THE INFLUENCE OF ATTITUDES TOWARD STUDENTS WITH DISABILITIES AND COUNSELOR TRAINING ON SCHOOL COUNSELORS’ PERCEPTIONS OF PREPAREDNESS TO PROVIDE SERVICES TO STUDENTS WITH DISABILITIES

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ABSTRACT

Despite increased school counselor roles regarding students with disabilities in recent years, a research gap existed with regard to how prepared school counselors felt in providing services to students with disabilities (SWD). Thus, in this study, the role of attitudes and school counselor training (e.g., courses related to SWD taken during undergraduate training, practical experiences with SWD completed during undergraduate training, and conferences/workshops attended after graduation) was examined in predicting the perceptions of preparedness.

Participants were 101 practicing school counselors who completed the Attitudes toward Disabled Persons Scale-Form O as well as the School Counselor Preparation Survey-Revised online through survey monkey. Results indicated that school counselors felt between somewhat prepared and prepared to serve to SWD. In addition, school counselor attitudes toward students with disabilities appeared to be fairly lower than the attitudes of educators and other helping professionals in the U.S while being similar to the scores of the samples of the studies conducted in Turkey.

The research design featured hierarchical regression, which involved entering type of training (courses, experiences, and conference/workshops) in the second block after entering attitudes in the first to control for their impact. The analysis revealed that type of training school counselors received to work with SWD and attitudes significantly predicted preparedness with an approximately 10% of variance explained. As evidenced by the correlation coefficient, the association of practical experiences with the preparedness scores was as significant as that of the attitudes. On the other hand, in the regression analysis, the contribution of the attitudes was slightly higher than that of the practical experiences in explaining the preparedness scores.
Table of Contents

LIST OF FIGURES................................................................................................................viii
LIST OF TABLES........................................................................................................................ix

CHAPTER 1: INTRODUCTION.........................................................................................................1
  Inclusive Education for Students with Disabilities.................................................................1
  School Counselor Training Needs..........................................................................................2
  Problem Statement..................................................................................................................3
  Purpose of the Study...............................................................................................................4
  Research Question...................................................................................................................4
  Significance of the Study.........................................................................................................4
  Delimitations............................................................................................................................5
  Definitions................................................................................................................................5

CHAPTER 2: REVIEW OF THE LITERATURE...............................................................................7
  Students with Disabilities.........................................................................................................7
  Legislation Impacting the Education of Students with Disabilities..........................................9
    Relevant Legislation in the United States (US)......................................................................9
    Relevant International Legislation.......................................................................................11
    Relevant Turkish Legislation...............................................................................................13
  Common Challenges for Students with Disabilities..............................................................15
  Review of Research on School Counselor Roles, Training and Preparation Regarding
    Students with Disabilities......................................................................................................17
    Review of Existing Research in Turkey................................................................................17
    Review of Existing Research in the U.S..............................................................................20
  Professional School Counselor Preparation and Training Areas..........................................22
    ASCA Position Statements.................................................................................................22
    Disability Content...............................................................................................................23
    Practical Experiences...........................................................................................................26
    Attitudes toward Students with Disabilities.........................................................................26

CHAPTER 3: METHODOLOGY.......................................................................................................30
Research Design..................................................................................................................30
Sample........................................................................................................................................31
Participants...................................................................................................................................32
Dependent Variable: The School Counselor Preparation Survey-Revised (SCPS-R)……36
  The original School Counselor Preparation Survey.........................................................36
  Torrence’s Modified List of Activities..............................................................................37
  The School Counselor Preparation Survey (SCPS) Used in this Study.....................38
  Translation of the SCPS to Turkish.....................................................................................40
Independent Variables & Measures..................................................................................40
  Attitudes toward People with Disabilities Scale (ATDP)...............................................40
  Courses related to Students with Disabilities.................................................................43
  Practical Experiences with Students with Disabilities....................................................44
  Conferences/Workshops.................................................................................................44
  Brief Social Desirability Scale.........................................................................................44
Procedures.............................................................................................................................45
  Phase One: Preparation of the Survey...........................................................................45
  Phase Two: Nationwide Study..........................................................................................47
Analysis of the Research Question................................................................................48
Data Screening Procedures...............................................................................................50
CHAPTER 4: RESULTS.................................................................................................................52
  Outliers.................................................................................................................................52
  Missing Data..........................................................................................................................54
  Univariate Analysis.............................................................................................................55
Three Assumptions of Regression................................................................................56
Bivariate Analysis.................................................................................................................59
  Correlations........................................................................................................................59
  Independent T-Tests and Analysis of Variance (ANOVA)..............................................60
Hierarchical Multiple Regression...................................................................................62
  Research Question..............................................................................................................63
Additional Findings.............................................................................................................65
  School Counselor Activities Related to Students with Disabilities..............................65
Preservice and In-service Training……………………………………………………..66

CHAPTER 5: DISCUSSION………………………………………………………………….68

Findings Related to the Research Question………………………………………….68
General Findings………………………………………………………………………….69
Attitudes toward Students with Disabilities……………………………………….69
School Counselor Caseload…………………………………………………………..70
School Counselor Activities Related to Students with Disabilities……………71
Preservice and In-service Training………………………………………………..73
Perceptions of Preparedness………………………………………………………….74

Implications of the Study……………………………………………………………….75
Implications for Counselors and Counselor Educators………………………….75
Implications for Policy…………………………………………………………………75
Suggestions for Future Research…………………………………………………….80

Strengths and Limitations…………………………………………………………….82

REFERENCES………………………………………………………………………….....84

APPENDICES……………………………………………………………………………..92

Appendix A: Demographic Information Survey (Questions 1-14) and Social Desirability Scale (Question 15)…………………………………………………………93

Appendix B: School Counselor Preparation Survey Used in This Study…………96

Appendix C: Attitudes toward Students with Disabilities Survey (ATDP-O)……100

Appendix D: Participant Letter………………………………………………………….103

Appendix E: Recruitment Letter……………………………………………………….105

Appendix F: School Counselor Preparation Survey - Revised (SCPS-R)………..106

Appendix G: Attitudes Toward Disabled Persons Scale - Form O (ATDP-O)……108

Appendix H: Full Study Survey in Turkish (Letter to Participants, Demographic Information Survey, SCPS-R and ATDP-O)……………………………………….109

Appendix I: Clarity Understanding Checklist…………………………………………117
LIST OF FIGURES

Figure 1: Conceptual Figure for Research Design .......................................................... 30
### LIST OF TABLES

Table 1-1: Descriptive Statistics for the Sample Population ........................................33
Table 1-2: Frequencies Information for the Sample Population .................................34
Table 2-1: Summary of Reliability Data for the ATDP O .........................................41
Table 2-2: Reliability of Scales ..................................................................................45
Table 3-1: Results of t-test and Descriptive Statistics for Preparedness by School Level ....50
Table 4-1: Descriptive Statistics for All Variables before Transformation ..................55
Table 4-2: Descriptive Statistics for All Variables after Transformation ......................55
Table 4-3: Correlation Matrix of Variables ..................................................................59
Table 4-4: Results of T-Test and Descriptive Statistics of Nominal Variables for the Dependent Variable ..................................................................................61
Table 4-5: Results of One-Way Anova and Descriptive Statistics of Nominal Variables ......62
Table 4-6: Hierarchical Regression Analysis of Predictors of Preparedness ...............64
Table 4-7: Activities School Counselors Perform for Students with Disabilities ...........65
Table 4-8: Preservice and In-service Training about Students with Disabilities ..........67
CHAPTER 1: INTRODUCTION

School counselor roles regarding students with disabilities have expanded in recent years to an extent where they are now expected to offer a wider array of services to those students and their families (Milsom, 2001; Milsom, 2002). This increase in the responsibilities of school counselors has made it necessary for school counselors to acquire specific knowledge and skills with regard to serving students with disabilities. Despite these changes, however, most school counselors do not receive specific courses related to students with disabilities or practical experience with those students as a part of their training requirements in Turkey similar to their counterparts in the United States (e.g. Sargin & Hamurlu; 2010). Literature suggests that many school counselors lack adequate preparation to work with students with disabilities (Deck et al. 1999; Korinek & Prillaman, 1992; Milsom, 2002).

Inclusive Education for Students with Disabilities

Inclusion of students with disabilities in the public school system is a relatively recent practice in Turkey. Previously, students with disabilities were either being denied an education or automatically sent to segregated schools, such as school for the deaf. With the passage of the Primary Instruction and Education Law (No. 222) in 1962, the need for schools to provide accommodations for students with disabilities was recognized for the first time (Melekoglu, Cakiroglu, & Malmgren, 2009). On the other hand, the distinct mandate for the inclusion of students with disabilities into public schools did not pass until 1983. The significance of inclusive education was reiterated with the passage of the Decree-law related to Special Education (No. 573) in 1997, reemphasizing the need to include students with disabilities in regular education classrooms (Melekoglu et al., 2009).
With the mandatory inclusion of children with disabilities in mainstream classes in 1983, the number of students with disabilities in Turkish schools has started to gradually increase (Sucuoglu & Akalin, 2010; Sucuoglu, Akalin, & Sazak, 2011). For example, according to Sucuoglu and Akalin (2010), the number of students who received primary inclusive education has increased from 70,000 in 2010-2011 to 137,893 in the education year of 2011-2012 in Turkey. The increase in the numbers of students with disabilities in inclusive public schools is expected to continue in the upcoming years with the encouragement of legislation related to inclusive education in Turkey.

**School Counselor Training Needs**

The increase in the number of students in inclusive education has made the school counselor involvement with students with disabilities more important and needed than ever. Milsom (2001) suggests that the increase in the responsibilities of school counselors related to the inclusion of children with disabilities in mainstream education not only requires school counselors to have fundamental counseling skills but to also be able adapt these skills according to the specific needs of students with disabilities.

In addition to basic skills, the heightened responsibilities of school counselors have increased the need for new information, awareness of a variety of issues, and specific type of knowledge and skills that are relevant to working with students with disabilities. Some of these training needs include, but are not limited to: (a) gaining fundamental knowledge about disability and its influence on development, (b) becoming competent consultants and advocates, (c) becoming familiar with disability legislation, (d) developing awareness about stigma and changing negative attitudes, (e) expanding professional identity, and (f) contributing to psychologically healthy school environment (Milsom, 2001; Romano et al., 2009).
Problem Statement

Despite the increased roles and responsibilities, there is a scarcity of research related to how prepared school counselors who work in elementary and middle schools feel about performing school counseling tasks with students with disabilities in Turkey. More specifically, there is not even a single study on the perceptions of preparedness of practicing school counselors regarding working with students with disabilities in inclusive schools. Primary topics of research have been limited to counselors’ self-efficacy, Individualized Education Plans (IEPs), and attitudes toward inclusive education (e.g., Alver et al., 2011; Aksoy & Diken, 2009; Coskun, 2010; Sargin & Hamurcu, 2010), which are limited in their extent and methodology. As a matter of fact, only three of the studies that are overviewed extensively in the next chapter were conducted with practicing school counselors (i.e., Aksoy & Diken 2009; Cokun, 2010; Sargin & Hamurlu, 2010). On the other hand, despite its shortcomings, existing research points to school counselor preparation as a topic deserving more attention.

Relatively more research has been conducted in the USA on school counselors’ preparation, training and roles around students with disabilities (e.g., Adkison-Bradley et al., 2007; Dunn & Baker, 2002; Milsom & Akos, 2003; Milsom, 2001; 2002; Romano et al., 2009). One of the most important points highlighted by research is that school counselors felt underequipped to effectively perform the tasks for students with disabilities due to training deficiencies in many school counselor education programs in the USA (Deck et al. 1999; Korinek & Prillaman, 1992; Milsom, 2002). Turkish school counselors start their career with an undergraduate degree in counseling, and they typically do not gain access to as many pre-service and in-service training opportunities as their peers in the USA. Research unequivocally indicates that the roles and responsibilities of school counselors have become more challenging with the
inclusive education. Given that problems around school counselor preparation exist even in the United States despite more advanced school counselor training, the need for investigation of school counselor attitudes, preparation and training is even more pressuring for Turkey.

**Purpose of the Study**

As discussed, in Turkey, research related to how prepared practicing elementary and middle school counselors feel about performing school counseling tasks with students with disabilities is non-existent despite the increased roles and responsibilities of school counselors regarding working with students with disabilities. Thus, it is unknown what practicing school counselors think about the adequacy of their preparation for providing services to students with disabilities. The purpose of this research is to investigate practicing school counselor roles, training, attitudes toward students with disabilities, and school counselor perception of preparation for working with those students. As such, findings from this study will help bridge the gap in the understanding of school counselors’ perceptions of preparation as it relates to counselor training and attitudes.

**Research Question**

1. Do the number of classes related to students with disabilities taken during undergraduate training, the number of practical experiences with students with disabilities, and additional training attended after graduation (conferences/workshops) predict Turkish school counselors’ self-reported preparedness to work with SWD, while controlling for attitudes toward students with disabilities?

**Significance of the Study**

This study is specifically important in the field of professional school counseling. The results will add to the understanding of school counselor preparation, school counselor roles and
training regarding students with disabilities, and attitudes toward students with disabilities. The research will benefit school counselors in gaining a better insight into factors that influence their perceptions of preparedness and services that they provide for students with disabilities to help them to better serve to those students. The research will also assist school counselor educators, legislators, and other officials in designing, implementing, and delivering better training programs and strategies.

**Delimitations**

Participants consist of volunteered school counselors who were reached through online postings of the survey on the Facebook page of the Turkish Psychological Counseling and Guidance Association. Additional participants were recruited through convenience sampling, included contacting Research and Guidance Centers in several cities and requesting the contact information of practicing elementary and middle school counselors that are registered in their centers. Therefore, findings may not be generalized to all school counselors.

**Definitions**

**Perceptions of preparedness**-total scores on the School Counselor Preparation Survey-Revised (SCPS-R; Milsom, 2002; Torrence, 2012)

**Attitudes**-total scores on the Attitudes toward Disabled Persons Scale-Form O (ATDP-O; Yuker et al., 1960)

**Professional School Counselor**-educators with a minimum of a Bachelor’s degree in psychological counseling and guidance and/or psychological services in education who provide counseling services in guidance and research centers, and guidance and psychological counseling services of educational institutions (Ministry of National Education, 2001).

**Inclusive education**- educational practices that are based on educating students with disabilities
with their peers without disabilities in pre-school, elementary, middle, and widespread education institutions through provision of supportive educational services for students with disabilities. Inclusive education aims to educationally and socially integrate students with disabilities with their peers through the use of individualized education programs (Ministry of National Education, 2014).

**Practical experiences**—Professional experiences that are completed with students with disabilities during undergraduate training program, such as internships, practicums, and/or other activities/projects that required working one-on-one with students with disabilities.
CHAPTER 2: REVIEW OF THE LITERATURE

The purpose of this chapter is to examine literature associated with school counselors’ perceptions of preparedness, attitudes toward students with disabilities, and school counselor training regarding students with disabilities. Particularly addressed in this chapter is a range of topics in order to provide a rationale for examining school counselors’ attitudes toward students with disabilities and school counselor training as components impacting school counselors’ perceptions of preparedness to provide services to students with disabilities. First, an overview of relevant legislation regarding students with disabilities is provided. Second, common challenges for students with disabilities are highlighted. Third, a review of research on school counselor roles, training, and preparation regarding students with disabilities is outlined. Finally, professional school counselor preparation and training are identified.

Students with Disabilities

While there is no one agreed upon definition of disability, The International Classification of Functioning, Disability and Health: Children and Youth Version (ICF-CY) describes disability as neither entirely biological nor social but instead as an interaction between the factors associated with environment, health conditions, and the individual (WHO, 2012). Disability can be explained as threefold:

(a) an impairment in body function or structure, such as a cataract which prevents the passage of light and sensing of form, shape, and size of visual stimuli; (b) a limitation in activity, such as the inability to read or move around; (c) a restriction in participation, such as exclusion from school. (p. 7)

The Convention on the Rights of Persons with Disabilities (CRPD) indicates that persons who have long-term physical, intellectual, or sensory impairments constitute people with
disabilities. These impairments, in combination with numerous barriers, may prevent individuals' full participation in society as equally as other individuals (WHO, 2012). Children with disabilities include those with health conditions such as spina bifida, muscular dystrophy, traumatic spinal cord injury, down syndrome, and children with hearing, visual, physical, communication, and intellectual impairments. While some children have a single impairment, some others may experience co-occurring impairments. Most importantly, each child’s experience of disability is unique as the interaction between a health condition, environmental and personal factors can differ for each child (WHO, 2012).

Turkish Ministry of National Education defines students with disabilities who would qualify for special education or related services based on meeting criteria for one or more of the following: Visual impairments, hearing impairments, physical disabilities, mental disabilities, speech and language impairments, and emotional and behavioral disorders (Ministry of National Education, as cited in Melekoglu, Cakiroglu, & Malmgren, 2009). The latest census revealed that 8,357,000 Turkish people (12.29% of the population) live with a disability (Eres, 2010), and the number of individuals with disabilities who are of school age are 3.5 million (13%) of the student population. Unfortunately, while some of these students with disabilities are in segregated special education schools, some are not even in schools.

In the school year of 2011-2012, the total number of Turkish students with disabilities in inclusive elementary, middle, and high schools were equal to 238,217. As seen, the number of students with disabilities in inclusive schools still constituted only a minority of all students with disabilities (approximately 7%), but the ratio is expected to grow rapidly in the upcoming years with the highlighted focus on inclusive education. For example, the number of children with disabilities who received inclusive primary education increased from 70,000 in 2010-2011,
to 137,893, in 2011-2012 (Sucuoglu & Akalin, 2010). This indicates that all educators including school counselors have a responsibility in the educational success of students with disabilities (Torrence, 2012), rendering it critical to examine preparedness, attitudes and training for researchers.

**Legislation Impacting the Education of Students with Disabilities**

Students with disabilities, their families, and all other parties involved in the education of students with disabilities have been influenced by legislation (West & Whitby, 2008) as it impacted the serving of education and related services to students with disabilities (Torrence, 2012). The following sections on relevant legislation in the United States, Europe, and Turkey outline the importance of legislation in the provision of education for students with disabilities. Additionally, school counselor roles with students with disabilities are particularly highlighted.

**Relevant Legislation in the United States (US)**

**Section 504 of the Rehabilitation Act of 1973 (Section 504).** Section 504 qualifies as the first attempt to specifically ensure the civil rights of individuals with disabilities in the United States (Yell, Rogers, & Rogers, 1998). Section 504 had a purpose of protecting all individuals with disabilities from discrimination by any agency receiving federal funds. Because school districts are qualified among the agencies receiving federal money, school counselors must perform consistent with the guidelines specified in Section 504 (Yell et al., 1998; Milsom, 2001).

**The Education for All Handicapped Children Act of 1975 (P.L. 94-142).** The provision of individual states with federal funding to spend for the education of students with disabilities was outlined in the Public Law 94-142. According to this law, each state and school district had to guarantee a free appropriate public education (FAPE) to all students with disabilities (Yell et al., 1998). Additionally, the development of individualized education plan (IEP) for each student was
required, which involves, but not limited to, annual educational goals, needed services, educational placement, and evaluation criteria for students with disabilities. This law highlights the fact that all qualified students should be provided with related services including services of school counselors (Milsom, 2001; Yell et al., 1998).

**The Individuals with Disabilities Act of 1990 (IDEA).** The Individuals with Disabilities Act of 1990 was created through amendments to Public Law 94-142. IDEA reinstated the importance of free and appropriate public education (FAPE) in the least restrictive environment (West and Whitby, 2008). A key aspect of IDEA is that it requires the identification and assessment of students with disabilities in order to provide those students with appropriate support and education services that include counseling and transition services (McLeskey et al., 2010; Torrence, 2012).

The amendments to IDEA in 1997 required that all states and school districts include students with disabilities in all state and district-wide testing, which was not the case prior to the 1997 amendments (Milsom, 2001). Additionally, school districts started to be held accountable for creating alternate assessments by the year of 2000 for those students who could not take part in the standardized tests (Williams & Katsiyannis, 1998). The 1997 amendments also included the requirement of short-term objectives in IEPs along with long-term goals for better assessment of student progress. IEPs were also to integrate information regarding how the student’s involvement in the regular education curriculum would be affected by the student’s disability along with a behavior management plan for the students with behavior problems (Williams & Katsiyannis, 1998).

**The Americans with Disabilities Act of 1990 (ADA).** Similar to section 504, the ADA aims to prevent people with disabilities from discrimination in a wide variety of settings including
private sector employment, all public services, public accommodations, transportation, and telecommunication (McLeskey et al, 2010; Torrence, 2012). The implications of this law include prohibition of discrimination against individuals with disabilities in contexts that include the public schools, vocational education, and higher education (Baumberger & Harper, 2007).

The No Child Left Behind Act of 2001 (NCLB). NCLB was created with an aim to provide all children with high quality education so that no gap occurs between high achieving and low achieving students (Torrence, 2012), which has profoundly impacted the education of students with disabilities (West & Whitby, 2008). The role of school counselors in contributing to closing the achievement gap between disadvantaged and minority students and their peers has also gained more importance with NCLB (Dahir & Stone, 2003).

Individuals with Disabilities Education Improvement Act of 2004 (IDEIA). In 2004, the Individuals with Disabilities Education Act was reauthorized with the name of Individuals with Disabilities Education Improvement Act (IDEAI) of 2004 (Torrence, 2012). IDEAI underlines the importance of student access to free and appropriate education, of the rights of students with disabilities and their parents, and of the assessment of the effectiveness of efforts to educate students with disabilities. It also aims to support appropriate agencies in providing education to students with disabilities, to assist states in creating a system of early intervention for children with disabilities, and to provide educators and parents with services and qualifications to improve the education of students with disabilities (Torrence, 2012). IDEIA protects parents' rights to contribute to every decision associated with diagnosis, assessment, and placement of their child (McLeskey et al., 2010)

Relevant International Legislation

Education for All Initiative. Education for All (EFA) is an international initiative first
launched in Jomtien, Thailand, in 1990 to benefit “every citizen in every society.” In order to achieve this goal, a variety of national governments, civil society groups, and development agencies such as UNESCO and the World Bank agreed on six specific education goals (The World Bank, 2014). Inclusive education was one of those goals having been proposed as one of the key strategies in increasing the capacity of education systems to embrace all learners, including those with disabilities (WHO, 2012). Turkey took its place among the countries that signed EFA, indicating its agreement on promoting inclusive education (UNESCO, 2012).

**United Nations (UN) Convention on the Rights of People with Disabilities (CRPD).**

Turkey is among the first group of countries which signed the Convention on the Rights of Persons with Disabilities. Signing the convention in 2009 demonstrates the importance Turkey places on enhancing the human rights of people with disabilities (United Nations, 2014). Countries that join the convention are committed to developing and carrying out “policies, laws and administrative measures for securing the rights recognized in the Convention and abolish laws, regulations, customs and practices that constitute discrimination.” (United Nations, 2014). It is suggested in the article 24 of the CRPD, children with disabilities should not be denied access to general education system on the basis of impairment and should be provided with inclusive, quality, and free primary and secondary education (WHO, 2012).

**Council of Europe’s Coordination Forum.** Besides the UN framework, Turkey is also an active participant of the Council of Europe’s Coordination Forum which launched a Disability Action Plan for 2006-2015 (United Nations, 2014). This action plan aims to assist member states in reinforcing anti-discriminatory practices to ensure equal opportunities and independence of people with disabilities. Addressing the needs of every person with a disability without discrimination based on age, origin, nature or severity of the disability is the major goal of The
Action Plan. This goal requires assuring the freedom of choice, full citizenship, and active participation of people with disabilities in society and enhancing their quality of life. The European Coordination Forum oversees the promotion, implementation and follow-up of the Council of Europe Disability Action Plan 2006-2015 (CAHPAH, Council of Europe, 2014).

**Relevant Turkish Legislation**

**Brief history of legislation.** Melekoglu, Cakiroglu and Malmgren (2009) suggest that special education was mentioned in the Constitution of Turkey for the first time in 1926. However, Turkish Civil Law gave the responsibility of raising and educating children with disabilities only to their parents until Altinokta Korler Dernegi (The Union for The Blind) had a positive impact on the 1961 Constitution. As a result, education needs of people with disabilities were recognized by the government, and The Primary Instruction and Education Law (No. 222) was passed in 1962, being the first piece of legislation stating that schools should provide accommodations for children with special needs in Turkey (Melekoglu, Cakiroglu, & Malmgren, 2009). Then came the distinct mandate on the inclusion of students with disabilities into schools in 1983.

The importance of inclusive education was reemphasized with the passage of the Decree-law related to Special Education (No. 573) in 1997, reiterating the need to include students with special needs in regular education classrooms (Melekoglu et al., 2009). According to this decree-law, (a) special education is an inseparable part of general public education, (b) all children are entitled to special education services regardless of the severity of their disability, (c) early intervention is a crucial part of special education, (d) Individualized educational programs must be developed to meet the unique needs of children with special needs, (e) non-restrictive environments should be provided to children with special needs and their peers without disabilities, (f) children with special needs should be provided with vocational education and
rehabilitation services without interruption, and (g) relevant institutions should plan for education services for children with special needs. With the enactment of this decree-law, the number of student with disabilities has increased in mainstream education settings (Milli Egitim Bakanligi, 2014).

**Special Education Services Legislation.** Article 63 of the Special Education Services Legislation outlines the roles and responsibilities of Turkish school counselors pertinent to working with students with disabilities (Ozel Egitim Hizmetleri Yonetmeligi, 2012). According to this Article, along with their regular guidance and psychological counseling responsibilities, school counselors are expected to plan and perform educational services for the families of students who need special education as well as consulting with associated people and institutions when needed. School counselors are also responsible for collaborating with families, teachers, related personnel, and the school unit in developing the Individualized Education Plans and assessing the individual developments of students who need special education. Finally, school counselors are responsible for collaborating with teachers, with the committee for guiding and follow-up, and with the Individual Educational Plan development unit in addressing the needs of students (Ozel Egitim Hizmetleri Yonetmeligi, 2012).

**The Guidance and Psychological Counseling Services Legislation.** According to the last amendments made to the Guidance and Psychological Counseling Services Legislation in 2009 (Milli Egitim Bakanligi, 2013), school counselor roles have five dimensions: educational guidance, career and vocational guidance, individual guidance, assessment techniques, and group counseling. There is no specific mention of students with disabilities in this legislation, which presents as a limitation for counselors who would like to be provided with a guide to serve to students with disabilities.
Common Challenges for Students with Disabilities

Whether or not they have a disability, individuals are all similar in that they all encounter some challenges throughout their lives (Milsom, 2001). On the other hand, there are some commonalities in the challenges that individuals with disabilities experience, but these commonalities should not prevent professionals from having an appreciation for individual differences when working with students with disabilities. Each child can differ in her/his experience of and response to the same disability as the health condition, environment, and personal factors can present a unique interaction for each individual (WHO, 2012). Additionally, while some children have a single impairment some others may experience co-occurring impairments.

As stated, the commonalities in the problems and challenges that students with disabilities experience should be taken into consideration to provide better services. Myers and Nicole (2005) suggest that diagnosis of a disability is associated with a higher risk of depression, conduct disorders, and substance use disorders. These difficulties can be a direct result of the disability itself or of the stigma regarding disability. Some other challenges suggested in the literature include social-emotional problems such as anxiety, dependency, non-participation, and low self-concept (Bowen & Glenn, 1998). Other common themes are related to social behaviors and interpersonal skills (Bowen & Glenn, 1998; Owens et al., 2011). For example, Myers and Nicole (2005) suggested that students with disabilities face more problems associated with their interpersonal and social skills than their shortcomings in their academic skills. On the other hand, academic challenges such as difficulty choosing suitable classes, exploring career options, and identifying personal strengths are still as critical as personal/social concerns for students with disabilities.
It should be noted that some disabilities are not outwardly visible such as disabilities in the areas of learning, emotion regulation, and chronic health. The less visible nature of these disabilities does not indicate a lack of difficulty or limitation (WHO, 2012). It is therefore more important to have an open conversation with the student and/or family regarding what specific needs and accommodations the student needs when the child presents with a less visible disability (Beecher, Rabe & Wilder, 2004).

Regardless of the degree of the visibility of a disability, students with disabilities are more likely to face more bullying than their peers without disabilities according to literature (Carter & Spencer, 2006). Research shows that students with disabilities are subject to more peer rejection, a great risk factor for victimization (Whitney, Smith & Thompson, 1994; as cited in Young, Ne'eman, & Gelser, 2011) because of deficits in social and interpersonal skills either as a characteristic related to the type of disability itself or due to social isolation that comes with segregation and/or peer rejection or due to stigma (Young et al., 2011). These dynamics create escalated vulnerability for students with disabilities to the negative emotional, educational and physical impact of bullying as a group of students who are disproportionately affected by bullying (Young et al., 2011).

Being informed about the accommodations available to them and taking advantage of those accommodations appear as another area of challenge for students with disabilities. In this regard, students with disabilities may need school counselors’ help in identifying accommodations, requiring school counselors to have a thorough understanding of the accommodations available to students with disabilities (Owens et al., 2011). This is consistent with Milsom’s (2006) suggestion that evaluating school climate with respect to students with disabilities and creating interventions or advocating for improvements are some of the major areas where school counselors are
expected to take the lead.

**Review of Research on School Counselor Roles, Training and Preparation Regarding Students with Disabilities**

**Review of Existing Research in Turkey**

There is a dearth of research about school counselor roles, training and preparation related to working with students with disabilities in Turkey. Sargin and Hamurlu (2010) conducted a qualitative study with 14 school counselors (seven female, seven male) who worked in various private special education institutions in Konya (a city in Turkey) to assess their challenges and expectations. The researchers found that participants experienced problems related to educational, institutional, and family based factors.

Educational problems were pertinent to not having received adequate training in special education as school counselors reported discontent that only one 3-credit course was incorporated in the curriculum of their Guidance and Psychological Counseling undergraduate program. Moreover, they reported confusion as to how to modify activities and services according to the individual differences and needs of students with disabilities. Another problem regarding educational realm was working with managers who did not know about school counselor roles and responsibilities regarding working with students with disabilities. Similarly, institutional problems were associated with working with managers who expected them to do the job duties of special education teachers while also expecting them to do activities that attract more families to the institution.

As far as family based problems, school counselors reported a lack of information and ability about serving to students with disabilities, which precluded them from being able to help families. Families, in return, reflected frustration in the form of anger towards the child with the
disability. As stated, these findings were gained from the sample of school counselors who worked in special education institutions, but the results still have important implications for other school counselors who work in inclusive schools in terms of highlighting the need for more training for school counselors regarding working with students with disabilities.

Aksoy & Diken (2009) examined school counselors self-efficacy regarding counseling in special education. The researchers collected data through the School Counselors' Self-Efficacy Scale regarding Special Education (SCSSSE), a 40-item author developed Likert scale measurement. They reported that school counselors showed moderate level sense of self-efficacy. They reported statistically significant difference with a small effect size based on years of experience but no difference based on gender and age. They also revealed that school counselors who had support from a mentor/supervisor who had experience in special education demonstrated higher self-efficacy.

The value of the study by Aksoy & Diken (2009) resides in the suggestion that school counselors who graduated from the departments of psychological services in education (where special education and school counseling programs are housed) had higher self-efficacy than other school counselors who graduated from departments such as psychology, philosophy, or sociology. Currently, the graduates of other programs are also being assigned to school counselor positions by the Turkish government, a criticized practice for potentially undermining the wellbeing of the students and the counseling profession. This finding supports the viewpoints of Turkish counselor educators and practitioners who have been advocating for the employment of the graduates of counseling programs for school counseling positions, and not the graduates of other programs. A limitation of Aksoy and Diken’s (2009) study is its lack of clear explanation of the professional demographics of the study’s participants. The researchers reported their participants as 277
school counselors working at elementary schools, but it is unclear if those schools were inclusive schools or segregated special education schools or both. A better description of the participant demographics could have prevented the confusion.

Another study examined the attitudes of counseling students (junior and senior students) regarding inclusive education (Alver, Bozgeyikli & Isiklar, 2011). Alver et al. (2011) used the attitudes toward inclusive education instrument, an instrument developed by Antonak and Larivee in 1995 and adapted to Turkish by Kircaali and Iftar in 1998. They investigated the attitudes based on gender, prior close participant contact with a person with disability, and participants’ expressed desire in working in a special education institution. Overall, they found no difference between the attitudes of female and male counseling students regarding inclusive education. When attitudes were examined based on prior participant contact with a person with disability, the researchers found that people who had prior close contact with a person with a disability showed significantly more positive attitudes. Researchers also found no significant difference between the attitudes of counseling students who wanted to work in special education institutions and the attitudes of those who did not want to work in special education institutions. In light of their findings, Alver et al. (2011) highlighted the need for investigation of counseling students’ preparedness to serve students with disabilities.

Coskun (2010) surveyed 45 school counselors from different districts of Istanbul about IEPs and found that school counselors felt incompetent regarding IEP development and implementation. The participants reported that teachers also had limited knowledge about IEPs and that they did not have sufficient staff support in developing IEPs. Participants also reported discontent with the instructional information and guidance provided by The Ministry of Education, suggesting it was not sufficiently helpful in developing IEPs (Coskun, 2010).
Review of Existing Research in the U.S.

There is more literature on school counselor roles, training, and preparation in the US than in Turkey. An important implication of the existing literature (e.g., Adkison-Bradley et al., 2007; Dunn & Baker, 2002; Milsom & Akos, 2003; Milsom, 2001; 2002; Romano et al., 2009) is that additional training to effectively perform the activities for students with disabilities is needed for school counselors due to training deficiencies in many school counselor education programs in the US.

Using the School Counselor Preparation Survey-revised (SCPS-R), an instrument developed by herself to measure school counselors’ perceptions of preparedness to work with students with disabilities, Milsom (2001) surveyed 100 practicing school counselors for her dissertation study. She found that school counselors felt somewhat prepared overall to perform tasks for students with disabilities. She conducted a multiple regression analysis to examine if there was any relationship between the type of training school counselors received to work with students with disabilities and how prepared they felt overall to work with them. Three types of training (courses, practical experience, and conference/workshop attendance) in combination accounted for 17% of the total variance in overall preparation, and the number of courses appeared to be the strongest predictor of all, explaining 12% of the variance by itself. Milsom (2001) also examined the relationship between how prepared school counselors felt overall to perform activities for students with disabilities and their attitudes toward children/adolescents with disabilities and found no relationship between the two.

Dunn and Baker (2002) surveyed 355 North Carolina elementary school counselors. The data showed that 61% of the participants received coursework (M=1.88 courses; SD=1.53) as graduate students and 35% had coursework (M=2.25 courses; SD=1.17) as undergraduates.
Approximately 26% received coursework (M=1.73; SD=0.98) as postgraduate students and 76% attended sponsored professional activities (M=4.67; SD=4.49). One of the most important findings of their study was the inconsistency between the preparation of school counselors and the expertise they were expected to demonstrate regarding students with disabilities. Participants reported spending more time with students without disabilities on school counseling activities.

Myers and Nicole (2005) presented the results of an ethnographic study examining how three school counselors addressed the personal/social needs of students with disabilities. One of the critical themes that emerged in their qualitative study was collaboration and teaming, with other themes including the influence of the ASCA National Model, advocacy, and leadership as a concept related to taking initiative to learn more about students with disabilities and showing continued effort to meet their needs. School counselors reported collaborating with other school counselors and staff to plan strategies and share ideas. Based on these results, Myers and Nicole maintained that school counselors can collaborate with special education teachers, other teachers, parents, other school counselors, behavior specialists, school administrators, occupational therapists, speech therapists, physical therapists, and school psychologists (Myers & Nicole, 2005).

Adkison-Bradley et al., (2007) obtained similar findings in their study with 1,090 secondary school counselors from Illinois with regard to time allocation to students. School counselors reported allocating more time to students without disabilities, which is suggested as a result of having limited formal education with students with disabilities by the researchers. Similarly, Romano et al. (2009) found that although counselors strongly supported addressing the needs of students with disabilities, those who had inadequate training felt anxious and unprepared about implementing their roles regarding working with students with disabilities despite finding
the guidelines by ASCA regarding their roles and responsibilities with students with disabilities as appropriate and useful.

Another study was conducted by Torrence (2012) as a dissertation study to determine the impact of attitudes toward students with disabilities and counselor self-efficacy on school counselors’ perceptions of preparedness to provide services to students with learning disabilities. One hundred and sixteen practicing school counselors completed the School Counselor Preparation Survey-Revised (SCPS-R), the Attitudes toward Disabled Persons Scale-Form O (ATDP-O), and the School Counselor Self Efficacy Scale. The results suggest that school counselors felt somewhere between somewhat prepared and prepared to provide services to students with learning disabilities. Additionally, he found a moderately strong relationship between self-efficacy and perceptions of preparedness. On the other hand, there was no relationship between attitudes toward students with disabilities and perceptions of preparedness. A multiple regression analysis revealed that self-efficacy and attitudes combined accounted for 31% of variance in school counselors’ perceptions of preparedness.

**Professional School Counselor Preparation and Training Areas**

**ASCA Position Statements**

In the field of school counseling, the strongest foundation that promotes professionalism and ethical practices is the American School Counselor Association (ASCA). According to ASCA (2014), school counselors across the USA and abroad, “all share the same vision – to do the best job they can for the students under their guidance and care” (Para. 1). ASCA issues position statements to declare its professional perspective on certain issues (Milsom, 2001). Students with disabilities are one of the topics regarding what ASCA developed position statements (ASCA, 2014). Given that shared dedication to doing the best job they can for all students, Turkish school
counselors can utilize the position statements by the ASCA as a guide in determining the scope of their roles regarding students with disabilities. Even though those position statements are not legally binding for them, the shared dedication to the most effective school counseling practices rationalizes Turkish school counselors’ use of ASCA’s position statements as guidance.

According to ASCA (2014), professional school counselors’ responsibilities may include, but are not limited to: providing school counseling curriculum lessons, individual and/or group counseling to students with special needs, providing short-term goal-focused counseling when these strategies are also defined appropriate in the IEPs, encouraging family participation in the educational process, collaborating and consulting with staff and families in understanding and accommodating the needs of the student, advocating for students with disabilities in the school and the community, collaborating with the school’s multidisciplinary team to identify students who may need special education eligibility, collaborating with related professionals (e.g., school psychologists, physical therapists, occupational therapists, special education staff, speech and language pathologists, teachers of deaf and hearing impaired) in the provision of services, and contributing to the development of academic and transition plans in the IEP process.

**Disability Content**

School counselor preparation programs should include coursework requiring school counselors to gain the skills and knowledge related to addressing the needs of students with disabilities. Research, however, has demonstrated that many of the school counselor training programs did not require coursework related to working with students with disabilities during their graduate training (Deck et al. 1999; Korinek & Prillaman, 1992; Milsom, 2002). In fact, Korinek & Prillaman (1992) found that only 28% of the 238 school counselor preparation programs required students to complete one or more courses in special education.
Milsom (2001) also revealed that some of the participants in her survey of 100 school counselors reported taking no coursework and gaining no practical experiences with students with disabilities during their graduate education. Inadequate training has been suggested in the literature (e.g. Milsom, 2002; Milsom, 2006) as a strong potential reason for negative attitudes toward students with disabilities by both school counselors and teachers as feeling unprepared can bring about negative attitudes (Milsom, 2006). Results of Milsom’s (2002) study showed that greater school counselor preparation to work with students with disabilities is linked to completing more coursework related to students with disabilities.

Some of the suggested content areas that should be addressed with these courses are acquiring an understanding of the psychosocial, cognitive, and social needs and problems; common characteristics; useful counseling interventions, and transition planning for students with disabilities (Bowen & Glenn, 1998; Deck et al., 1999; Milsom, 2001). Additionally, research (e.g., Deck et al., 1999; Milsom, 2002) suggests that school professionals, including school counselors, who come into contact with students with disabilities, should have a general knowledge about the history of relevant legislation as well as current regulations around inclusive education. For this reason, Milsom (2002) suggests taking advantage of educational opportunities for school counselors to educate themselves regarding staying updated with laws about special education and providing services to students with disabilities.

Another important area of competence regarding working students with disabilities is Individualized Education Programs (IEP). The importance of becoming an active voice during IEP meetings and advocating for students with disabilities are highlighted by many scholars (e.g., Milsom, 2002; Owens et al., 2011) Milsom, Goodnough, and Akos (2007) suggested that contributing to the Individualized Education Plan (IEP) process is among the very first of the
services where school counselors should contribute their unique skills and developmental insight about students with disabilities.

In light of legislation about students with disabilities, research, and current practices implemented by school counselors, Milsom and Akos (2003) highlighted the importance of examining the number and types of courses and experiences regarding students with disabilities that school counselors complete during their trainings. They investigated if the type of courses, experiences, and content that school counselors complete during graduate training were different in programs accredited by CACREP (Council for Accreditation of Counseling and Related Educational Programs) and NCATE (National Council for Accreditation of Teacher Education) and those that are not, and if the disability content of specific disability courses differed from the disability content integrated into school counselor program course. They surveyed the program coordinators of 318 school counselor education programs listed in Counselor Preparation 1999-2001. Of those programs, 50% of the school counselor education programs were accredited by CACREP, and 82% were accredited by NCATE.

No significant difference was found between school counselor education programs that were accredited by CACREP and those that were not in terms of required disability courses. They found that disability courses were required by 43% (n=59) of the school counselor education programs surveyed. Of those courses 79% were graduate-level and 21% were undergraduate level courses. Twenty-nine of the school counselor education programs recommended elective disability courses. Eleven of those programs were programs where completing a disability course was required. Information about disabilities were integrated into existing program courses in almost all (n=135) of the school counselor education programs (Milsom & Akos, 2003). More specifically, 72% of the programs integrated disability information into the foundational
counseling course; 64% integrated it into multicultural course; and 58% integrated it into the human development course. Additionally, career (51%), assessment (51%), introduction to counseling (47%), consultation (33%), group (25%), and family systems (20%) were the other programs that integrated disability information (Milsom & Akos, 2003).

**Practical Experiences**

Scholars (e.g., Isaacs, Greene, & Valesky, 1998; Korinek & Prillaman, 1992; Milsom & Akos, 2003) suggested that school counselors should have access to opportunities to have practical experiences with students with disabilities. In the previously cited study of Milsom and Akos (2003), the numbers and types of courses and experiences regarding students with disabilities that school counselors completed during their trainings were also examined. Data indicated that 26% (n=35) of the programs required practical experiences with, or related to individuals with disabilities. Some of the most frequently reported practical experiences involved participating in an IEP, 504, or multidisciplinary team meeting, consulting with teachers of students with disabilities, and providing individual counseling to a student with a disability. Fifty five percent of the program coordinators also reported that their students involved in different types of experiences with, or related to, people with disabilities even though their programs did not require that involvement. Milsom and Akos (2003) commented that although many students found opportunities during their field experiences the fact that only 26% of the programs required experiences with, or related to students with disabilities was problematic.

**Attitudes toward Students with Disabilities**

One of the most important training needs of school counselors has been suggested as gaining an awareness of personal attitudes toward students with disabilities (Milsom, 2001). Dunn and Baker (2002) maintained that serving as advocates for students with disabilities requires
school counselors to be aware of their own attitudes. Similarly, Murphy (2007) purported that educators should be aware of what they think of and feel towards individuals with disabilities as well as being cognizant of how they act on those feelings and thoughts. “This involves gaining a better understanding of specific disabilities, becoming more reflective regarding attitudes, and learning how to behave in an acceptable manner toward people with disabilities” (Murphy, 2007, p. 42).

Horne suggested that an individual who has a dislike for individuals with disabilities is more likely to react negatively to that person or hold negative beliefs about that individual (as cited in Milsom, 2001). As a matter of fact, expecting low achievement, avoiding contact, and behaving uncomfortably are some of the tendencies that educators who have negative attitudes toward students with disabilities demonstrate (Beattie, Anderson & Antonak, 1997; Beckwith & Matthews, 1994). Echoing a similar viewpoint in their study that was mentioned previously, Adkison-Bradley et al. (2007) suggested school counselors’ negative attitudes toward students with disabilities as a probable reason in explaining their finding of school counselors spending less time with students with disabilities. Research related to attitudes of different professionals shows that a variety of professionals in general possess negative attitudes toward people with disabilities (Milsom, 2006).

Carney and Cobia (1994) investigated the attitudes of counselor education graduate students and reported that counselors-in-training overall demonstrated more positive attitudes toward people with disabilities than the normative sample of Yuker et al. (1970). They (1994) found that the attitudes of the students in the school counseling program were significantly more positive than those of the students in community counseling program, but significantly less positive than those of the students in rehabilitation counseling.
A major limitation of the existing literature is the scarcity of research investigating practicing school counselors’ attitudes toward students with disabilities despite the important role of school counselor attitudes when providing services to students with disabilities, which is the case for both Turkey and the US. As a matter of fact, Milsom (2006) highlighted the fact that much research has concentrated on teachers and/or has investigated attitudes toward inclusion instead of attitudes particularly towards individuals with disabilities in the US. In the study that was cited previously, one of Milsom’s (2002) research questions was what attitudes school counselors possessed toward children/adolescents who have disabilities, based on ATDP-O that was developed by Yuker, Block, and Campbell (1960). She found an average ATDP-O score of 88.10, which is slightly higher than that of participants in the studies cited by Yuker and Block (1986) but slightly lower than the undergraduate students in other studies (Eichinger, 1991; Hunt and Hunt 2000, as cited in Milsom, 2002).

Similarly, as mentioned before, ATDP-O has not been used to investigate practicing school counselors’ attitudes toward students with disabilities in Turkey but it was used to determine the attitudes of different groups which include general public, people with a sibling with disability, nursing students, health students, and college students in physical education teaching programs. For instance, it was used to investigate the attitudes of 560 people aged 18 and over in the province of Manisa in a study investigating public attitudes toward people with disabilities and the mean attitude score was measured to be 71.17 (SD =12; Altiparmak & Sari, 2012). Another study by Sener (1995) compared the attitudes of 30 individuals aged between 13 and 20 who have sibling(s) with disability with another group of 30 individuals (aged similarly to the previous group) who have sibling(s) without disability. The mean attitude score of the individuals who have a sibling with disability was 57.80 while the mean score for the individuals who had siblings
without disability was 52.80, which pointed to no significant difference between the two groups towards people with disabilities.

Sari, Bektas, & Altiparmak (2010) also compared the attitudes of associate degree nursing students and health students toward students with disabilities and found statistical difference based on school and sex. Nursing students had an average attitude score of 66.8 (SD=13.4) while health students had an average attitude score of 76.1 (SD=11.4). Akbuga and Gursel (2006) investigated the effectiveness of reading a panel text regarding the problems of people with disabilities on college students in physical education teaching programs. They concluded that receiving information about the challenges of people with disabilities created a significant positive change in the attitudes of the participants. The mean attitude score of the participants before reading the panel test was 54.88 (SD=11.15), which then increased to 68.16 (SD=12.26) at the posttest.
CHAPTER 3: METHODOLOGY

This study is intended to investigate important variables associated with school counselor preparedness to work with students with disabilities (SWD) in inclusive schools. Little is known about Turkish school counselor preparedness and this research is thus conducted to examine school counselor preparedness and variables associated with it involving school counselor training (i.e. courses, practical experiences and conferences/workshops), and school counselor attitudes toward students with disabilities.

Research Design

The most recent version of Statistical Program for Social Sciences (SPSS) was used to analyze all data in this study. A two-step hierarchical multiple regression analysis was conducted with the dependent variable overall preparation rating (ranging from 10-60) and the independent variables school counselor attitudes toward SWD, the number of courses taken during undergraduate training related to SWD, the number of practical experiences with SWD, and the number of workshops/conferences attended after graduation (See figure 1 for the research design).

Figure 1

(1) Counselor attitudes toward students with disabilities
(2) Number of courses taken during undergraduate training related to students with disabilities
(3) Number of practical experiences with students with disabilities completed during undergraduate training
(4) Number of workshops/conferences attended after graduation

Overall Preparation

Block 1

Block 2
The survey completed by the participants consisted of three parts: an author-developed demographic questionnaire, the revised School Counselor Preparation Survey (SCPS-R), and the Attitudes toward Disabled Persons Scale-Form O (ATDP-O). Participants were asked to identify some demographic information that addresses both their experiential and educational histories in order to inform this study as well as future studies of similar nature. Information such as participants’ age, gender, years of experience, whether themselves or anyone in their family or among friends has a disability, years of experience, and the name of the university and the program where they received their degrees constituted the information about their personal and educational histories. Thus, descriptive statistics were reported to describe the personal and educational histories of the participants. Cronbach’s alpha reliability coefficients were also reported to assess the reliability of the two subscales (preparedness and attitudes).

Sample

Participants of this quantitative survey were practicing Turkish school counselors who volunteered to be a part of the study. Several methods were employed to reach the study sample. Some of the participants were reached through online postings of the survey on the Facebook page of the Turkish Psychological Counseling and Guidance Association and other Facebook groups of counselors. The majority of the participants were recruited through convenience sampling, which included contacting prominent counselor educators and colleagues in the field who shared the survey on their Facebook pages and with their previous students/colleagues. Also, the administrators of Research and Guidance Centers were contacted and asked if they could share the survey with the school counselors in their regions. Some of them accepted the request, which resulted in the recruitment of additional participants.

A G*power a priori power analysis for multiple regression with four predictors was
conducted before collecting data. An effect size of 0.15 (which is considered as medium effect by Cohen [1992], a power of 0.80, and an alpha of 0.05 were selected. The program had identified 85 participants as the minimum sample size required for this study.

The participants of this survey were 105 practicing school counselors although 141 participants had initially filled out the survey. Among 141 surveys, 20 were incomplete (missing more than half of the data), and 31 participants did not meet the set criteria of working in either an elementary school or a middle school. Of those 31 participants, 16 were counselors working in Guidance and Research Centers (GRC) and 15 were high school counselors. I excluded 16 participants working in GRC’s as their work environment differs significantly from that of a school. On the other hand, I decided to include the surveys (n=15) belonging to high school counselors as they all had students with disabilities on their caseloads and the independent t-test showed no significant difference between the 90 participants who work in an either middle or elementary school and the 15 who work in high schools. Thus, the two groups of were combined for final data analysis. Missing values were analyzed and all 105 responses were preserved to reach enough power for statistical analysis purposes.

Participants

One hundred and five practicing school counselors constituted the participants of this survey. The mean age of the participants was 29.09 years (SD = 5.608), ranging from 22 to 49. The sample consisted primarily of females (71%; n=75), and 30 participants were male (29%; n=30). The mean years of experience for the participants were 6.476 (SD= 4.850; n=103), ranging from 1 to 23. School counselors with less than 9 years of experience represented the majority of the sample (80 %; n= 83) while participants with 10 to 23 years represented the rest (20%; n=21). The sample was composed primarily of school counselors working in public schools (94%; n=99).
With regard to work setting, middle school counselors represented the largest school level (51%; n=54), followed by elementary school counselors (34%; n=36) and high school counselors (14%; n=15).

The most common degree held by participants was a Bachelor’s (89%; n=94), followed by Master’s degree (9.5%; n=10) and Doctorate (1%; n=1). The majority of participants (84%; n=89) reported psychological guidance and counseling as the specialization of their degree. The second most commonly held degree was psychological services in education (6%; n=6). Additional areas of training included, sociology (1%), psychology (1%), educational programming and teaching (2%; n=2), philosophy (1%), and educational sciences (1%). As far as the geographic regions, all seven geographic regions of Turkey were represented, Marmara Region being the most frequently indicated (36.2%, n=38), consistent with the ratio of the general population living in Turkey. The majority of participants also indicated suburban (41%, n=43) as best describing their school districts while only 10 participants reported it as rural (10%).

Participants were also asked about their caseloads, both including the total number of students and the number of students with disabilities. The mean number of students on school counselors’ caseloads appeared to be 574.83 (SD=444.59). School counselors also reported an average of 10.26 (SD=10.30) students with disabilities on their caseloads. Intellectual disability was reported as the most frequently represented disability type (73%; n=77) on the caseloads. Attention Deficit and Hyperactivity disorder (ADHD) (29%; n=30) and Learning Disability (27%; 20) were the most frequently indicated categories as the second most frequently encountered disability types.

Table 1-1

Descriptive Statistics for the Sample Population
<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Range</th>
<th>Mean</th>
<th>Std. Deviation</th>
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<td>27</td>
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<td>Students per Counselor</td>
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<td>2458</td>
<td>574.83</td>
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<td>Students with Disabilities per Counselor</td>
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<td>49</td>
<td>10.26</td>
<td>10.34</td>
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<td>Courses specifically on SWD</td>
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<td>Practical Experiences with SWD</td>
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<td>Conferences/workshops</td>
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Table 1-2

*Frequencies Information for the Sample Population*

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<td></td>
<td>Mediterranean Region</td>
<td>7</td>
<td>6.7</td>
</tr>
<tr>
<td></td>
<td>Eastern Anatolia Region</td>
<td>5</td>
<td>4.8</td>
</tr>
<tr>
<td>Years of Experience</td>
<td>1-4</td>
<td>40</td>
<td>38.1</td>
</tr>
<tr>
<td></td>
<td>5-9</td>
<td>43</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>10-14</td>
<td>10</td>
<td>9.5</td>
</tr>
<tr>
<td></td>
<td>15-23</td>
<td>11</td>
<td>10.5</td>
</tr>
<tr>
<td>Additional Training</td>
<td>No</td>
<td>39</td>
<td>37.1</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>66</td>
<td>62.9</td>
</tr>
<tr>
<td>Disability Status</td>
<td>No</td>
<td>96</td>
<td>91.4</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>9</td>
<td>8.6</td>
</tr>
<tr>
<td>Relative or a friend with a disability</td>
<td>No</td>
<td>84</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>20</td>
<td>19</td>
</tr>
</tbody>
</table>
Dependent Variable: The School Counselor Preparation Survey-Revised (SCPS-R)

The original School Counselor Preparation Survey

The SCPS-R is originally a 9-item instrument created by Milsom (2001) to assess how prepared school counselors feel to perform specific activities for students with disabilities, as well as to investigate the type of training (coursework, practical experiences, and workshops/conferences) that school counselors receive to work with students with disabilities (see Appendix F).

The revised version of the survey (i.e., SCPS-R, Milsom, 2001), featuring some modifications on the SCPS, was created by Milsom herself after piloting the survey on 200 school counselors in a mid-Atlantic state. The first item on the original SCPS-R asks respondents to indicate the number of students and the number of students with disabilities in their caseload. Item two asks participants to use a 6-point Likert-type scale (1=completely unprepared, 2=unprepared, 3=somewhat unprepared, 4=somewhat prepared, 5=prepared, 6=completely prepared) to demonstrate how prepared they feel overall to provide services to SWD. Item three consists of 11 different activities for students with disabilities to assess how prepared school counselors feel to perform each of those activities, using the same 6-point Likert scale. Item four lists the same eleven activities and asks participants to place a check beside each activity they perform for students with disabilities. The list of the activities in items three and four produced by Milsom (2002) based on the ASCA position statements regarding the roles of school counselors when working with students with disabilities.

Items five through nine are associated with the education that school counselors receive to work with students with disabilities and were created by Milsom (2001) based on the literature on
education regarding students with disabilities. Item five asks participants to indicate the number of college courses that specifically focused on students with disabilities and the number of courses where information about students with disabilities was presented in addition to regular course content, and the number of practical experiences with students with disabilities that school counselors completed. Item six asks about the number of school sponsored in-service programs related to students with disabilities that school counselors attended and conferences or workshops related to students with disabilities that they attended on their own. Item seven asks about the additional training or education that school counselors completed related to students with disabilities. Items 8 and 9 are open ended questions asking additional information on what school counselors found most helpful in preparing to work with students with disabilities and what they feel would have been helpful in making them feel more prepared (if they do not feel completely prepared.)

**Torrence’s Modified List of Activities**

Torrence (2012) modified the original items on SCPS-R and noted that limited psychometric analyses were conducted on the SCPS-R. He only included items two and three in his study, the Likert scale, and the list of school counselor tasks (see Appendix E). Torrence (2012) modified the eleven tasks and reduced the number of them to ten in order to reflect current practices in the field of school counseling consistent with Milsom’s suggestions. Of those eleven tasks, Torrence adopted the tasks two through six in accordance with the revised ASCA position statements on students with disabilities (2010). Four tasks were deleted from the survey as they were thought as no longer relevant based on the ASCA position statements (2006, 2010). He replaced those four tasks (tasks seven through ten) in accordance with the ASCA position statements on the professional School Counselor and Equity for all Students. Torrence also
changed the wording of survey items from “students with disabilities” to “students with learning disabilities” as his study focused on students with learning disabilities rather than to students with disabilities in general.

Torrence (2012) piloted his modified version of SCPS-R to examine the level of clarity and understanding of survey items with a clarity understanding checklist (see Appendix I) which I also used for the same purpose. He made no further modification given the positive feedback he received. He concluded the length of the survey was reasonable based on the average completion time of 17.5 minutes. Torrence also noted that there was limited psychometric analysis for SCPS-R; thus, he conducted a preliminary analysis to establish the internal consistency of the measure. Cronbach’s alpha (α) of 0.892 was yielded, which was reported by the researcher as above the benchmark of 0.75 (Colton & Covert, 2007, as cited in Torrence, 2012).

**The School Counselor Preparation Survey (SCPS) Used in this Study**

The SCPS used in this study (see Appendix B) includes further modifications to both the original SCPS-R and Torrence’s modified list of activities. First, I removed the second item asking participants to use a 6-point likert-type scale to demonstrate their overall preparedness to provide services to students with disabilities because of the low response rate in Milsom’s (2002) study (only 39% of the participants responded to this item). Because of this low response rate, she calculated an average preparation rating for the eleven activities by summing the responses to the different activities for each participant and dividing this by 11 to use in her regression analyses as the preparation rating. Unlike Milsom, I summed the scores across the 10 activities and used this sum in my regression analyses as the overall preparedness rating as modern parametric statistical methods such as ANOVA and regression analysis assume normally distributed, interval-level data (Norman, 2010) and according to Carifio and Perla (2008), while Likert questions or items are an
ordinal scale of measurement, Likert scales, constituting sums across many items are interval.

Torrence’s list of tasks instead of Milsom’s are used in the survey in accordance with Turkey’s unique conditions and the latest revisions made in ASCA position statements regarding students with disabilities (2013). Nine of the tasks were directly taken from Torrence’s (2012) list. The only task that was not adopted from his list is the task about whether or not school counselors collaborate with related student support professionals (e.g. physical therapists, occupational therapists, and special education, speech and language pathologists) in the delivery of services. Although this task is still acknowledged in the latest ASCA position statements, it was not included in my list given the limited number of support professionals that are available in Turkish schools. The task that replaced this task was whether or not school counselors encourage family involvement in the educational process, a task that was not a part of the previous positions statements and was added with the latest revisions of ASCA position statements regarding student with disabilities (2013).

The total scores on perceptions of preparedness ranging from 10 to 60 is thus acquired by adding up the scores on the 10 activities, which constitutes the dependent variable used in current study. Items that ask participants the number of courses and the practical experiences regarding students with disabilities (both completed during undergraduate training), and the total number of workshops or conferences attended after graduation were also kept and used as independent variables in this study. The questions of Milson’s SCPS-R (# 7,8,9) were not included in this version of SCPS-R as they ask for additional information in essay.

Lastly, in her survey, Milsom (2001) provided the definition of students with disabilities in the IDEA amendments of 1997 and referred participants to this definition. I also provided the participants with the definition of children with disabilities offered by the Turkish Ministry of
National education and referred them to this definition when answering the survey questions as the study was to be conducted with Turkish school counselors.

**Translation of the School Counselor Preparation Survey (SCPS) to Turkish**

The survey was translated to Turkish with a translation and back-translation procedure. According to Prieto (1992) back translation is a technique in which the translation of a passage into the target language is done by bilingual individuals and then other bilingual individuals (working independently) are asked to translate the passage back to the original language. Next, the original passage and the back translated versions are compared to examine any differences in meaning. This process is suggested as producing more accurate translation than dependence on a single bilingual individual to translate an instrument. Back translation of the instrument was performed by another Turkish doctoral student who is known to me as very fluent and competent in both languages. Consistent with Prieto’s (1992) suggestion, the back translator was consulted regarding any recommendations that she had and minor changes were made in the translation. Reliability test was conducted for the Likert-type scale that comprises the list of ten tasks in the item 3 (the dependent variable) and it was found .921, which is even higher than the value reported by Torrence (2012; 892).

**Independent Variables & Measures**

**Attitudes toward People with Disabilities Scale (ATDP)**

The ATDP was created by Yuker, Block, and Campbell (1960) to measure attitudes toward people with disabilities. It was extensively used in over 300 published studies by 1986 (Yuker & Block, 1986). Among the three versions of the ATDP (A, B, and O), the ATDP-O (see Appendix G) was selected for this study as it is the shortest version. The 20 items were designed to assess if the person perceives the individuals with disabilities as similar to those without
disabilities and if the individuals with disabilities should be treated the same as individuals without disabilities. Participants are asked to use a Likert-type scale including 6 categories to indicate their agreement or disagreement (-3= I disagree very much, -2=I disagree pretty much, -1=I disagree a little, +1= I agree a little, +2= I agree pretty much, +3=I agree very much) with the statements. Sample items include “disabled persons cannot have a normal social life” and “disabled persons are often grouchy.”

The total scores for the ATDP-O range from 0 to 120 with higher scores meaning more positive attitudes toward individuals with disabilities (Yuker et al., 1960). These four steps are involved in the scoring of ATDP-O: (1) The signs of items 2,5,6,11 and 12 are changed, (2) The scores are totaled and those with negative signs are subtracted, (3) Sign of the total is changed, (4) 60 is added to the total to eliminate negative values (Yuker & Block). Yuker and Block recommend considering the scores invalid if more than 2 items are left blank. The researcher followed the recommendation and dropped the scores of participants who left more than two items blank on the scale. The reliability and validity of ATDP were well supported as a widely used instrument (Yuker & Block, 1986). Table 2-1 demonstrates test-retest reliability, split half reliability, parallel forms reliability.

Table 2-1

<table>
<thead>
<tr>
<th>Summary of Reliability Data for the ATDP-O</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of reliability</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Test-retest, 5 weeks or less</td>
</tr>
<tr>
<td>4 to 16 months</td>
</tr>
<tr>
<td>Split half</td>
</tr>
<tr>
<td>Alpha</td>
</tr>
<tr>
<td>-------</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>


Yuker and Block suggest that ATDP demonstrates construct validity as high correlations were obtained between the ATDP and other measures of attitudes toward persons with disabilities such as Adult Attitude toward the Physically Disabled Scale. Measures of similar constructs such as the Acceptance of Disabilities Scale are also moderately correlated with the ATDP according to Linkowski (as cited in Yuker and Block, 1986). Yuker and Block (1986) found that slight changes to the scale’s language have only a minimal impact on its reliability and validity. Correlations that range from .97 - .98 with a median of .98 was calculated between the ATDP and modified versions of the ATDP.

Patterson and Witten (1987) conducted a study to reveal if changing the language of the ADTP-O questions impacted the scores. They administered the three forms to 276 psychology and sociology students at a southern university. One ATDP-O form was used in its original version using the label “disabled person”, another form involved a non-disabling language using “the person with disability”, and the other involved the usage of the label “the disabled” (Patterson & Witten). No significant differences were found among the three groups. Because the current study will be conducted with school counselors the term “students with disabilities” will be used in place of “disabled persons” in each item. Torrence (2012) was informed that the ADTP was available in the public domain for use and a confirmation was
provided to him through an email communication with Dolan, an associate professor of library services at Hofstra University.

The ATDP-O was adapted to Turkish by Ozyurek in 2006 through an administration on a group of freshman and senior students who were enrolled in an education department (Altiparmak & Sari, 2012). The test-retest reliability coefficient was calculated as .76. This adapted version was used in the current study as Turkish school counselors constituted the participants of the study. Cronbach’s alpha for this study was found to be .67, which is slightly lower than expected as acceptable values for the Cronbach’s alpha is reported to range between 0.70 and 0.95 (e.g., Tavakol & Dennick, 2011).

**Courses related to Students with Disabilities**

In light of research, current practices implemented by school counselors, and legislation about students with disabilities, Milsom and Akos (2003) highlighted the importance of examining the number and types of courses and experiences regarding students with disabilities that school counselors complete during their trainings. Research (e.g., Deck et al. 1999; Korinek & Prilleman, 1992; Milsom, 2002) suggests that completing coursework requiring school counselors to acquire skills and knowledge regarding students with disabilities is an important variable associated with better service for students with disabilities. Milsom’s (2002) study showed that greater school counselor preparation to work with students with disabilities is associated with completing more coursework related to students with disabilities.

In light of literature, the number of courses related to students with disabilities that school counselors completed during their trainings was investigated in this study as an independent variable due to its potential association with higher preparation. Questions asking school counselors to report the number of courses that specifically focused on students with disabilities
along with the number of courses that had some content regarding students with disabilities (i.e., integrated into other courses) was already a part of SCPS-R and were preserved in this survey.

**Practical Experiences with Students with Disabilities**

Researchers (e.g., Isaacs, Greene, & Valesky, 1998; Korinek & Prillaman, 1992; Milsom & Akos, 2003) highlighted the importance of having access to opportunities for practical experiences with students with disabilities in preparing to work with students with disabilities. Milsom and Akos (2003) found that only 26% (n=35) of the programs required practical experiences with or related to individuals with disabilities, which was commented as problematic by the researchers. For these reasons, practical experiences with SWD was included as another independent variable in predicting counselor preparedness and the information on it was gathered through a question asking participants to report the number of practical experiences they had during their undergraduate training as in Milsom’s (2001) study.

**Conferences/Workshops**

Milsom (2001) showed that counselors feel more prepared to work with SWD when they receive additional training such as attending conferences as well as practical experiences and coursework. As in Milsom’s (2001) study, additional training comprised one of the independent variables of this study.

**Brief Social Desirability Scale**

In self-reported surveys, there is always a possibility of participants providing responses that can be considered as socially acceptable. The Brief Social Desirability Scale (BSDS; Haghiohat, 2007) thus was incorporated to check if participants of this study showed any tendency to provide socially desirable answers. The BSDS is a four-question survey (with answers of “Yes” or “No”). These four questions are: 1) “Would you smile at people every time you meet them?”;
2) “Do you always practice what you preach to people?”; 3) “If you say to people that you will do something, do you always keep your promise no matter how inconvenient it might be?”; and 4) “Would you ever lie to people?” Participants’ may score from 0 to 4.

The higher a participant scored with BSDS, the more likely it is that the participant provides socially desirable responses. Haghighat (2007) reported Cronbach’s alpha of the scale as .6. Scores of the scale were not used in assessing social desirability in the participants’ responses in the current study as Cronbach’s alpha was very low (.137), being considered as inappropriate for practical purposes.

Table 2-2

Reliability of Scales

<table>
<thead>
<tr>
<th>Scale</th>
<th>Cronbach’s alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Counselor Preparedness</td>
<td>.921</td>
</tr>
<tr>
<td>ATDP-O</td>
<td>.673</td>
</tr>
<tr>
<td>BSDS</td>
<td>.137</td>
</tr>
</tbody>
</table>

Procedures

The Pennsylvania State University’s Institutional Review Board approval (see Appendix G) was obtained for data collection. This section details recruitment procedures for the study.

Phase One: Preparation of the Survey

Phase one included three steps that were taken to render the survey as clear and culturally appropriate as possible. These steps consisted of administering a clarity and understanding checklist, conducting a focus group, and performing a small pilot study respectively.

Clarity and understanding of survey items. First step included administering the survey
to school counselors in order to determine survey completion times as well as the clarity and understanding of the survey items given the slight modifications in the SCPS-R (as outlined in the section describing SCPS-R). This was particularly helpful in ensuring that Turkish translated version of the survey is understood in the same manner as the English version.

Two Turkish elementary school counselors who are known by the researcher were solicited for participation. A recruitment electronic mail message containing the participant letter (see Appendix E and D), study survey (SCPS-R and ATDP-O; see Appendix B and C) and the clarity/understanding checklist (see Appendix I) were sent to the pilot study participants.

Participants were asked to complete the survey package and indicate a completion time. In addition, participants were asked to rate both the clarity and their level of understanding of the 10 items on the SCPS-R using a Likert type scale ranging from one to five (1=no understanding/no clarity to 5 total understanding/total clarity). An open-ended response category was also provided to ask participants for suggestions for modification on any item receiving an average score of three or lower in either category (understanding/clarity). Through this feedback, I was able to make some revisions prior to the onset of data collection.

**Focus group.** Second step in improving the survey consisted of conducting a focus group. According to Gaizauskaitė, (2012), focus group is an organized discussion among a small group of individuals who are purposefully brought together to collect opinions, attitudes, beliefs, experiences, needs, motives, and the like on a particular research topic. It is an efficient method through which in-depth information can be collected in a limited time period. Morgan, (1997) suggests that focus groups can be employed as a primary data collection method or as an addition to other research methods. For example, according to Gaizauskaitė, (2012), researchers can use it
to improve their survey questionnaire before conducting survey research and/or to enrich their findings after conducting their research.

A focus group comprised of five individuals (two doctoral students and three faculty members in the counseling field) was used in this study in ensuring the clarity of the Turkish translation of the survey items and the quality of the questionnaire in general. Improvements to the questionnaire were made according to the suggestions provided by the participants.

Pilot study. Third step was comprised of conducting a small pilot study in order to assess any additional need for modification. Three school counselors who are known by the researcher were solicited for additional advice on the clarity and understanding of survey items. A recruitment electronic mail containing the participant letter and the survey were sent to the participants. Participants were contacted by phone to request any suggestion prior to the actual implementation of the survey. A minor change was made to the wording of one items consistent with the feedback provided by the participants.

Phase Two: Nationwide Study

The study included two strategies of data collection to maximize the participation. The majority of the participants were recruited through convenience sampling. First, professional contacts (counselor educators and former colleagues in the field) were utilized to spread the survey. They shared the survey (including a recruitment message containing the link to the survey) on their Facebook pages and with their previous students/colleagues through emails. When a participant clicked on the link to the survey, they were directed to a participant letter explaining the purpose of the study, potential risks and benefits, and procedures for withdrawing from the study. Completing the survey implied consent. Data was collected anonymously and was stored on Survey Monkey (www.surveymonkey.com), a secure website for instrument creation and
data collection. The only identifiable information was the e-mail addresses of the participants, but because the website does not connect responses to these addresses, participants’ privacy was assured. When the data collection was completed, the data was converted into a secure Microsoft Excel spreadsheet that is kept in a secure flash drive.

Second, some of the participants were recruited through online postings of the survey on the Facebook page of the Turkish Psychological Counseling and Guidance Association and some other Facebook groups of counselors. Additionally, I contacted the administrators of Research and Guidance Centers throughout the country and asked if they could share the survey with the school counselors in their regions.

Three participants were rewarded with a monetary incentive of $25. The participants who wanted their names to be entered in the prize lottery were asked to share their contact information at the end of the survey. This information was only used to contact the winners to deliver their reward and their anonymity was protected as the system stored their contact information separately from their responses.

**Analysis of the Research Question**

The most recent version of Statistical Program for Social Sciences (SPSS) was used to analyze the data in this research. Descriptive statistics were used to describe the participants’ professional and personal demographics. Cronbach’s alpha reliability coefficients were reported in examination of the three subscales (preparedness, attitudes, and social desirability). Pearson correlations were used to assess (a) the relationship between school counselors’ attitudes toward students with disabilities and perceptions of preparedness and (b) the type of training (courses and practical experiences during undergraduate training and conferences/workshops attended after graduation) and perceptions of preparedness. Then, a hierarchical regression analysis was used to
understand the predictive power of courses, practical experiences, and conferences/workshops (additional training) on school counselors’ perceptions of preparedness to provide services to students with disabilities while controlling for attitudes toward students with disabilities.

The following research question was produced to address those topics.

1. Do the number of classes related to students with disabilities taken during undergraduate training, the number of practical experiences with students with disabilities completed during undergraduate training, and additional training attended after graduation (conferences/workshops) predict Turkish school counselors’ self-reported preparedness to work with SWD, while controlling for attitudes toward students with disabilities?

Null Hypothesis: The type of training (the number of courses, practical experiences, and conference/workshop) school counselors receive to work with students with disabilities does not predict counselor preparedness, while controlling for attitudes toward students with disabilities.

Statistics: A two-step hierarchical regression analysis was conducted with the dependent variable overall preparation rating (ranging from 10-60) and the independent variables:

(a) school counselor attitudes toward students with disabilities (ranging from 0-120; control variable entered in the first block)

(b) the number of courses (courses that specifically focused on students with disabilities and those that had some content or discussion about students with disabilities integrated into course content; entered in the second block);

(c) the number of practical experiences with students with disabilities (entered in the second block);

(d) the number of workshops or conferences related to students with disabilities that are attended after graduation (entered in the second block).
**Data Screening Procedures**

Data screening procedures were conducted before conducting main analysis. One hundred and forty one participants filled out the survey posted on Survey Monkey. Among 141 surveys, 20 were missing at least the half of the data so they were discarded from the study. The remaining 121 included 31 participants who did not meet the set criteria of working in either an elementary school or a middle school. Of those 31 participants, 16 were counselors working in Guidance and Research Centers (GRC) whom I excluded from my analyses as their work environment differs significantly from that of a school. The other 15 participants were high school counselors whose surveys were included in the study as they all had students with disabilities on their caseloads and the independent t-test showed no significant difference between the 90 participants who work in an either middle or elementary school and the 15 who work in a high school. Thus, the two groups of data were united for final data analysis. Table 3-1 illustrates the independent t-test results in preparedness between the 90 participants within the school level (i.e. working in elementary and/or middle schools) and the 15 beyond the school level (i.e. working in high schools).

Table 3-1

*Results of t-test and Descriptive Statistics for Preparedness by School Level*

<table>
<thead>
<tr>
<th></th>
<th>Elementary and Middle School Counselors</th>
<th>High School Counselors</th>
<th>t</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceptions of Preparedness</td>
<td>M  45.07 SD 7.20 N 84</td>
<td>M  43 SD 8.87 N 15</td>
<td>.99</td>
<td>97</td>
</tr>
</tbody>
</table>

p > .05.

Assumptions for hierarchical regression were checked prior to the main analysis. Univariate analyses for each variable were conducted through SPSS. Bivariate analysis results were obtained through scatterplots and the examination of correlations of the study variables.
Upper and lower boundaries were identified for determination of outliers for each variable, as true outliers can interfere with normal distribution (Field, 2009). Two outliers were identified in the dependent variable perceptions of preparedness and they were excluded from the analysis to reach a normal distribution. Missing data was also handled before conducting main analysis, which is described in detail in the next chapter.
CHAPTER 4: RESULTS

This chapter involves the results of the hierarchical multiple regression analysis for the research question of this study and the description of the related procedures such as dealing with outliers and missing data, and conducting univariate and bivariate analyses.

Outliers

Values in a data set that seem to come from different distributions from the rest of the data set are referred as outliers. These outliers can negatively impact statistical analyses (Field, 2009). Scholars suggest taking actions both to detect and manage true outliers (Hoaglin, Iglewicz, & Tukey, 1986). Two formulas that involve calculating upper and lower extremes of variables are suggested by Hoaglin et al. (1986) to identify true outliers. These formulas are:

1. Upper = $Q_3 + g(Q_3-Q_1)$
2. Lower = $Q_1 - g(Q_3-Q_1)$

$Q_3$ means the 75th percentile (the third quartile) value of a variable and $Q_1$ means the 25th percentile (the first quartile) value of the variable. The $g$ value refers to a set value which was originally 1.5 and then was readjusted as 2.2 (Hoaglin et al., 1986; Hoaglin & Iglewicz, 1987). SPSS was used to yield the quartile values (descriptive statistic). Then, using the formulas, upper and lower values for the independent and dependent variables were calculated.

For the dependent variable preparedness, (U=68.8, L=20.2) case #3 and #85 were identified as outliers for falling below the lower boundary, consistent with the values identified through the explore function of SPSS. These two cases were excluded from the main analysis. The exclusion of the outliers rendered the Kolmagorov Smirnov value non-significant ($p>.05$) which was significant before the removal of the two outliers.

After the exclusion of the two outliers in the dependent variable, first independent variable
total courses (courses specific to SWD in combination with courses with some content about them) was examined. SPSS specified cases #26, #3, and #56 as the outliers. However, the true outlier formula indicated only the cases #26 and #3 true as outliers. When I looked at these outliers, the number of courses reported by the two participants (#3 indicated 15; #26 indicated 20) seemed to be overestimations as school counseling programs in Turkey do not generally offer that many courses related to students with disabilities. Thus, these outliers were also excluded before the examination of other independent variables and from the main analysis, so the hierarchical regression involved 101 hundred participants.

The removal of the outliers helped the data approximate the normal distribution, rendering the kurtosis value smaller than 1.96 (although the score of skewness was still larger than this value). On the other hand, because outliers do exist in the population and excluding them may bias our sample, hierarchical regression analysis was first conducted with the outliers left in (with all 105 participants) but the existence of the outliers disturbed the results drastically. Thus, the results are reported with them excluded.

Examination of the independent variable practical experiences revealed a highly positively skewed data distribution, so data transformation options were considered. Among transformation options, log transformation and square root transformation are suggested by Field (2009) to reduce a positive skew. When the two methods were applied, square root transformation worked better in dealing with the outliers. As also presented in table 3-2, square root transformation of the variable practical experiences reduced the skewness from 1.351 to .312. Independent variable additional training was also transformed through square root transformation due to the positive skew. Square root transformation reduced the skewness for additional training from 2.832 to .476. No outliers were identified for the independent variables practical experiences and additional training after
these transformations, consistent with SPSS. Also, attitude scores did not have any outliers and had a normal distribution.

**Missing Data**

Sterner (2011) highlights the importance of examining missing data before conducting further analyses to prevent any potential threats to internal and external validity. Thus, missing data was explored prior to conducting the main analyses in this study. Missing data analysis revealed that only .71% of all data was missing. This equals to 21.78% of all cases, which also corresponds to 38.46% of all study variables. To be specific, nine participants did not report their age. One participant specified neither the name of the program nor the year she graduated. One participant chose to not respond to “How many students are in your school”, “How many students with disabilities are in your school” and “How many school counselors are in your school”. The missing data for these six variables were considered as ignorable as the six variables were neither independent nor dependent variables of the study (Sterner, 2011). Responses of these (11) participants were kept as more than half of their data were complete and the missing data were handled through SPSS Missing Value Analysis (MVA).

Scholars (e.g., Graham, 2009; Sterner, 2011) categorize missing data into three groups which are comprised of missing completely at random (MCAR), missing at random (MAR), and missing not at random (MNAR). In deciding the type of missing data in a study, they suggest that both software calculation (i.e., SPSS Missing Value Analysis; MVA) and the researcher’s judgment based on the type of the study can be used. Following their suggestions, I conducted Little’s Missing Completely at Random (Little’s MCAR test) test in SPSS under Missing Value Analysis (MVA) which produced a non-significant value of the chi-square test larger than .05, thus the missing data in this study were considered as MCAR (Sterner, 2011). The demographic
variables (e.g., participants’ age; the number of total students and students with disabilities in their caseloads) that were not a part of the regression model were also included in the missing data model as they may be associated with the dependent variable (Collins et al., 2001).

Based on the results of MVA, all missing data were treated as missing completely at random (MCAR). According to Sterner (2011) when the data is MCAR, there is more imputation options than is for other types of missing data. These are listwise deletion, pairwise deletion, mean substitution, hot/cold deck imputation, prior knowledge, case substitution, and regression imputation. First, I tried regression imputation as it is suggested to be the most preferred form of imputation method but it produced negative values on the Likert type items. Thus, I used median substitution for the Likert type items and mean substitution for the other variables as the missing values in this dataset constituted a minimal part of all data (only .71%) with a pattern of MCAR.

**Univariate Analysis**

Exploration of data for each individual variable constitutes univariate analysis, which involves procedures that are performed prior to formal statistical inferences (Hoaglin, 2001). Descriptive statistics are presented in this section to assure that the patterns of univariate distributions satisfy the assumptions of multivariate analysis. Table 3-2 illustrates descriptive statistics of the independent variables and the dependent variable investigated in this study. Range, mean, standard deviation, skewness, kurtosis, standard error of skewness, and standard error of kurtosis are presented in the table 4-1, which was yielded after the exclusion of outliers and the missing value substitution process.

Table 4-1

*Descriptive Statistics for All Variables before Transformation (N = 101)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Range</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable</td>
<td>Range</td>
<td>Mean</td>
<td>Std. Deviation</td>
<td>Skewness</td>
<td>Kurtosis</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------</td>
<td>-------</td>
<td>----------------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>ATDP-O</td>
<td>60</td>
<td>68.87</td>
<td>12.8</td>
<td>-.026</td>
<td>-.295</td>
</tr>
<tr>
<td>Total Courses</td>
<td>13</td>
<td>4.17</td>
<td>2.71</td>
<td>.888</td>
<td>.657</td>
</tr>
<tr>
<td>Practical Experiences</td>
<td>5</td>
<td>.92</td>
<td>1.13</td>
<td>1.351</td>
<td>1.565</td>
</tr>
<tr>
<td>Additional Training</td>
<td>15</td>
<td>1.95</td>
<td>2.63</td>
<td>2.832</td>
<td>11.124</td>
</tr>
<tr>
<td>Preparedness</td>
<td>32</td>
<td>44.46</td>
<td>7.30</td>
<td>.106</td>
<td>-.181</td>
</tr>
</tbody>
</table>

*Note: Standard Error of Skewness = .240; Standard Error of Kurtosis = .476*

Table 4-2 presents the same information (means, ranges, standard deviations, skewness and kurtosis [and their standard errors), for the dependent variable and independent variables after square root transformations.

Table 4-2

*Descriptive Statistics for All Variables after Transformation (N = 101)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Range</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATDP-O</td>
<td>60</td>
<td>68.87</td>
<td>12.8</td>
<td>-.026</td>
<td>-.295</td>
</tr>
<tr>
<td>Total Courses</td>
<td>13</td>
<td>4.17</td>
<td>2.71</td>
<td>.888</td>
<td>.657</td>
</tr>
<tr>
<td>Practical Experiences</td>
<td>2.24</td>
<td>.68</td>
<td>.68</td>
<td>.312</td>
<td>-1.293</td>
</tr>
<tr>
<td>Additional Training</td>
<td>3.87</td>
<td>1.02</td>
<td>.95</td>
<td>.476</td>
<td>-.160</td>
</tr>
<tr>
<td>Preparedness</td>
<td>32</td>
<td>44.46</td>
<td>7.30</td>
<td>.106</td>
<td>-.181</td>
</tr>
</tbody>
</table>

*Note: Standard Error of Skewness = .240; Standard Error of Kurtosis = .476*

*Note*: Square Root Transformation

**Three Assumptions of Regression**

Checking assumptions (i.e., normality, linearity, and homoscedasticity) is an important step in conducting multiple regression analysis (Osborne & Waters, 2002; Field, 2009). Violation of assumptions can cause Type I or Type II error, or incorrect estimation of significance and effect
size (Osborne & Waters, 2002). Assumptions of normality, homoscedasticity, and linearity were checked in current study.

**Normality.** Osborne and Waters (2002) suggested one of the assumptions of regression as normal distribution of variables. Non-normally distributed variables (highly skewed or kurtotic variables, or variables with substantial outliers) can lead to erroneous relationships and significance tests (Osborne & Waters, 2002). Scholars (e.g., Field, 2009; Osborne & Waters, 2002; Tabachnick & Fidell, 2007); list visual inspection of data plots, skewness, kurtosis, and P-P plots as sources of visual information on normality, and Kolmogorov-Smirnov as a source of inferential statistics. According to Osborne & Waters, (2002) outlier detection is also important and can be done either through visual inspection of histograms or frequency distributions, or by converting data to z-scores. As discussed previously, the dependent variable *preparedness* became normally distributed with a non-significant ($p > .05$) Kolmogorov-Smirnov value after the exclusion of outliers.

As far as the independent variables of the study, the variable *total courses* had extreme outliers. In smallish samples, Field (2009) suggests converting skewness and kurtosis values to z-scores by dividing the values by their standard errors. If the absolute value of the resulting score is greater than 1.96 then it is significant ($p < .05$), implying problems with normality of the scores. The z scores of skewness and kurtosis of the independent variable *total courses* were a lot larger than 1.96. In such cases, Field (2009) suggest transforming the data both to deal with outliers and correcting problems with normality and the assumption of homogeneity of variance. He listed log transformation, square root transformation, and reciprocal transformation among the primary methods to reduce positive skew. These methods were conducted; however, none of them enabled the data to approximate the normal distribution. The original scores of the variable were thus kept
for proceeding analysis. The only step that was taken was the exclusion of outliers as described in the section titled outliers (in the beginning of this chapter).

Field (2009) suggests the removal of outliers only if the researcher believes that the case is not from the population that the researcher intended to sample. Knowing that the curricula of school counseling programs in Turkey do not offer that many courses related to students with disabilities, I had good reason to believe that the number of courses indicated by the two participants (#3 indicated 15; #26 indicated 20) may have been overestimations; so, the removal option seemed appropriate as mentioned before. The removal of the outliers helped the data approximate the normal distribution, rendering the kurtosis value smaller than 1.96 (although the score of skewness was still larger than this value).

The z scores of skewness and kurtosis for the other independent variables practical experiences and additional training were greatly larger than 1.96. Because they were highly positively skewed with multiple outliers, different forms of transformations were conducted and square root transformation worked better in reducing the positive skew. As mentioned before, square root transformation of the variable practical experiences lowered the skewness from 1.351 to .312. Independent variable additional training was also transformed through square root transformation due to the positive skew which reduced the skewness value from 2.832 to .476 through the transformation.

Linearity. Osborne and Waters (2002) highlighted the importance of examining the relationship between dependent variable and independent variable(s) for linearity before conducting any multiple regression analysis as an underestimation of the true relationship is suggested to occur in case of non-linearity. Examination of bivariate scatterplots and residual plots are listed in literature as some of the primary methods used in identification of non-linear
relationships (e.g., Field, 2009; Osborne and Waters, 2002; Tabachnick and Fidell, 2007). Both methods were used in the current study and no curvilinear relationships were detected; thus, linearity is assumed.

Homoscedasticity. Homoscedasticity refers to the assumption that the residuals have the same variance at each level of the predictor variable(s) (Field, 2009). According to Osborne and Waters (2002), it can be identified through a visual examination of a plot of the standardized residuals by the regression standardized predicted value. The dots should look like a random array; if they get more or less spread out over the graph then this is a sign of violation of the assumption (Field, 2009). In the current study, there was no evidence that the homoscedasticity assumption was violated as the plot of the standardized residuals by the regression standardized predicted values approximated a random array of dots around zero.

Bivariate Analysis

Bivariate analysis involves identifying relationships between pairs of variables (Field, 2009; Tabachnick & Fidell, 2007). It also provides an exploratory look for Multicollinearity (i.e., high correlations among independent variables; Field, 2002; Tabachnick & Fidell, 2007). Table 4-1 illustrates the correlation matrix for the variables in the study. Pearson’s correlation coefficient (r) was used in examining the strength and the direction of the relationships between the pairs of variables.

Table 4-3

Correlation Matrix of Variables (N = 101)

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Preparedness (SCPS-R)</td>
<td>.12</td>
<td></td>
<td>.21*</td>
<td>-07</td>
<td>.21*</td>
</tr>
<tr>
<td>2. Total Courses</td>
<td>.35**</td>
<td>-.24*</td>
<td></td>
<td>-.07</td>
<td></td>
</tr>
<tr>
<td>3. Practical Experiencesa</td>
<td>-.01</td>
<td>.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Additional Training

5. Attitudes (ATDP-O)

Note. * = Correlation is significant at the .05 level. ** = Correlation is significant at the .01 level.

a: Square Root Transformation

In terms of Multicollinearity, no violation of the assumption was found. According to Tabachnick and Fidell, if the absolute value of the correlation between two variables reaches .90, one of the two variables should be discarded. None of the correlation values in this study reached the limit, ensuring no violation of the assumption.

Correlations

The results revealed two pairs of significant correlations between the dependent variable and the independent variables. Practical experiences were significantly correlated with the dependent variable preparedness \( (r = .21, p < .05) \). Attitudes toward students with disabilities were also significantly correlated with the perceptions of preparedness \( (r = .21, p < .05) \).

Significant correlations were also found among the independent variables. Total courses was found to be significantly correlated with the other two dimensions of school counselor training, practical experiences \( (r = .35, p < .01) \) and additional training \( (r = -.24, p < .05) \).

Independent t-Tests and Analysis of Variance (ANOVA)

Independent t-test and ANOVA were used in this study to check whether or not there are significant differences in the dependent variable scores among groups. Independent t-test is selected when there are two independent sample groups that are checked for mean differences, and ANOVA is used for the same purpose when there are more than two groups. In this study, independent t-tests were conducted with nominal variables with two categories (e.g., gender, having friends and/or relatives with a disability, program of graduation). Mean difference analysis
between participants’ disability status (i.e., yes or no) was not conducted due to the large imbalance in the sample size (only seven out the 101 participants reported having a disability).

Participants who reported having a friend and/or relative with a disability (M= 46.34) and those who reported not having a friend and/or relative with disability (M=43.81) had similar means for the perceptions of preparedness. Female and male participants scored approximately the same. Participants who graduated from a psychological counseling and guidance program versus other programs (such as sociology, educational programs and teaching, psychology etc.) also scored similarly. Table 4-4 illustrates the t-test results in the perceptions of preparedness between groups as well as descriptive statistics.

Table 4-4

Results of T-Test and Descriptive Statistics of Nominal Variables for the Dependent Variable

<table>
<thead>
<tr>
<th>Preparedness Means by Friend/Relative with disability</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>With a friend/relative</td>
<td>M</td>
<td>SD</td>
<td>n</td>
<td>With no friend/relative</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Preparedness</td>
<td>46.34</td>
<td>6.81</td>
<td>20</td>
<td>43.81</td>
<td>7.26</td>
<td>81</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparedness Means by Gender</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness Means by Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>M</td>
<td>SD</td>
<td>n</td>
<td>Male</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Preparedness</td>
<td>44.02</td>
<td>7.60</td>
<td>73</td>
<td>45.60</td>
<td>6.43</td>
<td>28</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparedness Means by Program of Graduation</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness Means by Program of Graduation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological Counseling and Guidance</td>
<td>M</td>
<td>SD</td>
<td>n</td>
<td>Other Programs</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Preparedness</td>
<td>44.15</td>
<td>7.28</td>
<td>91</td>
<td>47.20</td>
<td>7.32</td>
<td>10</td>
</tr>
</tbody>
</table>

*Note: p for all t values > .05

Analysis of variance (ANOVA) was conducted to compare differences between groups of categorical variables with three groups (i.e., school level, school district). School level is grouped into three categories (Group 1 =Elementary School; Group 2 =Middle School; Group 3 =High
School). Variable school district also had three groups (Group 1 = Urban; Group 2 = Suburban; Group 3 = Rural). No significant differences existed between the groups compared (p > .05). Table 4-3 illustrates the ANOVA results in the perceptions of preparedness among groups as well as descriptive statistics.

Table 4-5

Results of One-Way Anova and Descriptive Statistics of Nominal Variables

<table>
<thead>
<tr>
<th>Preparedness Means by School Level</th>
<th>Elementary School</th>
<th>Middle School</th>
<th>High School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>n</td>
</tr>
<tr>
<td>Prepariedness</td>
<td>45.62</td>
<td>7.23</td>
<td>34</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparedness Means by School District</th>
<th>Urban</th>
<th>Suburban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>n</td>
</tr>
<tr>
<td>Prepariedness</td>
<td>45.05</td>
<td>7.35</td>
<td>41</td>
</tr>
</tbody>
</table>

*Note: p for all t values > .05*

Hierarchical Multiple Regression

The primary analytic method used in this study was hierarchical multiple regression which was conducted following the univariate and bivariate analyses. The output provided by the SPSS produced beta coefficient estimates and significance level of each independent variable in predicting the dependent variable. Independent variables of the study (courses, practical experiences, conference/workshops, and attitudes toward students with disabilities) were entered into two regression models.

Research Question

1. Do the number of classes related to students with disabilities taken during undergraduate
training, the number of practical experiences with students with disabilities, and additional training attended after graduation (conferences/workshops) predict Turkish school counselors’ self-reported preparedness to work with SWD, while controlling for attitudes toward students with disabilities?

The results of the hierarchical regression indicated that the four predictors significantly predicted Turkish school counselors’ self-reported preparedness to work with SWD with an approximately 10% of variance explained ($R^2 = .10$, Adjusted $R^2 = .06$, $F(4, 96) = 2.58, p = .04$). Variables were entered in two blocks according to the literature. The independent variable attitudes was entered into the first block of the hierarchical regression. Three types of training (the number of classes, practical experiences, and conferences/workshops) were added into the second block. It was found that only attitudes were significantly associated with preparedness in Turkish school counselors with a beta coefficient of .13 ($\beta = .22$, $t = 2.25$, $p = .03$), which means that with 1 point increase in attitude scores, preparedness scores increase .13 points (attitude scores range between 0 and 120 and preparedness scores range between 10 and 60). Although nonsignificant, the number of courses ($B = .15$, $\beta = .06$, $t = .53$, $p = .6$) and practical experiences were positively associated ($B = 2.03$, $\beta = .19$, $t = 1.83$, $p = .07$) with preparedness, whereas the number of conferences/workshops was negatively associated with it ($B = -.44$, $\beta = -.06$, $t = -.57$, $p = .57$).

Hierarchical multiple regression also produced an answer for how much the type of training (the number of classes, practical experiences, and conferences/workshops) that school counselors receive to work with students with disabilities influenced the change of the R-squared value while controlling for the attitudes toward students with disabilities. Although both models turned out to be significant (Model 1, $p = .03$; Model 2, $p = .04$), the change of the R-squared value for the three variables (the number of classes, practical experiences, and
conferences/workshops) added in the second block was not significant (F (4, 96) = 1.84, p = .14).

As reported above, the second model successfully explained approximately 10% of the total variance in self-reported preparedness (R² = .097, adjusted R² = .06, F (4, 96) = 2.58, p = .04), which indicates an approximately moderate effect size (Cohen, 1992). The difference between the R-squared value and adjusted R-squared value indicates some shrinkage (i.e., unreliability) in the data. Table 4-6 presents the beta coefficients and the significance level of each of the predictor variables, R-squared, adjusted R-squared, and F value for ΔR².

Table 4-6

*Hierarchical Regression Analysis of Predictors of Preparedness (N = 101)*

<table>
<thead>
<tr>
<th>Model</th>
<th>Independent Variables</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>p</th>
<th>Total R²</th>
<th>Adjusted R²</th>
<th>F for change in R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Attitudes</td>
<td>.12*</td>
<td>.06</td>
<td>.21*</td>
<td>.0326</td>
<td>.05*</td>
<td>.04*</td>
<td>4.70*</td>
</tr>
<tr>
<td>2</td>
<td>Attitudes</td>
<td>.13*</td>
<td>.06</td>
<td>.22*</td>
<td>.0265</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Courses</td>
<td>.15</td>
<td>.29</td>
<td>.06</td>
<td>.5978</td>
<td></td>
<td></td>
<td>1.84</td>
</tr>
<tr>
<td></td>
<td>Practical experiences</td>
<td>2.03</td>
<td>1.11</td>
<td>.20</td>
<td>.070</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Additional training</td>
<td>-.44</td>
<td>.77</td>
<td>-.06</td>
<td>.5724</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: * = p value below .05

Scatterplot of residuals, normality probability plot, and histogram were also yielded with the hierarchical regression analysis, which showed only slight departures from normality. Thus, the assumptions of linearity, normality, and homoscedasticity were satisfied.
Additional Findings

School Counselor Activities Related to Students with Disabilities

The survey had a section where school counselors were asked to place a check beside the activities that they provided for students with disabilities. The response rate was almost 100%, with only one individual not providing a response to one of the ten activities. The greatest percentage (95%) of participants reported contributing to the multidisciplinary team that identifies students who may need to be assessed to determine special education eligibility followed by the participants who indicated consulting and collaborating with parents and staff to understand the special needs of students with disabilities (94%). On the other hand, approximately half of the participants (47%) reported not developing plans to address over and underrepresentation of specific groups in programs such as students with disabilities. Similarly, only a little over than half of the participants (55%) reported promoting access to college and career preparation. Results are summarized in table 4-7.

Table 4-7

Activities School Counselors Perform for Students with Disabilities

<table>
<thead>
<tr>
<th>Activity</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribute to the multidisciplinary team</td>
<td>96</td>
<td>95</td>
</tr>
<tr>
<td>Consult and collaborate with parents and staff</td>
<td>95</td>
<td>94</td>
</tr>
<tr>
<td>Create an environment that is encouraging</td>
<td>91</td>
<td>90</td>
</tr>
<tr>
<td>Advocate for students</td>
<td>90</td>
<td>89</td>
</tr>
<tr>
<td>Encourage family involvement</td>
<td>89</td>
<td>88</td>
</tr>
<tr>
<td>Classroom guidance, individual and/or group counseling</td>
<td>85</td>
<td>84</td>
</tr>
<tr>
<td>Promote school policies that promote equitable treatment</td>
<td>78</td>
<td>77</td>
</tr>
</tbody>
</table>
Preservice and In-service Training

As mentioned in Chapter 3, the amount of training that the participants of this study received related to students with disabilities constructed an important part of information gained in this study. The number of courses specifically focusing on students with disabilities attended by the participants ranged from 0 to 10 with a mean of 2.1 (n=105, SD=1.44). While 8% (n=8) of the participants received no courses specifically focusing on students with disabilities, 42% (n=44) of all participants indicated that they received 2 courses. Participants also completed an average of 2.36 (n=105, SD=2.44) courses where information about students with disabilities was integrated into other course content, with responses ranging from 0 to 15. The total number of courses that participants attended where they were offered information about students with disabilities averaged 4.46 (n=105, SD=3.28), also ranging from 0 to 20.

Additionally, participants completed an average of .93 (n=105, SD=1.12) practical experiences with students with disabilities during their training, with responses ranging from 0 to 5. Almost half of the participants 46% reported not having had any practical experiences with students with disabilities.

The participants attended an average of 2.09 workshops/conferences (n=104, SD=2.69) since being employed, with responses ranging between 0 and 15. The percentage of the participants who indicated not having attended any workshops/conferences was 38.1 (n=40). More than half of the participants (66%) indicated having attended 2 workshops/conferences at most.
Results are also presented in table 4-8.

Table 4-8

*Preservice and In-service Training about Students with Disabilities*

<table>
<thead>
<tr>
<th>Type of Training</th>
<th>n</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courses</td>
<td>105</td>
<td>4.46</td>
<td>3.28</td>
</tr>
<tr>
<td>Specific course</td>
<td>105</td>
<td>2.1</td>
<td>1.44</td>
</tr>
<tr>
<td>Information integrated into core course</td>
<td>105</td>
<td>2.36</td>
<td>2.44</td>
</tr>
<tr>
<td>Practical experiences</td>
<td>105</td>
<td>.93</td>
<td>1.12</td>
</tr>
<tr>
<td>Conferences/Workshops</td>
<td>104</td>
<td>2.09</td>
<td>2.69</td>
</tr>
</tbody>
</table>
CHAPTER 5: DISCUSSION

Investigating type of training (courses, practical experiences and conferences/workshops) and attitudes in relation to their association with perceptions of preparedness in practicing Turkish school counselors was the main purpose of this study. Results acquired in this study indicated that the four variables significantly predicted Turkish school counselors’ perceptions of preparedness to work with SWD with a 10% explained variance. Attitudes toward students with disabilities was the only significant predictor among the four independent variables. The chapter outlines further explanations on the findings of the study. It also includes practical implications, strengths and limitations of this study, and recommendations for future research.

Findings related to the Research Question

The results of the study indicated that type of training (courses, experiences, and conference/workshops) school counselors received to work with SWD and attitudes toward SWD significantly predicted Turkish school counselors’ self-reported preparedness to work with SWD, with an approximately 10% of variance explained. The research design featured hierarchical regression, which involved entering type of training (courses, experiences, and conference/workshops) in the second block after entering attitudes in the first to control for their impact. According to hierarchical regression results, attitudes toward students with disabilities hold the biggest weight among the independent variables in explaining perceptions of preparedness. That is, school counselors with higher positive attitudes have better perceptions of preparedness, also meaning that school counselors with more negative attitudes have less confidence in their level of preparedness to serve to students with disabilities. This finding is different than the findings of Milsom (2002) and Torrence (2012) who found non-significant relationships between perceptions of preparedness and attitudes toward students with disabilities.
On the other hand, type of training school counselors received to work with SWD, which was added in the second block, seemed to have added limited explanatory power to perceptions of preparedness above and beyond what is already explained by attitudes. Bringing to mind the magnitude of correlations between the dependent variable and independent variables helps in making better sense what seemingly a weaker contribution of counseling training in this study: Independent variables that were significantly associated with the dependent variable preparedness were practical experiences and attitudes, both with the same strength \( r = .21 \ p < .05 \). In the regression analysis, however, the contribution of practical experiences \( (\beta = .19, \ p = .07) \) remained slightly below of the contribution of attitudes \( (\beta = .22, \ p = .03) \). It seems that entering attitudes in the first block and adding the practical experiences later (in the second block) diminished the actual effect of practical experiences most likely because of the shared variance by the two in explaining preparedness. Considering the correlations when interpreting the regression analysis results, it would not be irrational to place similar importance onto practical experiences as attitudes. Thus, it can be suggested that practical experiences matters as much as attitudes in increasing perceptions of preparedness, and both practical experiences and attitudes should be held important in counselor training.

As mentioned previously, Milsom (2001) had found bigger impact for the three types of trainings, explaining 17% of the total variance in combination in overall preparation. The fact that the three types of training did not make that much of a contribution in this study does not indicate a lesser importance of school counselor training in Turkey. Rather, it seems to reveal the differences in the structure and the context of education programs in the two countries, which can be considered in the efforts for the advancement of counselor education in Turkey. For example, what seemingly a lesser contribution of counselor training in Turkish sample is probably caused
by the uniform nature of courses related to students with disabilities that offered to Turkish school counselor candidates. That is, these courses involve less variation both in content and quantity than the courses offered to their counterparts in the US. To be more specific, courses related to students with disabilities in counselor education programs in Turkey are limited to medical aspects of disability only, leaving out the psychosocial aspects of disability. Besides, school counselors are trained at the undergraduate level in Turkey whereas their counterparts are trained at the Master’s level in the US, so the processing, retention, and application of the skills and information gained in those courses probably occur differently in the two populations.

Again, in Milsom’s study, the total number of courses was the most important of the three in predicting overall preparation, accounting for 12% of the variance by itself. In this study, on the other hand, what seems to be making the actual difference is practical experiences among the three types of training. This makes sense because where the real difference is hidden in school counselor training in Turkey is practical experiences as the nature and the content of these experiences vary from one school counselor candidate to another whereas, as mentioned above, courses related to students with disabilities do not have that kind of variation.

**General Findings**

**Attitudes toward Students with Disabilities**

School counselors in this study had an average ATDP-O score of 68.87 (SD=12.8), which is notably lower than the finding of Milsom (2001) whose participants had an average ATDP-O score of 88.10. Although the ATDP-O has previously not been used to measure the attitudes of Turkish school counselors, it was used to measure the attitudes of other groups in Turkey and it generally yielded lower attitude scores than it did in the U.S studies.

Yuker and Block (1986) suggested comparing ATDP-O mean scores with participants of
appropriate reference groups when evaluating the attitudes toward people with disabilities, so Milsom (2001) took the scores of other teachers, school administrators, and helping professionals such as nurses and rehabilitation professionals as reference groups. The mean attitude scores for most of the U.S studies (e.g., Eichinger, Rizzo, and Sirotnik, 1991; Hunt and Hunt, 2000) ranged between 77.6 (high school principals) and 95.80 (undergraduate students in general education and special education classes) while the scores yielded in the Turkish studies were relatively lower, ranging only between 52.80 and 71.17. The samples of the studies conducted in Turkey involved different groups, ranging from public to students in helping professions and teaching programs such as physical training (e.g., Akbuga and Gursel, 2006; Altiparmak & Sari, 2012, Sari, Bektas, & Altiparmak, 2010; Sener, 1995). The reason for the lower ATDP-O scores in this study may simply be due to less positive societal attitudes toward individuals with disabilities by Turkish school counselors.

**School Counselor Caseload**

The magnitude of school counselor caseloads, which seems to vary, was brought to light through the findings of this survey. According to Woods and Domina, (2014) many counselors have caseloads double or triple ASCA's recommended caseload in the US. Similarly, for the American sample, Milsom (2001) had found an average ratio of 398, a caseload much larger than the student-to-school counselor ratio of 250 recommended by the American School Counselor Association. In this study, with an average of 575, school counselors have caseloads also a lot larger than the recommended ratio by the American School Counselor Association (2005). When the ratio is examined by school level, it appears elementary school counselors have an average of 741 students on their caseloads, a value that is more than double of the ratio of 300 recommended by the Turkish National Ministry of Education (MEB; 2015) for the specific school level. The
number of students indicated by the participants for middle and high schools, an average of 498 and 461 respectively, are also much larger than the recommended ratio of 150 by the Turkish National Ministry of Education for the school levels.

Interestingly, the average percentage of students with disabilities in school counselors’ caseloads (1.74) is also far from being reflective of the 13% of school age children who have disabilities (Eres, 2010), as discussed in Chapter 2. As also discussed previously, the total number of Turkish students with disabilities in inclusive elementary, middle, and high schools were equal to 238,217 in the school year of 2011-2012, constituting approximately 7% of all school-age students with disabilities. The fact that the average percentage of students with disabilities on the caseloads of the participants of this study is only 1.74 may be an indication of unawareness by the school counselors as to the number of students with disabilities in their schools or may simply be an underreporting by the school counselors in this study. Another explanation for this low percentage is potential educational and/or medical under-identification of students with disabilities. Finally, the low percentage of children with disabilities on the school counselor caseloads can be because many students with disabilities are still either not going to school or they are in segregated schools.

**School Counselor Activities Related to Students with Disabilities**

It appears school counselors perform many of the activities that ASCA (2013) outlines as appropriate associated with working with students with disabilities. As discussed before, the greatest percentage (95%) of participants reported contributing to the multidisciplinary team that identifies students who may need to be assessed to determine special education eligibility, followed by the participants who indicated consulting and collaborating with parents and staff to understand the special needs of students with disabilities (94%). The reason that these activities
are performed more frequently by school counselors may be because Special Education Services Legislation (Ozel Egitim Hizmetleri Yonetmeligi, 2012) emphasizes school counselor roles around identification and follow-up of students with disabilities and the expectation from them of collaboration with related institution(s) and individual(s) in this process. On the other hand, the same legislation has no mention of the roles such as developing plans to address over and underrepresentation of specific groups in programs such as students with disabilities, and promoting access to college and career preparation, which are the tasks that appeared to be the least frequently performed by the school counselors. These tasks may have performed less frequently by the school counselors because of a lack of awareness of the importance of these services for students with disabilities, with no specific legislation mentioning the importance of the needs of students with disabilities in these realms.

As suggested above, the findings indicate that there is a variation in activities that are performed by school counselors with regard to students with disabilities. It appears that the range of services that are offered by some school counselors is greater than the range of the services offered by others. There may be different reasons for the variation in the services, one of the possibilities being a lack of awareness as to the significance of some tasks as discussed above. Another possible explanation may be the magnitude of school counselors’ caseloads. More specifically, school counselors with smaller caseloads may have more time to provide the services discussed previously.

**Preservice and In-service Training**

It appears school counselors received inconsistent training about students with disabilities, with some participants indicating that they had received neither preservice nor in-service training. Out of all participants, 8% (n=8) of the participants reported not having received any courses
specifically focusing on students with disabilities, while the majority of (42%, n=44) the participant indicated having received 2 courses. In addition, participants completed an average of 2.36 courses where information about students with disabilities was integrated into other course content. Interestingly, almost half of the participants (46%) did not have any practical experiences with students with disabilities. The average of the practical experiences completed with students with disabilities was .93 (n=105, SD=1.12).

This points to a lack of similarity in school counselor training in Turkey, which is consistent with what Turkish scholars suggested related to the subject matter (e.g., Dogan, 1998; Korkut, 2006). These findings are also consistent with research conducted by Sargin and Hamurlu (2010), which revealed the frustration and incompetency experienced by school counselors due to insufficient training that they received during their undergraduate training.

As far as in-service training, there seems to be a variation in the number of conferences and workshops that the participants attended since being employed. As discussed previously, 38.1% (n=40) of the participants indicated not having attended any workshops/conferences while over half of the participants (66.3%) indicated having attended 2 workshops/conferences at most. The participants also reported having attended an average of 2.09 workshops/conferences (n=104, SD=2.69) since being employed. This variation may be resulting from the number of years they have been employed. It could also be a function of the number of opportunities that are available for school counselors for additional training. That is, some school counselors may be offered more in-service training opportunities depending on their geographic location or school districts. Another explanation for the variability can be differences in school counselors’ motivation to attend additional training.
Perceptions of Preparedness

Participants in this study were asked to rate their level of preparedness on a 10-task list related to working with students with disabilities using a 6 point Likert Scale. The mean score for the preparedness was 44.6 (SD=7.30) When this score is divided the number of tasks (ten); it corresponds to 4.46, falling between 4 (somewhat prepared) and 5 (prepared), which indicates that school counselors rate themselves as being somewhere between somewhat prepared and prepared to perform activities for students with disabilities. This finding is only slightly lower when compared to a study of 116 school counselors practicing in the state of Pennsylvania who served students with learning disabilities (Torrence, 2012). On the other hand, it is slightly higher than the finding of Milsom (2001) whose participants reported feeling somewhat prepared (M=4.20, SD=.87).

Implications of the Study

Implications for Counselors and Counselor Educators

According to the hierarchical regression results, type of training (courses, experiences, and conference/workshops) school counselors received to work with SWD and attitudes are significant predictors of Turkish school counselors’ self-reported preparedness to work with SWD, which indicates that increasing in-service and preservice training opportunities, and attitudes can help school counselors to feel more prepared. Literature (e.g. Milsom, 2002; Milsom, 2006) suggests that increasing positive attitudes can be accomplished through creating opportunities for information about and experiences with students with disabilities. This means that the number of classes, practical experiences, and conferences/workshops regarding students with disabilities should be held important in counselor training in Turkey. Thus, ways of increasing quality and quantity of courses, practical experiences, workshops/conferences should be considered when
developing and delivering counselor education programs. These issues are also related to policy and further specific suggestions for improving counselor training will be discussed within that context.

Study results also indicated that school counselors did not report a high level of preparedness to work with students with disabilities. They rated themselves as being between somewhat prepared and prepared to perform activities for students with disabilities. This indicates an issue that must be addressed considering the importance placed on inclusive education and the extent of the number of students with disabilities in the Turkish education system.

Another implication of this study is that school counselors in this study had significantly lower attitude scores (M=68.87) than the participants in Milsom’s (2001, M=88.10) study. This also holds true for other study samples. The mean attitude scores for most of studies in the U.S ranged between 77.6 (high school principals) and 95.80 (undergraduate students in general education and special education classes) while the scores yielded in Turkish studies were relatively lower, ranging only between 52.80 and 71.17. This difference between the scores is noteworthy given the significance of attitudes toward students with disabilities in explaining counselor preparedness.

**Implications for Policy**

Although type of training and attitudes were found to be important in increasing counseling preparation to work with students with disabilities in this study, a considerable number of counselors reported to have taken either none or insufficient amount of training regarding students with disabilities. This finding indicates a need for the modification of design, implementation, and delivery of counselor training programs and strategies in Turkey. Concerning this, the TPCGA (Turkish Psychological Counseling and Guidance Association) and the HEC
(Higher Education Council; a corporate public body supervising higher education), currently being the only parties involved in the structuring of the programs in Turkey, could consider altering some dimensions of counselor training programs to incorporate necessary content and skill domains regarding students with disabilities. As well as adding courses to counseling training programs that are specific to psychological aspects of disability rather than only the medical aspects, the content of other courses can be infused with content and discussions about students with disabilities. On this subject, Tucker, Shepard and Hurst (1986) suggested incorporating some activities related to students with disabilities into existing courses in terms of theories, assessment, and counseling skills. Some examples of these activities are listed as evaluation of counseling theories and assessment tools in terms of suitability for students with disabilities, creating scenarios with individuals with disabilities in role plays in counseling skills class, and having guest speakers with disabilities talk about their experiences in classes.

As reported, in this study, the independent variable practical experiences were found to be as important as the attitudes in terms of the magnitude of the association with preparedness. I also discussed that, of the three types of training, practical experiences seemed to be making the actual difference on the preparedness scores because the nature and content of these experiences are likely to show more variation from one individual to another whereas courses related to students with disabilities do not have this variation. Besides, scholars (e.g., Isaacs, Greene, & Valesky, 1998; Korinek & Prillaman, 1992; Milsom & Akos, 2003) have documented the importance of having access to opportunities to have practical experiences with students with disabilities for school counselors during their pre-service training. On the other hand, almost half of the participants (46%) in this study reported not having had any practical experiences with students with disabilities. Thus, this finding also supports the need for the restructuring of counseling
education programs and the need for considering mandatory practical experiences with students with disabilities for all school counselors.

The topic of altering counseling programs to provide sufficient training to school counselors with regard to students with disabilities is conceivably intertwined with the issue of standardization efforts of counseling programs in Turkey. As mentioned, TPCGA and the HEC are currently only parties that are involved in standardization and accreditation activities in Turkey due to lack of a more professional accrediting body (Korkut, 2006). Because improving programs as to accommodate the needs of all students including students with disabilities is intrinsically dependent upon providing quality training to all school counselor candidates, efforts for official accreditation of undergraduate and graduate programs should be accelerated, which is an already well-documented need in Turkey (e.g., Dogan, 1998; Korkut, 2006; Stockton & Guneri, 2011).

The magnitude of school counselor caseloads was also revealed with the findings of this study. School counselors in this study had an average student-to-school counselor ratio of 575. In specific, elementary school counselors had an average of 741 students on their caseloads, while this number was 498 for middle school counselors and 461 for high school counselors. As suggested before these numbers are above the ratios recommended by both ASCA (2005) and the Ministry of National Education (MEB; 2015). On the other hand, the student-to-school counselor ratio seems to be on the smaller side in this study as it reaches as high as 2,786 when the average is examined by cities, according to the statistics by the MEB (2015). Although not ideal, student-to-school counselor ratio in this study was still smaller than 2,700 (the average ratio across the country in 2012; Halmatov, 2014), most likely because counselors with higher access to internet (due to the study being web-based) tend to work in schools with smaller caseloads and, by nature
of the study, schools without school counselors were not able to be represented in this study.

As reported before, American school counselors’ caseloads also double or triple ASCA’s recommended school counselor to student ratio (250; Woods and Domina, 2014) and Milsom’s participants (2001) reported a larger ratio (398) in her study. Although the ratio is not ideal in the US either, the situation is still relatively better than it is in Turkey because there are still considerable number of schools without school counselors along with schools with above a couple thousands of student-to-school counselor ratios. Regardless, the need for decreasing the caseloads of school counselors in order for them to perform more effectively has been argued by many scholars in both countries (e.g., Korkut, 2007; McCarthy et al., Perna et al., 2008; Woods and Domina, 2014). For example, according to Woods and Domina (2014), decreasing counselor caseloads could create greater student outcomes and higher education completion. In an effort to promptly decrease counselor caseloads through increasing the number of school counselors, Turkish legislators have been appointing the graduates of other programs along with the graduates of counseling programs to schools. While this practice is being done with well intentions, it creates concerns for the school counseling profession, which is beyond the scope of this discussion. For additional information, see Stockton and Guneri (2011).

It was also revealed in this study that the average percentage of students with disabilities in school counselors’ caseloads (1.74) was notably lower than the percentage of school age children with disabilities in the population (13%; Eres, 2010). Low awareness of school counselors of the number of students with disabilities in schools, an underreporting by the school counselors, an under-identification of students with disabilities, and the multitude of students with disabilities who are either out of school or in segregated schools were listed as the potential reasons behind this low percentage. Given the gravity of early identification and education of students with
disabilities, it is imperative that school counselors are provided with necessary education and awareness with regard to the perils of under-reporting and under-identification of students with disabilities. Distributing scholarly publications and other written material, and providing mandatory continuing education on the topic are some approaches that can be employed by the Ministry of National Education, other legislators, scholars, and counselor educators to raise awareness in this regard.

This study also revealed that some school counselors are more comprehensive in the services they provide for students with disabilities than others. Many of them reported performing the majority of the activities that ASCA (2013) suggested for working with students with disabilities. It seemed that the most frequently performed tasks were the ones that were also highlighted in the Special Education Services Legislation (Ozel Egitim Hizmetleri Yonetmeligi, 2012) such as identification and follow-up of students with disabilities and the expectation from school counselors for collaboration with related institution(s) and individual(s) in this process. Activities that were performed less frequently were the ones that had no specific mention in the Special Education Services Legislation under the roles of school counselors when working with students with disabilities. It seems that there could be benefit in reviewing legislation and existing job standards for school counselors to make them more comprehensive of the needs of students with disabilities such as the position statements by ASCA. Legislators and counselor educators can make use of this study in this regard.

**Suggestions for Future Research**

The results of this study provide a good direction for future research. While the type of training related to students with disabilities and attitudes toward them appear to successfully explain some of the variance in the perceptions of preparedness, much of the variance in overall
preparation is still unknown. Future research could help to understand other factors that may reveal that variance. In addition, the impact of specific courses and/or information on feelings of preparation can be investigated in future research as some types of courses or information may be more influential on perceptions of preparedness.

Another future research direction is related to the study implication that school counselors did not report high levels of preparedness to provide services to students with disabilities. A comprehensive investigation of the reasons behind this can be very beneficial in helping legislators and counselor educators when designing and delivering preparation programs to help counselors feel better prepared. It should be noted that there may not be a correlation between perceptions of preparedness and actual performance, meaning that it is possible that participants’ actual performance on the 10 activities is lower than their perceptions of preparedness. The opposite may also be true: Participants may not have felt prepared to perform the activities but actually adequately performed them. Therefore, it may be useful to investigate school counselors’ actual performance as it relates to feelings of preparation. Thus, future research could also examine factors that looks into actual performance and the ways in which school counselor educators and preparation programs can increase actual preparation to work with students with disabilities.

With an average ATDP-O score of 68.87, school counselors in this study have similar attitudes to the groups in other studies done in Turkey. On the other hand, they appear to have different attitudes than many of the reference groups in the US studies. In other words, Turkish school counselors in this study appear to have less positive attitudes than their counterparts in the US. Future studies could examine the reasons behind this difference in attitudes scores. They can
also explore the cultural relevance of the ATDP-O and, if necessary, focus on developing more appropriate measures to examine school counselor attitudes and the attitudes of other groups.

The findings of this study also indicated that the average percentage of students with disabilities in school counselors’ caseloads (1.74) was profoundly lower than the percentage of school age children who have disabilities in population (13%; Eres, 2010). There could be several reasons for this such as unawareness of the school counselors of the number of students with disabilities in schools, an underreporting by the school counselors in this study, an under-identification of students with disabilities, or the multitude of students with disabilities who are either not going to school or in segregated schools. An investigation may be needed to reveal the reasons behind this gap between the reported percentage of students with disabilities in school counselors’ caseloads and the actual percentage of school-age students with disabilities in population.

**Strengths and Limitations of the Study**

The present study fills an important research gap in Turkey not only by adding to the understanding of school counselor preparation, training, and attitudes with regard to students with disabilities but also by shedding light onto the magnitude and content of school counselor caseloads. I became aware of this research gap when I was in my counseling undergraduate program in Turkey, which became more pronounced when I started working as a school counselor in an inclusive elementary school. My educational and occupational background also provided me a source in building the professional and personal connections that I utilized in preparing the survey and collecting the data. I think that these points can be conceptualized as some of the strengths of this study.

On the other hand, as with any other research, this study includes some limitations that can
be grouped into three categories consisting of measure limitation, self-reported surveys and recruitment methods. Among the measures used in this study, The Brief Social Desirability Scale (BSDS; Haghighat, 2007) was used in an attempt to reveal potential tendency by the participants to provide socially acceptable responses. It was, however, dropped due to its low reliability coefficient. Thus, participants might have responded to the items in a way that, they believed, would make them appear more competent, which may have resulted in higher preparation ratings.

Another limitation is associated with the fact that the surveys used in this study were all self-reported; thus, lack of method variance might have introduced some bias to the results. One important source of bias with self-reported surveys is social desirability. As mentioned in the previous section, the Brief Social Desirability Scale (BSDS; Haghighat, 2007) was used to identify if the participants displayed any inclination toward what they believed socially desirable responses, but it was excluded due to low reliability coefficient.

It is also possible that nature of the recruitment methods inadvertently introduced some bias to the study results. Several recruitment methods were utilized in the data collection process, which included utilizing personal networks and contacting social media and Guidance and Research Center administrators. The assortment of the recruitment methods yielded geographically and demographically diverse participants but it also made it impossible to calculate a response rate. Thus, survey estimates might have been biased due to nonresponse bias, which is defined by Sax, Gilmartin, & Bryant (2003) as a type of bias that is introduced when respondents to a survey are different from non-respondents with regard to some variables.
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Appendix A

Demographic Information Survey (Questions 1-14) and Social Desirability Scale (Question 15)

1. Your age

2. Your gender

- Female
- Male
- Other (please specify)

3. Do you have a disability or are you taking medication for any illness?

- Yes
- No

4. If yes, please specify

5. Does any of your family members (spouse, partner, sibling, child, or grandchild) or friends have a disability or take medication for any illness?

- Yes
- No

6. If yes, please specify

7. Information regarding your Bachelor's degree:

The name of the university
Major

Year Completed

8. Highest degree earned
   ☐ Bachelor's
   ☐ Master's
   ☐ Doctorate

9. Years of experience as a school counselor

10. Years of experience as a school counselor working with students with disabilities

11. Select the response that best describes the level of your school setting
   ☐ Elementary School
   ☐ Middle School
   ☐ High School
   ☐ Other (please specify)

12. Select the response that best describes the type of your school setting
   ☐ Public
   ☐ Private
13. Select the response that best describes your school district
   - Urban
   - Suburban
   - Rural

14. Select the geographic location (i.e., state in Turkey) of your school setting

15. Please answer the following by checking yes or no for each of them.

   Yes  |  No
   ---  |  ---
   (a) Would you smile at people every time you meet them?
   (b) Do you always practice what you preach to people?
   (c) If you say to people that you will do something, do you always keep your promise no matter how inconvenient it might be?
   (d) Would you ever lie to people?
Appendix B
School Counselor Preparation Survey Used in This Study

**Definition**: For the purposes of this survey, students with disabilities is defined as individuals who would qualify for special education or related services based on meeting criteria for one or more of the following:

Visual impairments, hearing impairments, physical disabilities, learning disabilities, intellectual disabilities, speech and language impairments, autism spectrum disorders, and Attention Deficit/ Hyperactivity Disorder

16. Please rank the top three disabilities that the students with disabilities in your school have

<table>
<thead>
<tr>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Most frequent</td>
</tr>
<tr>
<td>2. Second most frequent</td>
</tr>
<tr>
<td>3. Third most frequent</td>
</tr>
</tbody>
</table>

17. Please respond

(a) Approximately how many students are in your school?

(b) Approximately how many students with disabilities are in your school?

(c) Including you, how many school counselors are in your school?
18. Mark each statement according to how prepared you feel to perform each activity when providing services to students with disabilities. Please mark every one depending on how you feel in each case.

<table>
<thead>
<tr>
<th>Activity</th>
<th>1=Completely Unprepared</th>
<th>2=Unprepared</th>
<th>3=Somewhat Unprepared</th>
<th>4=Somewhat Prepared</th>
<th>5=Prepared</th>
<th>6=Completely Prepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Advocate for students with disabilities in the school and/or community</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
<tr>
<td>(b) Provide classroom guidance, individual and/or group counseling to students with disabilities</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
<tr>
<td>(c) Consult and collaborate with parents and staff to understand the special needs of students with disabilities</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
<tr>
<td>(d) Provide assistance with developing academic and transition plans for students in the Individual Educational Program (IEP)</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
<tr>
<td>(e) Encourage family involvement in the educational process</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
<tr>
<td>(f) Contribute to the multidisciplinary team, which identifies students who may need to be assessed to determine special education eligibility</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
<tr>
<td>(g) Promote the development of school policies that promote equitable treatment of all students and oppose school policies that hinder equitable treatment of any students</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
<tr>
<td>(h) Promote access to rigorous standards-based curriculum, academic courses, and learning paths for college and career for students with disabilities</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
<tr>
<td>(i) Develop plans to address over- and under representation in specific groups in programs such as students with disabilities</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
<tr>
<td>(j) Create an environment that encourages any student or group, including those with disabilities, to feel comfortable coming forward with problems</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
</tbody>
</table>
19. Please indicate the activities that you currently engage in for students with disabilities by checking yes or no for each of them.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
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</tbody>
</table>
20. During your school counseling undergraduate program, how many:

   (a) Courses specifically focusing on students with disabilities did you complete (e.g., Special Education, Exceptional Children)?

   (b) Courses where information about students with disabilities was presented in addition to regular course content did you complete (e.g., core courses)?

21. During your school counseling undergraduate program how many practical experiences with students with disabilities did you complete (e.g. internship, practicum, preparing Individualized Education Plans)?

22. Since being employed as a school counselor, have you attended any conference, workshop, and/or training?

   ☐ Yes

   ☐ No

23. If yes, please specify the number
Appendix C

Attitudes toward Students with Disabilities Survey (ATDP-O)

24. Mark each statement according to how much you agree or disagree with it. Please mark every one depending on how you feel in each case.

3=I agree very much   -1=I disagree a little
2=I agree pretty much -2=I disagree pretty much
1=I agree a little     -3=I disagree very much

<table>
<thead>
<tr>
<th>Statement</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>-1</th>
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<tbody>
<tr>
<td>1. Parents of students with disabilities should be less strict than other parents.</td>
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<td>2. Students with physical disabilities are just as intelligent as nondisabled students.</td>
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<td>3. Students with disabilities are usually easier to get along with than other students.</td>
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<td>4. Most students with disabilities feel sorry for themselves.</td>
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<td>5. Students with disabilities are the same as anyone else</td>
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<td>6. There should not be special schools for students with disabilities.</td>
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<td>7. It would be best for students with disabilities to live and work in special communities.</td>
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<tr>
<td>8. It is up to the government to take care of students with disabilities.</td>
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</tr>
<tr>
<td>9. Most students with disabilities worry a great deal.</td>
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<tr>
<td>10. Students with disabilities should not be expected to meet the same standards as students without disabilities.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
25. Mark each statement according to how much you agree or disagree with it. Please mark every one depending on how you feel in each case.

3=I agree very much  -1=I disagree a little
2=I agree pretty much  -2=I disagree pretty much
1=I agree a little  -3=I disagree very much

11. Students with disabilities are as happy as students without disabilities.

12. Students with severe disabilities are no harder to get along with than those with minor disabilities

13. It is almost impossible for a student with a disability to lead a normal life

14. You should not expect too much from students with disabilities.

15. Students with disabilities tend to keep to themselves much of the time.

16. Students with disabilities are more easily upset than students without disabilities.

17. Students with disabilities cannot have a normal social life.

18. Most students with disabilities feel that they are not as good as other people.

19. You have to be careful of what you say when you are with students with disabilities.

20. Students with disabilities are often grouchy
26. Would you like to participate in a drawing to win one of three $25 Amazon Gift Card Certificates? If "Yes," please enter your email address in the text box below. If "No," just click "Done."
Appendix D

Participant Letter

The Influence of Attitudes toward Students with Disabilities and Counselor Training on School Counselors' Perceptions of Preparedness to Provide Services to Students with Disabilities

You are invited to participate in a dissertation study assessing school counselors’ perceptions of preparedness to provide services to students with disabilities. You were selected as a potential participant because you are a practicing elementary or middle school counselor in Turkey. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Elif Cimsir, a doctoral student completing her dissertation study at the Pennsylvania State University under the Supervision of Dr. JoLynn Carney.

Background Information

The purpose of this study is to determine the influence of elementary and middle school counselors’ attitudes toward students with disabilities and the type of training on students with disabilities on their perceptions of preparedness to provide services to students with disabilities.

Procedures

If you agree to be in this study, you will complete a web-based survey that asks you to provide demographic information along with a set of survey items.

Risks and Benefits of Being in This Study

There are no known risks or discomfort associated with participation in this study. Your participation will be assisting the researcher in informing the school counseling profession on school counselors' perceptions of preparedness to provide services to students with disabilities. Another benefit involve a 25$ incentive for three of the respondents who will be chosen through a lottery.

Confidentiality

The records of this dissertation study will be kept confidential. To protect your anonymity, your email address won’t be connected to your responses. You won’t be required to share any personally identifiable information for the research survey unless you want to participate in the 25$ prize lottery. Only then you will be asked to share your e-mail address at the end of the survey. However, this information will only be used for us to contact you to deliver your reward and e-mail addresses submitted for the drawing will be removed from data collected in this survey.
None of the potential publication will include the type of information that will render it possible to identify participants. Research data will be stored on Survey Monkey and in safe Excel spreadsheets. Only the researcher, researcher's advisor, and potentially researcher’s committee will have access to the records. Records will be maintained for publication purposes and will not be discarded.

**Contacts and Questions**

You may contact the researcher, Elif Cimsir via 0534 9257600 or eoc5112@psu.edu with any questions regarding this study. You may also contact the researcher's advisor, Dr.JoLynn Carney via (814)-863-2404 or jcarney@psu.edu.

If you have questions regarding your rights as a research subject or concerns regarding your privacy, you may contact the Office for Research Protections at 814 865-1775 or at orprotections@psu.edu
Appendix E

Recruitment Letter

Email Subject Line: Dissertation Research: Your Assistance is Requested

Dear School Counselors,

As you know, professional organizations, administrations, parents, and students with disabilities request that all school professionals, including school counselors, adjust their services to better attend to the needs of students with disabilities in light of recent research and legislation. Yet, little is known about how prepared counselors feel to provide services to students with disabilities.

Thus, we are contacting you to ask for your participation in a dissertation research study conducted by an investigator from the Pennsylvania State University. The purpose of this study is to determine the influence of school counselors' attitudes toward students with disabilities and their training on their perceptions of preparedness to provide services to students with learning disabilities.

We realize that you are busy with your other commitments, however, we hope, that you will find the study interesting and important to your work. Also, we are going to reward three of the respondents with a 25$ incentive as a thank you for their time. Those who want their names to be entered into the lottery should fill out the prize entry survey at the end of the research survey.

School counselors currently practicing at elementary and middle schools in Turkey are eligible to participate. Clicking on the secure link below indicates that you have read the description of the study and agreed to participate by completing a 20 minute survey about your professional and educational experiences. If the link does not open, please copy and paste it into your browser.

Please let us know if you have any questions. If you have any questions, please contact Elif Cimsir at (570) 465-3144 or eoc5112@psu.edu. Thank you very much for your consideration of this important research study.
Appendix F

School Counselor Preparation Survey - Revised (SCPS-R)

Definition:
For the purposes of this survey, "students with disabilities" is defined as individuals who would qualify for special education or related services based on them meeting criteria for one or more of the following: Autism, Emotional Disturbance, Hearing Impairment, Specific Learning Disability, Mental Retardation, Orthopedic Impairment, Speech/Language Impairment, Traumatic Brain Injury, Visual Impairment, or some Other Health Impairment which adversely affects educational performance (e.g., ADHD)

1. Approximately how many students are in your total caseload?___________
   Approximately how many students with disabilities are in your total caseload?_________

2. Using the scale below, please rate (circle 1-6) how prepared you feel OVERALL to provide services to students with disabilities.

   1 = Completely Unprepared
   2 = Unprepared
   3 = Somewhat Unprepared
   4 = Somewhat Prepared
   5 = Prepared
   6 = Completely Prepared

3. Using the scale above, please circle the number (1-6) that best describes how prepared you feel to perform each activity.

   1 2 3 4 5 6 Advocate for students with disabilities in the school and/or community
   1 2 3 4 5 6 Assist students with disabilities in planning for transitions to careers or to post-secondary institutions
   1 2 3 4 5 6 Assist with the establishment and implementation of behavior modification plans for students with disabilities
   1 2 3 4 5 6 Counsel parents and families of students with disabilities
   1 2 3 4 5 6 Make referrals to other appropriate specialists for students with disabilities when necessary
   1 2 3 4 5 6 Provide activities for students with disabilities to improve their self-esteem
   1 2 3 4 5 6 Provide feedback on the social and academic performance of students with disabilities to the multidisciplinary team
   1 2 3 4 5 6 Provide individual/group counseling to students with disabilities
   1 2 3 4 5 6 Provide social skills training to students with disabilities
   1 2 3 4 5 6 Serve as a consultant to parents and staff on the characteristics and special needs of students with disabilities
   1 2 3 4 5 6 Serve on the multidisciplinary team to identify and provide services to students with disabilities
4. Please place a check beside each activity that you currently engage in for students with disabilities.

______Advocate for students with disabilities in the school and/or community

______Assist students with disabilities in planning for transitions to careers or to post-secondary institutions

______Assist with the establishment and implementation of behavior modification plans for students with disabilities

______Counsel parents and families of students with disabilities

______Make referrals to other appropriate specialists for students with disabilities when necessary

______Provide activities for students with disabilities to improve their self-esteem

______Provide feedback on the social and academic performance of students with disabilities to the multidisciplinary team

______Provide individual/group counseling to students with disabilities

______Provide social skills training to students with disabilities

______Serve as a consultant to parents and staff on the characteristics and special needs of students with disabilities

______Serve on the multidisciplinary team to identify and provide services to students with disabilities

5. During your school counseling graduate program, how many:

• Courses specifically focusing on students with disabilities did you complete (e.g., Special Education, Exceptional Children)? ________

• Courses where information about students with disabilities was presented in addition to regular course content did you complete (e.g., core courses)? ________

• Practical experiences with students with disabilities did you have (e.g., internship, practicum)? ________

6. Since being employed as a school counselor, how many:

• School-sponsored inservice programs related to students with disabilities have you attended?

• Conferences or workshops related to students with disabilities have you attended on your own?
Appendix G

Attitudes Toward Disabled Persons Scale - Form O (ATDP-O)

Mark each statement in the left margin according to how much you agree or disagree with it. Please mark every one. Write +1, +2,+3: or -1, -2, -3: depending on how you feel in each case.

+3: I AGREE VERY MUCH  -1: I DISAGREE A LITTLE
+2: I AGREE PRETTY MUCH  -2: I DISAGREE PRETTY MUCH
+1: I AGREE A LITTLE  -3: I DISAGREE VERY MUCH

1. Parents of disabled children should be less strict than other parents.
2. Physically disabled persons are just as intelligent as nondisabled ones.
3. Disabled people are usually easier to get along with than other people.
4. Most disabled people feel sorry for themselves.
5. Disabled people are the same as anyone else.
6. There should not be special schools for disabled children.
7. It would be best for disabled persons to live and work in special communities.
8. It is up to the government to take care of disabled persons.
9. Most disabled people worry a great deal.
10. Disabled people should not be expected to meet the same standards as nondisabled people.
11. Disabled people are as happy as nondisabled ones.
12. Severely disabled people are no harder to get along with than those with minor disabilities.
13. It is almost impossible for a disabled person to lead a normal life.
14. You should not expect too much from disabled people.
15. Disabled people tend to keep to themselves much of the time.
16. Disabled people are more easily upset than nondisabled people.
17. Disabled persons cannot have a normal social life.
18. Most disabled people feel that they are not as good as other people.
19. You have to be careful of what you say when you are with disabled people.
20. Disabled people are often grouchy.
Appendix H

Full Study Survey in Turkish (Letter to Participants, Demographic Information Survey, SCPS-R and ATDP-O)

KATILIMCILARA MEKTUP

Engelli Öğrencilere İlgili Tutumların ve Mesleki Eğitimin Rehber Öğretmenlerin Engelli Öğrencilere Hizmet Sağlama Konusundaki Hazırlık Algıları Üzerindeki Etkisi

Rehber öğretmenlerin engelli öğrencilere hizmet sağlama konusundaki hazırlık algıları üzerine düzenlenen bu tez araştırmasına katılmaya davet edilmektedir. Eğer herhangi bir İlkokul ve/veya Ortaokulda çalışmakta olan (veya şu an bir lisede çalışmaktadır) bir rehber öğretmeniniz ise bu çalışmaya katılmayı düşünüyorsanız, bu formu dikkatle okuyup, olası sorularınızı bana iletebilirsiniz.

Bu çalışmanın amacı engelli öğrencilerle ilgili tutumların ve mesleki eğitimin İlkokul ve Ortaokul rehber öğretmenlerinin engelli öğrencilere hizmet sağlama konusundaki hazırlık algıları üzerindeki etkisini belirlemektir.

Araştırma ile İlgili Bilgi

Bu araştırmaya katılmanız bilinen herhangi bir riski yoktur. Katılımınız engelli öğrencilere hizmet sağlama konusundan rehber öğretmenlerin kendilerini ne kadar hazır hissettikleri ile ilgili olarak psikolojik danışmanlık mesleğine katkıda bulunabileceğiniz bilgisini veren araştırmacıya destek olacak. Katılımlarınızın diğer bir faydası da katılımcılar arasında yapılacak bir çekiliş sonucunda 3 kişinin 50tl'lik nakit para ile ödüllendirilebileceğini belirtmektedir.

Gizlilik

Bu araştırmada kişisel olarak tanımlanma yol açabileceği bir riski yoktur. Katılımınız engelli öğrencilere hizmet sağlama konusundan rehber öğretmenlerin kendilerini ne kadar hazır hissettikleri ile ilgili olarak psikolojik danışmanlık mesleğine katkıda bulunabileceğiniz bilgisini veren araştırmacıya destek olacak. Katılımlarınızın diğer bir faydası da katılımcılar arasında yapılacak bir çekiliş sonucunda 3 kişinin 50tl'lik nakit para ile ödüllendirilebileceğini belirtmektedir.

Bu araştırma Pennsylvania State Üniversitesinde Dr. Jolynn Carney danışmanlığında, doktora öğrencisi Elif Çimşir tarafından yürütülmektedir.

Araştırma ile İlgili Bilgi

Bu araştırmaya katılmanız bilinen herhangi bir riski yoktur. Katılımınız engelli öğrencilere hizmet sağlama konusundan rehber öğretmenlerin kendilerini ne kadar hazır hissettikleri ile ilgili olarak psikolojik danışmanlık mesleğine katkıda bulunabileceğiniz bilgisini veren araştırmacıya destek olacak. Katılımlarınızın diğer bir faydası da katılımcılar arasında yapılacak bir çekiliş sonucunda 3 kişinin 50tl'lik nakit para ile ödüllendirilebileceğini belirtmektedir.

Yöntem

Bu araştırma, bazı demografik bilgilerinizi ve mesleki ve eğitim hayatınızla ilgili deneyimlerinizle alakalı bir dizi araştırma sorusunu içeren bir elektronik anket doldurmanızı gerektirmektedir.

Bu Çalışmada Yer Almanın Fayda ve Zararları

Bu araştırmaya katılmanın bilinen herhangi bir riski yoktur. Katılımınız engelli öğrencilere hizmet sağlama konusundan rehber öğretmenlerin kendilerini ne kadar hazır hissettikleri ile ilgili olarak psikolojik danışmanlık mesleğine katkıda bulunabileceğiniz bilgisini veren araştırmacıya destek olacak. Katılımlarınızın diğer bir faydası da katılımcılar arasında yapılacak bir çekiliş sonucunda 3 kişinin 50tl'lik nakit para ile ödüllendirilebileceğini belirtmektedir.

Gizlilik

Bu araştırmada kişisel olarak tanımlanma yol açabileceği bir riski yoktur. Katılımınız engelli öğrencilere hizmet sağlama konusundan rehber öğretmenlerin kendilerini ne kadar hazır hissettikleri ile ilgili olarak psikolojik danışmanlık mesleğine katkıda bulunabileceğiniz bilgisini veren araştırmacıya destek olacak. Katılımlarınızın diğer bir faydası da katılımcılar arasında yapılacak bir çekiliş sonucunda 3 kişinin 50tl'lik nakit para ile ödüllendirilebileceğini belirtmektedir.

Bu araştırma Pennsylvania State Üniversitesinde Dr. Jolynn Carney danışmanlığında, doktora öğrencisi Elif Çimşir tarafından yürütülmektedir.
Toplanan e-mail adresleri bu maksatla kullanildiktan sonra bu çalışmada toplanan diğer bilgiler arasında çıkarılacaktır.

Katılımınız Gönüllülüğe Dayalıdır
Katılımınız tamamen gönüllülük temeline dayalıdır ve istediğiniz zaman elektronik anketi doldurmayı bırakırsanız çalışmaya çıkmayı tercih edebilirsiniz. Ancak sadece araştırma anketini doldurmayı tamamlamanız durumunda anketen geri çekilme karar vermeniz için geç sayılmaktadır çünkü gizliliğinizi korumak için sistemde kayıtlar hangi formun kime ait olduğunu belirlememe imkan vermeyecek şekilde tutulmaktadır.

Bu çalışmaya katılım ile ilgili, olumlu veya olumsuz, hiçbir karar araştırmacıyla veya Pennsylvania State Üniversitesi ile aranızda halihazırda varolan veya gelecekte varolması olması olan ilişkilerinizi etkilemeyecektir.

İletişim ve Sorular
Araştırımla ilgili herhangi bir sorunuzu araştırmacıyla (Elif Çimşir) 0534 9257600 Nolu telefon numarasıyla veya eoc5112@psu.edu adresiyle iletiabilirsiniz. Ayrıca araştırmacının danışmanı olan JoLynn Carney’e (814) 863-2404 nolu telefon numarasından veya jcarney@psu.edu email adresinden ulaşabilirsiniz.
DEMOGRAFIK BILGI FORMU

1. Yaşınız ________
2. Cinsiyetiniz: Kadın Erkek Diğer
3. Herhangi bir engeliniz veya ilaç kullanmanızı gerektirir bir durumuz var mı?
4. Evetse, lütfen engelinizin türünü (veya ilacın adını) belirtiniz___________
5. Yakınlarınız (eş, sevgilı, kardeș, çocuk, ya da torun) veya arkadaşlarınız arasında herhangi bir engeli veya ilaç kullanmayı gerektirir bir durum olaın var mı?
6. Evetse, lütfen engelinin türünü (veya ilacın adını) belirtiniz ________
7. Lisans öğrenimini tamamladığınız:
   Üniversitenin Adı ___________
   Bölüm: ______________
   Mezun olunan yıl: __________
8. Tamamlanan en yüksek öğrenim derecesi
   Lisans Yüksek lisans Doktora
9. Kaç yıldır rehber öğretmenlik yapmaktasınız? __________
10. Rehber öğretmen olarak kaç yıldır engelli öğrencilerle çalışmaktadır? ________
11. Çalıştğınız okul seviyesini belirtiniz
   İlköğretim Ortaokul Lise Diğer (Lütfen belirtiniz)....
12. Çalıştğınız okul türünü belirtiniz
   Devlet okulu Özel okul
13. Okulunuzun bulunduğu idari bölgeyi belirtiniz
   İl İlçe Köy
14. Okulunuzun bulunduğu coğrafi bölgeyi belirtiniz
   Seçiniz_________________
15. Lütfen aşağıdaki ifadeleri evet ya da hayır şeklinde cevaplayınız

Çevrenizdeki insanlarla her karşılaştığınızda onlara gülümser misiniz?   Evet  Hayır

İnsanlara öğütlediğiniz her şeyi kendi yaşamınızda da uygular misiniz?   Evet Hayır

İnsanlara herhangi bir konuda söz verdiğinizde koşullar ne kadar zor olursa olsun mutlaka sözünüzde durur musunuz?   Evet Hayır

Hiç yalan söylediğiniz olur mu?   Evet  Hayır
REHBER ÖĞRETMEN HAZIRLIK ANKETİ

Tanım: Bu ankette adı geçen engelli öğrenciler her hangi bir zihinsel yetersizliği, görme yetersizliği, işitme yetersizliği, bedensel yetersizliği, dil ve konuşma güçlüğü, özel öğrenme güçlüği, otizm, dikkat eksikliği ve hiperaktivite bozukluğundan dolayı özel eğitim ve ilgili hizmetlere ihtiyaç duyan bireyleri kapsamaktadır.

1. Okulunuzdaki engelli öğrencilerde en sık görülen ilk üç engel türünü sıralayınız

1. (Seçiniz) 2. (Seçiniz) 3. (Seçiniz)

2. Okulunuzdaki

(a) toplam öğrenci sayısı ---------------
(b) toplam engelli öğrenci sayısı ----------------
(c) toplam rehber öğretmen sayısı...........................

3. Aşağıda engelli öğrencilere hizmet sağlarken uygulanan aktivitelerden oluşan bir liste yer almaktadır. Bu aktivitelerden her birini uygulama konusunda kendinizi ne kadar hazır hissettığınızı aşağıdaki kategoriler (1'den 6'ya kadar) vasıtasıyla belirtiniz.

1-Hiç Hazırlıklı Hissetmiyorum 4- Hazırlıklı Sayılırım
2-Oldukça Hazırlıksız Hissediyorum 5- Oldukça Hazırlıklı Hissediyorum
3-Hazırlıksız Sayılırım 6- Tamamen Hazırlıklı Hissediyorum

(a) Okulda ve toplumda engelli öğrencilere haklarını savunmak
(b) Engelli öğrencilere sınıf rehberliği, bireysel danışma ve/veya grup danışmanlığı sağlamak
(c) Engelli öğrencilerin ihtiyaçlarını anlayabilmek için anne babalarla ve okul personeli ile müzakere ve işbirliğinde bulunma
(d) Hazırlanan/hazırlanacak bireyselleştirilmiş eğitim planlarına(BEP) öğrencilerin akademik ilerlemelerini ve üst öğrenime geçişlerini destekleyecek planları dahil etmek
(e) Aileleri çocukların eğitim sürecine katılmaya motive etmek
(f) Öğrencinin özel eğitim hizmetlerine ihtiyacı olup olmadığını belirleme konusunda okuldaki diğer öğretmen ve personelle işbirliğinde bulunmak
(g) Tüm öğrencileri bireysel farklılıklarları ile kabul eden ve destekleyen bir okul atmosferinin oluşturulmasına önem vermek
(h) Engelli öğrencilere ileriye dönük kariyer planlarını yapmalarına yardımcı olabilecek eğitim programlarına ve derslere ulaşımını sağlamak

(i) Öğrencileri gelişimsel düzeylerinin (çok) altında ya da (çok) üstünde olan beklentilere korumak amacıyla programlar geliştirmek

(j) Herhangi bir problem durumunda engelli öğrenciler de dahil tüm öğrencilerin kendilerini rahatça ifade edebilecekleri güvenli bir okul ortamı sağlamak


(a) Okulda ve toplumda engelli öğrencilern haklarını savunmak

(b) Engelli öğrencilere sınıf rehberliği, bireysel danışma ve/veya grup danışmanlığı sağlamak

(c) Engelli öğrencilern ihtiyaçlarını anlayabilmek için anne babalarla ve okul personeli ile müzakere ve işbirliğinde bulunma

(d) Hazırlanan/hazırlanacak bireyselleştirilmiş eğitim planlarına(BEP) öğrencilerin akademik ilerlemelerini ve üst öğrenime geçişlerini destekleyecek planları dahil etmek

(e) Aileleri çocukların eğitim sürecine katılmaya motive etmek

(f) Öğrencinin özel eğitim hizmetlerine ihtiyacı olup olmadığını belirleme konusunda okuldaki diğer öğretmen ve personelle işbirliğinde bulunmak

(g) Tüm öğrencileri bireysel farklılıkları ile kabul eden ve destekleyen bir okul atmosferinin oluşturulmasına öncülük etmek

(h) Engelli öğrencilern ileriye dönük kariyer planlarını yapmalarına yardımcı olabilecek eğitim programlarına ve derslere ulaşımını sağlamak

(i) Öğrencileri gelişimsel düzeylerinin (çok) altında ya da (çok) üstünde olan beklentilere korumak amacıyla programlar geliştirmek

(j) Herhangi bir problem durumunda engelli öğrenciler de dahil tüm öğrencilerin kendilerini rahatça ifade edebilecekleri güvenli bir okul ortamı sağlamak
5. Lisans öğreniminiz süresince aldığınız derslerden

(a) Kaç ders içeriği tamamen engelli öğrenciler üzerine odaklı derslerdir (örn., özel eğitim, özel gereksinimli öğrenciler)?

(b) Kaç farklı bir konu üzerine odaklı olmasına rağmen (örn., alan dersleri) ders içeriğine engelli öğrencilerle ilgili bilgi ve/veya tartışma eklenmiştir

6. Lisans öğreniminiz boyunca engelli öğrencilerle ilgili kaç adet uygulama tamamladınız (örn., staj, proje)?

7. Çalışma hayatınızın başından itibaren katıldığınız engelli öğrencilerle ilgili konferans ve/veya çalışma gruplarından

(a) Kaç görevinize gereği katıldığıınız meslek içi eğitimler bünyesindedir

(b) Kaç zorunu olmadığı halde kendi isteğinizle katıldığınız konferans ve/veya çalışma grubudur
ENGELLİ BİREYLERE YÖNELİK TUTUM ÖLÇEĞİ

Lütfen aşağıdaki ifadelere katılma derecenizi aşağıdaki kategoriler vasıtasıyla belirtiniz.

+3 = Tamamen katılıyorum
+2 = Katılıyorum
+1 = Katılıyor Sayılırım
0 = Katılmıyorum
-1 = Katılmıyorum Sayılırım
-2 = Kesinlikle Katılmıyorum

1. Engelli öğrencilerin ana-babaları, engeli olmayan öğrencilerin ana-babalarından daha az katı olmalıdır.
2. Engelli öğrenciler, engelli olmayanlar kadar zekidir.
3. Engelli öğrencilerle geçinmek engelli olmayan öğrencilerle geçinmekten daha kolaydır.
4. Engelli öğrencilerin çoğu kendileri için üzülmektedir.
5. Engelli öğrenciler diğer çocuklar gibidir.
6. Engelli öğrenciler aynı okullarda okutulmamalıdır.
7. Engelli öğrencilerin özel topluluklarda yaşamaları ve çalışmalarını onlar için daha iyi olsun
8. Engelli öğrencilerin bakımını devlet üstlenmelidir.
10. Engelli öğrencilerin, engelli olmayan öğrencilerle aynı standartlara ulaşması beklenmemelidir.
11. Engelli öğrenciler engelli olmayanlar kadar mutludur.
13. Engelli öğrencilerin normal yaşam sürdürmesi hemen hemen olanaksızdır.
14. Engelli öğrencilerden çok şey beklememek gerekir.
15. Engelli öğrenciler çoğunlukla kendi kendilerine kalmak istemektedir.
16. Engelli öğrenciler engelli olmayan öğrencilerle göre daha çabuk kırılar.
17. Engelli öğrencilerin normal bir sosyal yaşamaları olmaz.
18. Engelli öğrencilerin çoğu diğer öğrenciler kadar yeterli olmadıklarını düşünürler.
19. Engelli kişilerin yanında söylediklerimize dikkat etmeliyiz.
20. Engelli öğrenciler çoğunlukla durumlarından hoşnut olmadıkları için mizmuzdurlar.
Appendix I

Clarity Understanding Checklist

Review of Modifications to and Translation of the School Counselor Preparation Survey - Revised (SCPS-R)

Please review each item carefully. Indicate the level of clarity of the questions using a Likert type scale of 1 to 5 (1 indicates no clarity and 5 indicates total clarity). Indicate your level of understanding of the questions using a Likert type scale of 1 to 5 (1 indicates no understanding and 5 indicates total understanding).

1. **Advocate for students with disabilities in the school and/or community**

<table>
<thead>
<tr>
<th>Level of clarity</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>Level of understanding</td>
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2. **Provide classroom guidance, individual and/or group counseling to students with disabilities**

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3. **Consult and collaborate with parents and staff to understand the special needs of students with disabilities**

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4. **Provide assistance with developing academic and transition plans for students in the Individual Educational Program (IEP)**

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5. **Encourage family involvement in the educational process**

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6. **Contribute to the multidisciplinary team, which identifies students who may need to be assessed to determine special education eligibility**

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<td>Level of understanding</td>
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</table>
7. Support the development of school policies that promote equitable treatment of all students and oppose school policies that hinder equitable treatment of any student

Level of clarity
Level of understanding

8. Promote access to rigorous standards-based curriculum, academic courses, and learning paths for college and career for students with disabilities

Level of clarity
Level of understanding

9. Develop plans to address over- or underrepresentation of specific groups in programs such as students with disabilities

Level of clarity
Level of understanding

10. Create an environment that encourages any student or group, including those with learning disabilities, to feel comfortable to come forward with problems

Level of clarity
Level of understanding

11. If you scored any of the items as a 3 or lower, please provide suggestions for improving the item(s).
Appendix J

EXEMPTION DETERMINATION

Date: January 8, 2015

From: Courtney Whetzel, IRB Analyst

To: Elif Cimsir

<table>
<thead>
<tr>
<th>Type of Submission</th>
<th>Initial Study</th>
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<tbody>
<tr>
<td>Title of Study</td>
<td>The Influence of Attitudes toward Students with Disabilities and Counselor Training on School Counselors’ Perceptions of Preparedness to Provide Services to Students With Disabilities</td>
</tr>
<tr>
<td>Principal Investigator</td>
<td>Elif Cimsir</td>
</tr>
<tr>
<td>Study ID</td>
<td>STUDY00001609</td>
</tr>
<tr>
<td>Submission ID</td>
<td>STUDY00001609</td>
</tr>
<tr>
<td>Funding</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

Documents Approved:
- survey Turkish.docx (0.01), Category: Data Collection Instrument
- Survey English.docx (0.01), Category: Data Collection Instrument
- HRP-591 Elif Cimsir (6/19/2014), Category: IRB Protocol

The Office for Research Protections determined that the proposed activity, as described in the above-referenced submission, does not require formal IRB review because the research met the criteria for exempt research according to the policies of this institution and the provisions of applicable federal regulations.

Continuing Progress Reports are not required for exempt research. Record of this research determined to be exempt will be maintained for five years from the date of this notification. If your research will continue beyond five years, please contact the Office for Research Protections closer to the determination end date.

Changes to exempt research only need to be submitted to the Office for Research Protections in limited circumstances described in the below-referenced Investigator Manual. If changes are being considered and there are questions about whether IRB review is needed, please contact the Office for Research Protections.

Penn State researchers are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within CATS IRB (http://irb.psu.edu).

This correspondence should be maintained with your records.
Elif Cimsir
Email: eoc5112@psu.edu, Tel: (203) 584-6134

EDUCATION

M.S., Rehabilitation Counseling, The Pennsylvania State University, State College, PA 2012
B.A., Guidance and Psychological Counseling, Hacettepe University, Ankara, Turkey 2008

COUNSELING EXPERIENCE

Career Counselor Intern
The Pennsylvania State University, Career Services Center, PA
Fall 2014
Counselor Education and Supervision Intern
The Pennsylvania State University, Cedar Clinic, PA
Spring 2014
Career Counselor Intern
The Pennsylvania State University, Career Services Center, PA
Spring 2013
Counselor Education and Supervision Intern
The Pennsylvania State University, Cedar Clinic, PA
Fall 2012
Rehabilitation Counselor Intern
Opportunity Centre Club House, State College, PA,
Spring 2012
Counselor Education and Supervision Intern
The Pennsylvania State University, Cedar Clinic, PA
Spring 2011
Career Counselor
Ugur Exam/Test Preparation Center, Ankara, Turkey
Spring 2007
School Counselor
Kultur Elementary School, Bolu, Turkey
2008-2009

TEACHING EXPERIENCE

Co-instructor, Medical Aspects of Disability,
The Pennsylvania State University, PA
Fall 2014

SCHOLARSHIP


PRESENTATIONS

