School Counselors and Sexual Education:

Should Counselors Play a Role?

by

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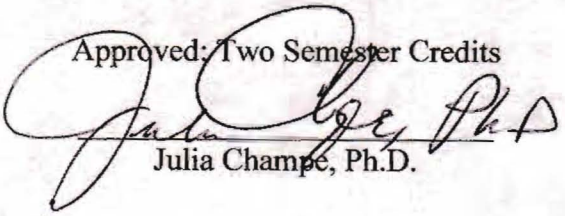

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ABSTRACT

Today, the United States has the highest teen pregnancy rate among developed nations such as France, Great Britain, and Germany and the spread of sexually transmitted diseases is increasing (Mabray & Labauve, 2002). This study addressed the current sexual education needs of students to prevent such statistics in public schools and conferred with American School Counseling Association members to understand what school counseling professionals believe in this matter.

Of the 216 participants in this study, 70% believed that sexual education is not effective as it is currently delivered and 60% believed school counselors should be involved in the formal delivery of sexual education for adolescents. Over half believed they were not qualified to be involved, and lack of education regarding sexual education for counselors was declared by 53% of the participants.

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Chapter I: Introduction

Sex, the once taboo subject, has become commonplace in sexual images, media content, and casual conversation. Television and movies portray sexual activity as near-constant and free from consequences. Sex is used in marketing to sell products. While sex infiltrates our society, misconceptions about sexual health are ignored. The consequences of causal sex, as the media portrays it, are not explained to adolescents in particular. The consequences of the media teaching adolescents about sex versus gaining credible information in education are apparent in the statistics of teens affected by early sexual activity.

Despite efforts to decrease sexual behaviors that put teens at risk, the United States has a teenage pregnancy rate that is double the rate in England, Wales and Canada and is eight times the rate in Japan and the Netherlands (Mabray & Labauve, 2002). Researchers estimate 4 million adolescents contract a sexually transmitted disease every year (Immell, 2002). This information indicates that the United States does not teach sexual education as effectively as other developed countries and youth are at risk for diseases that can affect their futures.

In 1996, the United States government initiated the "Abstinence till Marriage" program offering schools teaching to the eight-point curriculum funding to do so. This program cost $300 million in federal funds between 1998 and 2002 and does not include information about condoms, contraception, HIV/AIDS, and education about other STDs (Mabray & Labauve, 2002). This leaves youth who are sexually active without information needed to protect them from consequences that may have life altering affects, such as an unwanted pregnancy or incurable venereal disease.

Comprehensive sexual education programs that involve discussions about abortion, premarital sex, homosexuality, oral and anal sex, and masturbation are taught in 14% of school districts. Meanwhile, 51% of school districts are teaching "Abstinence-plus" programs which emphasize abstinence as the safest and best option, but include information about contraception as another means for safe sex. The remaining 35% of schools are utilizing the government's "Abstinence till Marriage," an abstinence-only program, which many argue omits vital information that allows adolescents to make healthier choices (Kelly, 2005). Information about contraceptives and sexually transmitted diseases are not included in the curriculum approved by the government. Andrew Sparrow, assistant professor of psychiatry at Harvard Medical School calls the abstinence-only approach a "catastrophe from a public-health point of view" and believes if students who become sexually active have had abstinence-only education, they will not have information to protect themselves and "...that is a recipe for a public-health nightmare that is entirely preventable" (Kelly, 2005).

While health teachers are traditionally involved in delivering sexual education programs, school counselors deal with adolescent sexuality as well. Bradley, Jarchow, and Robinson (1999), in their text addressing school counselors and issues about adolescent sexuality, explain that counselors deal with students' sexuality in their profession. "As counselors, we cannot deal with students without dealing with their sexuality. It does not take more than 15 minutes of conversation with teenagers to recognize that sexuality is an integral part of a teen's self-concept and identity. If we ignore or discount sexual issues in teens' lives, we have lost an opportunity to make a significant impact" (Bradley, Jarchow, & Robinson, 1999, pg. 9).

Part of a school counselor's job is to build rapport and trust with students. Once students have developed a sense of trust with the counselor, they may feel more comfortable talking about relationships and sexual health with their counselor. Without some level of understanding, counselors will not be affective in dealing with adolescents and their questions related to sexuality. "Counselors who ignore the importance of sexuality in the lives of adolescents miss an opportunity to develop relationships with teens and to help them develop healthy boundaries and relationships with peers" (Bradley, Jarchow, & Robinson, 1999, pg. 98).

The American School Counseling Association (ASCA) provides guidelines for a comprehensive guidance program based upon theory, practice and research (American School Counseling Association, 2004). School counselors create guidance curriculum that addresses the academic, personal/social, and career development of students. The Personal/Social domain includes goals standards that help students develop personal skills that help them respect themselves and others, understand the consequences of choices, and understand how to keep themselves safe. While the standards do not specifically address sexual health, one could argue that providing students with safety and wellness skills may also pertain to sexual education that provides information to strengthen the skills needed to make healthy choices (American School Counseling Association, 2004).

Counselors work with youth who are at-risk academically and behaviorally. Some of these students are pressured to use illegal substances and to experiment sexually. In these situations, the role of a counselor may become responsive in nature rather than preventative. The position requires responsive services for students and in today's

sexualized society the topic of sex is not overlooked by adolescents. If counselors can talk with students about peer pressure when it comes to alcohol and drugs, it would it also make sense to have counselors discuss sexual health.

This study surveyed current school counselors regarding their beliefs about school counselors' roles in the formal delivery of sexual education in schools today. It addresses in what ways counselors believe they could be involved and asks what may get in the way of their involvement. Understanding what counselors believe about their role in sexual education may give a clearer picture as to what kind of training could be offered in graduate school and what the ASCA national model may include in its standards.

Statement of the Problem

The Sexual Information and Education Council of the United States (SIECUS) reported 4.7 % of those adolescents who participated in the 2001 Youth Risk Behavior Surveillance System (YRBS) stated they had been pregnant or had impregnated someone, a reduction from the 6.9% reported in 1995. Abstinence-only programs are federally funded yet critics note that the term "abstinence" is too vague. While the concept of abstaining from sexual intercourse is clear, there is evidence to suggest that adolescents have turned to other sexual activities, such as oral sex, that put them at risk for contracting sexually transmitted diseases (STDs). Many students who are taught to abstain from sex will simply ignore this advice or feel strongly that they are ready to be in a sexual relationship. These students are not receiving information on contraceptives that keep them safe from STDs and teenage pregnancies, nor do they receive information about the emotional affects of a sexual relationship.

An estimated four million teens get an STD every year and as many as one in three sexually experienced young people will have an STD by the age of 24 (Immell, 2002). In the sexual education classes that support the abstinence-only model, adolescents are not given information regarding the transmittance of these diseases through oral sex. The Sexuality Information and Education Council of the United States (SIECUS) reported that 24% of the adolescents, ages 15-17, surveyed in the Youth Risk Behavior Surveillance System in 2001 reported having oral sex to avoid having intercourse (Sexuality Information and Education Council of the United States, 2003).

Taylor (2003) found that 59% of middle school students believed oral sex is abstinence and students as young as fourth grade have reported engaging in oral sex while SIECUS reported that 21% of adolescents ages 12-17 consider oral sex to be "safe sex" (Sexuality Information Education Council of the United States, 2003). Statements by public figures, such as President Bill Clinton's argument that he did not have sex with Monica Lewinsky, suggests there is a general misunderstanding as to what constitutes "sex" and "sexual activity."

According to a survey administered by the Kaiser Family Foundation, 34% of adolescents say that they have sex because media make it seem common for teens to be sexually active (Kaiser Family Foundation, 1996). With the media portraying sexual activity as normal and sexual education programs telling students to abstain, students are getting a variety of messages. Students need access to factual information to students so they can make positive choices. They are expected to make wise choices, but they see messages in the media that tell them that casual sex is normal. If they do not hear otherwise, how can we expect them to make good decisions? Can schools take on the

responsibility of educating parents regarding sexual health and adolescent trends? If so, can school counselors play a role in educating parents in supporting this? Are school counselors in a position to strengthen school sexual education programs?

Purpose of the Study

The purpose of this study is to explore school counselors' beliefs regarding the appropriateness and viability of their involvement in the planning and implementation of sexual education in public schools. The study will ask for school counselors' opinions about sexual education today, how qualified they consider themselves to be involved in the formal delivery of a program, and how often they respond to student needs related to sexual health issues.

Current sexual education programs are not helping students remain healthy. School counselors are uniquely qualified to help students by providing them with the information needed to make positive choices in their academic work, relationships, career choices, and personal skills. If counselors believe sexual education is a part of their role in educating adolescents, they may also be able to provide information to students to help them make healthy decisions regarding sexual involvement.

The role of the school counselor in sexual education has not been explicitly addressed by the American School Counseling Association as a role associated with the comprehensive school counseling curriculum. Therefore, the purpose of this study is to find what the current dialogue is with school counselors today when it comes to sexual education.

Assumptions of the Study

This study assumed that school counselors have minimal involvement in the sexual education curriculum offered at most public schools. Much of their involvement revolves around the academic, personal/social, and career domains, which have counselors developing curriculum that focuses on improving grades, promoting post-graduate exploration, and healthy conflict resolutions. Sexual education is not specifically stated in the national model in any of the three domains. However, counselors address the ramifications of students' sexuality, such as teen pregnancies, sexual identity issues, and sexually active relationships, while this study assumes most counselors are not involved in providing sexual education for students.

Definition of Terms

Abstain: "To refrain from something by one's own choice" (The American Heritage Dictionary, 1985 p 69)

Abstinence-Only Program: Federally funded program that adheres to a strict eight-point curriculum according to Section 510(b) of Title V of the Social Security Act, P.L. 104-193

(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

(B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;

(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

(D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;

(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;

(G) teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances, and

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

American School Counseling Association (ASCA): "…a worldwide nonprofit organization based in Alexandria, VA. Founded in 1952, ASCA supports school counselors' efforts to help students focus on academic, person/social and career development so they not only achieve success in school but are prepared to lead fulfilling lives as responsible members of society…" (American School Counseling Association, 2004).

Comprehensive Sexual Education: This curriculum promotes abstinence but also includes information regarding STDs, contraceptive methods, issues with oral sex and anal sex, emotional and psychological factors, and how to make better decisions regarding sexual activity.

Guidance counselor: For the purpose of this study, the term guidance counselor and school counselor will be used interchangeably. A guidance counselor is the person appointed by the school as someone who handles the emotional and social

development of students as well as aiding them in future career choices and providing support in their academic success. These three areas are explicitly highlighted by the ASCA national model and are the focus of training programs.

Sexual activity: For the purpose of this study, any physical activity involving two people and the stimulation of the genitalia. This includes intercourse, anal, oral, and manual sex.

Sexually Transmitted Diseases (STDs): these diseases are contracted through sexual activity, not specifically vaginal intercourse alone. These diseases include AIDS, HIV, genital warts, herpes, Chlamydia, crabs, Gonorrhea, Hepatitis B, Syphilis, and the newly announced Human papillomavirus.

Limitations of the Study

The counselors surveyed were only those who are members of the ASCA and were only those who listed an email address in the ASCA national directory. Members who do not have an email address or who did not list their email will not be asked to participate in the study. Those who are not as familiar as others in answering questionnaires online may also choose to not participate. The questionnaire was also self-report and therefore it is unclear whether or not these participants answered honestly or if they felt they should respond in a certain manner.

ASCA does not require individuals to be in the guidance and counseling field currently in order to be members. Many members may be graduate students who have joined in efforts to improve their training or may be retired. Therefore, some of the subjects may not be practicing guidance counselors at the time they reply to the questionnaire. The differences in experience may lead to differences in opinion regarding school counselor involvement in sexual education.

Methodology

An online questionnaire containing four demographic questions and five questions pertaining to the study were emailed to randomly selected ASCA members. The University of Wisconsin – Stout offers the online survey program Select Survey ASP Advanced from ClassApps.com on its research information on the University website. This program allows students to design their own surveys and conduct research using the internet. The survey is then distributed to the email addresses provided and obtains the data while still maintaining the confidentiality of subjects. The raw data is then emailed to the survey administrator and this data is collected and computed.

The questionnaire was designed online to provide a system of data gathering that allowed for easier and faster responses from subjects. The first four items of the questionnaire will help find the demographics of the group and will be followed by five questions pertaining to the beliefs and opinions. Radio buttons were used so that participants can see each of the possible responses together. In an attempt to capture participants' additional thoughts, text boxes were also provided for specific questions, such as school counselors' perceptions about barriers to their involvement in sexual education.

Summary

This study includes a variety of information regarding sexual education today as well as the roles and responsibilities of the school counselor. The influence of the media, the duties of school counselors, current sexual trends of adolescents, and the present sexual education curriculum will be addressed. The school counselors participating in this study will shed light on what the current beliefs are for school counselors about their involvement in sexual education today.

Chapter II: Literature Review

In exploring the issue of guidance counselors' involvement in sexual education, a cross-disciplinary review of literature was conducted. Literature discussed will include information on national programs, standards and trends regarding sexual education, guidance counselors' roles, and adolescent attitudes, perceptions, and brain development.

Neurobiology and Adolescent sexuality

Recent technology has made it possible to learn more about the brain with less invasive procedures. One neuroscientist from the National Institutes of Health in Bethesda, Maryland, Dr. Jay Giedd, has been studying normal adolescent brains for over a decade (Walsh, 2004). While it was once assumed that the brain was fully developed when it grew to the size of an adult's brain, scientists are now finding this not true. Recent brain scans of healthy developing brains show that the brain continues to develop through the adolescent years.

At the 2006 Education Minnesota Conference, Dr. David Walsh reported that the recent brain images indicate the prefrontal cortex is not completely developed until the early to mid 20s. New insights into the development of the adolescent brain may explain the more impulsive and irrational decisions made by adolescents. Walsh describes that the prefrontal cortex as "out of order" when hormonal shifts are going on in the brain. This suggests that adult role models must fill in as the "surrogate prefrontal cortex" for teenagers as they are attempting to adjust to the world of an adolescent. Walsh believes if adolescents were privy to information about their brain and how it works during puberty, they may be able to override the absence of the prefrontal cortex (presentation, October 16, 2006).

According to Walsh, teenagers are already thinking about sex, whether it is discussed in health courses or not. He discounts the arguments that teenagers will think about sex more if it is discussed openly in educational settings. The developing adolescent brain does not yet have the capacity to make healthy decisions regarding sex. Providing adolescents with information can help them make rational decisions about their developing bodies and brains.

Current trends in adolescent sexuality

In years past, educators and those working with youth have focused attention on teenage pregnancy rates. As a result, efforts regarding adolescents' sexual health were directed toward preventing early and unwanted pregnancies. Unfortunately, this overshadowed the need to protect adolescents against sexually transmitted diseases. With preventing teenage pregnancies as the main concern in adolescent sexuality, abstinence-only programs became more common throughout the nation in the mid-nineties (Mabray & Labauve, 2002). These programs focused on abstaining from intercourse in efforts to prevent teenage pregnancies, but said very little for the contraction of sexually transmitted diseases via oral sex or other sexual activity.

According to the National Center for Chronic Disease Prevention and Health Promotion, the teenage birth rate dropped 30% between 1991 and 2002. For black youth ages 15-17 the rate dropped 50% in those same years (National Center for Disease Control, 2006). It is unknown whether this is due to adolescents abstaining from sexual intercourse or increased access to sexual information and contraception. Another possible factor is the option for abortion. In the year 2000, one third of teenagers ages 15-19 who became pregnant chose to have an abortion (National Center for Disease

Control, 2006). What does appear clear is that fewer teens are dealing with the impact of having a child.

Despite the drop in teenage pregnancies, the United States still holds the record for the highest teenage pregnancy rate amongst developed countries. The United States has double the teenage pregnancies than England, Wales, and Canada and has nearly eight times the pregnancies than the Netherlands and Japan. While teens in the United States are beginning to have sexual intercourse around the same age as their French, German, and Dutch peers, the European teenage pregnancy rates are lower. (Mabray & Labauve, 2002).

One of the differences is that in these European cultures it is more common to openly discuss sex. While many conservative Americans see these countries failing their children for openly discussing sexuality, statistically speaking, Walsh notes they are doing something right. "The countries with low rates of teen pregnancy and low rates of STDs deal with sex more openly. It is not uncommon for adolescents to talk frankly and frequently about sex with their families and at schools…which is ironic because the American belief is if we talk about it, they'll do it" (Walsh, 2004, p. 129).

The Youth Risk Behavior Surveillance System (YRBSS) has been tracking current trends of youth activity in the U.S. since 1990. This questionnaire is administered to grades 9-12 and asks questions about drug use, tobacco use, inadequate physical activity, emotional states, and sexual activities (Sexuality Information and Education Council of the United States, 2004). This information can help educators and researchers monitor the changes in how youth are putting themselves at risk today compared to a

decade ago and help determine what changes need to be made in order to ensure healthier adolescents.

According to the YRBSS, in 2001 33.9% of students were currently sexually active while 46.8% report having had sexual intercourse. Compared to the results in 1991, the percentage of students who are sexually active has dropped about four percent in the past 15 years. Nearly eight percent fewer students report ever having sexual intercourse since 1991 (Sexuality Information and Education Council of the United States, 2004). While instances of sexual intercourse are slowly decreasing, there is not a statistically significant difference between 1991 and 2005.

Kelly (2005) cites Peter Bearman of Columbia University who found that 88% of adolescents in middle and high schools who signed a pledge to remain abstinent until marriage ended up having premarital sex. Unfortunately, those who have had abstinence-only sexual educations do not always use contraception when they do break this pledge because they have not been informed (Kelly, 2005). Collier (2002) reports that a study by the Centers for Disease Control and Prevention study found, "...only 17% of teachers inform junior high students about the proper use of condoms and just 37% do so in senior high."

The lack of information in abstinence-only curriculum is a concern for some health officials. Joshua Sparrow, an assistant professor of psychiatry at Harvard Medical School states, "Aside from pregnancy, there are so many diseases that are quite preventable – Chlamydia and herpes are on the rise. If kids who chose abstinence waver but do not have information on how to protect themselves, that is a recipe for a public-health nightmare that is entirely preventable" (Kelly, 2005).

While adolescents are abstaining from intercourse, it appears they are engaging in sexual activity that does not put them at risk for pregnancy, but does increase their risk for contracting STDs. Although there are few studies to prove there has been an increase in adolescent oral sex, the 2001 YRBSS has reported 36 % of adolescents between the ages of 15-17 reported having oral sex.

Halpern-Felsher, Cornell, Kropp, and Tschann (2005) found that more adolescents who participated in their study had engaged in oral sex (19.6%) than in vaginal sex (13.5%) and consider oral sex to be significantly less risky than vaginal sex in relation to social, emotional, and health risks. This suggests a greater acceptance of this sexual behavior and therefore more adolescents risking their health. Thirty-one percent of females and forty-four percent of males "strongly agreed" or "somewhat agreed" that oral sex is "not as big a deal as sexual intercourse. In fact, 21% of the adolescents surveyed considered oral sex to be "safe sex" (Sexuality Information and Education Council of the United States, 2006). Another misperception amongst adolescents is that oral sex is still adhering to remaining abstinent. Fifty-nine percent of middle school students believed oral sex was abstinence (American School Counseling Association, 2004). While it is abstaining from intercourse, the consequences of engaging in oral sex are similar to the results of unprotected intercourse. Twenty-four percent of the adolescents surveyed by SIECUS reported having oral sex to avoid having intercourse (Sexuality Information and Education Council of the United States, 2006). When sexual education programs emphasize abstinence, the ambiguity of oral sex puts adolescents at risk for jeopardizing their health.

Experts estimate that as many as four million teens contract a sexually transmitted disease every year. They also report that as many as one in three sexually experienced adolescents will have an STD by the age of 24 (Immell, 2002). Many believe this is due to the lack of information that teenagers have regarding STDs and the safety precautions needed to prevent such cases. Diseases such as gonorrhea, syphilis, Chlamydia, HIV, human papilloma virus, and possibly hepatitis C are all able to be transmitted during unprotected intercourse as well as unprotected oral sex. "Most adolescents do not realize that Chlamydia can be transmitted during oral sex…Teenagers are particularly susceptible because they are unaware of the risks and because the cells in a young girl's cervix are especially vulnerable to the bacteria" (Walsh, 2004, p. 128). With this information, adolescents may be more inclined to treat oral sex as seriously and carefully as they are being told to treat intercourse. One study found that while 96% of the adolescents sampled acknowledged the risk of contracting HIV through vaginal and anal sex, only 68% considered the risk of contracting HIV through oral sex (Halpern-Felscher et. al, 2005). This lack of knowledge implies more information is needed in sexual education programs to protect adolescents from making decisions that result in unhealthy consequences.

Current sexual education programs

The United States Congress created an abstinence education program in 1996 within the context of the Social Security Act. Between 1998 and 2002, Congress allotted $50 million annually to schools that adhered to the eight points defined by the government as abstinence education. This program "teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children" and does

not include information about condom and other contraceptives, HIV/AIDS, and education about STDs (Mabray & Labauve, 2002). While this program promotes healthy choices, it does not include information regarding safe sex practices and sexual activity other than vaginal intercourse.

As Ponton (2000) points out, "Sexuality in general and adolescent sexuality in particular, has become part of an intense political struggle with some supporting celibacy, and others advocating a full range of sexual activity for young teens." This explains the varying sexual education programs across the country. In the southern states, 55% of the school districts have the abstinence-only program in their schools, which is 20% more than the national average (Mabray & Labauve, 2002).

Aside from the government's abstinence education program, there are many others that take different approaches. Out of the 7 in 10 school districts that have a district-wide policy to instruct sexual education, 86% require that abstinence is encouraged, 51% stress abstinence but also include information on contraceptives, and 35% have the abstinence until marriage policy as recommended by the government. A variety of programs stemming from the abstinence-only approach evolved in the past few decades. "Project Taking Charge" began in 1990 and it emphasizes responsibility and self-respect on the part of the adolescent. The program encourages teenagers to "just say no" and to focus more on their goals and talents rather than experimenting with risky sexual behaviors. Parents play a key role in this program and their involvement is seen as the biggest support for teenagers. Another program, "Worth the Wait" involves parents as well and is considered comprehensive. The program includes having the students sign pledge cards, committing them to waiting until marriage (Mabray & Labauve, 2002).

While the Adolescent Family Life Act has been promoting the abstinence-only programs for over 20 years, "there is no peer-reviewed research proving its effectiveness in changing adolescent behavior…programs are needed that will empower adolescents by providing them with the tools needed to make informed choices regarding sex" (Mabray & Labauve, 2002, p. 37). Other programs attempt to emphasize the importance of abstinence, but do give enough information to allow students to make the decision. While federal funding encourages schools to teach the abstinence-only curricula, there are many critics who believe we are bypassing a large group of adolescents if schools only offer abstinence-only programming.

Wisconsin recently refused the federal funds for abstinence sexual education and joins California, Pennsylvania, Maine, Connecticut, and Pennsylvania in allowing schools to use a more comprehensive curriculum (Fox, 2007). Meanwhile, the school board of Franklin County, North Carolina, ordered three chapters to be omitted from the ninth-grade health book because the chapters included information that was not in agreement with the abstinence-only state law (Kelly, 2005). Districts vary based upon the values and beliefs of the residents. More conservative communities push for the abstinence-only education while other districts are implementing comprehensive education, each in the hopes of helping youth make the right choice when it comes to sexual activity.

A more comprehensive sexual education plan may be more effective than what has been offered in the past. Collaboration with parents and ample information regarding sexual health would provide a more comprehensive curriculum. The three different types of sexual education Bleakley, Hennessy, and Fishbein (2006) define are abstinence only,

comprehensive sex education, and condom instruction. This study found 82% of participants supporting comprehensive sex education and 68.5% in favor of condom instruction. These findings may be implications for schools to gather information from parents regarding their attitudes toward sexual education for their children.

Sources adolescents prefer for sexual education

Sexual education is the most effective when it comes from a source that adolescents trust and wish to hear it from. Cheryl Somers and Amy Surmann of Wayne State University surveyed students about where they wish to get their sexual education information from. Somers and Surmann (2004) surveyed 672 American adolescents, grades 9-12, from a variety of ethnic backgrounds as well as from both suburban and urban locations in a large city in the Midwest. Their findings showed that adolescents wish to receive sexual education from parents as their first choice and in schools as their second choice. Few reported wishing to learn about sexuality from the media and their peers.

Somers and Surmann noted earlier research that indicated that the, "relations between adolescents' perceptions of greater family communication have been found to be related to increased agreement between parents and adolescents, as well as higher adolescent self-esteem and well being" (Somers & Surmann, 2004, p. 48). This may indicate that parents and guardians giving information regarding healthy choices may increase adolescents' inclination to make such choices.

All grades, races, and socioeconomic statuses showed that their first preference for information was from a parent. The middle socioeconomic status males and the 11th grade males were the only two groups which indicated they would rather receive

information in school rather than their parents. "Clearly this is a hotly debated issue, but several recommendations are worth considering. During middle and high school, biological, cognitive, and social change is profound, and if adolescents are not adequately and accurately educated, they will be left to acquire information in less credible ways" (Somers & Surmann, 2004, p. 56). With this finding, there are several directions sexual education can go in order to deliver accurate and effective results.

Information from the media

Today's media, such as television, magazines, movies, and music contain messages about casual sex and relationships, sexual objectification, and in some cases, sexual violence. When adolescents do not get the information from their parents, guardians, or school, they are left to learn it from their peers and the media. The Kaiser Family Foundation reported 53% of teens get their information about sex and birth control from television or movies and 39% report getting the information from magazines (Kaiser Family Foundation, 1996).

Approximately 75% of prime time television contains sexual content (Kaiser Family Foundation, 2005). Sexual content in sitcoms rose from 56% in the year 1999 to 84% by 2000 (Sexuality in the Mass Media, 2006). This exposure to a casual approach to sex leads adolescents to believe that sexual activity is not a risk to their emotional and physical health. Impressionable adolescents may be influenced by the media when it comes to their choices and perceptions about the world around them, their relationships, and what is considered "normal" by their peers and culture.

While many television shows include sexual content with adults, there are some programs that depict teenagers engaging in sexual relationships. In 2003, 3% of all

television characters involved in intercourse were teenagers while in 2005 that rose to 9% of the sexually active characters being adolescents (Kaiser Family Foundation, 2005). This increase suggests that there is a growing acceptance for adolescents engaging in sexual intercourse. With only one in eleven television shows containing sexual content mentioning the risks involved, adolescents are most likely getting the message that early sexual experimentation is normal, common, and virtually risk-free.

Sitcoms and movies do not always show the risks involved in sexual activity and the emotional strain such intimate acts may illicit. The scenes end with the character minimizing the intimate activity or in humor. According to the Kaiser Family Foundation study in 2003, only 15% of all shows "mention waiting, protection, and consequences" (Kaiser Family Foundation, 2003). The realities of relationships that involve sex are not portrayed realistically and therefore they portray a false sense of what is normal.

If students are not getting information from their parents, teachers, or peers, they adhere to what they are learning in movies, television, music, and on the internet. Buckingham & Bragg (2003) found that two-thirds of adolescents resort to the media when they have questions about sex (Media Awareness Network, 2007). This suggests that most adolescents are learning about sex through the media. As psychologist and writer David Walsh notes, "If you believe that Sesame Street taught your four-year-old something, then you'd better believe that MTV is teaching your fourteen-year-old something" (Walsh, 2004, p.173). If the media is not discussing the risks involved in sexual activity, then adolescents are not getting adequate information.

Adolescents also see sex used in marketing and advertising. The fragrance Fetish, for example, has print below the portrait of a young woman that reads, "Apply generously to your neck so he can smell the scent as you shake your head 'no'" (Media Awareness Network, 2007). This advertisement seems to imply that sexual violence is not only acceptable, but desirable. Women should apply the perfume and say 'no' while their partner doesn't respect the request. If the majority of youth are looking to the media for their information, then they are learning that sexual violence is tolerable.

Magazines targeted for adolescent girls have become a main source for information as well. Half of the readers of *Seventeen, YM,* and *Teen* magazines say the magazine are an "important source of information for them on sex, birth control and the prevention of sexually transmitted diseases" and 69% of the readers say the magazines contain information they do not get elsewhere (Kaiser Family Foundation, 1996).

It is important for educators to know where adolescents are getting their information when it comes to facts on sexuality. Educators and parents must separate the truth from fiction to protect adolescents; without knowing where teens are getting their information, parents will be inefficient.

The media can be used as an educational tool as long as the facts are included and the risk and responsibility aspects of sex are included. As the Kaiser Family Foundation (2005) study mentions, "There is a growing body of evidence to confirm that including safer sex messages in television programming can play a meaningful role in sensitizing viewers about important sexual health issues." Until the media does this, it is up to educators and parents to be proactive in providing factual information for adolescents.

The role of school counselors

According to the American School Counselors Association, the national model is composed of three domains: Academic, Personal/Social, and Career development (American School Counselor Association, 2004). Within each of these domains, there are goals set for students to meet through guidance curriculum within schools. This model has been developed as a means to unify the school counselor position in schools across the United States.

The domain that best correlates with counselors being involved in sexual education is the personal and social development domain. This domain seeks to give students insight into their personalities and how they interact with the world around them. This domain also includes providing students with the knowledge to make decisions, set goals for themselves, and use skills to keep them safe and healthy. The goal of the personal and social development domain is to provide students with a sense of respect for themselves and others so that they might have positive interpersonal skills and lead a healthy life.

The role of a guidance counselor in the school is one that has been clarified in recent years. Colbert, Vernon-Jones, and Pranksy (2006) suggests that counselors take on the challenge of making changes within school systems and cites ASCA's recommendation that "...school counselors act as *leaders* to identify the issues that need to change in the school and help develop change strategies for the benefit of every student" (Colbert, Vernon-Jones, & Pranksy, 2006, p. 72). Current literature also, "...seems to strongly encourage the counselor education profession to develop new ways for school counselors to integrate themselves and their programs in the central reform

'action' of schools" (Colbert, Vernon-Jones, & Pransky, 2006, p. 73). As counselors see their role as being an integral part of the school system, they may be more willing to stray from the traditional role of facilitating group counseling sessions and meeting with individual students. Colbert, Vernon-Jones, and Pransky (2006) also suggest that the current model for counselors may be outdated. A transitional phase is needed in order for school counselors to be seen in more of a leadership role. While counselors are currently more of a responsive service in schools, the change would require them to focus their attention to programs that encourage prevention before the situation becomes a responsive situation (Colbert, Vernon-Jones, & Pransky, 2006).

As found by Somers and Surmann (2004), adolescents want to receive accurate information about sexual health from their parents. For many parents, this may be a daunting task. As a liaison between the parents and the school, counselors are well-suited for training parents regarding sexual health. In ASCA's code of ethics, there are specific responsibilities that a school counselor has to the parents and guardians of students. A professional school counselor will, "Respect the rights and responsibilities of parents/guardians for their children and endeavors to establish, as appropriate, a collaborative relationship with parents/guardians to facilitate the student's maximum development" (American School Counseling Association, 2004). Offering information for parents so that they might educate their children suggests respecting the rights and responsibilities of the parents and also collaboration between parents and the school counselor. ASCA also states that school counselors will provide parents and guardians with accurate and complete information (American School Counseling Association, 2004). Training sessions may include resources within the community to provide

thorough training, in which a counselor's expertise in resources would optimize the training.

The preamble to ASCA's code of ethics also states that it is the professional responsibility of school counselors that "Each person has the right to receive the information and support needed to move toward self-direction and self development and affirmation within one's group identities..." The code prompts professional school counselors to contribute to the profession by participating in, "local, state and national associations fostering the development and improvement of school counseling" (American School Counseling Association, 2004). If the information students are receiving in regards to sexual health is not accurate or sufficient, it could be argued that it is the responsibility of the counselor to ensure that the student receives information from an accurate source while respecting the wishes of the parents, in order to help students move toward self-direction and taking fewer risks.

Within ASCA's national model is the personal/social domain and within this, specific standards and goals. Standard A of this domain states that students will, "acquire the knowledge attitudes and interpersonal skills to help them understand and respect self and others" (American School Counseling Association, 2004). Within this standard, the goals are to provide students with guidance curriculum that will help them understand the importance of self-control. Information about adolescent brain development shows that self-control can be difficult given the developing parts of the brain that are necessary for decision making. Helping students learn the importance of controlling themselves, even when hormones are complicating their thought process may help them make healthier choices when it comes to sex.

Standard B of the persona/social domain states, "Students will make decisions, set goals, and take necessary action to achieve these goals" (American School Counseling Association, 2004). The goals of this standard are to help students to understand the consequences to their decisions as well as comprehending how peer pressure can influence their decisions. It is important for adolescents to understand that early sexual activity can lead to consequences such as early pregnancy and the contraction of STDs. Explaining how the impression that "everyone is doing it" may help them avoid the peer pressures to engage in unhealthy sexual behavior.

Standard C of the domain declares that students will understand safety and survival skills (American School Counseling Association, 2004). The goals in this standard are to teach students the differences between appropriate and inappropriate physical contact, how to set boundaries and affirm their rights and personal privacy, and to learn how to handle peer pressure. By assisting students with these goals, adolescents may learn that they need to set limits and boundaries with those they choose to have relationships with. School counselors are able to help students understand peer pressure and how to handle it appropriately.

Achieving these goals in the social/personal domain are related to assisting students in making informed decisions when it comes to sexual activity, as well as many other adolescent pressures. Counselors are involved in helping students understand the need to respect themselves and make healthy choices in their relationships with others, which can incorporated into a sexual education curriculum.

Julia Taylor (2003), in her research regarding current sex trends of adolescents, recommends that counselors become active in preventative programs, work to increase

students' self awareness, help student increase their self-esteem, and help students handle pressure from their peers (American School Counseling Association, 2004). Another key point she mentions is to involve parents as much as possible. Newsletters, education groups, book clubs, and communicating the trends of adolescents today are all ways in which counselors may keep parents involved and increase the ability to teach adolescents how to remain healthy (American School Counseling Association, 2004).

Summary

Research shows that many adolescents are putting themselves at risk when they become intimate with partners and that this may be due to lack of accurate sexual health information. Studies also indicate there is a strong need for parents and schools to administer information to students regarding sexual health. Considering the developmental of adolescents, the media's skewed portrayal of sex, and an increase in adolescent sexual activity, there is a need for new approaches to sexual education. As the liaison between the school and the home and an advocate for students, school counselors may be able to play a role in delivering accurate information to parents and students to ensure healthier choices to be made. While there are many beliefs as to which direction to take this in, it is important for school counselors to recognize the issue and to do what they can to prevent risks that can effect the futures of adolescents.

Chapter III: Methodology

In an effort to understand what the general sentiments are amongst guidance counselors and their role in sexual education, research is needed. This chapter presents the methodology for this research project, including subject description and selection, procedures, instrument design, data collection procedures, as well as limitations.

Subject Selection and Description

The subjects will be randomly selected from the American School Counseling Association (ASCA) membership directory. There are over 21,000 members listed in the directory. These subjects are professionals working as guidance counselors and students working toward their degree in guidance counseling. This is a national organization that is attempting to strengthen the field by setting standards that unite school counselors across the country.

When members register they are asked if they wish to have their email address posted in the directory. The researcher is a member and therefore has access to communicate with colleagues. If 400 of the contacted members responded, this would strengthen the study's ability to be generalized. If 20% of all contacted subjects are expected to respond, at least 2,000 members must be contacted in order to reach the goal of 400 responses. In efforts to increase the response rate given the limitations using email, 5,000 email addresses were randomly selected from the ASCA directory

Culture changes from one part of the country to another. By ensuring there are subjects in each of the four quadrants of the country, the study will represent values and beliefs from the varying cultures within the United States. The directory divides the members into four areas of the country: western, southern, north Atlantic, and the

Midwest. By selecting each of the four areas given in the directory a list appears with names and contact information. Five hundred subjects will be selected from each of the four areas. Every seventh member listed will be contacted. If the contact does not have an email address they will be eliminated from the study sample. Some members provide their phone number, but no contacts will be made via telephone. If a member does not have an email listed then the seventh person after them will be selected. This process will be done until 500 subjects are selected from each of the four locations in the country. If the end of the list is reached without finding 500 subjects, then the list will continue to be scrolled to find every seventh member until there are 500 subjects. This does not control how many from each of these areas responds but it invites an equal number of ASCA members from each of the four quadrants to participate.

Instrumentation

The questionnaire was created for the purpose of this study. (See Appendix A) The first four items of the questionnaire will help find the demographics of the group. Subjects will have a choice between male and female for gender. Next, the subjects will be able to enter in their age and the number of year's experience they have in guidance counseling. They will also be asked to identify what level they work in: elementary, middle, high school, or if they are not currently working in a school.

Then they will be asked to answer six questions pertaining to their beliefs and opinions regarding sexual education and the role of school counselors. Participants will be asked whether or not they believe sexual education is effective as it is currently delivered and whether or not school counselors should be involved in the formal delivery of sexual education. Next, they will be asked in what ways they believe school

counselors could be involved and will be given a choice of: curriculum design, collaboration with the health instructor, classroom guidance lessons regarding sexual education, small group lessons, workshops for parents, and no involvement. Participants will be able to check all that apply. Those who select "other" will be provided a drop-down text box to offer other appropriate ways for school counselors to be involved that were not listed as a choice.

Next, the participants will be asked if they consider themselves qualified to be involved and will be asked to estimate the frequency in which they handle student's sexual health concern. Finally, the participants will be asked what they see as the greatest barrier to school counselors being involved in the formal delivery of sexual education. Participants will be asked to check all that apply and be offered: time constraints, personal beliefs/values, school beliefs/values, lack of support from staff, and a text box in which they can enter other barriers they feel exist.

Data Collection Procedures

A ten item questionnaire will be administered via email to 5,000 ASCA members. This questionnaire was designed with the Select Survey ASP Advanced program suggested by the University of Wisconsin-Stout on the research website. This program was designed in 2004 by ClassApps.com.

Participants do not need to log in to the site in order to fill out the questionnaire. Their names are not included in the return email from Select Survey ASP Advanced and therefore confidentiality is maintained. Those contacted will have ten days to respond to the questionnaire. Reminders will not be sent out to illicit more responses. After the ten

days, the raw data scores that have been emailed back to the questionnaire administrator will be compiled and analyzed.

All procedures were approved by the University of Wisconsin-Stout Institutional Review Board prior to launching research.

Data Analysis

The percentage of those surveyed who reported they believed school counselors have a role in the formal delivery of sexual education will be reported as well as the suggestions for how they can be involved. The number of participants who believe they are qualified will be included as well as the number of times school counselors find themselves assisting students with sexual health concerns in their current role as a counselor.

Two of the questions within the survey provided a text box for participants to enter their own thoughts about appropriate ways for school counselors to become involved and what barriers they believe get in the way of school counselors' involvement. This qualitative data will be reported and will serve as an insight into what school counselors believe regarding their participation in sexual education.

Limitations

There are limitations with the survey design. Some of the answers are force-choice, giving the participants answers to chose from. The demographic questions offer answers for which the participants must chose one. Two of the questions ask participants to select all that apply and these two also offer a text box for participants to enter qualitative data. Participants can enter their own suggestion for the appropriate ways for

school counselors to become involved in sexual education and any barriers they believe exist that get in the way of this involvement.

As with any new technology, the use of the internet may pose problems. Due to high filters for some of the email addresses, junk mail filters, and discontinued email addresses, many surveys may bounce back or be incomplete. Some of the randomly selected subjects may not have reliable internet access and some of the older, more experienced counselors may not be as familiar with internet surveys and may decline. Those ASCA members who chose not to share their email address or who do not have an email address will not be contacted.

School counselors who are not members of ASCA will not be contacted to participate in this survey. While ASCA is the national organization representing guidance and school counseling and its membership is modestly priced, there may be some school counselors who are not members. It is possible that schools in lower socioeconomic locations, for instance, may not be able to provide financial support to school counselors for joining ASCA. Many graduate students become members of ASCA in efforts to gain more information as they begin their career. There may be a high percentage of students who will be contacted for this survey. Their opinions, without the experience, may be different from their experienced future colleagues.

Chapter IV: Results

The purpose of this study was to explore school counselors' beliefs regarding the appropriateness and viability of their involvement in the planning and implementation of sexual education in public schools. The study asked for school counselors' opinions about sexual education today, how qualified they consider themselves to be involved in the formal delivery of such a program, what barriers exist, and how often they respond to student needs related to sexual health issues.

Demographic Information

The online survey was emailed to 4,998 email addresses that were randomly selected from the American School Counseling Association member directory. Email inboxes that were too full, high security filters, and discontinued email accounts were bounced back with a delivery failure notification. It is uncertain how many of these messages reached the intended ASCA member. During the data collection period, some participants contacted the researcher to report they felt they were not in a position to respond to the survey due to retirement or currently being in graduate school with no guidance counseling experience. Only 216 participants completed the online survey, suggesting a significantly low response rate.

The survey consisted of four demographic questions and six survey questions related to the topic of sexual education and school counselors' roles (Appendix A). Fourteen contacted participants completed the demographic portion of the survey, but failed to complete the remaining six questions. These 14 were therefore omitted from the study.

Of those who participated, 32 were male and 183 were female. One participant chose not to include their gender. Participants' ages were represented fairly evenly across four of five ranges, with far fewer respondents in the oldest age category. Twenty-five percent were between the ages of 20 and 29, 22% were between 30-39 years of age, 20% were between the ages of 40-49, 26% were between 50-59 years of age, and 6% were older than 60 years. The majority of the participants, 36%, reported having between one and seven years of guidance counseling experience. Twenty-two percent reported having less than one year of experience, while 23% reported having 8-14 years of experience. Nine percent reported working as school guidance counselors for 15-21 years, 7% reported having 21-27 years' experience, and 3% reported having 28 years of experience or more.

The participants reported working in a variety of grade levels as well. Elementary counselors made up 29% of the participants, 20% work at the middle school level, 40% work at the high school level, and 11% do not currently work at a school. Those who do not currently work at school are those who have retired or are currently undergoing their school counseling program in graduate school.

Item Analysis

The six questions included in the survey focused on the school counselors' beliefs in sexual education and whether or not they saw ways to become involved. The survey considered the barriers to this involvement and also addressed how often school counselors are already dealing with sexual health concerns in the context of their position at the school.

The first question asked participants if they believe sexual education is effective as it is currently delivered. Of the 212 participants who chose to answer this question, 70% stated they did not think sexual education is effective with the remaining 30% believing it is effective.

The main focus of the study was to determine whether or not school counselors believed they should be involved. The response to this would indicate what school counselors are willing to do to increase the effectiveness of sexual education today. Of the 215 participants who answered this question, 60% believe that school counselors should be involved in sexual education. These two questions suggest that the majority of participants are not supportive of today's methods of sexual education and believe they can play a role in increasing the effectiveness of the program.

The third question in the survey addressed appropriate ways school counselors could be involved in sexual education. Participants were given the choices: curriculum design, collaboration with health instructor, classroom guidance lessons, small group, delivering workshops for parents, no involvement, or other, where they were asked to offer their suggestions in a text box. Participants could check all of the methods they felt were appropriate and were not limited to choosing one. Three participants chose not to answer this question. Collaboration with health instructor elicited the most responses with 78% of the participants mentioning this is as an appropriate way for school counselors to be involved. Curriculum design was selected by 54% of the participants, small group was noted by 50%, classroom guidance lessons by 55%, and delivering workshops for parents were specified by 56%. Eight percent of those who answered reported they believed that no involvement was appropriate. This appears to be contrary

to the response to the question of whether or not school counselors should be involved. Only 40% stated school counselors should not be involved, yet the majority of those who stated this found some role for school counselors to be appropriately involved in sexual education. See Figure 1.1.

In addition to providing forced choice answers on appropriate methods for involvement, the survey instrument allowed participants to write additional thoughts through the use of a text box. Thirty participants included qualitative data for the question regarding appropriate involvement. Twelve of the participants suggested individual counseling as yet another appropriate method for counselors to be involved. Other responses addressed some of the included forced choices such as classroom lessons and collaborating with health professionals and teachers. Responses also addressed utilizing outside resources as a method for referrals. One participant explained that in North Carolina, counselors, "...must legally abide by the abstinence till marriage law." This suggests that state laws may be a barrier to counselor involvement and these barriers will be discussed later.

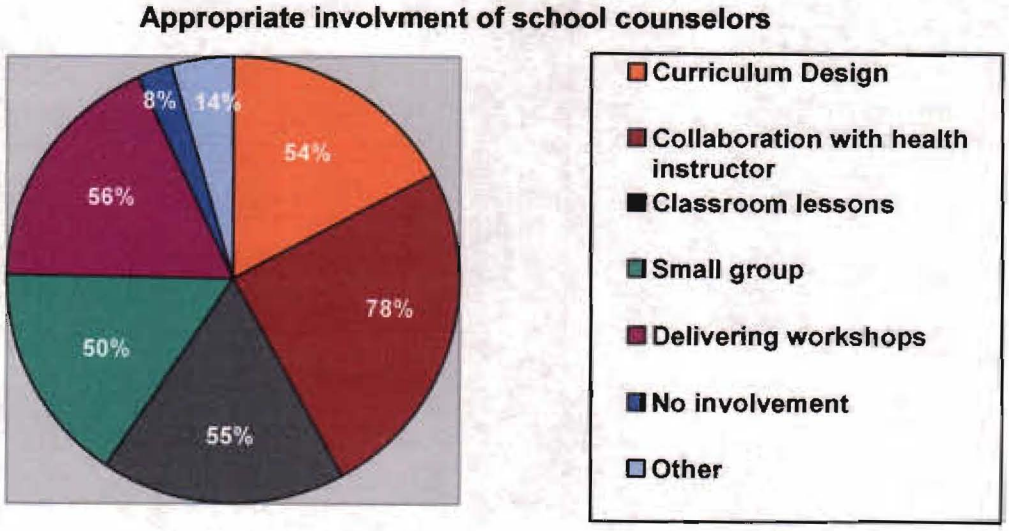

Figure 1.1

The eighth item on the questionnaire asked participants whether or not they considered themselves qualified to be involved in the formal delivery of sexual education. Of the 215 participants who chose to answer this survey question, 53% believed they were not qualified while the remaining 47% reported believing they have been adequately prepared for being involved in the formal delivery of sexual education.

Participants were asked to estimate how frequently they dealt with adolescents' sexual health concerns, and responses were forced-choice frequencies. The choices given were: daily, few times a week, few times a month, few times a year, and never. Of the 211 participants who chose to answer this question, 85 % reported addressing sexual health concerns of adolescents, while 15% reported they never work with students on issues of sexual health. Of the 85%, 45% claimed they dealt with sexual health concerns a few times a year. Two percent reported dealing with issues related to sexual health daily, 25% reported working with students on this topic a few times a month, while 13% reported this occurring a few times a week.

The last item in the survey asked for participants' opinion regarding perceived barriers to counselor involvement in sexual education for adolescents. Eight forced-choices were offered that included: lack of time, outside our scope of professional practice, against personal beliefs/values, lack of federal support, lack of support from administration staff, lack of education or training, lack of interest in becoming involved, and lack of parental support. Participants were asked to check all that they believe apply as a barrier for them.

Of the 213 participants who responded to this question, lack of time was noted by 62% of the participants and 53% believed the lack of education or training for counselors

was a barrier to their involvement. Thirty-four percent believe that being involved in sexual education is outside of the scope of professional practice. Two percent of the participants believe it is against their personal beliefs and values while 14% claim the lack of federal support is a barrier. Others mention lack of support from administrative staff (31%), lack of interest in becoming involved (15%) and lack of parental support (14%).

Thirty of the participants who chose to answer this question offered their other suggestions as to what may be a barrier in the involvement. Nine of these responses were related to the lack of support from administration and parents. Public opinion and state guidelines were mentioned as barriers that are closely associated with the administrative support. Six comments were in agreement with the force-option of the role of school counselors in sexual education being outside of the scope of professional practice. These comments referred to the health instructors doing an effective job and suggesting that others are better trained and have a better understanding of the sexual education curriculum. One participant noted, "The greatest barrier for anyone wanting to prevent teen sex is the media and public perception about sex." The appropriate age level was another barrier mentioned by participants and one suggested that, "we need to start much earlier – at very least, 3rd grade." Another participant reported that at the, "elementary level we address sex ed with 5th & 6th graders 1-2 times a year." Those who are working in the elementary level may not see their involvement as appropriate given the young age of students that they work with.

Another barrier not offered as a choice in the survey was the legal responsibilities of school counselors. In North Carolina, the "state law legally prohibits counselors" from

being involved in sexual education. This legal consideration is important to consider when suggesting that the American School Counseling Association include sexual education into the roles for counselors and offering training for counselors on this topic.

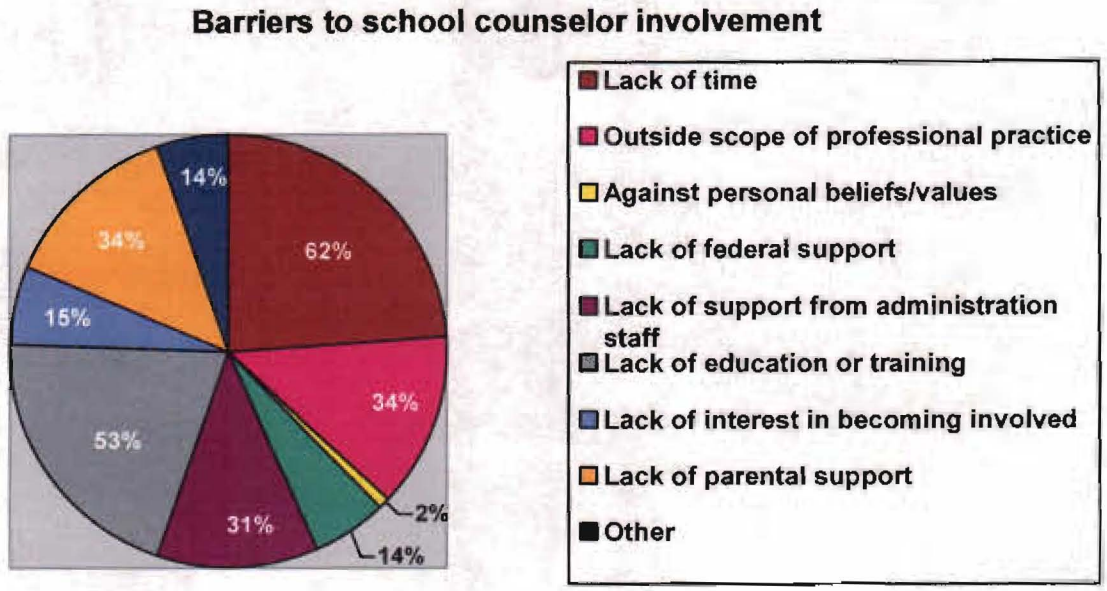

Figure 1.3

Summary

The results show that school counselors believe that sexual education is not adequate today, yet there is not a significant difference between the numbers of counselors who believe it is their role to become involved and those who do not believe counselors should be directly working in sexual education. While 60% believe they do have a role, 40% believe they do not have a role to play in sexual education. Comparing these results to the question concerning the effectiveness of sexual education today, where 70% believe today's sexual education is not effective, it seems that it could be argued either way as to whether or not sexual education can be added as a role for school counselors.

Participants perceive a number of barriers to their involvement with the lack of time and lack of education and training being the most frequently cited. Sixty-two percent believe the lack of time is a factor in their ability to be involved in the sexual education of adolescents. It is interesting to note that while 53% of the participants believe the lack of education and training is a barrier to their involvement, 53% do not consider themselves qualified in the formal delivery of sexual education. This may suggest a need for sexual health training for those in the school guidance and counseling graduate programs.

Some of the data contradicts itself. While 40% of the participants believe school counselors should not get involved in sexual education, 91% of the participants found at least one role they deemed appropriate for school counselors to be involved in. Meanwhile, 34% stated that being involved in sexual education is outside the scope of professional practice, which does not agree with the 91% that selected various roles for school counselors in sexual education.

Chapter V: Discussion

In order to find new ways to improve sexual education for adolescents today, it was necessary to solicit the opinion of school counselors. This study surveyed members of a national school counseling association regarding their opinions on school counselors' involvement in and perceived barriers to involvement in sexual education. In addition, school counselors were surveyed about the frequency in which they handle sexuality concerns of students and their beliefs regarding their qualifications.

The results from this study suggest that school counselors are dissatisfied with the outcome of today's sexual education programs. Seventy percent believe that sexual education is ineffective as it is currently delivered. Whether this is because sexual education is debated heavily in their school district or whether they have worked with numerous adolescents who were not given adequate information regarding sexual health and now face the ramifications, the majority of the participants in this study see flaws in the way we are teaching adolescents about sexual health and the risks associated with early sexual activity.

When programs are ineffective, there is a need for change. If the current sexual education programs – be it the "Abstinence Till Marriage" program or the "Project Taking Charge" that Mabray and Labauve (2002) describe – are not protecting youth from early pregnancies, the contraction of STD's, or emotional damage due to early experimentation, then educators and parents have a responsibility to make necessary changes to the programs.

While it is unclear who needs to make all of these changes, the unique role of a school counselor suggests that these professionals are uniquely qualified to address issues

of adolescent sexuality and sexual health within public schools, whether in leadership or assisting roles. School counselors are specifically trained in addressing the developmental stages of adolescents, including the social and emotional changes that occur during these years. As Bradley, Jarchow, and Robinson (1999) explain, sexuality is strongly tied to an adolescent's identity development. Counselors will inevitably work with students that are dealing with peer pressure, stressors from relationships, and questions about sexual health. Students may seek school counselor's advice on healthy relationships and sexuality is clearly a part of this.

Sixty percent of the participants in this study believe guidance counselors should be involved in the formal delivery of sexual education for adolescents. Formal delivery refers to using a specific curriculum presented in classrooms either individually or in collaboration with a health instructor. Traditionally, health instructors have handled this topic within the health curriculum. However, the collaboration with a professional who understands the emotional impact and the psychological development of adolescents may shed new light onto how to implement the curriculum in a way that will be more effective. Seventy-eight percent believed collaborating with a health instructor was an appropriate role, while being involved in curriculum design, delivering classroom guidance lessons on the topic of sexual health, working in small groups, and facilitating parent workshops on the topic were mentioned frequently as well.

While 60% believed they could play a role in the formal delivery, some suggested more informal roles for school counselors. This qualitative data offers insight into what school counselors see as more informal ways in which they work with adolescents and their concerns about sexuality. Twelve of the thirty comments described having

individual conversations on an "as-needed" basis and four suggested using outside resources to get the message across to adolescents that there are serious risks involved in early sexual involvement. Two mentioned the school counselor's position to offer support for the emotional and social aspects of sexual health. The results indicate that a majority of participants think school counselors can play a role in some form or another.

If school counselors are to be involved in either the formal or informal delivery of sexual education, training is necessary to prepare them with the information and understanding of how to handle such a sensitive topic. Fifty-three percent stated they did not consider themselves qualified to be involved in the formal delivery of sexual education. This sentiment is echoed in the survey question regarding barriers to counselor involvement in which 53% of participants believed the lack of education or training was an obstacle to having counselors working with adolescents on sexual health topics. School counselors need the appropriate training if school counselor involvement is implemented as a means to improve the effectiveness of sexual education. This belief may affect whether or not school counselors believe they can become involved, as lack of knowledge may deter people from taking action.

Another important issue to consider is how often school counselors are finding themselves working with students' issues of sexual health. Students may speak to counselors if they find out they are pregnant, if they are concerned about having sex with their current partner, or if there is a concern brought to a counselor about a student's promiscuity. Many youth who are at-risk may engage in behaviors that put them at risk for experimenting not only with drugs and alcohol, but sex as well. Counselors inevitably work with these youth in helping them to make better decisions to improve

their futures. Whether school counseling programs are preparing future school counselors or not, counselors are dealing with the sexuality of adolescents. Eighty-five percent of the participants reported dealing with adolescents' sexual health concerns at least a few times a school year. Forty-five percent reported handling situations related to sexual health concerns a few times a school year, 25% reported this occurring a few times a month, 13% a few times a week, and 2% handle related situations daily. School counselors are already working with students in regards to sexual health concerns. While this involvement is possibly a responsive service for students, it implies that there is a need for preventative services in the topic of sexual health as well. This is another indication that further training is necessary to prepare school counselors to direct preventative services as well.

School counselors have been balancing their time between the management, accountability, delivery, and foundation aspects of comprehensive guidance curriculums in efforts to maintain their defined role and significance in the school setting (American School Counseling Association, 2004). Given the fact that they are juggling a variety of responsibilities and roles, asking them to take on yet another role would require more of their time. Lack of time was the most frequently reported barrier to school counselor involvement in sexual education, with 62% reporting this as a factor. The American School Counseling Association was developed in order to establish appropriate roles for school counselors, so that they might be utilized in roles that would be the most effective for students. ASCA's standards were created with the idea that school counselors would not be in roles that are administrative or secretarial in nature, but would be accountable

for implementing curriculum that meets the standards. This is the best way school counselors can manage their time, although it has not entirely prevented the issue.

School counselors today are working with more students than ASCA recommends for the counselor to student ratio and are handed time consuming duties such as testing. If they are to take on more roles in the school, such as formally or informally implementing sexual education, this needs to have support from the ASCA standards and from school counselors across the country.

Thirty-four percent of those surveyed believe that sexual education is outside the scope of the professional practice. Six participants specifically commented on the fact that health or family and consumer education teachers handle this and therefore it is outside of the school counselor's duties to be involved. The perception of who plays what role may be another barrier preventing a school counselor from getting involved in sexual education.

The study also shows a very strong regard for parental and community opinion on the matter. Fourteen percent noted the lack of parental support as a barrier to counselor involvement and 31% claimed they did not believe the administrative staff would be supportive. Eight comments were made regarding the reactions of parents or the community and two mentioned state regulations as a factor.

One participant reported that the state of North Carolina prohibits counselors from being involved in sexual education for adolescents. Given this, it would be difficult for ASCA to add sexual education to the standards of school counseling if there are specific states that prohibit their counselors from doing so. Parental and community opinions play a strong role in what laws are passed at both local and state levels. If ASCA were to

advocate for school counselor involvement in sexual education and inform parents and communities about the possibilities of improvement by utilizing a school counselor in sexual education, the laws implemented by some states could change. Further research and information would be needed to persuade such a change.

Limitations

The survey design, time frame, and use of modern technology presented some limitations. Efforts were made to alleviate the limitations presented, such as offering open ended answers for participants and acknowledging limitations that occur in any method of research.

The survey design contained a few limitations. Using force-option answers eliminated the possibility of individualized answers. The language used may have affected the responses as well. For example, asking the participants whether or not they believe school counselors should be involved in the formal delivery of sexual education may have been rather vague. Had the survey defined what formal delivery was versus informal delivery, the response may have been different.

The force-option answers were alleviated in two of the questions by having text boxes provided for those who had other opinions or ideas regarding the appropriate roles for school counselors as well as the possible barriers that may prevent school counselors from becoming involved in sexual education. Providing these text boxes resulted in the collection of rich data regarding participants' perceptions and beliefs. For example, participants provided detailed perspectives on their beliefs about the effectiveness of sexual education. The study was strengthened as a result of the qualitative data collected.

As with any new technology, the use of the internet created limitations. Due to high filters for some of the email addresses, junk mail filters, and discontinued email addresses, of the 4, 998 surveys mailed out, only 216 completed the survey. It is uncertain how many of these surveys did not reach the intended participant and how many were ignored by the recipients. Five of the contacted ASCA members informed the researcher that they were retired and therefore did not respond to the survey because they did not believe they could help. Three of those contacted replied to the researcher and stated that they were currently in their graduate program for school counseling and did not believe their input would be valuable to the study. Losing those who did not consider their input valuable along with the emails that were not responded to, elicited a very low response rate. It is therefore difficult to generalize to the majority of school counselors.

Some of the randomly selected subjects may not have had reliable internet access and some of the older, more experienced counselors may not have been as familiar with internet surveys and declined to complete the survey. Those ASCA members who chose not to share their email address or who do not have an email address were not contacted by any other means of communication and were therefore not included.

Using the ASCA directory as a source for contacts discriminated against school counselors who were not members. The membership is modestly priced, however some school counselors may not have these funds in their budget. Schools in lower socioeconomic locations may not be able to have their school counselors join this membership and therefore these professionals were not contacted.

Time was another limitation for this study. The survey was launched for ten days. The participants were not sent an additional message to remind them to complete the

survey. After ten days, the data was collected, the survey was closed and additional responses were no longer gathered for the study.

Conclusions

School counselor involvement in sexual education is not an entirely foreign concept. The survey indicates that school counselors are faced with adolescents' concerns about sexual health and see collaborating with health instructors as appropriate roles for them. According to the participants in this survey, sexual education is not effective as it is currently being delivered. If an improvement is to be made, it will call for a change in the way the curriculum and program is handled. While this study does not suggest that school counselors have the sole responsibility for changing the effectiveness of sexual education, it does imply that school counselors are willing to assist in improving the program to assist adolescents in making healthier decisions when it comes to sexual activity.

School counseling programs lack the training school counselors need in order to address the sexual health concerns of students. Regardless of whether or not school counselors should be formally involved in the sexual education of students, the participants did state that they deal with related topics and 53% believe lack of education is a barrier to having school counselors involved in sexual education. If these counselors are already working with students regarding sexual health, yet they believe they have a lack of education in sexual health, then there is a disservice to the adolescents who are seeking assistance from professionals to understand them from an emotional and social standpoint.

The majority of the participants in this study were not opposed to being involved in sexual education, however many barriers to this involvement were identified. Until these barriers are removed, the standards are revised, and some laws are changed, a school counselor is not obligated by the ASCA standards to work with students in regards to sexual health. With some states legally forbidding it, not enough time in the schedule, and opposition of parents, administration, and school boards, it is a district-by-district decision as to whether or not school counselors should play a role.

Recommendations

Further research on this topic is needed before any systemic changes could begin to occur. A more extensive version of this study would strengthen the argument that school counselors need to be better equipped to handle adolescent sexual health concerns and address the issues more specifically. It would be important to know why the participants believe sexual education is ineffective today because this may explain the rest of their answers. If they believe that it is ineffective because adolescents today are beyond assistance, then their responses to the involvement of school counselors may differ from those who believe there are curricular flaws in sexual education.

A stronger response rate is needed in order to generalize the findings as well. Allowing the survey to run for a month or more and sending the selected ASCA members reminders about the survey would have increased the response rate.

One barrier mentioned frequently was the lack of education and training. Further information regarding the training of school counselors would also be valuable to understanding the way in which school counselors address sexual health concerns. This would clarify what universities are doing to prepare future school counselors for handling

such issues and may imply a need for change in the curriculum for students pursuing degrees in school counseling. Whether this is preparation on how to run workshops for parents, what the appropriate procedures should be in handling students who are experimenting sexually, or how to work with youth who are at-risk for being sexually involved, additional training and education is needed so that school counselors do not have this as a barrier to working with youth in this context.

Educating parents through workshops was considered an appropriate role for school counselors by 56% of the participants. Somers and Surmann (2004) also suggested training for parents through the school district to help parents discuss sexual health issues with their children. This suggested role for school counselors may empower parents with information and skills to help them with not only the child's school, but with any younger children the parents may have. Holding a training session such as this may help strengthen the school's tie to parents and promote a positive relationship between the two. It is also a platform upon which the school may communicate with parents and gather a better idea of what kind of sexual education can be taught in the school. The team effort of the school and parents could lead to effective interventions with adolescents as they begin to have questions concerning sexual health.

A greater body of literature is needed to support this change and get the conversation started regarding the best ways for school counselors to assist adolescents as they negotiate the challenges of sexuality and sexual health. The statistics suggest a need for change in the collaborative efforts of school counselors, other school administrators and educators in order to help youth make healthier, more informed sexual choices. Those who understand the developmental implications presented at the age of

adolescence may be able to offer methods of instruction that are effective and empowering, allowing adolescents the knowledge they need to make decisions that will ensure them healthy and positive futures.

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Appendix A: Online Survey

SelectSurveyASP Advanced

School Counselors and Sexual Education Today edit

Demographics

1. Gender edit move pipe
   - Male
   - Female
2. Age edit move pipe
   - 20-29 30-39 40-49 50-59 60+
3. Years of guidance counseling experience edit move pipe
   - less than 1 year 1-7 years 8-14 years 15-21 years 21-27 years 28+ years
4. What grade level do you work in? edit move pipe
   - Elementary Middle school High school I am not currently employed at a school

Questions

5. Do you believe sexual education is effective as it is currently delivered? edit move pipe
   - Yes No
6. Do you think guidance counselors should be involved in the formal delivery of sexual education for adolescents? edit move pipe
   - Yes No
7. Which of these are the most appropriate ways for school counselors to be involved? (check all that apply) edit move pipe
   - [ ] Curriculum design
   - [ ] Collaboration with health instructor
   - [ ] Classroom guidance lessons
   - [ ] Small group
   - [ ] Delivering workshops for parents

- [ ] No involvement
- [ ] Other, please specify

8. Do you consider yourself qualified to be involved in the formal delivery of sexual education? edit move pipe

   ○ Yes ○ No

9. As a school counselor, how often do you deal with adolescents' sexual health concerns? edit move pipe

   ○ Daily ○ Few times a week ○ Few times a month ○ Few times a school year ○ Never

10. What do you see as the greatest barrier to counselor involvement in sexual education for adolescents? edit move pipe
    (check all that apply)

- [ ] Lack of time
- [ ] It is outside of our scope of professional practice
- [ ] It is against my personal beliefs/values
- [ ] Lack of federal support
- [ ] Lack of support from administration staff
- [ ] Lack of education or training
- [ ] Lack of interest in becoming involved
- [ ] Lack of parental support
- [ ] Other, please specify