11	2.1	26.2
1998	13	2.5	28.7
1999	14	2.7	31.4
2000	21	4.0	35.4
2001	12	2.3	37.7
2002	18	3.4	41.2
2003	18	3.4	44.6
2004	28	5.4	50
2005	22	4.2	54.2
2006	33	6.3	60.5
2007	29	5.6	66.1
2008	32	6.1	72.2
2009	27	5.2	77.4
2010	33	6.3	83.7
2011	40	7.7	91.4
2012	30	5.7	97.1
2013	15	2.9	100.0

Participants were asked to disclose the total number of years they have worked as a school counselor (see Table 3). The range of years worked was between one and 25 years, with a mean of 9.83 years. The median was 8 years.

Table 3
Frequency Distribution of Respondents by Years as a PSC (n=522)

Year(s) as a PSC	n	%	Cumulative %
1	41	7.9	7.9
2	35	6.7	14.6
3	35	6.7	21.3
4	27	5.2	26.4
5	31	5.9	32.4
6	24	4.6	37.0
7	37	7.1	44.1
8	35	6.7	50.8
9	27	5.2	55.9
10	28	5.4	61.3
11	11	2.1	63.4
12	20	3.8	67.2
13	19	3.6	70.9
14	21	4.0	74.9
15	26	5.0	79.9
16	10	1.9	81.8
17	14	2.7	84.5
18	10	1.9	86.4
19	10	1.9	88.3
20	11	2.1	90.4
21	12	2.3	92.7
22	9	1.7	94.4
23	5	1.0	95.4
24	1	.2	95.6
25+	23	4.4	100.0

Participants reported their highest degree earned (see Table 4). The majority of participants had a master's degree (52.3%) or a master's degree plus 30 hours (41.4%). Only 5.7% of participants held the doctorate, and .6% of participants held a bachelor's degree.

Table 4
Frequency Distribution of Respondents by Highest Degree Earned (n=522)

Highest Degree Earned	n	%
Bachelor's	3	.6
Master's	273	52.3
Master's +30	216	41.4
Doctorate	30	5.7
Total	522	100.0

The *SCPRA* asked participants to identify all current certifications and licenses held (see Table 5). Eleven options existed, including State Certified School Counselor, National Certified Counselor (NCC), National Certified School Counselor (NCSC), Counselor Intern (CI), Licensed Marriage and Family Therapist (LMFT), Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), Registered Play Therapist (RPT), School Psychologist, No Current Certifications, and Other. An overwhelming majority (92.3%) of PSCs were State Certified School Counselors. Smaller percentages reported that they held the NCC (19.7%), or LPC (11.5%).

Participants were also asked to add any certifications that may not have been listed by using the “other” category. Sixty-one participants (10.7%) selected the other category and listed different credentials. The credentials generally were in three career areas: counseling, teaching, and school administration. The counseling category included participants with provisional, art therapy, addiction counseling, and license titles that varied by state (for example, Limited Licensed Professional Counselor [LLPC], Licensed Associate Counselor [LAC], LCPC, LMSW, LMFT, and Licensed Independent Clinical Social Worker), certification in the Myers Briggs Type Indicator, and career counseling. Some school counselors also held the National Board Certified Teacher credential in school counseling. Twenty-three participants included credentials under the teaching category, suggesting that this was a credential area that should have been included in the *SCPRA*. Teacher credentials included National Board Certified

Teacher (NBCT), Special Ed Certified Teacher, ACSI lifetime certificate for both school counseling and teaching, Secondary Composite Science Certification, Certified in teaching school English as a second language, certification from the National Board for Professional Teaching Standards (NBPTS), Career and Technical Education (CTE) certified, and Substitute Teaching License. Some participants held both a teaching and a counseling license. Finally, some participants included administrative certifications such as Certified School Administrator, Approved Clinical Supervisor (ACS), and State Certified K-12 School Administrator.

Table 5
Frequency Distribution of Respondents by Current Certifications and Licenses

Current Certification/License	n	%
State Certified School Counselor	482	92.3
National Certified Counselor (NCC)	103	19.7
National Certified School Counselor (NCSC)	35	6.7
Counselor Intern (CI)	7	1.3
Licensed Marriage and Family Therapist (LMFT)	2	.4
Licensed Professional Counselor (LPC)	60	11.5
Licensed Clinical Social Worker (LCSW)	5	1.0
Registered Play Therapist (RPT)	5	1.0
School Psychologist	3	.5
No Current Certifications	2	.4
Other	56	10.7

Note. Professional School Counselors may have one or more current certifications and/or licenses, which explains why the total for frequencies exceeds the total number of respondents. A complete list of “Other” certifications and licenses can be found in Appendix F.

Participants provided their professional affiliations under eight categories (see Table 6).

The most commonly reported professional affiliation was American School Counselor Association (n=478; 91.6%), although participants were not eligible for this study without membership in ASCA; therefore, some participants may not have been aware of their membership. The next most commonly reported professional affiliation was state branch of ASCA (n=245; 46.9%), followed by American Counseling Association (ACA; n=109; 20.9%). Other memberships included the state branch of ACA (n=51; 9.8%), Association for Play

Therapy (APT; n=11; 2.1%), the state branch for APT (n=8; 1.5%), and no professional affiliations (n=4; .8%).

Participants were also invited to state any other professional affiliations they may have held, through selecting the “other” category and writing in their affiliations. Ninety-seven participants provided other professional affiliations.

Table 6
Frequency Distribution of Respondents by Professional Affiliations

Professional Affiliation	n	%
American Counseling Association (ACA)	109	20.9
State branch of ACA	51	9.8
American School Counselor Association (ASCA)	478	91.6
State branch of ASCA	245	46.9
Association for Play Therapy (APT)	11	2.1
No professional affiliations	4	.7
Other	87	15.8

Note. Professional School Counselors may have one or more current professional affiliation, which explains why the total for frequencies exceeds the total number of respondents.

Participants were asked to identify the grade level of students with whom they currently work (see table 7). The options were lower elementary (Pre-K through 1st grades), upper elementary (1st through 4th grades), middle school/junior high school, high school, K-12, and other. Participants were allowed to select all options that applied. The majority of participants reported working with middle school/junior high students (n=301; 54.7%). Nearly one-third reported working with upper elementary students (n=175; 31.8%), and a slightly smaller percentage reported lower elementary (n=154; 28%). High school was reported by slightly more than one-fourth of respondents (n=149; 27.1%). When lower and upper elementary school counselors are combined they total 329 participants, giving them about equal representation with middle school/junior high. However, since participants were allowed to select more than one option, the percentages total more than 100% and the precise breakdown of grade levels is unknown.

Table 7
Frequency Distribution of Respondents by Grade Level

Grade level	n	%
Lower elementary (Pre-K through 1 st)	154	28.0
Upper elementary (1 st through 4 th)	175	31.8
Middle school/Junior High	301	54.7
High School	149	27.1
K-12	32	5.8
Other	53	9.6

Note. Professional School Counselors may work with more than one grade level, which is why the total for frequencies exceeds the total number of respondents.

Participants were asked to select the type of school at which they worked (see Table 8). The participants were allowed to select more than one type, and were also allowed to elaborate in the “other” category. The options were: private (non-secular), public, faith based, charter, all male, all female, and other. An overwhelming majority of the participants reported working at a public school (n=476; 86.5%). Smaller numbers of participants worked in faith based schools (n=28; 5.1%), and private, non-secular schools (n=23; 4.2%).

Twenty participants (3.6%) provided types of school in the “other” category. Some other types of schools included a special education school, a private/alternative school, a parent co-operative school, a disciplinary alternative education program, a technical center, a therapeutic day school, a laboratory school affiliated with a university, a Title I school, and a regional STEM program school.

Table 8
Frequency Distribution of Respondents by Type of School

School type	n	%
Private, non-secular	23	4.2
Public	476	86.5
Faith based (e.g., Catholic)	28	5.1
Charter	17	3.1
Single Sex: All male	1	.2
Single Sex: All female	3	.5
Other	20	3.6

Note. Professional School Counselors were allowed to select more than one option, which is why the total for frequencies exceeds the total number of respondents.

The participants were asked how many students they were responsible for, to better understand the participant’s workload (see Table 9). The mean range of students was between 500 and 1,000 students. About half of the respondents (n=268; 48.7%) reported being responsible for between 250 to 500 students. Approximately one-fourth were responsible for between 500 and 1,000 students (n=137; 24.9%). A smaller number of PSCs were responsible for between 100 and 250 students (n=96; 17.5%). The ASCA National Model recommends the PSC-to-student ratio should be 1:250 to help PSCs “achieve maximum program effectiveness” (ASCA, 2012c, p. xii).

Table 9
Frequency Distribution of Respondents by Number of Students

Number of Students	n	%
1-50	10	1.8
50-100	14	2.5
100-250	96	17.5
250-500	268	48.7
500-1,000	137	24.9
1,000+	21	3.8

Participants were asked to report the state in which they lived at the time of the survey (see Table 10). All 50 states are represented in the data; the greatest number of participants were from Virginia (29 participants).

Table 10
Frequency Distribution of Respondents by State (n=522)

State	n	%
Alabama	6	1.1
Alaska	1	.2
Arizona	10	1.9
Arkansas	4	.8
California	18	3.4
Colorado	10	1.9
Connecticut	7	1.3
Delaware	4	.8
Florida	17	3.3
Georgia	25	4.8
Hawaii	5	1.0
Idaho	3	.6
Illinois	24	4.6
Indiana	5	1.0
Iowa	10	1.9
Kansas	8	1.5
Kentucky	10	1.9
Louisiana	11	2.1
Maine	8	1.5
Maryland	13	2.5
Massachusetts	11	2.1
Michigan	12	2.3
Minnesota	7	1.3
Mississippi	9	1.7
Missouri	17	3.3
Montana	6	1.1
Nebraska	6	1.1
Nevada	4	.8
New Hampshire	5	1.0
New Jersey	14	2.7
New Mexico	8	1.5
New York	16	3.1
North Carolina	22	4.2
North Dakota	5	1.0
Ohio	11	2.1
Oklahoma	8	1.5
Oregon	6	1.1
Pennsylvania	23	4.4
Rhode Island	1	.2
South Carolina	7	1.3
South Dakota	5	1.0
Tennessee	23	4.4
Texas	20	3.8
Utah	14	2.7

Vermont	4	.8
Virginia	29	5.6
Washington	10	1.9
West Virginia	3	.6
Wisconsin	12	2.3
Wyoming	5	1.0

Instrument Development

No previous studies have examined PSC perceptions of RA, how different variables effect those perceptions, RA training, perceptions of barriers to RA intervention, and interventions utilized; therefore, there was no existing instrument appropriate for this study. However, Ebrahim (2008) created the *Play Therapy Utilization Inventory (PTUI)* to study the use of play therapy, beliefs about play therapy, and the perceived barriers to practicing play therapy by school counselors at different types of schools (private, faith-based, and public). The *PTUI* is a 42-item survey that consists of six sections: Section I: Demographics, Section II: Training and Preparedness, Section III: Beliefs about Play Therapy, Section IV: Perceived Barriers, Section V: Methods of Play Therapy Delivery, and Section VI: Additional Information (Ebrahim, 2008). I utilized the format of the *PTUI* (Ebrahim, 2008) in developing my instrument, the *School Counselor Perceptions of Relational Aggression (SCPRA)*, due to its similarities to the format of my study.

The *SCPRA* was designed to determine the following: (a) the extent to which school counselors perceive RA is a problem with serious consequences for students; (b) what PSCs perceive to be their role in dealing with RA; (c) how frequently PSCs encounter instances of RA at work; (d) if a significant relationship exists between school counselor training and school counselor perceptions of the seriousness of RA consequences; (e) if significant differences exist between male and female PSCs in their perceptions of the seriousness of consequences of RA; (f) if significant differences exist between school level (elementary, middle school, secondary/high school, and K-12) in PSCs' perceptions of the seriousness of consequences of

relational aggression; (g) if significant differences exist in school type (private, public, faith-based, charter, and other) and PSCs' perceptions of the seriousness of consequences of relational aggression; (h) the extent to which PSCs perceive themselves as being prepared as being deal with instances of RA; (i) the barriers to relational aggression intervention that PSCs experience; and (j) the interventions PSCs use in responding to relational aggression.

The *SCPRA* is a 55-item survey divided into six sections. Section I: Demographics contains 11 items. In Section I: Demographics, information about the participant is requested including gender, ethnicity, current counseling certifications, professional affiliations, highest degree earned, year graduated, grade level, school type, location, caseload, and years of experience. Section II: Training and Preparedness contains two types of items: 3 items related to training the school counselor has received in graduate coursework and through workshops or institutes, and 3 items inquiring about perceptions of preparedness for identifying and intervening in RA. Participants are asked to respond to the first two items (training) using a drop-down menu, and the third item through using multiple choice; for the last three items regarding perceptions of preparedness, participants are asked to respond using a Likert-scale with 6 response choices ranging from (1) strongly agree to (6) strongly disagree. In Section III: Beliefs About Relational Aggression, which is comprised of 9 items, participants are asked to respond to questions regarding beliefs about RA using a 6-point Likert-type scale where (1) strongly agree, (2) agree, (3) somewhat agree, (4) somewhat disagree, (5) disagree, (6) strongly disagree. The last question in Section III pertains to the percent of students PSCs treat for RA, and is answered through a dropdown menu. Section IV: Perceived Barriers, containing 12 items, also employs a 6-point Likert-type scale to gain information about school counselor perceived barriers to RA intervention. The Likert-type scale in Section IV presents these response choices: (1) strongly agree, (2) agree, (3) somewhat agree, (4) somewhat disagree, (5) disagree, (6)

strongly disagree. The final question in Section IV is an open ended question regarding PSC barriers to RA intervention. In Section V: Methods of Relational Aggression Intervention, which contains 16 items, participants identify the frequency with which they use different RA interventions using a 6-point Likert-type scale with these possible responses: (1) very frequently, (2) frequently, (3) somewhat frequently, (4) somewhat rarely, (5) rarely, and (6) very rarely. The final question in Section V is an open ended question regarding counseling techniques for dealing with RA. Section VI: Additional Information includes an open-ended prompt for participants to add anything they believe it is important for the researcher to know.

At the beginning of sections II, III, IV and V are definitions of the words bullying, relational aggression, relational aggression bully, and relational aggression victim for participants to use in answering the survey questions.

Items that comprise the *SCPRA* were developed from the available literature regarding RA concepts, school counselor training, RA intervention recommendations, and current information on school counselor perceptions of RA (see Table 11).

Table 11

Instrument Development- School Counselor Perceptions of Relational Aggression

Items	Literature Reference
1-11	Participants' Demographic Information; Ebrahim, 2008
12	Bemak, 2000; Coker & Schrader, 2004
13	Jacobsen & Bauman, 2007; Paisley & McMahon, 2001
14	ASCA, 2012; Jacobsen & Bauman, 2007; Paisley & McMahon, 2001
15	Jacobsen & Bauman, 2007
16	ASCA, 2012; Jacobsen & Bauman, 2007; Paisley & McMahon, 2001
17-18	Crick, 1996; Crick & Grotpeter, 1995; Goldstein, Young, & Boyd, 2008; Jacobsen & Bauman, 2007; Prinstein, Boergers, & Vernberg, 2001; O'Brennan, Bradshaw, & Sawyer, 2009; Putallaz et al, 2007; Rose & Swenson, 2009; Schwartz, 2000; Yoon et al., 2004
19	Jacobsen & Bauman, 2007
20	Crick, 1996; Coldstein et al., 2008; O'Brennan, Bradshaw, & Sawyer, 2009
21	Austin, Reynolds, & Barnes, 2012; Jacobsen & Bauman, 2007; Yoon et al., 2006
22-24	Jacobsen & Bauman, 2007
25-26	Mishna, 2004; Young et al., 2006
27	Mishna, 2004
28	Jacobsen & Bauman, 2007
29-30	Austin, Reynolds, & Barnes, 2012; Ebrahim, Steen, & Paradise, 2012
31-32	Ebrahim, Steen, & Paradise, 2012
33	Austin, Reynolds, & Barnes, 2012
34	Brown & Trusty, 2005
35	Ebrahim, Steen, & Paradise, 2012
36-37	Putallaz et al., 2007
38-39	Jacobsen & Bauman, 2007
41	Jacobsen & Bauman, 2007
44	Austin, Reynolds, & Barnes, 2012; Crick & Bigbee, 1998; Jacobsen & Bauman, 2007
45	Austin, Reynolds, & Barnes, 2012; Crick & Bigbee, 1998
46	Jacobsen & Bauman, 2007
47	ASCA, 2012b; Brown & Trusty, 2005
48-49	Austin, Reynolds, & Barnes, 2012
50	ASCA, 2012b
52	Austin et al., 2012

Expert Panel

An expert panel examined the *SCPRA* for content validity. The expert panel consisted of six members, five female and one male, who had experience working as a PSC. Five of the panel members were Caucasian and one was African American. All panel members were located in the state of Louisiana. Panel members' current certifications and licenses included one member who was a state certified school counselor, one who was a nationally certified school counselor (NCSC), four who were nationally certified counselors (NCC), one licensed marriage and family therapist (LMFT), and six licensed professional counselors (LPC). Professional affiliations included three members who belonged to the American Counseling Association (ACA), three members who belonged to the state branch of ACA, one member who belonged to the American School Counseling Association (ASCA), and two members with no professional affiliations.

The panel members had different levels of training. One member held a doctoral degree, three members held a master's degree plus 30 hours towards a doctoral degree, and two members held master's degrees. Their years of graduation from their highest degree programs ranged from 1997 to 2010. Regarding training, 50% of the panel members reporting taking one graduate level course that included content related to bullying and/or relational aggression, whereas the other 50% reported not taking any classes. Additionally, the mean number of bullying and/or relational aggression workshops or special institutes panel members had attended was 5 (range=2-10).

The panel members worked in a variety of school types including four with experience in faith-based schools and one with experience in a public school; two identified working at an all-female institution and one identified working at "other." Regarding grade level, five of the panel

members reported working with high school students and one reported working with “other.” Half (50%) of the panel members worked with 50 to 100 students (range=1-250 students). The mean years of experience working as a school counselor was 7.33 years (range=2-15 years).

After examining the *SCPRA*, the expert panelists suggested changing the definition provided for bullying by citing more recent literature, as well as defining the terms “relational aggression bully” and “relational aggression victim.” Additionally, the panelists suggested moving the definition of the three terms from the demographics section to the beginning of the survey. I chose to include definitions of terms before each different survey section with the exception of Section I: Demographics. The panel also expressed confusion regarding item number 4, professional affiliations. I changed the options to clarify. Item number 3 was changed from “current certifications” to “current certifications and licenses.”

The expert panelists suggested the addition of four questions. The first question, added to Section II: Training and Preparedness, was: What was your motivation for attending the relational aggression and/or bullying trainings? The second question was added to Section III: Beliefs about relational aggression. The question was: About what percentage of the students in your caseload do you treat for relational aggression (including students who are identified as relational aggression victims, relational aggression bullies, or bystanders)? The third question was added to Section IV: Perceived Barriers. The question was: What are other barriers you encounter to identifying and intervening in relational aggression issues? The fourth question was added to Section V: Methods of Relational Aggression Intervention. The question was: What are some of the other counseling techniques you use for methods of relational aggression intervention?

The panelists expressed that items 31, 32, and 34 were somewhat vague. I clarified item 31 by changing the question from “the faculty at my school does not support me” to “the faculty

at my school does not support me working with students who have been affected by relational aggression.” I clarified item 32 by adding “working with students who have been affected by relational aggression.” I changed the word “space” to “office” for item number 34.

Finally, one panel member suggested I change the words “very rarely” to “never” for multiple choice answers on item numbers 39 through 53. I chose not to make this change after discussing this with my methodologist. The panelists also noticed that a space was not available to answer item number 55, so I added a text box for that item. The changes were made to the instrument and sent out via email to the panel once again; their approval was gained.

Data Collection Procedures

Permission to conduct this study was obtained from the committee for Protection of Human Subjects in Research (IRB) at the University of New Orleans on October 2, 2013. A copy of the approval letter can be found in appendix E. After permission was obtained, data were collected from a sample of school counselors who are members of ASCA.

I retrieved e-mail addresses through the ASCA website (www.schoolcounselor.org). The ASCA directory is available to ASCA members; I am a member. I searched the ASCA membership directory for school counselors who identified the level of students they worked with as elementary, elementary/middle, K-12, middle/junior high, secondary/high school and middle/secondary. In total, 15,278 ASCA members met the criteria to participate in the study (ASCA, 2012). Use of the ASCA email database allowed for adequate national representation of the school counseling population. From the 15,278 possible members, I selected an initial stratified random sample of 5,000 members who were asked to participate in the study. A second stratified random sample of 2,000 ASCA members was also selected in case the first sample did not yield a sufficient number of responses.

The first and second sample of e-mail addresses selected were entered into different panels through the Qualtrics website (<http://qualtrics.com>). Qualtrics is a website through which the *SCPRA* was loaded and was able to collect data electronically from participants. I sent all my communications that included a link to the survey to potential participants through Qualtrics. Qualtrics anonymously collected the data and tallied participants who started and completed the survey.

I sent the survey to both samples via e-mail. All e-mails that were sent contained a description of my study, a description of the *SCPRA*, informed consent information, a statement ensuring participant anonymity, potential risks and benefits associated with taking the survey, and contact information for me and the principal investigator. I sent an initial email to the first sample to request voluntary participation. A copy of the initial e-mail correspondence can be found in Appendix B. A link generated by Qualtrics.com to access the *School Counselor Perceptions of Relational Aggression (SCPRA)* was included in the email. After approximately two weeks, I sent a reminder e-mail message to the first sample; a copy of the second e-mail correspondence can be found in Appendix C. I sent a final e-mail to the first sample two weeks later; a copy of the final e-mail correspondence can be found in Appendix D.

After the second reminder e-mail was sent to the first sample, I consulted with my methodologist and decided to send the survey to the second sample of 2,000 people to ensure that there would be sufficient responses to accurately represent the population. The content of the e-mail correspondences was the same as was sent to the first sample. I sent an initial e-mail out to the second sample, and then a follow up e-mail two weeks later. I sent the last e-mail a week later. The entire data collection period lasted five weeks.

Data Analysis

Data analysis procedures included descriptive statistics, Chi-square test, Spearman rho correlations, multiple regression, and Kruskal-Wallis tests. All statistical procedures were performed using the SPSS statistical package version 20. The research questions, hypotheses, and analyses that were performed are:

Research Question 1:

To what extent do professional school counselors (PSCs) believe that relational aggression (RA) is a problem with serious consequences for students?

Hypothesis 1:

It was hypothesized that school counselors will agree that RA is a problem with serious consequences for students.

Data Analysis:

Descriptive statistics were computed on survey items 18-21 separately; a combined, mean score was computed.

Research Question 2:

What do PSCs perceive to be their role in dealing with RA?

Data Analysis:

Descriptive statistics were computed on survey items 23 and 24.

Research Question 3:

How frequently do PSCs encounter instances of RA in their work?

Data Analysis:

Descriptive statistics were computed on survey item 24.

Research Question 4:

Is there a significant relationship between school counselors' training (courses with RA content, workshops/institutes) and their perceptions of the seriousness of consequences of RA?

Hypothesis 4:

It was hypothesized that school counselors with more training will perceive RA to be a problem with serious consequences.

Data Analysis:

Descriptive statistics were computed on survey item numbers 18 and 19. Additionally, Spearman's rho correlations were performed on items 18 through 21 with items 12 through 17.

Research Question 5:

Are there significant differences between male and female PSCs in their perceptions of the seriousness of consequences of relational aggression?

Hypothesis 5:

It was hypothesized that female PSCs will perceive the consequences of RA to be more serious than male PSCs.

Data Analysis:

Spearman's correlations were computed to correlate survey items 1 with items 17, 18, 19, and 20. A series of five chi-square tests were performed on item 1 with items 18 through 21 and 25.

Research Question 6:

Are there significant differences by school level (elementary, middle, secondary/high school, and K-12) in PSCs' perceptions of the seriousness of consequences of relational aggression?

Data Analysis:

Spearman's Rho correlations were computed to correlate survey items 7 and 18 through 21. A series of four Kruskal-Wallis tests were also performed on survey item 7 with items 18 through 21.

Research Question 7:

Are there significant differences by school type (parochial, private, public, and other) in PSCs' perceptions of the seriousness of consequences of relational aggression?

Data Analysis:

Spearman's Rho correlations were computed to correlate survey items 8 and 18 through 21. A series of four Kruskal-Wallis tests were performed on item 8 with items 18 through 21.

Research Question 8:

To what extent do PSCs perceive themselves as being prepared to deal with instances of RA?

Data Analysis:

Descriptive statistics were computed for survey items 15 through 17.

Research Question 9:

What barriers to relational aggression intervention do PSCs experience?

Data Analysis:

Descriptive statistics were computed for survey items 27 through 37. A series of four linear regression models were created. Model 1 used item 18 with items 27 through 37. Model 2 used item 19 with items 27 through 37. Model 3 used item 20 with items 27 through 37. Model 4 used item 21 with items 27 through 37. Item 38, which was open-format regarding perceived barriers, was coded for themes.

Research Questions 10:

What interventions do PSCs use in responding to relational aggression?

Data Analysis:

Descriptive statistics were computed for survey items 39-53. A series of four multiple linear regression models were created. Model 1 used item 18 with items 39 through 53. Model 2

used item 19 with items 39 through 53. Model 3 used item 20 with items 39 through 53. Model 4 used item 21 with items 39 through 53. Item 54, which was in open-format, regarding interventions used, was coded for themes.

CHAPTER FOUR

RESULTS

The responses to the survey instrument, *School Counselor Perceptions of Relational Aggression (SCPRA)* are discussed in this chapter. The data analysis for each research question is addressed followed by a discussion of the results. The chapter ends with a summary of the findings.

Purpose of the Study

The primary purpose of this study was to examine professional school counselors' (PSC) training in regards to relational aggression (RA), PSC perceptions of RA as a problem with serious consequences for students, the barriers that PSCs encounter when dealing with RA, and the methods they use to intervene in RA. A second purpose was to determine how PSC gender, the school level (elementary, middle, secondary/high school, and K-12) in which they worked, and school type (parochial, private, public, and other) in which they worked were related to perceptions of RA as a problem with serious consequences for students.

Instrumentation

The *School Counselor Perception of Relational Aggression (SCPRA)* is a 55-item survey created by the researcher specifically to explore how PSCs perceive and intervene in instances of relational aggression. The *SCPRA* examined PSC perceptions regarding RA, training in regards to RA, barriers to care for students involved with RA, and interventions PSCs use with RA. The *SCPRA* is divided into six sections including Demographics, Training and Preparedness, Beliefs about Relational Aggression, Perceived Barriers, Methods of Relational Aggression Intervention, and Additional Information.

Analysis of the Research Questions

Research Question 1

Research question 1 examined the extent to which PSCs believed that RA was a problem with serious consequences for students. Hypothesis 1 stated that school counselors would agree that RA is a problem with serious consequences for students. Frequency statistics and descriptive statistics were calculated on *SCPRA* items 18 through 21 to answer this question. All four survey items were statements on which participants were asked to rate the extent to which they agreed using a six-point Likert-type scale where (1) strongly agree, (2) agree, (3) somewhat agree, (4) somewhat disagree, (5) disagree, and (6) strongly disagree.

Participants agreed with *SCPRA* item 18 (RA is a problem with serious consequences for students with whom I work; $M=2.23$, $SD=.992$). The responses were distributed as follows: strongly agree ($n=128$; 24.5%), agree ($n=208$; 39.8%), somewhat agree ($n=140$; 26.8%), somewhat disagree ($n=31$; 5.9%), disagree ($n=13$; 2.5%), and strongly disagree ($n=2$; .4%). See Table 12 for frequencies.

Participants strongly agreed to agreed with item 19 (RA is a problem with serious consequences for students in the United States; $M=1.78$; $SD=.903$). The responses were distributed as follows: strongly agree ($n=234$; 44.8%), agree ($n=204$; 39.1%), somewhat agree ($n=58$; 11.1%), somewhat disagree ($n=18$; 3.4%), disagree ($n=6$; 1.1%), and strongly disagree ($n=2$; .4%). As is depicted in Table 12, 83.9% of participants agreed or strongly agreed with this statement. The lower mean for item 19 indicated that participants agreed more strongly that RA is a serious problem in the United States than with the students with whom they worked. See Table 12 for frequencies.

Participants strongly agreed to agreed with item 20 (RA is as serious a problem as verbal or physical aggression; $M=1.54$; $SD=.748$). The responses were distributed as follows: strongly agree ($n=297$; 56.9%), agree ($n=186$; 35.6%), somewhat agree ($n=29$; 5.6%), somewhat disagree ($n=4$; .8%), disagree ($n=5$; 1.0%), and strongly disagree ($n=1$; .2%). Over half (56.9%) of

participants strongly agreed that RA is as serious as verbal or physical aggression. A vast majority (92.5%) of participants strongly agreed or agreed with this statement.

Participants strongly agreed to agreed with item 21 (the effects of RA cause barriers to academic success and relational growth for students; $M=1.41$; $SD=.558$). The responses were distributed as follows: strongly agree ($n=325$; 62.3%), agree ($n=181$; 34.7%), somewhat agree ($n=15$; 2.9%), somewhat disagree ($n=1$; .2%), disagree ($n=0$; 0%), and strongly disagree ($n=0$; 0%). The mean response for this question was 1.41, indicating that, overall, participants strongly agreed that RA can cause barriers to academic success and relational growth. See Table 12 for frequencies.

Hypothesis 1 was accepted for all four survey items. The means for items 18 through 21 indicated that PSCs agreed that RA is an issue with serious consequences for students in their own school as well as nationwide, that RA is as serious a problem as verbal or physical aggression, and that the effects of RA cause barriers to academic success and relational growth for students.

Table 12
Frequency Distributions for SCPRA items 18-21 for Research Question 1

Item	n	%	cumulative %
18. Relational aggression is a problem with serious consequences for students with whom I work.			
Strongly Agree	128	24.5	24.5
Agree	208	39.8	64.4
Somewhat Agree	140	26.8	91.2
Somewhat Disagree	31	5.9	97.1
Disagree	13	2.5	99.6
Strongly Disagree	2	.4	100.0
19. Relational aggression is a problem with serious consequences for students in the United States.			
Strongly Agree	234	44.8	44.8
Agree	204	39.1	83.9
Somewhat Agree	58	11.1	95.0
Somewhat Disagree	18	3.4	98.5
Disagree	6	1.1	99.6
Strongly Disagree	2	.4	100.0
20. Relational aggression is as serious a problem as verbal or physical aggression.			
Strongly Agree	297	56.9	56.0
Agree	186	35.6	92.5
Somewhat Agree	29	5.6	98.1
Somewhat Disagree	4	.8	98.9
Disagree	5	1.0	99.8
Strongly Disagree	1	.2	100.0
21. The effects of relational aggression cause barriers to academic success and relational growth for students.			
Strongly Agree	325	62.3	62.3
Agree	181	34.7	96.9
Somewhat Agree	15	2.9	99.8
Somewhat Disagree	1	.2	100.0
Disagree	0	0.0	100.0
Strongly Disagree	0	0.0	100.0

Table 13

Means and Standard Deviations for SCPRA Item numbers 18-21

Item	n	M	SD
18. Relational aggression is a problem with serious consequences for students with whom I work	522	2.23	.992
19. Relational aggression is a problem with serious consequences for students in the United States.	522	1.78	.903
20. Relational aggression is as serious a problem as verbal or physical aggression.	522	1.54	.748
21. The effects of relational aggression cause barriers to academic success and relational growth for students.	522	1.41	.558

Note. Strongly Agree=1, Agree=2, Somewhat Agree=3, Somewhat Disagree=4, Disagree=5, Strongly Disagree=6

Research Question 2

Research question 2 investigated what PSCs perceived to be their role in dealing with RA at school. Descriptive statistics were computed on SCPRA items 23 and 24, which were statements that reflected the school counselor's role in dealing with RA. Participants were asked to rate the extent to which they agreed with the statements using a six-point Likert-type scale where (1) strongly agree, (2) agree, (3) somewhat agree, (4) somewhat disagree, (5) disagree, and (6) strongly disagree.

Participants agreed with item 23 (the school counselor should deal with instances of relational aggression; $M = 1.86$, $SD = .78$). As depicted in Table 14, a total of 97.3 % of the participants strongly agreed ($n=181$, 34.7%), agreed ($n=251$; 48.1%), or somewhat agreed ($n=76$; 14.6%) that the PSC should deal with instances of RA. Participants disagreed with item 24 (it is best not to intervene in relational aggression instances and let students work out their problems; $M = 5.06$, $SD = 1.089$). The distribution of responses to this question was strongly agree ($n=4$;

.8%), agree (n=20; 3.8%), somewhat agree (n=0; 0%), somewhat disagree (n=109; 25.5%), disagree (n=199; 38.1%), and strongly disagree (n=190; 36.4%). The vast majority, 95.4% of participants somewhat disagreed, disagreed, or strongly disagreed that the best course of action was not to intervene in RA instances.

Table 14
Frequency Distributions for SCPRA items 23 and 24 for Research Question 2

Items	n	%	Cumulative %
23. The school counselor should deal with instances of relational aggression.			
Strongly Agree	181	34.7	34.7
Agree	251	48.1	82.8
Somewhat Agree	76	14.6	97.3
Somewhat Disagree	10	1.9	99.2
Disagree	4	.8	100.0
Strongly Disagree	0	0	100.0
24. It is best not to intervene in relational aggression instances and let students work out their problems.			
Strongly Agree	4	.8	.8
Agree	20	3.8	4.6
Somewhat Agree	0	0	4.6
Somewhat Disagree	109	20.9	25.5
Disagree	199	38.1	63.6
Strongly Disagree	190	36.4	100.0

Table 15
Means and Standard Deviations for SCPRA Item numbers 23 and 24 for Research Question 2

Items	n	M	SD
23. The school counselor should deal with instances of relational aggression.	522	1.86	.787
24. It is best not to intervene in relational aggression instances and let students work out their problems.	522	5.06	.891

Note. Strongly Agree=1, Agree=2, Somewhat Agree=3, Somewhat Disagree=4, Disagree=5, Strongly Disagree=6

Research Question 3

Research Question 3 investigated whether RA is a problem that PSCs frequently encounter. To address this question, descriptive statistics were computed on *SCPRA* item 25 (RA is a problem that I frequently encounter). Participants were asked to respond to a statement using a 6-point Likert-type scale where strongly agree (n=77; 14.8%), agree (n=185; 35.4%), somewhat agree (n=181; 34.7%), somewhat disagree (n=43; 8.2%), disagree (n=31; 5.9%), and strongly disagree (n=5; 1.0%). The mean for this question ($M = 2.58$, $SD = 1.085$) indicated that participants somewhat agreed to agreed that RA is a problem they encounter frequently.

Table 16
Frequency Distribution for SCPRA item 25 for Research Question 3

Item	n	%	Cumulative %
25. Relational aggression is a problem that I frequently encounter.			
Strongly Agree	77	14.8	14.8
Agree	185	35.4	50.2
Somewhat Agree	181	34.7	84.9
Somewhat Disagree	43	8.2	93.1
Disagree	31	5.9	99.0
Strongly Disagree	5	1.0	100.0

Research Question 4

Research Question 4 asked if a significant relationship existed between school counselors' training (courses with RA content, workshops/institutes) and their perceptions of the seriousness of consequences of RA. *Hypothesis 4* stated that school counselors with more training would perceive RA is a problem with serious consequences. Descriptive statistics were calculated on *SCPRA* item 12 (number of graduate level courses [equivalent to 3 semester credits] you have taken that included content related to bullying and/or relational aggression), item 13 (number of bullying and/or relational aggression workshops or special institutes you have attended [from all sources]), item 15 (I keep current on the latest RA interventions and

information by reading RA literature, such as books, journals, and newspapers), item 16 (I am prepared to identify and intervene in instances of RA) and item 17 (I would benefit from additional training in regards to RA) to gauge the training the participants had received for RA. A Spearman's rho correlation was then calculated between *SCPRA* items 12, 13, and 15 through 17 with *SCPRA* items 18 through 20 (statements regarding participant perception of RA as a problem with serious consequences) to assess for significant relationships.

Item number 12 asked participants how many graduate-level courses they had taken that included RA content. The range for answers was zero to more than ten courses. Descriptive statistics indicated that participants had taken, on average, two graduate level courses pertaining to RA ($M=2.20$, $SD=1.586$). Item number 13 asked participants how many bullying or RA related workshops or special institutes they had attended. The range for answers was zero to 25+ courses. Descriptive statistics indicated that participants had attended, on average, 5.5 workshops or special institutes related to bullying or RA ($M=5.49$, $SD= 4.143$). *SCPRA* item 15 asked participants to use a 6-point, Likert-type scale to rate the extent to which they kept current on bullying and RA information through reading literature. Descriptive statistics indicated that participants somewhat agreed to agreed that they kept current on RA literature ($M=2.52$, $SD= 1.082$). Item 16 asked participants to rate how prepared they were to identify and intervene in instances of RA, using a 6-point, Likert-type scale. Descriptive statistics indicated that participants agreed they felt prepared to identify and intervene in RA ($M=2.02$, $SD=.879$). Item 17 prompted participants to rate the degree to which they agreed that they could benefit from additional RA training. Descriptive statistics indicated that participants agreed that they could benefit from additional training ($M=1.72$, $SD=.788$).

Table 17
Means and Standard Deviations for SCPRA Items 12 and 13 for Research Question 4

Item	n	M	SD
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12. Number of graduate level courses (equivalent to 3 semester credits) you have taken that included content related to bullying and/or relational aggression.	522	2.20	1.586
13. Number of bullying and/or relational aggression workshops or special institutes you have attended (from all sources).	522	5.49	4.143

Note. For item 12, range=0-10+. For item 13, range=0-25+.

Table 18

Means and Standard Deviations for SCPRA Items 15-17 for Research Question 4

Item	n	M	SD
15. I keep current on the latest relational aggression interventions and information by reading relational aggression literature such as books, journals, and newspapers.	522	2.52	1.082
16. I am prepared to identify and intervene in instances of relational aggression.	522	2.02	.879
17. I would benefit from additional training in regards to relational aggression,	522	1.72	.788

Note. For items 15-17, Strongly Agree=1, Agree=2, Somewhat Agree=3, Somewhat Disagree=4, Disagree=5, Strongly Disagree=6

Next, to assess for significant relationships between school counselors’ training (courses with RA content, workshops/institutes) and their perceptions of the seriousness of consequences of RA), a Spearman’s rho correlation coefficient was calculated on items 18 through 21 with items 12, 13, 15, 16, and 17 (see Table 19). Item 12, regarding the number of graduate level courses that included content related to bullying and/or RA, did not significantly correlate with items 18 through 21.

Item 13 regarding the number of bullying and/or RA related workshops or special institutes attended correlated significantly with item 21 (the effects of RA cause barriers to academic success and relational growth for students). The relationship ($r_s = -.112, p = .011$) was

very weak and inverse. This relationship seems to indicate that the more workshops participants attended, the less they agreed that RA causes barriers to academic success and relational growth.

Item 15 correlated significantly with item 20, indicating a small, positive relationship between keeping current by reading RA literature and the strength of agreement with the statement that RA is as serious a problem as physical or verbal aggression ($r_s = .145, p = .001$). This relationship was very weak, however. Item 15 also significantly correlated with item 21, indicating a positive relationship between keeping current by reading RA literature and the strength of the agreement with the statement that RA causes barriers to academic success and relational growth for students ($r_s = .137, p = .002$). This relationship was very weak to non-existent.

Item 16 correlated positively with item 18, indicating a positive relationship between the perception of preparedness to identify and intervene in RA and the agreement with the statement that RA is a problem with serious consequences for students with whom the participants work ($r_s = .124, p = .004$). The relationship was very weak. Item 16 correlated significantly with item 20, indicating a positive relationship between the perception of preparedness to identify and intervene in RA and the agreement with the statement that that RA is as serious a problem as verbal or physical aggression ($r_s = .187, p = .000$). The relationship was very weak. Item 16 also correlated significantly with item 21, indicating a positive relationship between the perception of the preparedness to identify and intervene in RA and the agreement and the belief that the effects of RA cause barriers to academic success and relational growth for students ($r_s = .197, p = .000$). The relationship was very weak.

Item 17 (I would benefit from additional training in regards to relational aggression) correlated significantly with item 18 ($r_s = .197, p = .000$), indicating a very weak relationship between the strength of the agreement that the participant would benefit from additional RA

training and the strength of agreement that RA is a problem with serious consequences for students with whom the PSC works. Item 17 correlated significantly with item 19 ($r_s = .169, p = .000$), revealing a very weak relationship between the strength of agreement that the participant would benefit from additional RA training and the strength of agreement that RA is a problem with serious consequences for students in the United States. Item 17 correlated significantly with item 20 ($r_s = .116, p = .008$), however, the relationship between the strength of agreement that the participant would benefit from additional RA training and the strength of agreement that RA is as serious a problem as verbal or physical aggression was very weak. Finally, item 17 correlated significantly with item 21 ($r_s = .189, p = .000$), again indicating a very weak relationship between the strength of agreement that the participant would benefit from additional RA training and the strength of agreement that the effects of RA cause barriers to academic success and relational growth for students.

Results of the Spearman's rho correlations indicated that some statistically significant relationships exist between variables; however, all of the correlations were very weak. Therefore, the hypothesis that school counselors with more training will more strongly agree that RA is an issue with serious consequences for students was rejected.

Table 19

Spearman Correlation Matrix for SCPRA Items 18-21 with Items 12-17 for Research Question 4

	Item #12	Item #13	Item #15	Item #16	Item #17
Item #18	$r_s = .022$	$r_s = -.071$	$r_s = .072$	$r_s = .124^*$	$r_s = .197^*$
Item #19	$r_s = .043$	$r_s = -.041$	$r_s = .047$	$r_s = .079$	$r_s = .169^*$
Item #20	$r_s = .004$	$r_s = -.084$	$r_s = .145^*$	$r_s = .187^*$	$r_s = .116^*$
Item #21	$r_s = -.019$	$r_s = -.112^*$	$r_s = .137^*$	$r_s = .197^*$	$r_s = .189^*$

Note. Asterisk indicates significance at $p < .05$

Research Question 5

Research Question 5 asked if significant differences existed between male and female PSCs in their perceptions of the seriousness of consequences of relational aggression. *Hypothesis 5* stated that female PSCs would perceive the consequences of RA to be more serious than male PSCs. Data analysis included Spearman's rho correlation and chi-square testing.

A Spearman's Rho correlation coefficient was calculated to see if a relationship existed between participant gender and SCPRA items 18 through 22. Items 18 through 22 were statements about the severity of the consequences of RA. The level of significance was set at $p < .05$. No statistically significant correlations were found between gender and SCPRA item 18 ($r_s = .034$, $p = .439$), item 19 ($r_s = .012$, $p = .779$), item 20 ($r_s = .085$, $p = .051$), or item 21 ($r_s = .071$, $p = .105$). A statistically significant correlation was found between gender and SCPRA item 22, (RA behaviors are part of a developmental phase and students will grow out of it; $r_s = -.132$, $p = .003$). The association was very weak.

Table 20

Spearman rho Correlation for Gender with SCPRA items 18 through 22 for Research Question 5

	18	19	20	21	22
Gender	.034	.012	.085	.071	-.110
Sig.	.439	.779	.051	.105	.012

A series of five chi-square tests were used to analyze sex differences in strength of agreement that RA is a problem with serious consequences, using *SCPRA* items 18-21 and participant gender. A p level of .05 was set. Participants' strength of agreement with *SCPRA* item 18 (RA is a problem with serious consequences for students with whom the participant worked) did not differ by gender, $\chi^2(5, N = 522) = 5.277, p = .383$. Participant beliefs regarding *SCPRA* item 19 (RA is a problem with serious consequences for students in the United States) did not differ by gender $\chi^2(5, N = 522) = 3.972, p = .553$. Participant beliefs regarding *SCPRA* item 20 (RA is as serious a problem as verbal or physical aggression) did not differ by gender $\chi^2(5, N = 522) = 8.944, p = .159$. Participant beliefs regarding *SCPRA* item 21 (the effects of RA cause barriers to academic success and relational growth for students) did not differ by gender, $\chi^2(5, N = 522) = 3.345, p = .341$.

Participant strength of agreement with *SCPRA* item 22, (RA behaviors are part of a developmental phase and students will grow out of it) did differ by gender, $\chi^2(5, N = 522) = 21.250, p < .01$. Results of a chi-square indicated that men were found to somewhat agree more strongly with item 22 than what was expected, based on the chi-square estimates. Conversely, female participants disagreed more strongly with item 22 than was expected, based on the chi-square estimates. However, this chi-square analysis had three cells for the male portion with expected counts of less than five, which violates an assumption of the chi-square test. Consequently, the results of this analysis were disregarded. The hypothesis for Research Question 5 that female PSCs would perceive the consequences of RA to be more serious than male PSCs was rejected.

Research Question 6

Research Question 6 examined the relationship between school level at which the PSC worked (elementary, middle, secondary/high school, and K-12) and PSC perceptions of the severity of RA consequences. A Spearman's Rho correlation coefficient was calculated to understand the relationship between *SCPRA* item 7 and items 18 through 21. Item 7 was the grade level at which the PSC worked, and items 18 through 21 were statements about the severity of the consequences of RA. The level of significance was set at $p < .05$.

A statistically significant correlation was not found between the grade level with which the PSC works and *SCPRA* item 18 (RA is a problem with serious consequences for students with whom I work; $r_s = .014, p = .754$). A statistically significant correlation was not found between grade level and *SCPRA* item 19 (RA is a problem with serious consequences for students in the United States; $r_s = -.047, p = .282$). Additionally, no statistically significant correlations were found between grade level and *SCPRA* item 20 (RA is as serious a problem as verbal or physical aggression; $r_s = .021, p = .629$), or grade level and *SCPRA* item 21 (the effects of RA cause barriers to academic success and relational growth for students; $r_s = -.005, p = .905$),

Table 21
Spearman Correlations for Grade Level with SCPRA Items 18-21 for Research Question 6

Items	r_s	p
18. Relational aggression is a problem with serious consequences for students with whom I work.	.014	.754
19. Relational aggression is a problem with serious consequences for students in the United States.	-.047	.282
20. Relational aggression is as serious a problem as verbal or physical aggression.	.021	.629
21. The effects of relational aggression cause barriers to academic success and relational growth for students.	-.005	.905

A Kruskal-Wallis test was next performed for *SCPRA* item 7 with items 18 through 21 to assess for significance of perceptions of RA as a problem with serious consequences (see Table 22). A statistically significant difference existed between grade level and item 18 (RA is a problem with serious consequences for students with whom the PSC works; $H(5)=14.808$, $p=.011$). The results of the Kruskal-Wallis test indicated that participants who reported working with upper elementary students ranked highest as compared to participants who worked at other grade levels types in agreement with the belief that RA is a problem with serious consequences for the students with whom they work (Mean Rank=313.69).

Table 22
Kruskal-Wallis Test Ranks for SCPRA Item 18 for Research Question 6

Item	Level	n	Mean Rank
18. Relational aggression is a problem with serious consequences for students with whom I work.	1.00	4	218.88
	2.00	52	313.69
	3.00	247	241.89
	4.00	141	270.89
	5.00	28	302.39
	6.00	50	257.85

Note. For Level, 1=Lower Elementary, 2=Upper Elementary, 3=Middle School/Junior High, 4=High School, 5=K-12, and 6=Other.

A statistically significant difference was not found between grade level and *SCPRA* items 19 through 21. The results for the Kruskal-Wallis on *SCPRA* item 19 (RA is a problem with serious consequences for students in the United States) were not significant ($H(5)=6.404$, $p=.269$). The results for the Kruskal-Wallis test on *SCPRA* item 20 (RA is as serious a problem as verbal or physical aggression) were not significant, ($H(5)=4.869$, $p=.432$). Finally, the results for the Kruskal-Wallis test for *SCPRA* item 21 (the effects of relational aggression cause barriers to academic success and relational growth for students) were not significant, ($H(5)=9.644$, $p=.0860$). No statistically significant Spearman's rho correlations were detected between grade level and the agreement with *SCPRA* items 18 through 21 (statements about RA severity); however, the Kruskal-Wallis test regarding *SCPRA* item 18 indicated that a significant difference exists by grade level. PSCs who work with different levels of students differ by mean rank on strength of agreement that RA is a problem with serious consequences for the students with whom they work.

Research Question 7

Research Question 7 examined the differences between school type (parochial, private, public, and other) and PSC strength of agreement regarding the seriousness of consequences of

relational aggression. Data analysis included Spearman's Rho correlation and Kruskal-Wallis Testing.

A Spearman's Rho correlation coefficient was calculated for the relationship between survey items 8 (type of school) and *SCPRA* items 18 through 21, statements relating to the severity of the consequences of RA. The level of significance was set at $p < .05$. No statistically significant relationship was found between school type and *SCPRA* item 18 (RA is a problem with serious consequences for the students with whom I work; $r(520) = .018, p > .05$), *SCPRA* item 19 (RA is a problem with serious consequences for students in the United States; $r(520) = -.059, p < .05$), or *SCPRA* item 20 (RA is as serious a problem as verbal or physical aggression; $r(520) = -.026, p > .05$). A statistically significant relationship was found between type of school setting and *SCPRA* item 21 (the effects of RA cause barriers to academic success and relational growth for students). The correlation coefficient revealed a very weak relationship ($r(520) = -.087, p < .05$) between school type and the strength of agreement that the effects of RA cause barriers to academic success and relational growth.

Table 23
Spearman Correlations for Item 8 with Items 18-21 for Research Question 7

Items	r_s	p
18. Relational aggression is a problem with serious consequences for students with whom I work.	.018	.676
19. Relational aggression is a problem with serious consequences for students in the United States.	-.059	.179
20. Relational aggression is as serious a problem as verbal or physical aggression.	-.026	.551
21. The effects of relational aggression cause barriers to academic success and relational growth for students.	-.087	.046

A Kruskal-Wallis test was next performed for *SCPRA* item 7 with items 18-21 to assess for significance and rank order of perceptions of RA as a problem with serious consequences. No statistically significant differences were found with the Kruskal-Wallis test. Therefore, no differences were found between school type and the strength of agreement with RA statements regarding RA severity.

Research Question 8

Research Question 8 examined the extent to which PSCs perceive that they are prepared to deal with instances of RA. Descriptive statistics were computed for *SCPRA* items 15-17, which asked PSCs to rate the degree to which they agreed with statements using a six-point, Likert-type scale ranging from strongly agree to strongly disagree. For *SCPRA* item 15 (I keep current on the latest relational aggression interventions and information by reading relational aggression literature, such as books, journals, and newspapers), participants agreed to somewhat agree that they kept current on RA literature ($M= 2.52, SD=1.082$). For *SCPRA* item 16 (I am

prepared to identify and intervene in instances of relational aggression), participants agreed they were prepared to identify and intervene in RA instances ($M=2.02$, $SD=.879$). About one-third of participants (27.8%) strongly agreed and just under half (49%) agreed they were prepared to identify and intervene in RA instances. However; for *SCPRA* item 17 (I would benefit from additional training in regards to relational aggression), participants strongly agreed to agreed that they would benefit from additional RA training ($M=1.72$, $SD=.788$). A vast majority, 87.5% of participants, strongly agreed or agreed that they would benefit from additional training. Although *SCPRA* items 16 (preparedness to identify and intervene in RA) and item 17 (benefiting from additional RA training) are not necessarily contradictory, it does appear that despite training and feeling prepared to identify and intervene in RA, participants felt they would benefit from additional training.

Table 24
Frequency Distribution for Items 15, 16, and 17 for Research Question 8

Items	n	%	Cumulative %
15. I keep current on the latest relational aggression interventions and information by reading relational aggression literature, such as books, journals, and newspapers.			
Strongly Agree	86	16.5	16.5
Agree	189	36.2	52.7
Somewhat Agree	179	34.3	87.0
Somewhat Disagree	31	5.9	92.9
Disagree	33	6.3	99.2
Strongly Disagree	4	.8	100.0
16. I am prepared to identify and intervene in instances of relational aggression.			
Strongly Agree	145	27.8	27.8
Agree	256	49	76.8
Somewhat Agree	96	18.4	95.2
Somewhat Disagree	14	2.7	97.9
Disagree	10	1.9	99.9
Strongly Disagree	1	.2	100.0
17. I would benefit from additional training in regards to relational aggression.			
Strongly Agree	231	44.3	44.3
Agree	225	43.1	87.5
Somewhat Agree	52	10.0	97.3
Somewhat Disagree	9	1.7	99.0
Disagree	5	1.0	100.0
Strongly Disagree	0	0	100.0

Table 25

Means and Standard Deviations for SCPRA items 15-17 for Research Question 8

Items	n	M	SD
15. I keep current on the latest relational aggression interventions and information by reading relational aggression literature, such as books, journals, and newspapers.	2522	2.52	1.082
16. I am prepared to identify and intervene in instance of relational aggression	522	2.02	.879
17. I would benefit from additional training in regards to relational aggression.	522	1.72	.788

Note. Strongly Agree=1, Agree=2, Somewhat Agree=3, Somewhat Disagree=4, Disagree=5, Strongly Disagree=6

Research Question 9

Research Question 9 investigated the types of barriers PSCs encounter when dealing with RA. Descriptive statistics were computed on *SCPRA* items 27 through 37 to determine means and standard deviations of the common barriers. Items 27 through 37 on the *SCPRA* are statements about RA barriers and participants were asked to rate their agreement level with the use of a 6-point Likert-type scale where 1=Strongly Agree, 2=Agree, 3=Somewhat Agree, 4=Somewhat Disagree, 5=Disagree, and 6=Strongly Disagree. Four linear regression models were created to understand which barriers accounted for most of the variance. Finally, the researcher coded *SCPRA* item 38, which is an open-format question about perceived barriers.

Participants did not strongly agree or even agree that any of the barriers listed in *SCPRA* items 27 through 37 were significant barriers (see Table 26). Participants indicated the strongest disagreement with *SCPRA* item 34 (I do not have access to a private office to address RA; $M=5.58$, $SD=.912$), item 32 (The administration at my school does not support me working with students who have been affected by RA; $M=5.09$, $SD=.976$) and item 31 (The faculty at my school does not support me working with students who have been affected by relational

aggression; $M=4.94$, $SD=1.014$) as potential barriers. Participants somewhat disagreed with item 27 (I often have difficulty identifying the aggressor(s) in instances of RA; $M=4.07$, $SD=1.122$), item 28 (I often have difficulty identify the victim(s) in instances of RA; $M=4.24$, $SD=1.089$), item 37 (I do not have time to deal with RA issues; $M=4.20$, $SD=1.330$), and item 33 (My primary focus with my students is academics; $M=3.96$, $SD=1.287$). Participants disagreed with item 29 (Students do not disclose RA incidents; $M=3.40$, $SD=1.228$), item 30 (I have inadequate knowledge of effective RA interventions; $M=3.57$, $SD=1.159$), item 35 (I do not have the funds to purchase bullying intervention materials at my school; $M=3.67$, $SD=1.717$), and item 36 (My students do not have enough time to meet with me during the school day; $M=3.52$, $SD=1.490$).

Table 26
Means and Standard Deviations for SCPRA items 27-37 for Research Question 9

Item	n	M	SD
27. I often have difficulty identifying the aggressor(s) in instances of relational aggression.	522	4.07	1.122
28. I often have difficulty identifying the victim(s) in instances of relational aggression.	522	4.24	1.089
29. Students do not disclose relational aggression incidents.	522	3.40	1.228
30. I have inadequate knowledge of effective relational aggression interventions.	522	3.57	1.159
31. The faculty at my school does not support me working with students who have been affected by relational aggression.	522	4.94	1.014
32. The administration at my school does not support me working with students who have been affected by relational aggression.	522	5.09	.976
33. My primary focus with my students is academics.	522	3.96	1.287
34. I do not have access to a private office to address relational aggression.	522	5.58	.912
35. I do not have the funds to purchase bullying intervention materials at my school.	522	3.67	1.717
36. My students do not have enough time to meet with me during the day.	522	3.52	1.490
37. I do not have time to deal with relational aggression issues.	522	4.20	1.330

Note. 1=Strongly Agree, 2=Agree, 3=Somewhat Agree, 4=Somewhat Disagree, 5=Disagree, 6=Strongly Disagree.

Next, four multiple linear regression models were run to see which barriers were the most significant for participants. Model 1 used *SCPRA* item 18 (RA is a problem with serious consequences for the students with whom I work) as the dependent variable, and *SCPRA* items 27 through 37 as the predictors. The method for entry was Enter. Model 1 was significant ($F(11, 510) = 2.380, p = .007$), with the coefficient of determination, R^2 , of .049. The Durbin-Watson was 1.817, which suggested that no correlations exist between residuals since the number was close to 2.00. The significant barriers for Model 1 were *SCPRA* items 33 and 36 (see table 27); however, these barriers in this model explain approximately only 5% of the variance.

Table 27
Model 1 Significant Barriers For Research Question 9

Item	β	Sig.
Constant	2.684	.000
33. My primary focus with my students is academics.	-.089	.010
36. My students do not have enough time to meet with me during the school day.	.132	.000

Model 2 used the dependent variable from *SCPRA* item number 19 (RA is a problem with serious consequences for students in the United States). A significant regression equation was not found with Model 2 ($F(11, 510) = 1.417, p = .161$).

Model 3 used the dependent variable *SCPRA* item number 20 (RA is as serious a problem as verbal or physical aggression). A statistically significant regression equation was found with Model 3, ($F(11, 201) = 1.899, p = .037$). The coefficient of determination R^2 was .039. The Durbin-Watson was 2.047, which suggests that no correlations existed between residuals since

the number was close to 2.00. The significant barriers from Model 3 were *SCPRA* items 30 and 33 (see Table 28). Model 3 barriers explain only 4% of the variance.

Table 28
Model 3 Significant Barriers for Research Question 9

Item	β	Sig.
Constant	2.424	.000
30. I have inadequate knowledge of effective relational aggression interventions.	-.072	.019
33. My primary focus with my students is academics.	-.053	.042

Model 4 used the dependent variable from *SCPRA* item 21 (The effects of RA cause barriers to academic success and relational growth for students). A statistically significant regression equation for Model 4 was not found ($F(11, 510) = 1.382, p=1.78$).

The two multiple linear regression models that were found to be significant explain only 5% and 4% of the variance, respectively, indicating that the issue of barriers for RA that PSCs perceive is possibly very complicated.

Item number 38 on the *SCPRA* asked participants, in an open format, to identify any additional barriers they encountered in identifying and intervening in relational aggression issues. The question was optional and 297 participants responded. I coded the 297 responses into themes that captured the essence of each response. Fifteen responses were removed from the data because they said “none,” “n/a” or were not actually barriers, leaving a total of 281 responses, representing a response rate of 53.8%. Some responses had up to three different themes; therefore, the data were coded in three different rounds. The themes from each round were then counted to determine a final tally and the most common barriers to RA intervention. The three dominant themes were lack of time (62 responses), parents (60 responses), and issues with reporting (53 responses). Other themes were RA confusion, fear of retaliation,

administration, training, students, ignorance, teachers, resources, academic focus, social media, PSC-to student ratio, and cultural.

The most prevalent theme was lack of time to deal with RA in the school day, which contradicts the previous finding that participants somewhat disagreed with *SCPRA* item 37 (I do not have time to deal with RA issues; $M=4.20$). Participants reported varied reasons they did not have enough time to deal with RA, including having too many non-counselor duties, feeling overwhelmed with the school counselor duties, and RA issues take time to be effective.

Examples of statements about lack of time as a barrier included:

My main barrier is time. Due to funding cuts our number of counselors have been reduced and we are completely overwhelmed with more clerical tasks than actual counseling tasks.

Time to meet with student is limited by the academic setting and other duties that are not directly related to my counseling work with students.

Lack of time to pull students and time to be proactive with the entire school on teaching how to stand up to relational aggression and bullying.

Time ... it takes a lot of time to prevent this type of bullying, you need guidance classroom lessons, but everybody needs that time for math and reading type academics more so than bully prevention it seems. Also the time it takes to stay patient to support kids through these issues... takes you away from other duties.

The second most prevalent barrier was parents, with 60 responses. Responses described a range of parental behaviors such as not supporting the student, not supporting school or PSC interventions, denial that their child could be capable of RA behaviors, parents not wanting to get involved, parents getting overly involved, lack of parental education regarding RA, and negative relational modeling. Examples of statements about parents as a barrier included:

Lack of parental support to work with the students engaged in relational aggression.

Many parents I have attempted to bring on board with this type of behavior do not believe that their son or daughter could possibly be acting in a way that would hurt.

Very often parents of kids who bully do not understand that their child is indeed a bully. They blame the other student(s) and feel their child can do no wrong. They make excuses for their child(s) behavior. Parents are often a HUGE hurdle to helping [kids who] bully see the need to change their behaviors.

Lack of parental support and appropriate modeling. Parent[s] often victimize children rather than empower.

The theme of reporting, with 53 responses, revealed that students were often hesitant about reporting RA incidents for reasons such as not wanting to tell adults, not feeling comfortable talking to the PSC, and worrying about how they might be perceived after talking about the incident. Reporting was not included as a possible barrier in the *SCPRA*. Examples of reporting issues included:

Students not coming forward [with information about RA incidents].

Student comfort level in telling an adult.

Victims will not want to discuss the issue.

Students worry about getting labeled as a tattletail.

The final themes had 32 or fewer responses. RA confusion (32 responses) represented the difficulty PSCs have in sorting through the details of RA because RA is covert in nature and because many students are often involved. Fear of retaliation (21 responses) represented the fear that students will in some way bring retaliation on themselves from their peers when/if a PSC gets involved in RA issues. Many participants noted that students often asked PSCs not to do

anything after disclosing RA incidents because of fear for how other students would react. With respect to Administration (19 responses), participants noted that some administrators deal with the RA as a disciplinary issue, sometimes keep PSCs from intervening, or assign PSCs non-counseling tasks that keep them from working with students. Training (or lack of training; 18 responses) referred to the lack of RA training for identifying and interventions. Students (17 responses) were identified as a barrier when they expressed resistance to PSCs attempting to intervene or when students were not honest about the role they played in the RA incident. Ignorance (14 responses) referred to the students' lack of understanding of RA and how they perpetuate the behavior. Teachers (12 responses) were cited as barriers to RA care since RA often happens in the classroom and teachers either do not report it or attempt to deal with it by themselves. Lack of resources (10 responses) referred to the lack of money or special resources for the RA intervention. Some participants suggested that schools either do not have the funds or do not allocate funds for training or bullying resources. Social media (eight responses) referred to RA occurring through social media websites and venues such as phones and computers, which could be hard to track at school. PSC to student ratio (eight responses) referred to large caseloads, making it extremely hard to devote time to each RA incident. Finally, participants discussed cultural differences (5 responses) as a barrier between PSC and student.

Research Question 10

Research Question 10 explored the interventions PSCs use when responding to RA. Data analysis included descriptive statistics computed for *SCPRA* survey items 39 through 53, which are statements about different RA interventions. Participant were asked to rank the frequency with which they used each intervention using a 6-point Likert-type scale where 1=Very Frequently, 2=Frequently, 3=Somewhat Frequently, 4=Somewhat Rarely, 5=Rarely, and 6=Very Rarely. Next, four multiple linear regression models were created to see which interventions

were used the most frequently. Finally, I coded *SCPRA* item 54, which was an open-format question for participants to discuss other interventions.

Participants relied frequently on *SCPRA* item 42 (I inform a higher authority [e.g. school principal]) about the RA; $M=2.07$, $SD=1.015$), and item 39 (I support the victim(s) by comforting, encouraging, and helping them develop and identify coping techniques; $M=2.10$, $SD=.852$). PSCs relied frequently to somewhat frequently on *SCPRA* item 40 (I confront the bully(s) by discussing conflict management and better ways to deal with aggression; $M=2.41$, $SD=1.032$), item 43 (I inform the parent(s)/caregiver of the victim(s); $M=2.56$, $SD=1.520$) and item 44 (I inform the parent(s)/caregiver(s) of the bully(s); $M=2.72$, $SD=1.362$). Participants reported somewhat frequently using item 48 (I implement school wide anti-bullying programs that educate about relational aggression; $M=2.98$, $SD=1.548$), item 49 (I educate students about relational aggression through classroom guidance lessons; $M=3.10$, $SD=1.642$) and item 47 (I collaborate with parent(s)/caregiver(s), teachers, and administration to address the issue; $M=3.11$, $SD=1.345$). Participants reported that they somewhat frequently to somewhat rarely used item 50 (I consult with other mental health professionals about issues of relational aggression; $M=3.42$, $SD=1.454$), and item 41 (I perform peer mediation between the bully(s) and the victim(s); $M=3.64$, $SD=1.520$). Participants reported somewhat rarely using item 51 (I train teachers and administration in how to identify relational aggression; $M=4.26$, $SD=1.392$). Participants reported somewhat rarely to rarely using item 45 (I facilitate a group for victims of bullying; $M=4.78$, $SD=1.304$), item 46 (I facilitate a group for bullies; $M=4.85$, $SD=1.314$), and item 52 (I create a bullying task force involving students, teachers, parents/caregivers, administrators, and others; $M=4.86$, $SD=1.373$). Finally, participants reported rarely to very rarely using *SCPRA* item 53 (I advocate for victims of relational aggression at the legislative

level; $M=5.41$, $SD=1.171$). See Table 29 for means and standard deviations for *SCPRA* items 39 through 52.

Table 29

Means and Standard Deviations for SCPRA items 39-52 for Research Question 10

Item	n	M	SD
39. I support the victim(s) by comforting, encouraging, and helping them to develop and identify coping techniques.	522	2.10	.852
40. I confront the bully(s) by discussing conflict management and better ways to deal with aggression.	522	2.41	1.032
41. I perform peer mediation between the bully(s) and the victim(s).	522	3.64	1.520
42. I inform a higher authority (e.g. school principal) about the relational aggression.	522	2.07	1.015
43. I inform the parent(s)/caregiver(s) of the victim(s).	522	2.56	1.186
44. I inform the parent(s)/caregiver(s) of the bully(s).	522	2.72	1.326
45. I facilitate a group for victims of bullying.	522	4.78	1.304
46. I facilitate a group for bullies.	522	4.85	1.314
47. I collaborate with parent(s)/caregiver(s), teachers, and administration to address specific issues of relational aggression.	522	3.11	1.345
48. I implement school wide anti-bullying programs that educate about relational aggression.	522	2.98	1.548
49. I educate students about relational aggression through classroom guidance lessons.	522	3.1	1.642
50. I consult with other mental health professionals about issues of relational aggression.	522	3.42	1.454
51. I train teachers and/or members of	522	4.26	1.392

the administration how to identify relational aggression.

52. I create a bullying task force involving students, teachers, parents/caregivers, administration and others.	522	4.86	1.373
53. I advocate for victims of relational aggression at the legislative level.	522	5.41	1.171

Note. 1=Very Frequently, 2=Frequently, 3=Somewhat Frequently, 4=Somewhat Rarely, 5=Rarely, and 6=Very Rarely

Four multiple linear regression models were run on the interventions to see which interventions were used the most frequently by participants. Model 1 used *SCPRA* item 18 (RA is a problem with serious consequences for the students with whom I work) as the dependent variable, and *SCPRA* items 39 through 53 as the predictors. The method for entry was Enter. Model 1 was significant ($F(15, 506) = 2.141, p = .007$), with the coefficient of determination, R^2 , of .060. The Durbin-Watson was 1.804, which suggested that no correlations existed between residuals since the number is close to 2.00. The significant barriers for Model 1 were *SCPRA* items 39 (I support the victim(s) by comforting, encouraging, and helping them develop and identify coping techniques), item 42 (I inform a higher authority (e.g. school principal) about the relational aggression), and item 49 (I educate students about relational aggression through classroom guidance lessons). However, Model 1 accounted for only 6% of the total variance.

Table 30
Model 1 Significant Interventions for Research Question 10

Item	β	Sig.
Constant	1.998	.000
39. I support the victim(s) by comforting, encouraging, and helping them to develop and identify coping techniques.	.122	.017
42. I inform a higher authority (e.g. school principal) about the relational aggression.	.122	.017
49. I educate students about relational aggression through classroom guidance lessons.	-.086	.017

Model 2 used the dependent variable *SCPRA* item number 19 (RA is a problem with serious consequences for students in the United States). A statistically significant regression equation was found with Model 2 ($F(15, 506) = 2.686, p=.001$). The Durbin Watson was 1.865, which suggested that no correlations existed between residuals since the number was close to 2.00. The coefficient of determination R^2 was .074. The significant barriers for Model 2 were *SCPRA* item 39 (I support the victim(s) by comforting, encouraging, and helping them develop and identify coping techniques), item 41 (I perform peer mediation between the bully(s) and the victim(s), and item 47 (I collaborate with parent(s)/caregiver(s), teachers, and administration to address the issue). Of the three significant items, item 39 (I support the victim(s) by comforting, encouraging, and helping them develop and identify coping techniques) was used the most frequently (see table 31 for Model 2 significant interventions). The significant interventions in Model 2 explained only 7% of the total variance.

Table 31
Model 2 Significant Interventions for Research Question 10

Item	β	Sig.
Constant	1.682	.000
39. I support the victim(s) by comforting, encouraging, and helping them to develop and identify coping techniques.	.161	.009
41. I perform peer mediation between the bully(s) and the victim(s).	-.092	.001
47. I collaborate with parent(s)/ caregiver(s), teachers, and administration to address specific issues of relational aggression.	.082	.024

Model 3 used the dependent variable *SCPRA* item number 20 (RA is as serious a problem as verbal or physical aggression). A statistically significant regression equation was found with Model 3 ($F(15, 506) = 2.910, p=.000$). The coefficient of determination R^2 was .079. The Durbin-Watson was 2.017, which suggested that no correlations existed between residuals since the number was close to 2.00. The significant barriers from Model 3 were *SCPRA* item 39 (I support the victim(s) by comforting, encouraging, and helping them develop and identify coping techniques), item 42 (I inform a higher authority (e.g. school principal) about the RA), item 45 (I facilitate a group for victims of bullying), item 46 (I facilitate a group for bullies), and item 47 (I collaborate with parent(s)/caregiver(s), teachers, and administration to address the issue). Item 39 (I support the victim(s) by comforting, encouraging, and helping them develop and identify coping techniques) was used the most frequently of the significant interventions (see table 32 for Model 3 significant interventions). The significant barriers in Model 3 explained approximately 8% of the total variance.

Table 32
Model 3 Significant Interventions for Research Question 10

Item	β	Sig.
Constant	1.446	.000
39. I support the victim(s) by comforting, encouraging, and helping them to develop and identify coping techniques.	.130	.011
42. I inform a higher authority (e.g. school principal) about the relational aggression.	.078	.042
45. I facilitate a group for victims of bullying.	.106	.010
46. I facilitate a group for bullies.	-.126	.003
47. I collaborate with parent(s)/ caregiver(s), teachers, and administration to address specific issues of relational aggression.	.097	.001

Model 4 used the dependent variable from *SCPRA* item 21 (the effects of RA cause barriers to academic success and relational growth for students). A statistically significant regression equation for Model 4 was found ($F(15, 506) = 2.548, p=.001$). The coefficient of determination R^2 was .070, suggesting that Model 4 explained only 7% of the total variance. The Durbin-Watson was 1.929, which suggested that no correlations existed between residuals since the number is close to 2.00. The significant barrier from Model 3 was *SCPRA* item 39 (I support the victim(s) by comforting, encouraging, and helping them develop and identify coping techniques); see table 33 for Model 2 significant interventions.

While all four multiple linear regression models regarding interventions were significant, none of the models explained more than approximately 8% of the total variance, indicating that

the issue of interventions used is complex and may vary depending upon the situation and students involved.

Table 33
Model 4 Significant Interventions for Research Question 10

Item	β	Sig.
Constant	1.318	.000
39. I support the victim(s) by comforting, encouraging, and helping them to develop and identify coping techniques.	.104	.007

Item number 54 on the *SCPRA* asked participants to identify any additional interventions they used when identifying and intervening in relational aggression issues. Participants had an open box in which to write any additional interventions. The question was optional and 177 participants responded; of the 177, 25 responses were deleted because they said “none,” “n/a,” or did not list interventions. Item 54 had a total of 152 responses which represented a 29.1% response rate. The responses were coded into themes in up to five rounds. The themes from each round were tallied to determine the most common interventions for RA. Twenty-five themes were created, which, in order of frequency, were: individual counseling, outside resources, group counseling, school wide intervention, guidance lessons, social skills development, include parents, peer mentoring, mediation, assertiveness training, coping skill development, bystander intervention, bibliotherapy, empowerment, community outreach, role playing, conflict resolution, self esteem development, include teachers, social media, discipline, art therapy, leadership, and support.

The most frequent theme was individual counseling conducted by the PSC with the RA victim or bully, with 29 responses. Examples of individual counseling included

Work with students and their family’s individually to identify coping resources and strategies that they can access to remove [or] change their relationships with others,

I speak with the 'bully' one on one and attempt to discover possible underlying reasons for the bullying. I usually find that the bully is dealing with a negative self-concept.

Outside resources was the second most frequently reported theme with 29 responses. This theme referred to programs that participants used to intervene in RA instances or to teach students about RA. Outside resources often included bullying resources and curricula that the school generally purchased for the participants to use such as Club Ophelia type groups for girls in grades 4 through 8, Character Counts, SmartlyU, Random Acts of Kindness, and Rachel's Challenge.

The theme of group counseling had 21 responses. Group Counseling referred to groups that PSCs facilitated for bullies or victims of RA, or psychosocial groups for education about RA. Participants reported using different types of groups such as friendship groups and leadership groups. One example of group counseling statements was:

The best intervention I have found so far is running girls groups which are not necessarily related to RA, but provide an opportunity for girls to practice empathy, communication, and conflict resolution skills while strengthening positive relationships. RA is often a topic brought up by the girls.

School-wide interventions, which referred to addressing RA on a school-wide basis through various means, was a theme identified in 18 responses. School wide interventions included examples such as the use of visual material (e.g. flyers), bulletin boards, posters, newsletters for parents, and presenters speaking at school-wide assemblies.

The theme of classroom lessons referred to lessons participants reported teaching in classroom settings with a RA or bullying focus. Classroom lessons (16 responses) included

examples such as weekly lessons regarding topics like self-esteem and empathy, and preventative guidance education where RA is specifically addressed.

Include parents (11 responses) referred to bringing the parents of victims, bullies, and/or bystanders into interventions such as by reporting RA behaviors, educating, and informing parents of the behavior. Peer mentoring (11 responses) referred to including other students at the school who may not be involved in the RA behaviors for activities such as RA education, mediation, and a student assistance team.

The remaining themes had 11 or fewer responses and generally fell into two different areas: skill development and intervention types. Skill development included focusing on developing areas of deficiency in the victim or bully's coping skills. The theme of social skill development (11 responses) referred to teaching skills that students may need to interact with peers better, especially in bullying situations. Some participants discussed using assertiveness training (9 responses) to help students (especially victims and bystanders) be more assertive in social settings. Coping skills development (9 responses) referred to teaching students how to cope with different areas of their lives. Empowerment (seven responses) referred to empowering students (usually victims or bystanders) to feel that they have some control in the situation. Conflict resolution (five responses) referred to teaching students positive methods to solve conflict. Finally, self-esteem development (five responses) referred to working with students to bolster their self esteem.

Intervention types include different types of interventions that PSCs find helpful. Mediation (ten responses) referred to the PSC mediating between the bully and the victim to find resolution. Bystander intervention (eight responses) referred to enlightening and empowering bystanders so they could identify RA and not passively participate in bullying. In bibliotherapy (eight responses), participants used books to educate students about RA. Other responses

included bringing members of the community together to support students involved with RA (six responses), role playing (six responses) to help empower students, and educating teachers (five responses) so they could report RA instances to PSCs and/or know how to deal with RA in their classrooms.

Additional Comments

Item 55 on the *SCPRA* invited participants to comment in an open-format on anything they believed it was important for me to know about their experiences with the identification and intervention of RA issues. This item was optional and generated 223 responses, representing a 42.7% response rate. I read and coded each response into five major themes: (1) RA is a systemic issue, (2) RA needs to be addressed systemically, (3) RA needs to be addressed preventatively, (4) Bystanders need to be addressed, and (5) PSCs experience issues with RA intervention.

The first of the six themes was that RA is a systemic issue. Participants reported that students most often seem to learn RA behaviors from parents and siblings in the home before acting them out at school. Participants also discussed the breakdown of the family unit, suggesting that students are not learning healthy relationships at home. Finally, participants suggested that issues such as poverty and low education levels could be affecting how students interact with each other. Participants expressed that students learn RA behaviors within their family and cultural systems.

The second theme was that RA must be treated systemically and with an educational approach, suggesting that many people must work together within the school (e.g., PSCs, administrators, teachers), family (parents), and cultural systems (counselor educators) to deal with RA. Participants suggested that PSCs needed better RA education both in graduate school and beyond so they may be better prepared to deal with RA. This also included RA trainings at

more remote locations, as conferences tend to take place in larger cities. Participants also suggested that teachers and administrators needed to be better educated on RA through in-service education at the school and conferences. Finally, participants suggested that parents needed to be educated on RA behaviors and interventions so they may partner with PSCs in dealing with RA.

The third theme was that RA should be addressed in a preventative fashion. PSCs expressed frustration that it takes so much time to deal with each individual RA instance. Participants suggested that a better approach would be to teach students positive social skills and how to be empathic so students could be more sensitive to RA. The hope with this positive approach was that a positive school climate would be created where it is less acceptable for students to engage in RA behaviors.

The fourth theme was the belief that bystanders should be educated on how to deal with RA. Participants stated that bystanders could be very effective by standing up to the bully when they have the tools to do so. Educating bystanders did not appear as a strong intervention in the open-format section of the interventions question. However, many participants agreed that bystanders must be educated and empowered to stop RA rather than perpetuate RA.

The fifth and final theme was that PSCs experience many issues when it comes to RA interventions. The first issue was that PSCs do not have enough time to deal with RA because they have far too many students on their caseloads. Participants also reported not having enough time because they were assigned too many administrative duties. Finally, PSCs stated that they do not have enough time to deal with RA because RA takes a substantial amount of time to investigate and intervene. Next, participants reported they did not have enough resources to deal with RA. Participants discussed budget cuts taking important resources and programs from the school counseling program and the school. Participants discussed the difficulty of dealing with

RA when there was too much pressure for students to perform well on state academic tests. RA is a comparatively small issue in many instances and when there is pressure for students to perform, PSCs may spend their time dealing with larger issues that impede student academic success.

Summary of Findings

The primary purpose of this study was to examine PSC training in regards to RA, PSC perceptions of RA as a problem with serious consequences for students, the barriers that PSCs encounter when dealing with RA, and the methods they use to intervene in RA. The study's secondary purpose was to determine how PSC gender, the school level (elementary, middle, secondary/high school, and K-12) in which they worked, and school type (parochial, private, public, and other) in which they worked were related to perceptions of RA as a problem with serious consequences for students. Items from the *SCPRA* were analyzed using descriptive and inferential statistics to evaluate the research questions for this study.

Research question one examined the extent to which PSCs believed that RA was a problem with serious consequences for students. Descriptive statistics from *SCPRA* items 18 through 21 were calculated to understand means and standard deviations for each response. PSCs agreed that RA is a problem with serious consequences for students in their individual schools ($M=2.23$, $SD=.992$). Participants strongly agreed to agreed that RA is a problem with serious consequences for students in the United States ($M=1.78$, $SD=.784$). Participants strongly agreed to agreed that RA is as serious a problem as verbal or physical aggression ($M=1.54$; $SD=.748$). Participants strongly agreed that the effects of RA cause barriers to academic success and relational growth for students ($M=1.41$; $SD=.558$).

The second research question addressed what PSCs perceived to be their role in dealing with RA. To answer this research question, descriptive statistics from *SCPRA* items 23 and 24

were calculated. Participants strongly agreed to agreed that the school counselor should deal with instances of relational aggression ($M = 1.86, SD = .78$). Participants disagreed that it is best not to intervene in relational aggression instances and let students work out their problems ($M = 5.06, SD = 1.089$). The descriptive statistics indicated that PSCs perceived it to be their responsibility to deal with RA.

The third research question examined the frequency with which PSCs encounter instances of RA in their work. PSCs agreed to somewhat agreed that RA is a problem they encounter with frequency ($M=2.58, SD=1.085$).

The fourth research question asked if a significant relationship existed between school counselors' training (courses with RA content, workshops/institutes) and their perceptions of the seriousness of consequences of RA. Participants indicated that they were relatively well trained to identify and intervene in RA instances. Participants reported having taken an average of two graduate level courses pertaining to RA ($M=2.20, SD=1.586$), attending an average of 5.5 workshops or special institutes related to bullying or RA ($M=5.49, SD= 4.143$), and they somewhat agreed that they kept current by reading RA literature ($M=2.52, SD= 1.082$). Participants agreed they felt prepared to identify and intervene in RA instances ($M=2.02, SD=.879$); however, they also agreed to strongly agreed they could benefit from additional RA training ($M=1.72, SD=.788$).

A Spearman's rho correlations coefficient was calculated to assess for significant relationships between training and participant perceptions of the seriousness of consequences of RA. Some significant relationships were found; however, all correlations were very weak. The number of bullying and/or RA workshops or special institutes attended correlated inversely with *SCPRA* item 21 (the effects of RA cause barriers to academic success and relational growth for students; $r_s = -.112, p = .011$). The degree to which participants agreed they kept current by

reading RA literature was positively correlated with *SCPRA* item 20 (RA is as serious a problem as verbal or physical aggression; $r_s = .145, p = .001$). A weak, positive relationship was found between the perception of preparedness to identify and intervene in RA and the perception that RA is a problem with serious consequences for the students with whom I work ($r_s = .124, p = .004$) and the effects of RA cause barriers to academic success and relational growth for students ($r_s = .197, p = .000$). Finally, the degree to which participants agreed they could benefit from additional RA training correlated significantly with the perception that RA is a problem with serious consequences for the students with whom the participants work ($r_s = .197, p = .000$), that RA is a problem with serious consequences for students in the United States ($r_s = .169, p = .000$), that RA is as serious a problem as verbal or physical aggression (116, $p = .008$), and that the effects of RA cause barriers to academic success and relational growth for students ($r_s = .189, p = .000$).

The fifth research question sought to understand if differences existed between male and female PSCs in their perceptions of the seriousness of the consequences of RA. Spearman's correlations were calculated. A significant correlation was found between gender and agreement with the statement that RA behaviors are part of a developmental phase and students will grow out of it ($r_s = -.132, p = .003$). The relationship was inverse and very weak.

The sixth research question asked if significant differences existed by school level (elementary, middle, secondary/high school, and K-12) in PSCs' perceptions of the seriousness of consequences of relational aggression. A Spearman's Rho correlation coefficient was calculated. No statistically significant relationships were revealed. Kruskal-Wallis tests were performed to assess for significance and a rank order of perceptions of RA as a problem with serious consequences by school level. A statistically significant difference existed for school level and the perception of RA as an issue with serious consequences for students ($H(5) = 14.808$,

$p=.011$). The mean rank of the Kruskal-Wallis test indicated that PSCs who worked with upper elementary students agreed the most strongly that RA is a problem with serious consequences for students (Mean Rank = 313.69), followed by K-12 PSCs (Mean Rank = 302.39), then PSCs who worked with high school students (Mean Rank =302.39).

Research question seven examined if significant differences existed between school type (parochial, private, public, and other) and PSCs' perceptions of the seriousness of consequences of relational aggression. A Spearman's Rho correlation coefficient was first calculated to assess for any statistically significant relationships. A statistically significant correlation was found between school type and the belief that the effects of relational aggression cause barriers to academic success and relational growth for students($r(520) = -.087, p < .05$). The relationship was inverse and very weak. A Kruskal-Wallis test was next performed school type but no significant differences were found.

The eighth research question assessed the extent to which PSCs perceive themselves as being prepared to deal with instances of RA. PSCs agreed they kept current on RA literature ($M= 2.52, SD=1.082$). PSCs reported they felt prepared to identify and intervene in RA instances ($M=2.02, SD=.879$), but also strongly agreed they would benefit from additional RA training ($M=1.72, SD=.788$)

The ninth research question asked what barriers to RA intervention PSCs experienced. Descriptive statistics were calculated regarding different RA barriers. Participants somewhat agreed with some barriers such as students not disclosing RA instances ($M= 3.40, SD= 1.228$), students not having enough time to meet with the PSC ($M= 3.52, SD=1.490$), and having inadequate knowledge of RA interventions ($M= 3.57, SD=1.159$). Participants most strongly disagreed with lacking access to a private office ($M=5.58, SD=.912$). Four multiple linear regression models were run on the barriers to see which barriers accounted for the most variance

for the participants. Model 1 had the most power, explaining 4.9 percent of the variance. Model 1 found two significant variables: an academic focus with students, and students not having enough time to meet with PSCs. *SCPRA* item 38 asked participants to identify additional barriers they encounter in identifying and intervening in RA. Sixteen themes emerged; the four found most frequently were lack of time to deal with RA, parents, issues with students reporting RA instances, and RA confusion.

Finally, the tenth research question asked about the interventions PSCs used to respond to RA. First, descriptive statistics were computed on statements about different RA interventions. According to descriptive statistics, participants rely most frequently on informing an authority about RA ($M=2.07$, $SD=1.015$). Participants also frequently rely on supporting the victims when dealing with RA ($M=2.10$, $SD=.852$). Conversely, PSCs use advocacy for RA victims on a legislative level very rarely when dealing with RA ($M=5.41$, $SD=1.171$). Four linear regression models were next built using statements of RA severity (items 19 through 21) as the dependent variable and interventions (items 39 through 53) as the independent variables. Model 3 had the most power, explaining 7.9% of the variance. *SCPRA* item 54 asked participants to identify additional interventions used. Twenty-five themes emerged; the primary three were individual counseling, using outside resources that the school paid for, and group counseling.

CHAPTER FIVE

DISCUSSION

In Chapter Five, an overview of the study is presented. Findings are discussed in relation to current relational aggression (RA) literature. Limitations of the study are addressed. Implications are suggested for professional school counselors (PSC), school administrators, and counselor educators. Finally, recommendations for future research are offered.

Overview of the Study

This study was exploratory in nature with the intent of better understanding PSC perceptions of RA as a problem with serious consequences for students, PSC perceptions of their role in dealing with RA, and the frequency with which PSCs encounter RA. The study addressed the relationship between PSC training and their perception of the seriousness of consequences of RA. Barriers to RA identification and intervention as well as intervention methods PSCs use for RA were examined. Finally, the relationship between gender, school level, and school type and PSC perceptions of the seriousness of consequences of RA were examined.

This research study builds on Jacobsen and Bauman's (2007) study which surveyed school counselors in Arizona to examine PSC perceptions of RA severity, as well as how gender and training influenced PSC perceptions of RA severity. This study differed from Jacobsen and Bauman's (2007) study and other RA studies in that a national sample of PSCs who worked at different types of schools and with different levels of students was obtained, and because participants were asked about the barriers they encounter and the interventions they use when dealing with RA.

Discussion of Findings

RA as a Problem with Serious Consequences

This study sought to discover if, and the extent to which, PSCs agreed that RA was a problem with serious consequences for students. PSCs agreed that RA was a problem with serious consequences for students with whom they worked ($M=2.23$), and they strongly agreed to agreed that RA was an issue with serious consequences for students in the United States ($M=1.78$). This finding adds to the literature base as no previous studies surveyed a national sample of PSCs. Findings from this study indicate that PSCs from various school types and who work with different grade levels agree that RA is an issue with serious consequences for students. Previous studies have suggested that RA behaviors peak in middle school (Leff, Waasdorp, & Crick, 2010; Swit & McMaugh, 2012). The findings from this study do not support these earlier findings; results of the present study suggest that PSCs encounter RA instances at all levels.

This research study sought to discover if PSCs perceived RA to be as serious as verbal or physical aggression. Participants strongly agreed to agreed that RA is as serious a problem as verbal or physical aggression ($M=1.54$). This finding is in contrast to the findings of Jacobsen and Bauman (2007), who reported that PSCs rated physical and verbal aggression as more severe than relational bullying. PSCs in Jacobsen and Bauman's (2007) study also reported having more empathy for victims of physical and verbal bullying than for victims of relational bullying. Because different instruments were used to gauge PSC reactions to RA in the two studies, however, conclusions regarding differences in results must be interpreted with caution.

Participants were asked about their role in dealing with RA at school. PSCs in this study strongly agreed to agreed with the statement that the school counselor should deal with instances of RA ($M=1.86$). PSCs disagreed with the statement that it is best not to intervene in RA instances and let students work out their problems ($M=5.06$). These perceptions seem congruent with the ASCA National Model, which notes that "the objective of school counseling is to help

students overcome barriers to learning” (2012c, p. xi). To that end, PSCs are encouraged to take an active role in eradicating social injustices that impede student achievement (ASCA, 2012c). The ASCA National Model suggests that PSCs should be leaders in the school by creating a vision for how the school community must change to become safe for all students (Dollarhide, 2003). PSCs should be agents of social change by collaborating with students, parents, teachers, administrators, and other school stakeholders (ASCA, 2012c). The agreement of participants in this study that they should be dealing with instances of RA may indicate a desire to advocate for social justice and to promote school safety.

Participants were questioned about the frequency with which they encountered RA. Participants agreed to somewhat agreed ($M=2.58$) that RA is a problem they frequently encounter. The concept of “frequency” was not defined for this question; therefore, participants may have answered with different understandings of the word. Findings regarding the frequency with which PSCs encounter RA must be interpreted with caution.

Differences by Training, Gender, and School Type

This study examined the differences in PSC perceptions of RA as a problem with serious consequences by PSC training, gender, school type, and school level. No significant differences were found in PSC perceptions of RA as a problem with serious consequences by training, gender, or school type.

Training

Training and preparedness for RA identification and intervention were examined to understand the impact training had on PSC perceptions of the seriousness of consequences of RA and PSC readiness to deal with RA. Results indicated that participants were generally well educated regarding RA. Participants reported taking an average of two graduate level courses (equivalent to three semester credits) that included content related to bullying and/or RA

($M=2.20$, $SD=1.586$). This finding seems to contradict Bemak's (2000) assertion that PSCs are unprepared to meet the needs of youth because of antiquated school counselor graduate programs that have not changed over three decades. While bullying is not a new concept, RA is a relatively new concept to the counseling field (Crick & Grotpeter, 1995). It does appear that participants received training in graduate school on these salient issues.

Participants also reported having attended an average of 5 1/2 workshops or special institutes related to bullying and/or RA ($M=5.49$). This finding is congruent with suggestions from the ASCA National Model regarding continuing education. ASCA recommends that PSCs "assume responsibility to facilitate professional development activities..." (2012c, p. 12).

Participants agreed to somewhat agreed ($M=2.52$) that they kept current on the latest RA literature, and agreed they were prepared to identify and intervene in RA instances ($M=2.02$). However, participants also agreed that they would benefit from additional RA training ($M=1.72$). Results from Spearman's correlation coefficients indicated that, while some significant relationships existed between training and RA perceptions, they were very weak. Therefore, no conclusions were drawn regarding the association between training and the perception that RA is an issue with serious consequences for students. According to Jacobsen and Bauman (2007), PSCs with additional RA training perceived RA to be more serious and reported feeling more inclined to intervene than those without training. It may be that other variables besides training influence the perception of RA severity.

Gender

This study sought to understand differences in PSC perceptions of RA as a problem with serious consequences for students by PSC gender. Spearman's Rho correlation testing indicated only one significant relationship (for *SCPRA* item 22; RA behaviors are part of a developmental phase and students will grow out of it; $r_s=-.132$, $p=.003$) that was extremely weak. This finding

suggests that men and women PSCs equally see RA as an issue with serious consequences for students, and is in contrast to Jacobsen and Bauman's (2007) finding that female PSCs perceived RA to be more serious than male PSCs. The low rate of male participants (10.5%) as compared to female participants (89.5%) may have affected the outcome in this study. Again, different instruments were used to gauge PSC reactions to RA in the two studies, so conclusions regarding differences in results must be interpreted with caution.

School Type

This research study sought to understand if differences existed in the perception of RA as a problem with serious consequences for students among PSCs who worked at different types of schools. The sample used for the *SCPRA* consisted of PSCs who worked at private, non-secular schools (4.2%), public schools (86.5%), faith based schools (5.1%), charter schools (3.1%), all female schools (.5%) and all male schools (.2%). Results from a Spearman correlation indicated that no significant relationships exist between school type and three items on the *SCPRA*. A significant relationship was found between school type and a fourth item, "the effects of RA cause barriers to academic success and relational growth for students" ($r_s = -.087, p = .046$); however, the association was very weak. Results indicated that PSCs from all school types perceive RA to have serious consequences for students. However, the sample used for this study was overwhelmingly comprised of PSCs who worked in public schools. Caution must be used when interpreting the results for PSCs who worked in settings other than public schools.

School Level

This research study examined if a relationship existed between the school level in which a PSC worked and the perception of RA as a problem with serious consequences for students. The sampled consisted of PSCs who worked with lower elementary students (28%), upper elementary students (31.8%), middle school/junior high students (54.7%), high school students

(27.1%), K-12 (5.8%) and other types of students (9.6%). A Spearman's Rho correlation coefficient indicated that no statistically significant relationships existed between school level and the perception of RA as a problem with serious consequences. A Kruskal-Wallis test found significant differences existed between grade levels regarding the perception of RA as a problem with serious consequences for the students with whom the PSC works ($H(5)=14.808, p=.011$). The mean rank of the Kruskal-Wallis test indicated that upper elementary PSCs agreed most strongly with the statement (Mean Rank= 313.69), followed by K-12 PSCs (Mean Rank=302.39), then high school PSCs (Mean Rank=302.39). The results of the Kruskal-Wallis test indicated that participants who reported working with upper elementary students ranked highest as compared to the other grade level types in agreement with the belief that RA is a problem with serious consequences for the students with whom they work (Mean Rank=313.69). Additional research could address the reasons for these rankings.

This finding is somewhat in conflict with the work by Leff, Waasorp, and Crick (2010), and Swit and McMaugh (2012), who agreed that RA behaviors peak in the middle school years. It could be assumed that, if RA peaks in middle school, PSCs from middle school would agree the most strongly that RA is a problem with serious consequences for students. However, Archer (2004) has suggested that RA is an issue with which people deal throughout their lives in varying degrees of frequency. More research should be conducted to better understand the relationship between school level and frequency of RA instances.

Barriers to RA Identification and Intervention

Minimal literature exists regarding specific barriers that PSCs encounter to RA identification and intervention. A list of potential RA barriers was created for the *SCPRA*; participants were asked to read statements regarding perceived barriers to identifying and intervening in RA and indicate the extent to which they agreed. Participants somewhat agreed to

somewhat disagreed that students not disclosing RA incidents ($M=3.40$), students not having enough time to meet with PSCs ($M=3.52$), and having inadequate knowledge of RA interventions ($M=3.57$) were barriers. Four linear regression models were created to see which barriers were the most significant for participants. Each model used a different item from the *SCPRA* that measured perceptions of severity of RA as the dependent variable and the barriers as the independent variables. Model 1 was significant ($F(11, 510) = 2.380, p = .007$) and the significant barriers were having an academic focus with students and students not having enough time to meet with PSCs during the day. Model 1 explained only 5% of the variance. Model 3 was also significant ($F(11, 201) = 1.899, p = .037$); the significant barriers were having inadequate knowledge of RA interventions and having an academic focus with students. Model 3 explained only 4% of the variance, indicating that barriers to RA may be complicated and extensive.

Participants were asked to identify and elaborate on any additional barriers they encountered regarding RA. This open-ended question was optional, and garnered 297 responses. After coding, 16 themes emerged: lack of time, parental involvement, issues with reporting RA, the confusing nature of RA, other, student fear of retaliation, administration, lack of PSC training and lack of training opportunities, students, ignorance regarding RA, teachers, lack of resources, having too much of an academic focus, social media complicating RA instances, a high PSC to student ratio, and cultural issues. It is important to note that many of these barriers were not included as items in the *SCPRA*. Information gleaned from the open-ended item helped to expand understanding of the barriers PSCs encounter in dealing with RA.

Some of the most frequently cited barriers have been discussed in previous literature. Brown and Trusty (2005) discussed how role confusion could be a major obstacle to student care. The finding of lack of time as a barrier seems to support Brown and Trusty (2005)

assertion, as causes of lack of time tended to be related to doing too many things that were not student related. Ebrahim et al. (2012) also reported that lack of time was a major barrier for elementary school counselors when attempting to work with students. Mishna (2004) highlighted that a significant barrier for RA intervention was difficulty in PSC identifying aggressors and/or victims; however, participants in this study somewhat disagreed to disagree with the statements that they have difficulty identifying victims ($M=4.24$) or aggressors ($M=4.07$) of RA.

Although parents were not listed as a potential barrier on the *SCPRA*, PSCs perceived parents as a major barrier to RA care for varied reasons. Some PSCs felt that parents modeled RA behaviors at home that students were exhibiting at school. PSCs reported that sometimes parents were in denial that their child would ever bully another child. Other barriers caused by parents included lack of support (of both the child and the PSC), parents of aggressors not cooperating, lack of parental education regarding RA, lack of parental cooperation, and parents becoming over-involved with the RA behavior. The finding that parents may be a barrier for RA care has not appeared in previous literature. Further research into the role of parents in RA may add to the knowledge base regarding barriers to dealing with RA.

Interventions for RA

Numerous interventions for RA have been suggested in the professional literature, including supporting the victim and confronting the bully (Putallaz et al., 2007), helping students identify and build support systems (Young et al., 2006), developing positive teacher-student relationships (Radliff & Joseph, 2011), and addressing RA school-wide (Austin et al., 2012). Results from this study indicate that participants most frequently inform a higher authority about the RA ($M=2.07$), support RA victims ($M=2.10$), and confront RA aggressors ($M=2.41$). The interventions that were used the most infrequently were advocating for victims of RA at a

legislative level ($M=5.41$, $SD=1.171$), creating a bullying task force ($M=4.86$), facilitating groups for bullies ($M=4.85$) and facilitating a group for victims ($M=4.78$, $SD=1.304$). PSCs may not be trained in advocacy at a legislative level and probably do not have the resources to employ lawyers to lobby for anti-bullying legislation. Facilitating groups for bullies and victims may be difficult interventions because they require a coordinated effort between PSC and student and time that PSC and students may not have to devote to these groups. Additionally, it is possible that PSCs are not trained in facilitating RA specific groups and may not feel confident leading them.

Four linear regression models were created to see which interventions were used the most frequently by participants. All models were significant; however, none of them explained more than 8% of the variance. Model 1 ($F(15, 506) = 2.141$, $p=.007$) accounted for 6% of the total variance and found supporting the victim, informing a higher authority, and educating students to be significant interventions. Model 2 ($F(15, 506) = 2.686$, $p= .001$) explained 7% of the total variance and found supporting the victims, performing peer mediation, and collaborating with different stakeholders to address RA to be significant interventions. Model 3 ($F(15, 506) = 2.910$, $p=.000$) accounted for 8% of the total variance and found supporting the victims, informing a higher authority, facilitating a group for victims, facilitating a group for bullies, and collaborating with different stakeholders to address RA to be significant interventions. Model 4 ($F(15, 506) = 2.548$, $p=.001$) explained 7% of the total variance and found supporting victims to be significant. The fact that the none of the models accounted for more than 8% of the variance suggests that intervening in RA may vary according to circumstances and that no one or two interventions will always work, which may be one reason why the participants in this study agreed they could use more training in RA.

Participants were asked to identify additional interventions in an open-ended item. The comments were coded and reduced to 25 types of interventions: individual counseling, using outside resources (such as anti-bullying curriculum), group counseling, school wide intervention, classroom guidance lessons, developing social skills, including parents, using positive peer support and mentoring, mediation between the victim(s) and bully(s), assertiveness training, developing coping skills, bystander intervention and education, bibliotherapy, empowering the victim, community outreach, role playing, teaching conflict resolution, developing self esteem, including teachers through education, using social media to spread a positive message, disciplining the bully, art therapy, finding leadership opportunities for victims and bullies, and support. Information gleaned from the open-ended item helped to expand understanding of the interventions PSCs use in dealing with RA.

Many of the interventions identified have been highlighted in previous literature as effective ways to deal with RA. For example, Putallaz et al. (2007) suggested supporting RA victims through comforting, encouraging, and developing positive coping techniques, as well as discussing conflict management with the bully. Young et al. (2006) suggested that strong support systems buffered the effects of RA. Positive teacher-student relationships discussed by Radliff and Joseph (2011) can help foster a positive environment in and outside of the classroom. Leff, Waasdorp, and Crick (2010) discussed nine different school-based intervention programs, similar to some of the programs listed by participants as outside resources. Finally, many researchers (Austin et al., 2012; Bigbee, 1998; O'Brennan et al., 2009; Radliff & Joseph, 2011) agree that creating a warm, positive atmosphere at school can be achieved by addressing RA school-wide. The results from this study indicate that many PSCs are using researched methods to intervene in RA issues.

Limitations

Limitations of this study are related to sampling bias, data collection, and design of the *SCPRA*. The sample was drawn from the American School Counselor Association (ASCA) membership. Thus, the entire population of school counselors is not represented in the results of the study. Results of this study are generalizable only to PSCs who are members of ASCA. The number of males (10.5%) and females (89.5%) who participated was disproportionate, and ethnicity was not evenly represented as 84.9% of the sample were Caucasian/ European American. Finally, the sample included a disproportionate number of respondents who worked in public (86.5%) schools, which may have influenced the findings.

It is possible that more PSCs who were more interested in or more concerned about RA responded to the study than PSCs who were less interested or concerned. Thus, PSCs who were less interested in or concerned about RA may have been underrepresented.

The use of e-mail may have limited the study; since the survey was delivered electronically, participation was limited to those PSCs who had access to the Internet and an e-mail address. Additionally, for those PSCs who were sent an e-mail invitation, there was no guarantee that the e-mail did not end up in a SPAM folder where the participant could not see the survey.

One potential limitation in survey design is item construction. The *SCPRA* may not have adequately or accurately measured PSC perceptions of the seriousness of the consequences of RA, PSC training regarding RA, PSC perceived barriers to RA, or interventions used for RA. The *SCPRA* was also limited in that it did not measure perceptions of RA over time. Additionally, the *SCPRA* relied on self-report, and it is possible that not all participants answered the survey with honesty.

Implications

The results from this study were intended to increase understanding of how PSCs perceive the seriousness of the consequences of RA, how PSCs are trained to deal with RA, how PSCs intervene in RA instances, and the barriers they perceive exist to RA intervention. The results from this study enhance the current knowledge base regarding PSCs and RA.

Professional School Counselors

As a result of this study, PSCs who work with students who experience RA may learn which interventions are used most frequently by their peers and may identify new interventions to help their students and to promote an anti-bullying atmosphere. PSCs may also identify with the perceived barriers to RA care mentioned in the study and find new ways to overcome the barriers. This study may bring awareness to PSCs regarding training for RA; some PSCs not familiar with the term RA may elect to learn about it through reading literature or by attending additional trainings.

Another result of this study may be that it brings awareness that parents can present a substantial barrier to RA care. With knowledge that other PSCs experience parents as a barrier, PSCs may feel empowered to find ways to educate parents regarding how to identify RA and how to handle RA instances for both students who are bullies and students who are victims. In educating the parent, PSCs may find a way to align with the parent to help the student.

School Administrators

PSCs might utilize the findings of this study to educate school administrators about RA. School administrators who better understand the concept of RA may realize that PSCs can be effective in intervening in RA instances. Administrators often define the role of the PSC in their schools. Administrative support can be crucial to PSC working to intervene in instances of RA.

Counselor Educators

Counselor educators may use the findings in this study to increase their understanding of the PSC and RA and teach this information to school counseling students. If counselor educators can more effectively prepare school counseling students for the reality of RA, barriers to expect, and interventions to use with RA, the more prepared and potentially more effective students will be once they enter the work force.

Recommendations for Future Research

Research on PSCs and RA is currently very limited. Further research into understanding the relationship between perceptions of RA for PSCs and training could be important for PSCs and counselor educators. This research examined the relationship between PSC perceptions of RA as an issue with serious consequences for students and training. Further research could consider how training affects the PSC's ability to identify instances of RA and how training affects the PSCs choice of intervention for RA instances. Finally, future research could examine continuing education and training opportunities that are available for PSCs and how inclined PSCs are to attend trainings for RA.

While this study examined gender differences in how PSCs perceive RA, future research could examine how PSCs perceive RA to occur between male and female students. According to current research, both boys and girls use RA but in different ways (Archer, 2004; Crick & Bigbee, 1998; Leff, Waasdorp, & Crick, 2010; Putallaz et al., 2007; Radliff & Joseph, 2011). No studies have examined how PSCs perceive RA to occur among students and whether they observe student gender differences in the type or frequency of RA.

Future research could also examine how effective PSCs perceive themselves to be with RA interventions. Intervention for RA is a particularly important area for future research since the ASCA National Model advocates for evidenced based practices in the school counseling profession. Many PSCs in this study discussed not having enough time to fully deal with RA;

therefore, if future research establishes certain interventions as effective and timely, more PSCs could feel empowered to deal with RA.

This research study examined perceived barriers to RA care for PSCs; however, it did not examine whether PSCs overcome barriers, and if so, by what strategies or methods. Further research could investigate how PSCs attempt to overcome barriers to RA and how effective PSCs are in overcoming these barriers

Finally, a qualitative study regarding PSCs and RA could be beneficial. This study explored barriers and interventions for RA and relied on the open-format questions to understand what additional barriers and interventions exist for PSCs. However, many of the constructs discussed by PSCs may have different meanings. For example, a qualitative study could explore the confusing nature of RA and what makes it so time consuming and frustrating for PSCs who wish to intervene. This study also highlighted that PSCs believed their biggest barrier to RA care was lack of time; a qualitative study could explore how long it takes to deal with RA and what other types of duties consume a PSC's time. A qualitative study may be particularly effective for understanding RA because it might illuminate the complexities of a complicated and destructive issue for students who tend to suffer in silence.

Conclusion

The results of this study suggest that RA is recognized by PSCs as an issue with serious consequences for students with whom PSCs work and in the United States. PSC agreement that RA causes serious consequences for students did not significantly differ by training level, gender, or school type. PSCs in this study agreed that their job is to intervene in instances of RA, and most felt prepared to do so, but also felt they could use more training in identifying and intervening in RA. PSCs experienced many barriers to RA care including lack of time, parents, issues with students reporting RA instances, and the confusion surrounding RA because of its

covert nature. PSCs reported using many interventions to deal with RA including informing a higher authority about the RA incident and supporting the RA victim. The open-format question generated twenty-five additional interventions including individual counseling, using outside resources, and group counseling.

Although relational aggression is a well-researched subject, this research study added to the literature base by examining the PSC role, perceptions about RA severity, RA training, perceived barriers, and interventions used for RA instances. Additionally, this study increased understanding of the barriers PSCs encounter when attempting to work with students regarding RA issues.

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Appendix A

School Counselor Perceptions of Relational Aggression [SCPRA]

SECTION 1: DEMOGRAPHICS

1. Gender:
 - a. Female
 - b. Male
2. Ethnicity:
 - a. African American
 - b. Asian American
 - c. Caucasian/European American
 - d. Hispanic
 - e. Native American
 - f. Pacific Islander
 - g. Other
3. Current Certifications and Licenses (Please select all that apply)
 - a. State Certified School Counselor
 - b. National Certified Counselor (NCC)
 - c. National Certified School Counselor (NCSC)
 - d. Counselor Intern (CI)
 - e. Licensed Marriage and Family Therapist (LMFT)
 - f. Licensed Professional Counselor (LPC)
 - g. Licensed Clinical Social Worker (LCSW)
 - h. Registered Play Therapist (RPT)
 - i. School Psychologist
 - j. No Current Certifications
 - k. Other(s) (Please specify)_____
4. Professional Affiliations (Please select all that apply)
 - a. American Counseling Association (ACA)
 - b. State Branch of ACA
 - c. American School Counselor Association (ASCA)
 - d. State Branch of ASCA
 - e. Association for Play Therapy (APT)
 - f. State Branch of Association for Play Therapy
 - g. No Professional Affiliations
 - h. Other(s) (Please specify)_____
5. Highest degree earned
 - a. Bachelor's
 - b. Master's
 - c. Master's +30
 - d. Doctorate
6. Year graduated
 - a. Dropdown menu with options:
 - b. 1975
 - c. 1976
 - d. 1977
 - e. 1978

- f. 1979
- g. 1980
- h. 1981
- i. 1982
- j. 1983
- k. 1984
- l. 1985
- m. 1986
- n. 1987
- o. 1988
- p. 1989
- q. 1990
- r. 1991
- s. 1992
- t. 1993
- u. 1994
- v. 1995
- w. 1996
- x. 1997
- y. 1998
- z. 1999
- aa. 2000
- bb. 2001
- cc. 2002
- dd. 2003
- ee. 2004
- ff. 2005
- gg. 2006
- hh. 2007
- ii. 2008
- jj. 2009
- kk. 2010
- ll. 2011
- mm. 2012
- nn. 2013

7. Grade Level with whom you currently work (Please select all that apply)
 - a. Lower Elementary (Grades Pre-K-1st)
 - b. Upper Elementary (Grades 1st-4th)
 - c. Middle School/Junior High (Grades 5th-8th)
 - d. High School
 - e. K-12
 - f. Other (Please specify)_____
8. Type of school in which you are currently working
 - a. Private, non secular
 - b. Public
 - c. Faith based (e.g., Catholic, Episcopal, Lutheran)
 - d. Charter
 - e. Single Sex: All Male

- f. Single Sex: All Female
- g. Other _____
- 9. State in which you currently work
 - a. Drop down menu with all U.S. States as options
- 10. Approximate number of students for whom you are responsible
 - a. 1-50
 - b. 50-100
 - c. 100-250
 - d. 250-500
 - e. 500-1,000
 - f. 1,000+
- 11. Total number of years you have worked as a school counselor
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5
 - f. 6
 - g. 7
 - h. 8
 - i. 9
 - j. 10
 - k. 11
 - l. 12
 - m. 13
 - n. 14
 - o. 15
 - p. 16
 - q. 17
 - r. 18
 - s. 19
 - t. 20
 - u. 21
 - v. 22
 - w. 23
 - x. 24
 - y. 25+

SECTION II: TRAINING AND PREPAREDNESS

PLEASE USE THE FOLLOWING DEFINITIONS IN RESPONDING TO THE SURVEY ITEMS:

Bullying: Unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance where a child who bullies intends to cause fear, distress, and/or harm to the victim's body, feelings, self-esteem, or reputation. The behavior is repeated, or has the potential to be repeated, over time (Mason, 2013).

Relational aggression: A type of bullying defined as "harming others through purposeful manipulation and damage of their peer relationships" (Crick & Grotpeter, 1995, p. 711).

Relationally aggressive behaviors are intended to impair or ruin reputations, friendships, and feelings of inclusion in a peer group (Putallaz et al., 2007). Some examples of RA include (but are not limited to) spreading rumors, gossiping, purposely excluding a peer, and making gestures.

Relational Aggression Bully: A student (male or female) who participates in the repeated exposure to negative actions (Olweus, 1993) through relationally aggressive means.

Relational Aggression Victim: A student (male or female) who is bullied through relational means (Crick, 1996).

12. Number of graduate level courses (equivalent to 3 semester credits) you have taken that included content related to bullying and/or relational aggression

- a. 0
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6
- h. 7
- i. 8
- j. 9
- k. 10+

13. Number of bullying and/or relational aggression workshops or special institutes you have attended (from all sources).

- a. 0
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6
- h. 7
- i. 8
- j. 9
- k. 10
- l. 11
- m. 12
- n. 13
- o. 14
- p. 15
- q. 16
- r. 17
- s. 18
- t. 19
- u. 20
- v. 21
- w. 22

- x. 23
 - y. 24
 - z. 25+
14. What was your motivation for attending the relational aggression and/or bullying trainings?
- a. Sought out trainings for educational and training purposes
 - b. Sought out trainings for Continuing Education credits for licensure
 - c. Training required by administrator/district/supervisor/etc.
 - d. Other_____

Please read the following statements regarding your perceptions of your own preparedness for identifying and intervening in relational aggression and indicate the extent to which you agree or disagree.

15. I keep current on the latest relational aggression interventions and information by reading relational aggression literature, such as books, journals, and newspapers.
- a. Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
16. I am prepared to identify and intervene in instances of relational aggression.
- a. Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
17. I would benefit from additional training in regards to relational aggression.
- a. Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree

SECTION III: BELIEFS ABOUT RELATIONAL AGGRESSION

Please read the following statements regarding your beliefs about relational aggression and indicate the extent to which you agree or disagree. Your selection should reflect your own personal opinions about relational aggression

PLEASE USE THE FOLLOWING DEFINITIONS IN RESPONDING TO THE SURVEY ITEMS:

Bullying: Unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance where a child who bullies intends to cause fear, distress, and/or harm

to the victim's body, feelings, self-esteem, or reputation. The behavior is repeated, or has the potential to be repeated, over time (Mason, 2013).

Relational aggression: A type of bullying defined as "harming others through purposeful manipulation and damage of their peer relationships" (Crick & Grotpeter, 1995, p. 711). Relationally aggressive behaviors are intended to impair or ruin reputations, friendships, and feelings of inclusion in a peer group (Putallaz et al., 2007). Some examples of RA include (but are not limited to) spreading rumors, gossiping, purposely excluding a peer, and making gestures.

Relational Aggression Bully: A student (male or female) who participates in the repeated exposure to negative actions (Olweus, 1993) through relationally aggressive means.

Relational Aggression Victim: A student (male or female) who is bullied through relational means (Crick, 1996).

18. Relational aggression is a problem with serious consequences for the students with whom I work.
 - a. Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
19. Relational aggression is a problem with serious consequences for students in the United States.
 - a. Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
20. Relational aggression is as serious a problem as verbal or physical aggression.
 - a. Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
21. The effects of relational aggression cause barriers to academic success and relational growth for students.
 - a. Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
22. Relational aggression behaviors are part of a developmental phase and students will grow out of it.
 - a. Strongly agree
 - b. Agree

- c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
23. The school counselor should deal with instances of relational aggression.
- a. Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
24. It is best not to intervene in relational aggression instances and let students work out their problems.
- a. Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
25. Relational aggression is a problem that I frequently encounter.
- a. Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
26. About what percentage of the students in your caseload do you treat for relational aggression (including students who are identified as relational aggression victims, relational aggression bullies, or bystanders)?
- a. 0%
 - b. 5%
 - c. 10%
 - d. 15%
 - e. 20%
 - f. 25%
 - g. 30%
 - h. 35%
 - i. 40%
 - j. 45%
 - k. 50%
 - l. 55%
 - m. 60%
 - n. 65%
 - o. 70%
 - p. 75%
 - q. 80%
 - r. 85%
 - s. 90%

- t. 95%
- u. 100%

SECTION IV: PERCEIVED BARRIERS

Please read the following statements regarding your perceived barriers to identifying and intervening in relational aggression and indicate the extent to which you agree or disagree. PLEASE USE THE FOLLOWING DEFINITIONS IN RESPONDING TO THE SURVEY ITEMS:

Bullying: Unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance where a child who bullies intends to cause fear, distress, and/or harm to the victim's body, feelings, self-esteem, or reputation. The behavior is repeated, or has the potential to be repeated, over time (Mason, 2013)..

Relational aggression: A type of bullying defined as "harming others through purposeful manipulation and damage of their peer relationships" (Crick & Grotpeter, 1995, p. 711). Relationally aggressive behaviors are intended to impair or ruin reputations, friendships, and feelings of inclusion in a peer group (Putallaz et al., 2007). Some examples of RA include (but are not limited to) spreading rumors, gossiping, purposely excluding a peer, and making gestures.

Relational Aggression Bully: A student (male or female) who participates in the repeated exposure to negative actions (Olweus, 1993) through relationally aggressive means.

Relational Aggression Victim: A student (male or female) who is bullied through relational means (Crick, 1996).

- 27. I often have difficulty identifying the aggressor(s) in instances of relational aggression.
 - a. 1 Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
- 28. I often have difficulty identify the victim(s) in instances of relational aggression.
 - a. Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
- 29. Students do not disclose relational aggression incidents.
 - a. 1 Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
- 30. I have inadequate knowledge of effective relational aggression interventions.
 - a. Strongly agree
 - b. Agree

- c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
31. The faculty at my school does not support me working with students who have been affected by relational aggression.
- a. Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
32. The administration at my school does not support me working with students who have been affected by relational aggression.
- a. Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
33. My primary focus with my students is academics.
- a. Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
34. I do not have access to a private office to address relational aggression.
- a. Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
35. I do not have the funds to purchase bullying intervention materials at my school.
- a. Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree
36. My students do not have enough time to meet with me during the school day.
- a. Strongly agree
 - b. Agree
 - c. Somewhat agree
 - d. Somewhat disagree
 - e. Disagree
 - f. Strongly disagree

37. I do not have time to deal with relational aggression issues.
- Strongly agree
 - Agree
 - Somewhat agree
 - Somewhat disagree
 - Disagree
 - Strongly disagree
38. What are other barriers you encounter to identifying and intervening in relational aggression issues?

SECTION V: METHODS OF RELATIONAL AGGRESSION INTERVENTION

Please read the following statements regarding counseling techniques for methods of relational aggression intervention and indicate the frequency with which you use each method.

PLEASE USE THE FOLLOWING DEFINITIONS IN RESPONDING TO THE SURVEY ITEMS:

Bullying: Unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance where a child who bullies intends to cause fear, distress, and/or harm to the victim's body, feelings, self-esteem, or reputation. The behavior is repeated, or has the potential to be repeated, over time (Mason, 2013)..

Relational aggression: A type of bullying defined as "harming others through purposeful manipulation and damage of their peer relationships" (Crick & Grotpeter, 1995, p. 711). Relationally aggressive behaviors are intended to impair or ruin reputations, friendships, and feelings of inclusion in a peer group (Putallaz et al., 2007). Some examples of RA include (but are not limited to) spreading rumors, gossiping, purposely excluding a peer, and making gestures.

Relational Aggression Bully: A student (male or female) who participates in the repeated exposure to negative actions (Olweus, 1993) through relationally aggressive means.

Relational Aggression Victim: A student (male or female) who is bullied through relational means (Crick, 1996).

39. I support the victim(s) by comforting, encouraging, and helping them develop and identify coping techniques
- Very frequently
 - Frequently
 - Somewhat frequently
 - Somewhat rarely
 - Rarely
 - Very rarely
40. I confront the bully(s) by discussing conflict management and better ways to deal with aggression
- Very frequently
 - Frequently
 - Somewhat frequently
 - Somewhat rarely
 - Rarely
 - Very rarely

41. I perform peer mediation between the bully(s) and the victim(s)
 - a. Very frequently
 - b. Frequently
 - c. Somewhat frequently
 - d. Somewhat rarely
 - e. Rarely
 - f. Very rarely
42. I inform a higher authority (e.g. school principal) about the relational aggression
 - a. Very frequently
 - b. Frequently
 - c. Somewhat frequently
 - d. Somewhat rarely
 - e. Rarely
 - f. Very rarely
43. I inform the parent(s)/caregiver of the victim(s)
 - a. Very frequently
 - b. Frequently
 - c. Somewhat frequently
 - d. Somewhat rarely
 - e. Rarely
 - f. Very rarely
44. I inform the parent(s)/caregiver(s) of the bully(s)
 - a. Very frequently
 - b. Frequently
 - c. Somewhat frequently
 - d. Somewhat rarely
 - e. Rarely
 - f. Very rarely
45. I facilitate a group for victims of bullying
 - a. Very frequently
 - b. Frequently
 - c. Somewhat frequently
 - d. Somewhat rarely
 - e. Rarely
 - f. Very rarely
46. I facilitate a group for bullies
 - a. Very frequently
 - b. Frequently
 - c. Somewhat frequently
 - d. Somewhat rarely
 - e. Rarely
 - f. Very rarely
47. I collaborate with parent(s)/caregiver(s), teachers, and administration to address the issue
 - a. Very frequently
 - b. Frequently
 - c. Somewhat frequently
 - d. Somewhat rarely
 - e. Rarely

- f. Very rarely
- 48. I implement school wide anti-bullying programs that educate about relational aggression
 - a. Very frequently
 - b. Frequently
 - c. Somewhat frequently
 - d. Somewhat rarely
 - e. Rarely
 - f. Very rarely
- 49. I educate students about relational aggression through classroom guidance lessons
 - a. Very frequently
 - b. Frequently
 - c. Somewhat frequently
 - d. Somewhat rarely
 - e. Rarely
 - f. Very rarely
- 50. I consult with other mental health professionals about issues of relational aggression.
 - a. Very frequently
 - b. Frequently
 - c. Somewhat frequently
 - d. Somewhat rarely
 - e. Rarely
 - f. Very rarely
- 51. I train teachers and administration in how to identify relational aggression
 - a. Very frequently.
 - b. Frequently
 - c. Somewhat frequently
 - d. Somewhat rarely
 - e. Rarely
 - f. Very rarely
- 52. I create a bullying task force involving students, teachers, parents/caregivers, administrators, and others.
 - a. Very frequently
 - b. Frequently
 - c. Somewhat frequently
 - d. Somewhat rarely
 - e. Rarely
 - f. Very rarely
- 53. I advocate for victims of relational aggression at the legislative level.
 - a. Very frequently
 - b. Frequently
 - c. Somewhat frequently
 - d. Somewhat rarely
 - e. Rarely
 - f. Very rarely
- 54. What are some of the other counseling techniques you use for methods of relational aggression intervention

SECTION VI: ADDITIONAL INFORMATION

Please comment on anything that you think is important for me to know about the identification of and intervention in relational aggression issues in your school or experiences you have had with relational aggression.

Appendix B
First Electronic Letter

Dear Professional School Counselor:

I am writing to request your help by participating in my dissertation study titled *Professional School Counselors and Relational Aggression: Training, Perceptions, Barriers, and Interventions*. I am a graduate student under the direction of Dr. Barbara Herlihy in the College of Education and Human Development at the University of New Orleans.

I developed a surveyed titled *School Counselor Perceptions of Relational Aggression (SCPRA)* that asks Professional School Counselors (PSC) to respond to questions regarding their relational aggression (RA) training, perceptions of RA as a problem with serious consequences for students, barriers to dealing with RA, and intervention methods for RA. Your answers to the *SCPRA* will provide important information regarding PSCs and RA. The survey is online, anonymous, and should take between 5 and 30 minutes to complete. The results of the research study may be published; however, your name will not be used. All information you provide is anonymous and there will be no way to identify you after you submit your survey.

If you are willing to assist me, please click the following link to be directed to the *SCPRA*. If you are not connected automatically, please copy-and-paste the link into the address box in your web browser and click enter:

Your Anonymous Survey Link:

https://qtrial.qualtrics.com/SE/?SID=SV_5gozhmdhzIIIxIV

Your completion and electronic submission of the *SCPRA* will indicate your consent for participation in this study. There may be a record of exchange somewhere on your computer in a cache (as in most internet communication), therefore, I suggest you clean out your temporary internet files and close your browser after completing the survey.

Your participation in this study is entirely voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty. The associated risks for this study are minimal. The possible benefit of your participation is more awareness regarding your beliefs about relational aggression. If you have any questions or concerns regarding this research study or would like to discuss any discomforts you may have experienced, please email the investigator of this study, Catherine G. McDermott at cgeogheg@uno.edu. You may also further contact my faculty advisor, Dr. Barbara Herlihy, through email at BHerlhy@uno.edu for more information about this study.

Thank you in advance for your participation,

Catherine G. McDermott, MS, LPC, NCC
Doctoral Candidate
University of New Orleans
348 Bicentennial Education Building
University of New Orleans, Lakefront Campus
2000 Lakeshore Drive
New Orleans, LA 70148

Appendix C

Second Electronic Letter

Dear Professional School Counselor,

If you have already participated in this study by completing the *School Counselor Perceptions of Relational Aggression (SCPRA)* thank you again for your participation. If you have not yet had the opportunity to participate, please take 10 to 15 minutes to read the following information and follow the link to complete the survey.

I developed a surveyed titled *School Counselor Perceptions of Relational Aggression (SCPRA)* that asks Professional School Counselors (PSC) to respond to questions regarding their relational aggression (RA) training, perceptions of RA as a problem with serious consequences for students, barriers to dealing with RA, and intervention methods for RA. Your answers to the *SCPRA* will provide important information regarding PSCs and RA. The survey is online, anonymous, and should take between 5 and 30 minutes to complete. The results of the research study may be published; however, your name will not be used. All information you provide is anonymous and there will be no way to identify you after you submit your survey.

If you are willing to assist me, please click the following link to be directed to the *SCPRA*. If you are not connected automatically, please copy-and-paste the link into the address box in your web browser and click enter:

Your Anonymous Survey Link:

https://qtrial.qualtrics.com/SE/?SID=SV_5gozhmdhzIIxIV

Your completion and electronic submission of the *SCPRA* will indicate your consent for participation in this study. There may be a record of exchange somewhere on your computer in a cache (as in most internet communication), therefore, I suggest you clean out your temporary internet files and close your browser after completing the survey.

Your participation in this study is entirely voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty. The associated risks for this study are minimal. The possible benefit of your participation is more awareness regarding your beliefs about relational aggression. If you have any questions or concerns regarding this research study or would like to discuss any discomforts you may have experienced, please email the investigator of this study, Catherine G. McDermott at cgeogheg@uno.edu. You may also further contact my faculty advisor, Dr. Barbara Herlihy, through email at BHerlhy@uno.edu for more information about this study.

Thank you in advance for your participation,

Catherine G. McDermott, MS, LPC, NCC
Doctoral Candidate
University of New Orleans
348 Bicentennial Education Building
University of New Orleans, Lakefront Campus
2000 Lakeshore Drive
New Orleans, LA 70148

Appendix D
Final Electronic Letter

Dear Professional School Counselor,

Thank you to everyone who participated in my dissertation study titled *Professional School Counselors and Relational Aggression: Training, Perceptions, Barriers, and Interventions* by completing the *School Counselor Perceptions of Relational Aggression (SCPRA)*. Today is the final day the *SCPRA* will be open. **If you have not had the opportunity to participate, please complete this survey now.** Your answers to the *SCPRA* will provide important information regarding school counselors and relational aggression. The survey is online, anonymous, and should take between 5 and 30 minutes to complete. The results of the research study may be published; however, your name will not be used. All information you provide is anonymous and there will be no way to identify you after you submit your survey.

If you are willing to assist me, please click the following link to be directed to the *SCPRA*. If you are not connected automatically, please copy-and-paste the link into the address box in your web browser and click enter:

Your Anonymous Survey Link:

http://neworleans.coi.qualtrics.com/SE/?SID=SV_3QO5fm5tQ4gZwax

Your completion and electronic submission of the *SCPRA* will indicate your consent for participation in this study. There may be a record of exchange somewhere on your computer in a cache (as in most internet communication), therefore, I suggest you clean out your temporary internet files and close your browser after completing the survey.

Your participation in this study is entirely voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty. The associated risks for this study are minimal. The possible benefit of your participation is more awareness regarding your beliefs about relational aggression. If you have any questions or concerns regarding this research study or would like to discuss any discomforts you may have experienced, please email the investigator of this study, Catherine G. McDermott at cgeogheg@uno.edu. You may also further contact my faculty advisor, Dr. Barbara Herlihy, through email at BHerlihy@uno.edu for more information about this study.

If you would like to receive a copy of the final results of this survey, please send an email request to Catherine G. McDermott at cgeogheg@uno.edu. If you would like any additional information regarding this study, or would like to discuss any discomforts you may have experienced, please send your request to the investigator of this study, Catherine G. McDermott at cgeogheg@uno.edu. You may also contact my faculty advisor, Dr. Barbara Herlihy, by email at BHerlihy@uno.edu for more information regarding this study.

Thank you again for your participation.

Sincerely,

Catherine G. McDermott
Doctoral Candidate
University of New Orleans
348 Bicentennial Education Building
University of New Orleans, Lakefront Campus

2000 Lakeshore Drive
New Orleans, LA 70148

Appendix E:
IRB Approval Letter

***University Committee for the Protection
of Human Subjects in Research
University of New Orleans***

Campus Correspondence

Principal Investigator: Barbara Herlihy

Co-Investigator: Catherine G. McDermott

Date: • October 2, 2013

Protocol Title: “Professional School Counselors and relational Aggression: Training, Perceptions, Barriers, and Interventions”

IRB#: 02Oct13

The IRB has deemed that the research and procedures described in this protocol application are exempt from federal regulations under 45 CFR 46.101 category 2, due to the fact that the information obtained is not recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects.

Exempt protocols do not have an expiration date; however, if there are any changes made to this protocol that may cause it to be no longer exempt from CFR 46, the IRB requires another standard application from the investigator(s) which should provide the same information that is in this application with changes that may have changed the exempt status.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you are required to inform the IRB as soon as possible after the event.

Best wishes on your project.

Sincerely,



Robert D. Laird, Ph.D.,
Chair • UNO Committee for the Protection of Human Subjects in Research

Appendix F

List of Other Current Certifications and Licenses

ACSI Lifetime Certificate for School Counselor and Teacher
Adjunct Faculty
Administration degree
Administration & Supervision
Administrative Services Credential
Approved Clinical Supervisor
Career and Technical Education
Certified Addictions Counselor
CCTP
Certified School Administrator
Certified School English as a Second Language Teacher
Certified State School Counselor
Director of Counseling
Doctoral Student
Ed. D, Psychology/Counseling
Global Career Development Facilitator
Law & ethics Specialist Certification
Letter of Eligibility for School Counselor Licensure, K-12
Licensed Associate Counselor
Licensed Clinical Professional Counselor
Licensed Independent Clinical Social Worker
Limited Licensed Professional Counselor
Limited Licensed Psychologist
Licensed Mental Health Therapist
Licensed Mental Health Counselor
LMSW
Licensed Professional Clinical Counselor
Licensed Teacher
Marriage and Family Therapy Intern
Mental health First Aide Certification
Mississippi Board Qualified Supervisor
Multiple Subjects Credential
Myers Briggs Type Indicator
NBPT
National Board Certified Counselor
National Board Certified Teacher
National Board Certified Teacher- School Counseling
Post Graduate Professional Certified Teacher SPED K-12, NK-4
Provisional Counseling License
PK-6th Bilingual Teacher
Principal
Pupil Personnel Services
Registered Art Therapist
School Administrator
School Social Worker
Secondary Composite Science Certification
Special Education Certified Teacher
State Certified K-12 School Administrator

State Certified Elementary Education Teacher
State Certified Special Education Teacher
Substitute Teacher License
Teaching Certificate
Teaching 4-12 English, History
Teacher of the Handicapped K-12
Temporary State Certified School Counselor
TETRIS Certified Trainer

Appendix G

List of Other Professional Affiliations

Association of Counselor Educators and Supervisors
American Association of University Women
American Psychological Association
Apple Valley Counselors Association
Arizona School Counselors Association
Association of Career & Technical Educators
Association for Multicultural Counseling and Development
California Association of School Counselors
Camden County School Counselor Association
County Branch of the American School Counselor Association
Delaware County School Counselors Association
Georgia School Counselor
Hawaii Association for College Administration Counseling
Idaho Society of Individual Psychology
Iowa School Counselor Association
Maryland School Counselors Association
Missouri School Counselors Association
Missouri Association for College Admission Counseling
Monmouth County School Counselors Association
National Association for College Admission Counseling
National Association of Clinical Social Workers
National Academic Advising Association
National Education Association
New Jersey Education Association
New Jersey School Counselor Association
New York State School Counselor Association
Oregon School Counselor Association
Southern Association for College Admission Counseling
Virginia School Counselor Association
Washington State Counselor Association

VITA

Catherine Geoghegan McDermott earned a Bachelors of Arts in History in 2006 from Samford University in Birmingham, Alabama. She earned a Masters of Science degree in Counseling in 2009 from Loyola University, New Orleans.

Catherine is a Licensed Professional Counselor (LPC) in the state of Louisiana, and a Nationally Certified Counselor (NCC). She is a member of the American School Counselor Association (ASCA), the Louisiana Counseling Association (LCA), and serves on the board of the Louisiana Counselor Educator and Supervisor (LACES) as the secretary. She has also served on the board for the Louisiana Associations for the Spiritual, Ethical, and Religious Values in Counseling (LASERVIC) as secretary in 2012.

Catherine has experience as a high school counselor and as a clinical counselor. She has served as a university supervisor for several master's-level practicum and internship students placed in middle and high-school settings, as well as in clinical settings. Catherine has been published as a contributing author in *Boundary Issues in Counseling: Multiple Roles and Responsibilities* (Herlihy & Corey, 2014). She has presented at multiple conferences including the annual convention of Louisiana Professional School Counselors in New Orleans, Louisiana in December of 2010, the conference for the Louisiana Career Development Association in March of 2012 and April of 2013, and the Louisiana Counseling Association in September of 2013. Research interests include relational aggression and professional school counselors.