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THE CONSULTATION PRACTICES OF TWO GROUPS
OF SCHOOL PSYCHOLOGISTS

DISSERTATION

Presented in Partial Fulfillment of the Requirements for the
Degree Doctor of Philosophy in the Graduate School
of the Ohio State University

By
Susan Sternberg Mentzer, B.A., M.A.
The Ohio State University
1975

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ACKNOWLEDGMENTS

***

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Although the school psychologist is a fairly well accepted member of the educational system, very little agreement exists concerning the precise functions for which the school psychologist is responsible. Some aspects that remain unclear are the role that is appropriate for the school psychologist to assume, the clients that are appropriate for the school psychologist to serve, and the variations in function that are associated with service in different settings. A clearcut description of the role and function of the school psychologist does not exist.

Regarding the role that is appropriate for the school psychologist to assume, a large number of studies have focused on the actual and ideal roles of the school psychologist, as perceived by psychologists and various other professional groups. A common finding of such studies was that consultation was becoming an increasingly important function for the school psychologist (Gilmore and Chandy, 1973; Roberts, 1970a, 1970b; Roberts and Solomons, 1970; Lucas and Jones, 1970; Ferguson, 1956; Farling, 1968; Shrider, Hoedt, Farling, Martin, and Miller, 1970; Farling and Hoedt, 1971; Cramer, 1966; Yaffe, 1967; Herson, 1968;

The information that is available concerning the consultations of school psychologists is limited. With respect to the clients that are appropriate for the school psychologist to serve, the only information that is provided by most of the research is that psychologists work with children, parents, teachers, and administrators. The ways in which school psychologists consult with those individuals was investigated in only two studies (Levy, 1974; Dieringer, 1974). The school psychologists who
were included in the studies were employed in large urban
districts in Ohio (Levy, 1974) and in suburban districts
in Connecticut (Dieringer, 1974). However, there have
been no studies dealing specifically with school psychol­
ogists working in settings other than schools or in
other types of districts. Since consultation seems to
be an important function for the school psychologist,
there is a pressing need to determine the characteristics
of consultation. Studies must be conducted in a wide
range of settings in which school psychologists may be
involved. An area that merits investigation is a compari­
son of consultation by school psychologists in a community
mental health setting with consultation by school psy­
chologists in a school setting.

Statement of Problem

The purpose of the present study is to identify some
of the components of the consultation role of the school
psychologist as practiced in two different settings. The
two settings are the school and the community mental
health center. Factors that are of particular interest
are the consultee, the subject of the consultation, the
degree of relationship of the consultee to the subject of
the consultation, the consultation goals, the processes,
the agreement on the consultation problem, the initial
identification of the problem prior to consultation, the level of confidentiality, and the entry method. Comparison of background information is based on place of employment, professional identification, area of expertise, undergraduate training, graduate training, highest level of education, sex, and years of experience as a school psychologist. The study addresses the following questions:

1. How does the sample of school psychologists employed in the schools compare with the school psychologists employed in community mental health centers with respect to professional identification, area of expertise, undergraduate training, graduate training, highest level of education, sex, and years of experience as a school psychologist?

2. How does the sample of school psychologists employed in the schools compare with the school psychologists employed in community mental health centers, with respect to individual consultation characteristics?

3. What are the types of consultation patterns that emerge from the relationships among the variables describing the critical incidents reported as effective by school psychologists employed in the schools?
4. What are the types of consultation patterns that emerge from the relationships among the variables describing the critical incidents reported as ineffective by school psychologists employed in the schools?

5. What are the types of consultation patterns that emerge from the relationships among the variables describing the critical incidents reported as effective by school psychologists employed in community mental health centers?

6. What are the types of consultation patterns that emerge from the relationships among the variables describing the critical incidents reported as ineffective by school psychologists employed in community health centers?

Importance of the Study

One important aspect of the present study is the description of consultation in terms of patterns that are currently in use by school psychologists. Although theoretical descriptions of consultation are abundant in the literature, only two previous studies operationally defined the consultation of school psychologists (Levy,
1974; Dieringer, 1974). The present study not only serves as a check on the reliability of the earlier studies, but it also expands knowledge about consultation among school psychologists. The present study is the first to consider school psychologists from schools in all types of communities, rather than those from schools in a single type of community. In addition, the present study is the first to investigate the consultation of school psychologists employed in community mental health centers. By increasing the number of types of settings in which consultation is examined, a more complete picture of consultation in school psychology becomes apparent.

A further contribution of the present study involves implications for school psychology training programs. The existence of school psychologists in community mental health centers has been ignored in the literature concerning school psychology. School psychologists have been trained to function within school systems, with little or no attention to competencies that may be important in settings outside schools. The present study focuses on the skills and practices of school psychologists in both the schools and community mental health centers, thus identifying areas from both settings in which school psychologists should be trained.

One further important aspect of the present study is that it serves to identify the various roles of school
psychologists as they currently practice. The patterns of consultation that emerge are indicative of the types of activities in which school psychologists become involved. The current roles and functions of school psychologists become evident as a result of a focus on the activities of the school psychologists.

Definition of Terms

School Psychologist: A school psychologist is any individual who has been trained as a school psychologist and/or who is employed in a position with the title of school psychologist.

Consultation: Consultation includes all voluntary conferences between the school psychologist and parents, teachers, administrators, other professionals, communities, or families regarding a child, a group of children, a family, other adults, an institution, a program, or a body of knowledge. Consultation does not include conferences that focus on the consultee's personal as opposed to professional problems.

Critical Incident: A critical incident is a specific incident in which the behavior of the psychologist is critical enough to result in success or failure in accom-
plishing the consultation goals, as judged by the respondent.

Community Mental Health Center: A community mental health center is any community agency which exists for the purpose of promoting positive mental health in the community or in some segment of the community. Agencies calling themselves community mental health centers, mental health centers, children's mental health centers, and guidance centers are included in the term. The agencies covered by the term are those providing out-patient rather than in-patient services.

Limitations of the Study

The study is limited to the consultations of school psychologists employed in community mental health centers and schools in Ohio. Activities other than consultations are not included in this investigation, and the activities of school psychologists outside of Ohio are not considered. The study is further limited by the fact that a sample of 26 school psychologists was chosen to represent a total population of 857 school psychologists employed in schools in Ohio. Although a random sample was chosen, the possibility of sampling error exists. Therefore, the sample of school psychologists in the schools may not have been representative of the population of school psychologists.
in the schools in Ohio.

Another limitation of the study is that the interviewers may have biased the responses. One of the two interviewers was the investigator. Although both interviewers adhered closely to the directions and asked questions in an objective manner, the biases of the interviewers may have influenced the respondents.

The fact that each respondent reported four incidents introduces an additional limitation into the study. Since each respondent reported four incidents, the responses may have been non-independent. Although the respondents were asked to report separate incidents of consultation, there is a possibility that the respondents let their responses regarding one incident influence their other responses.
CHAPTER II
REVIEW OF RELATED LITERATURE

The role and function of the school psychologist have been the source of controversy within school psychology literature for at least two decades. Although school psychologists are frequently members of the school staff, school personnel do not agree as to the specific ways in which school psychologists should be functioning. If maximum efficiency in utilizing the services of the school psychologist is to be attained, some consensus regarding role and function is desirable.

The purpose of this chapter is to review some of the literature that relates to the role and function of the school psychologist. The chapter presents various role descriptions and functions that have been considered. In addition, several views of the consultation role are presented, and the use of the critical incidents technique is reviewed. By gaining an historical perspective, some of the trends within the field of school psychology become apparent.

Major Conferences Concerning School Psychologists

The participants in two major conferences attempted to identify the current status and future direction of
school psychology (Cutts, 1955; Bardon, 1964-1965). Both conferences included discussions of actual and ideal role descriptions for school psychologists. This section presents some major contributions of the conference.

The Thayer Conference

The first major attempt to address the main issues in school psychology on a national level was in 1954 at the Thayer Conference (Cutts, 1955). The conference covered a number of topics, one of which was the role and function of the school psychologist. The participants included a wide variety of different educational specialists and a number of different types of psychologists. Professionals from all parts of the United States attended the conference (Cutts, 1955).

One of the accomplishments of the Thayer Conference was to establish a definition of the school psychologist. The definition, as recorded by Cutts (1955), follows:

The school psychologist is a psychologist with training and experience in education. He uses his specialized knowledge of assessment, learning, and interpersonal relationships to assist school personnel to enrich the experience and growth of all children, and to recognize and deal with exceptional children.¹

¹ N. E. Cutts, School Psychologists at Mid-Century, p. 30.
The functions of the school psychologist were considered to be advisory to school personnel. Those functions that were enumerated at the Thayer Conference included: Measuring and interpreting intellectual, social, and emotional development of children; identifying exceptional children and helping to plan appropriate social and educational placements and programs for them; developing ways to help children learn and adjust; encouraging and initiating research and using it to find solutions to school problems; and diagnosing educational and personal disabilities and helping to plan re-educational programs. The conclusion was that the specific services of the school psychologist would differ greatly from one community to another (Cutts, 1955).

The functions of school psychologists were ranked by school psychologists from the various states (Cutts, 1955). For both actual and ideal functions, testing was ranked first in importance, and interviewing was ranked second. There was a desire on the part of all of the respondents to provide more in-service for teachers and to devote more time to the development of the educational program. In almost all cases, however, the actual and ideal functions received the same rankings (Cutts, 1955).

Support for the findings of the Thayer Conference was evident in two studies conducted in 1950 (Cutts, 1955).
Members of the Division of School Psychology of the American Psychological Association were asked to rank their functions as school psychologists. They ranked individual testing first, conducting conferences second, and group testing third. California school psychologists ranked their activities in order of time allotments. The highest time allotment went to individual testing. Conducting conferences was second. The third highest time allotment went to preparing case histories. The studies of the 1950's were consistent in identifying individual testing as the most important function of the school psychologist (Cutts, 1955).

**The 1964 Conference**

The conference in Bethesda, Maryland, in 1964, was the first major conference dealing with problems and issues in school psychology to be held on a national level since the Thayer Conference of 1954 (Bardon, 1964-1965). The purpose of the 1964 conference was to enable a small number of persons to meet and exchange ideas about possible new directions in school psychology. The hope was that guidelines and patterns for the future development of school psychology would become apparent. The question of the role and function of the school psychologist was a major issue (Bardon, 1964-1965).
The views of trainers of school psychologists and users of school psychologists were represented at the 1964 conference (Bardon, 1964-1965). Both groups were trying to change the image and functions of the school psychologist. At the time, school psychologists in many states were functioning as clinical psychologists in the schools. The users of school psychologists wanted an expanded role for the school psychologist, including more time for consultation, coordination of pupil personnel functions, and research. However, the school psychologists were reluctant to relinquish their traditional functions, such as individual testing. Consultation was seen as a coming role, but agreement did not exist as to the definition of consultation. Impressions of consultation ranged from additional time for reporting of test results, through advice giving, to public health conceptions of consultation (Bardon, 1964-1965).

The participants at the 1964 conference envisioned a number of trends (Bardon, 1964-1965). School psychology seemed to be moving toward research, consultation, education of others, services to other specialists, in-service training, program planning, primary prevention, an educational approach, a professional approach, and broader concerns of the entire school system. School psychology seemed to be moving away from psychometrics, a psychiatric
approach, a technician approach, and narrow specialization. A change in the direction of school psychology was antici-
pated by the participants at the 1964 conference (Bardon, 1964-1965).

Measures of Role Effectiveness

Appropriate roles for school psychologists can best be determined when the effectiveness of various roles is known. There is little justification for the continuance of ineffective activities. Therefore, there is reason to study the effectiveness of various role models for school psychologists.

The Consultant Role

One role that has been studied with respect to the school psychologist is the role of consultant (Waters, 1973; Briggs, 1973; Martin, Duffey, and Fischman, 1973; Tyler and Fine, 1974). School psychologists changed their role models from psychometric (Waters, 1973) and clinical (Briggs, 1973) to consultation models. In both cases, school personnel preferred the consultation model (Waters, 1973; Briggs, 1973). When interns utilized a consultation model of school psychology, teachers rated the interns as competent in technical ability in psychology, ability to get along with others, ability to understand the school and
its problems, and general motivation (Martin, Duffey, and Fischman, 1973). The teachers also ranked a number of school psychology functions on the basis of usefulness to the school. From most to least useful the functions were consultation with teachers, assessment and referral functions, interviewing parents, in-service, crisis management, administrative consultation, and research (Martin, Duffey, and Fischman, 1973). The level of effectiveness of consultation was shown to be related to the intensity of the consultation (Tyler and Fine, 1974). Teachers' attitudes about children changed more following intensive consultation than following limited consultation. More attitude change was noted following limited consultation than following no consultation. Teachers who received intensive consultation were more satisfied with the psychological services than were teachers who received limited consultation. However, teacher implementation of the psychologists' recommendations did not differ between intensive and limited consultations (Tyler and Fine, 1974). The role of consultant has been demonstrated to be an effective role for school psychologists (Waters, 1973; Briggs, 1973; Martin, Duffey, and Fischman, 1973; Tyler and Fine, 1974).

The Behavioral Consultant Role

An additional role that has been evaluated regarding
its effectiveness is the role of the behavioral consultant (Morice, 1968; Hops, 1971; Goodwin and Coates, 1974). The term "behavioral consultant" is a much narrower term than the term "consultant." A wide variety of activities can be placed under the general category of consultation. Behavioral consultation could be one of them. However, the examples of behavioral consultation share the quality of proposing behavioral consultation as a complete role for the school psychologist to adopt, to the exclusion of performing other types of functions. On the basis of this distinction, behavioral consultation warrants separate consideration.

Disruptive and non-academic behaviors were the targets for behavioral consultation in elementary (Morice, 1968) and intermediate (Hops, 1971) level classes. Baselines were collected, and operant techniques were used to work with the students. The psychologists worked directly with the teachers, rather than with the children themselves. In both cases the results showed marked increases in academic behavior and marked decreases in disruptive behavior (Morice, 1968; Hops, 1971).

Psychologists have also been effective in the use of behavioral models and group in-service to establish contingencies in the classroom (Goodwin and Coates, 1974). By employing that system, behavioral changes were observed in
teachers and in pupils. The investigator came to the conclusion that psychological consultation has validity (Goodwin and Coates, 1974). The role of behavioral consultant is one which can be effectively adopted by school psychologists (Morice, 1968; Hops, 1971; Goodwin and Coates, 1974).

The Referral Agent Role

The effectiveness of the school psychologist in the role of referral agent has been examined (Conti, 1971, 1973a, 1973b). The outcomes of referrals made by school psychologists for families to contact resources outside of the school setting were studied in suburban areas in New Jersey and New York State. Contact was defined as attendance in at least an initial interview with the recommended service. When the referral was for counseling, 76 percent of the families made at least the initial contact. When the referrals were for services other than counseling, 85 percent of the families made contact. School psychologists were able to function as effective referral agents (Conti, 1971, 1973a, 1973b).

The Mental Health Specialist Role

Another possible role for the school psychologist is that of a mental health specialist (Ruckhaber, 1970;
This role can involve work in a community mental health agency (Fine and Epstein, 1968-1969), work in a multidisciplinary children's clinic (Caldwell, 1968-1969), or work in a school (Ruckhaber, 1970). One approach involved the use of mental health specialists working with teachers in the schools (Ruckhaber, 1970). The goal was to help teachers convert theory into practice, resulting in the teachers becoming mental health specialists. One result was a positive response from visiting professionals and from the teaching staff. There was also a willingness on the part of the staff to include the community in school activities. In addition, teachers referred fewer students for psychological evaluations. Results indicated that the role of mental health specialist could be an effective role (Ruckhaber, 1970).

Changing the Behavior of School Psychologists

An interesting approach to establishing the role of the school psychologist has been to train practicing psychologists and to attempt to change their behavior. An example of this approach was sponsored by the National Defense Education Act (Barclay, 1968, 1969, 1970; Brown, Montgomery, and Barclay, 1969). Social learning theory, behavioral analysis, and consultation skills were taught
to an experimental group. Teaching techniques that were used were didactic explanation and modeling, videotaped interview situations, role playing, and critiques. Changes in the behavior of the school psychologists were evident after training. In addition, the psychologists were effective in achieving their goals. There seems to be evidence indicating that practicing school psychologists can be trained to be effective in the performance of their roles (Barclay, 1968, 1969, 1970; Brown, Montgomery, and Barclay, 1969).

**Comparisons of Perceptions of Actual and Ideal Roles**

Groups of individuals differ in their perceptions of the actual and ideal roles of school psychologists. Various groups of school personnel have been questioned concerning their perceptions (Gilmore, 1973; Gilmore and Chandy, 1973a, 1973b; Barbanel and Hoffenberg-Rutman, 1974; Roberts, 1970a, 1970b; Roberts and Solomons, 1970; Soderberg, 1968; McMurray, 1974; Lucas and Jones, 1970; Ferguson, 1956; Farling, 1968; Shrider, Hoedt, Farling, Martin, and Miller, 1970; Farling and Hoedt, 1971; Cramer, 1966; Dansinger, 1968-1969; Romig, 1970; Smith, 1962; Yaffe, 1967; Herson, 1968; Gelerinter, 1967). Varying perceptions can be found among groups within the same profession as well as among groups from differing professions.
The views of teachers, school psychologists, and principals toward the role of the school psychologist were examined in Texas (Gilmore, 1973; Gilmore and Chandy, 1973a, 1973b). Testing was seen by teachers as the most frequent activity of school psychologists. Teachers felt that psychologists gave recommendations but rarely became actively involved in treatment. Teachers with high and moderate psychological contact saw the psychologist in more of the role of a consultant rather than a tester, but the results were reversed for teachers with no contact with psychologists. Teachers felt that ideally, psychologists should be involved in emotional and behavioral problems and cases of retardation and low achievement. Teachers also felt that school psychologists should become involved with treatment. Both principals and psychologists saw the role of the school psychologist as that of a consultant to a greater extent than was true of the teachers. Psychologists and principals also gave psychologists more credit for knowledge about classroom management than teachers were willing to attribute to psychologists. However, teachers and principals considered psychologists to be more knowledgeable about teaching than psychologists were willing to attribute to themselves. Differences among the views of teachers, school psychologists, and principals were evident (Gilmore, 1973; Gilmore and Chandy, 1973a, 1973b).
Perceptions of actual and ideal roles of school psychologists in Brooklyn, New York, were compared (Barbanel and Hoffenberg-Rutman, 1974). The views of newly graduated psychology students and practicing school psychologists were obtained. There was agreement that the role focused on testing and consultation concerning an individual child (Barbanel and Hoffenberg-Rutman, 1974).

Teachers and psychologists in Iowa also reported on the actual and ideal roles of school psychologists (Roberts, 1970a, 1970b; Roberts and Solomons, 1970, Soderberg, 1968). An important aspect of the actual role involved psychometrics. However, teachers felt that more emphasis should be placed on that role, while psychologists felt that less emphasis should be placed on it. The role of diagnostician was rated high in actual practice by psychologists. Teachers assigned more importance to the diagnostic role than psychologists assigned to that role. Although both groups desired more emphasis on consultation, the psychologists rated consultation higher in actual practice than did the teachers. Research was rated low in actual practice by both groups, with teachers desiring more research than psychologists. The role of mental hygienist was rated low in actual practice by both groups, but both groups also desired more emphasis on that role. Teachers and psychologists considered the role of therapist to be
filled infrequently. However, the teachers wanted more emphasis on therapy, while the psychologists wanted less emphasis on therapy. Basically, the psychologists saw themselves as educational personnel, and the teachers saw the psychologists as clinical personnel (Roberts, 1970a, 1970b; Roberts and Solomons, 1970). Teachers wanted more emphasis on clinical, diagnostic, and traditional kinds of functioning than they felt those areas were receiving (Soderberg, 1968).

Differences between actual and ideal roles were also evident in Canada (McMurray, 1974). A great deal of time was devoted to individual assessment. Written referrals and written reports were used, and the medical model seemed to predominate (McMurray, 1974).

A great deal of research pertaining to actual and ideal functions of school psychologists has been conducted in Ohio (Lucas and Jones, 1970; Ferguson, 1956; Farling, 1968; Shrider, Hoedt, Farling, Martin, and Miller, 1970). In all cases child study and testing functions were seen by psychologists and teachers as the most predominant actual functions. Although teachers wanted psychologists to conduct more psychotherapy, psychologists did not see psychotherapy as an important function (Lucas and Jones, 1970). Case study was an important activity, but movement in the direction of consultation was noted by most school
psychologists (Ferguson, 1956; Farling, 1968; Shrider, Hoedt, Farling, Martin, and Miller, 1970). Similar results were obtained on a national level from the responses of school psychologists employed in schools and elsewhere (Farling and Hoedt, 1971). Educators of school psychologists throughout the United States agreed that the actual role of the school psychologist involved testing, consultation, diagnosis, counseling, and special program involvement, but that less testing and more consultation would be desirable (Cramer, 1966).

Actual and ideal roles of school psychologists in Minnesota were defined by school psychologists (Dansinger, 1968-1969) and teachers (Romig, 1970). The activities actually performed by school psychologists, from greatest to least time allotment, were individual testing, staff conferences and educational program development, and special education programs. The order desired by the psychologists was individual testing and conferences, research, public relations, and work with special education programs. There was an overall desire to do less paperwork and public relations and more research and in-service training (Dansinger, 1968-1969). Teachers thought of school psychologists as diagnostic and referral agents rather than consultants. In general, the teachers were dissatisfied with the services of school psychologists.
The teachers felt that school psychologists did not understand the everyday problems of teachers (Romig, 1970). The role of school psychologists in Minnesota seemed to be characterized by a case study orientation.

Various professional personnel in California (Smith, 1962), Maryland (Yaffe, 1967), Virginia (Herson, 1968), and New York (Gelerinter, 1967) gave their views concerning the actual and ideal roles of school psychologists. In California school psychologists, school superintendents, and college or university faculty members agreed that school psychologists conducted diagnostic studies of children and that the activity was appropriate for school psychologists. Tasks involving community development and curriculum development were given the lowest estimates of importance. School psychologists were found to perform most often those tasks considered to be important by the three groups (Smith, 1962).

The roles of school psychologists in Maryland were assessed by teachers, principals, counselors, school social workers, and school psychologists (Yaffe, 1967). Consultation, interviewing, and testing were the major activities of the school psychologist according to all of the groups. The psychologists suggested that more emphasis be placed on treatment and consultation. The other professionals wanted to be able to communicate more freely and more fre-
quently with the school psychologist (Yaffe, 1967).

In Virginia, teachers, superintendents, counselors, and school psychologists agreed on the most important activities for school psychologists (Herson, 1968). The most important activities were diagnostic services, special placements, conferences with pupils and parents, and consultation with teachers. Consultation with administrators and follow-up studies were considered to be important. The least important areas according to all of the groups were research, community services, group testing, and curriculum development. As it turned out, the frequency of performance for the various tasks was consistent with the perceptions of importance (Herson, 1968).

Three broad types of activities were defined by principals and teachers in New York State (Gelerinter, 1967). The three types of activities for school psychologists were assessment role activities, consultant role activities, and general role activities. The most support was for the assessment role, and the least support was for the consultant role. The school psychologist was seen primarily as a clinician dealing with the atypical child. There was very little support for the educational psychology contributions of school psychologists (Gelerinter, 1967).
The literature concerning actual and ideal roles for school psychologists seems to polarize around two functions. Most descriptions of the actual roles of school psychologists include a child study or testing orientation. However, most of the studies also mention consultation as either an actual or an ideal role. A trend seems to be forming in school psychology which introduces consultation as a major activity.

Perceptions of Actual Roles

In trying to develop a clear conception of the role played by the school psychologist, a number of authors from throughout the United States have presented studies that have been aimed at pinpointing the role of the school psychologist in actual practice (Cornell, 1942; Keenan, 1964; Tomlinson, 1974; Perkins, 1963-1964; Flax and Anderson, 1966; Green, Diggs, Peizer, Saunders, and Snyder, 1966; Fairchild, 1974; Blanco, 1968-1969; Tan, 1969; Fenn, 1967; Roberts, 1971; Knowles and Shertzer, 1968-1969; Barclay, 1971; Giebink and Ringness, 1970; Carson, 1970; School Psychologists of Ohio, 1958, 1959; Horn, 1959; Bonham and Grover, 1961; Koegel, Bonham, Koracevich, Shrider, and Sims, 1965; Gross, 1966; Nicholson, Farling, and Stevenson, 1968; Gross and Farling, 1969; Rothman, 1972; Lawrence, Engin, Mueller, and Yatko, 1973; Nicholson, 1967;
Matthews, 1973; Kinnaird, 1973). The assumption has been that if the activities that actually make up the working day of the school psychologist could be listed, the role of the school psychologist would be defined. The studies that have been reported cover a large portion of the United States, and they present a comprehensive view of the activities of school psychologists.

Although school psychology is a fairly new field within psychology, questions about the role of the school psychologist were being asked as far back as 1942 (Cornell, 1942). In that year, 63 school psychologists were employed in New York State in areas outside of the major cities. At that time the major part of the school psychologist's job involved administering individual psychological tests. Other common duties were conferences with teachers concerning individual pupils, administering group tests, contacting parents, writing diagnostic case reports, interviewing pupils, contacting outside agencies, and planning remedial instruction. Actually conducting remedial instruction was not usually a function of the school psychologist (Cornell, 1942).

School psychologists in Massachusetts worked mostly with consultation, diagnostic study of children, and administrative responsibilities (Keenan, 1964). Professional growth and research were considered to be important, but
those functions received the smallest amount of attention. Consulting with teachers rather than administering tests was the most frequently performed activity (Keenan, 1964).

The primary function of school psychologists seems to vary from one group of psychologists to another. Despite the results that were obtained in Massachusetts (Keenan, 1964), individual evaluation was the most frequently performed function among another group of psychologists (Tomlinson, 1974). Almost half of the services of the school psychologists were performed in kindergarten through third grade. The emphasis for that group of school psychologists was on early identification (Tomlinson, 1974).

Teachers, school nurses, school administrators, supervisors, counselors, and school psychologists ranked five functions of school psychologists in order of importance and effectiveness (Perkins, 1963-1964). The five functions were child study, consultation, in-service training, research, and community services. Child study was considered the most important function by all of the groups. Consultation services were rated second in importance by psychologists, but fourth by teachers and fifth by administrators. In-service training was ranked third by psychologists and teachers and second by administrators.

School psychologists in Colorado responded to questionnaires concerning the actual activities of school psy-
chologists (Flax and Anderson, 1966). Nearly all of the respondents said that they did intelligence testing and test interpretation with parents. Most of the psychologists also engaged in follow-up programs, in-service training, and personal counseling. A smaller group participated in personality or projective testing and educational counseling. Play therapy was the activity mentioned least frequently. The general conclusion was that the activities of school psychologists were usually determined by local needs (Flax and Anderson, 1966).

A trend for the distribution of psychological services was noted in Maryland (Green, Diggs, Peizer, Saunders, and Snyder, 1966). In districts with a large number of school psychologists proportionately less time was devoted to older students than to younger students. School psychologists distributed their time more evenly in districts in which school psychologists were working alone. The major activities of school psychologists in large districts were screening, evaluation, parent interpretations, and consultation regarding individual children. In smaller counties, school psychologists concentrated on evaluation and screening, initiation of treatment, and consultation for the development of preventive mental health programs. The emphasis in Maryland seemed to be on child study with some attention to consultation (Green, Diggs, Peizer,
One approach to determining how school psychologists spent their time was to review daily logs kept by psychologists (Fairchild, 1974). A group of urban psychologists spent 40 percent of their time on assessment, 25 percent of their time on intervention, 12 percent of their time on evaluation, and 24 percent of their time on administrative matters. However, the actual process of testing accounted for only 13 percent of their time. Consultation was included as a part of the other categories. Taken by itself, consultation comprised 35 percent of the psychologists' time. The investigator stressed the need to de-emphasize training in testing skills and to emphasize training in consultation and self-evaluation skills (Fairchild, 1974).

The role of the school psychologist in Illinois has been the subject of some investigation (Blanco, 1968-1969; Tan, 1969). Administrators and school psychologists functioned as consultants and resource persons (Blanco, 1968-1969). Special education directors and school psychologists agreed that school psychologists performed both diagnostic and consultation roles (Tan, 1969).

Teachers and school psychologists in Iowa reported their impressions of the role of the school psychologist (Fenn, 1967; Roberts, 1971). One finding was that teachers
placed more emphasis on remediation of problems than psychologists placed on that function, while psychologists placed more emphasis on diagnostic assessment and consultation (Fenn, 1967). In another investigation, consultation emerged as the most important role, although diagnostic functions were also important (Roberts, 1971). The role of the school psychologist appeared to be a multifunction role (Roberts, 1971).

Counselor educators, school counselors, school psychologists, and school administrators participated in a national survey that classified school psychologists on a generalist-specialist dimension (Knowles and Shertzer, 1968-1969). Administrators saw school psychologists more as generalists than did any of the other groups. School psychologists saw themselves as generalists to a greater extent than counselors or counselor educators saw psychologists as generalists. Administrators saw psychologists as taking more administrative responsibility than any of the other groups thought was true. Administrators also identified school psychologists more with education rather than psychology than was true of the other groups. School psychologists viewed themselves as generalists in the total educational setting and as specialists with disturbed children (Knowles and Shertzer, 1968-1969).
Another national survey involved school psychologists' perceptions of their roles (Barclay, 1971). A majority of the psychologists served the schools broadly as district consultants with an emphasis on special education. Individuals who had their own theoretical orientations chose role alternatives that were consistent with the theoretical orientations. Role seemed to be related to orientation (Barclay, 1971).

Wisconsin school psychologists were concerned mainly with the individual child (Giebink and Ringness, 1970). Their main responsibilities were consulting with the teacher and assessing the child. Treatment, administration, supervision, research, and curricular planning were infrequent functions. Psychologists conducted virtually no group work. Nevertheless, there was a great variety of work functions performed by the various psychologists (Giebink and Ringness, 1970).

One approach to identifying the role of the school psychologist was to compare the perceptions of teachers, counselors, social workers, and psychologists within the schools (Carson, 1970). The teachers perceived the psychologists as technically skilled professionals who provided traditional modes of service. The counselors and social workers responded with stereotyped perceptions of the role of psychologists. The psychologists assigned
broader roles to all of the groups. Each group tended to keep its traditional activities away from the other groups (Carson, 1970).

A large number of investigations in Ohio dealt with identification of the actual role of the school psychologist (School Psychologists of Ohio, 1958, 1959; Horn, 1959; Bonham and Grover, 1961; Koegel, Bonham, Koracevich, Shrider, and Sims, 1965; Gross, 1966, Nicholson, Farling, and Stevenson, 1968; Gross and Farling, 1969; Rothman, 1972; Lawrence, Engin, Mueller, and Yatko, 1973; Nicholson, 1967; Matthews, 1973; Kinnaird, 1973). Numerous surveys were conducted in various years. The issues that were included in the surveys remained fairly consistent throughout the years, thereby creating an historical record of the trends in school psychology in Ohio. One of the issues in the surveys involved the role of the school psychologist.

In 1958 child study was the most important function of the school psychologist, and group testing was the second most important function. Other areas of importance varied from one individual to another (School Psychologists of Ohio, 1958, 1959). In 1959 55 percent of the psychologist's time was spent in individual child study, 20 percent was spent in conference with school personnel, and 10 percent was spent in conference with parents. Direct or
indirect participation in group testing programs demanded 67.8 percent of the psychologists' time. There was no contact with a testing program 32.3 percent of the time (Horn, 1959). Other duties that entered into the role of the school psychologist were administration, consultation, supervision of a guidance program, community agency responsibilities, special education programs, committee assignments, and in-service training. Basically, the model was a child study operation with some time available for other activities (Horn, 1959). In 1961 one quarter of all respondents were listing some sort of administrative or supervisory activities. The indication was that the pattern had remained consistent in Ohio for 15 years (Bonham and Grover, 1961). In 1965 37 percent of the cases seen by the school psychologist involved routine testing; 27 percent involved children with academic problems; 15 percent involved mental retardation, low ability, or giftedness; 8 percent involved acting out behavior; 6 percent involved bizarre or inappropriate behavior; 4 percent involved physical problems; and 3 percent involved family or community problems (Koegel, Bonham, Koracevich, Shrider, and Sims, 1965; Gross, 1966). The emphasis was still on child study in Ohio.

By 1967 there was evidence that the role of the school psychologist in Ohio was changing (Nicholson, Farling,
and Stevenson, 1968). The majority of respondents reported such a change. Although the primary activity was still child study, most psychologists reported doing some consultation in addition.

An operational approach to identifying the role of the school psychologist resulted in the finding that more individual work than group work was conducted with teachers, parents, administrators, and children (Rothman, 1972). Individual child study was the most important role responsibility with consultation rating second. Four general role models were apparent. The four models were a process oriented consultant model, a veteran psychologist in an understaffed system, a crisis intervention and professional training model, and a research oriented model. The data supported the concept of specialist role models (Rothman, 1972).

The role of the school psychologist in Ohio in the early 1970's encompassed several activities (Lawrence, Engin, Mueller, and Yatko, 1973). The largest portion of professional time was devoted to child study activities. Other functions that were emerging were consultation, in-service, parent education, and counseling.

One approach to identifying the role of the school psychologist in Ohio was to study the composition of case loads in Ohio (Nicholson, 1967). Seven broad problem
areas were defined. The seven areas were academic difficulties, class placement, emotional reactions, behavior problems, moral problems, family and home problems, and physical problems. The primary case load for the psychologists was at the elementary level. Academic difficulties were the most common reasons for referral. Teachers evidently saw psychologists as specialists in learning rather than specialists in clinical problems (Nicholson, 1967).

The critical incident technique was used to determine job requirements for school psychologists in Columbus, Ohio (Matthews, 1973). Principals and school psychologists reported the incidents. Consulting with parents, teachers, and principals was ranked higher than evaluating, counseling, placing, or referring students (Matthews, 1973).

Several role models emerged from the perceptions of school psychologists in Ohio (Kinnaird, 1973). Three types of roles for school psychologists were climate modifiers, inner city crisis solvers, and learning-behavior change agents. Climate modifiers could be categorized as intern coordinators, mental health specialists, and interns. More than one role description was apparent for school psychologists (Kinnaird, 1973).

The variety of activities performed by school psychologists suggests that school psychologists function
within several role models. Two roles that have emerged frequently involve child study and consultation. Other roles involve research, counseling, therapy, in-service, and crisis intervention.

Perception of Ideal Roles

One method for identifying the role of the school psychologist is to examine the roles that are actually being filled. Another approach is to compile the opinions of school psychologists and other individuals concerning the ideal role for the school psychologist. Several investigators have attempted to identify the ideal role for the school psychologist (Bergan and Caldwell, 1967; Kirschner, 1971; Bardon and Bennett, 1966; Valachovic, 1968; Inglis, 1959; Bennett, 1965; Footman, 1973; Miller, 1972; Culbertson, 1975; Kjelde, 1972).

The role chosen as ideal for school psychologists was dependent on the group of respondents being considered at the time. Teachers wanted school psychologists to work with individual children rather than entire classrooms (Bergan and Caldwell, 1967). Pupil personnel directors wanted to have school psychologists who were generalists rather than specialists (Kirschner, 1971). The directors did not want school psychologists to provide remedial instruction. Activities that pupil personnel directors
thought psychologists should perform were case studies, consultation, liaison for the school, counseling of parents, in-service, and screening for special education (Kirschner, 1971). A wide variety of functions were considered appropriate for school psychologists.

Students in a school psychology training program evaluated various tasks as important or unimportant activities for school psychologists (Bardon and Bennett, 1966). Students with differing amounts of teaching experience disagreed about the importance of certain activities. The following activities were considered unimportant by students with minimal teaching experience and important by students with more teaching experience: Lecturing in class about social or psychological topics, individual counseling to students with academic problems, counseling children with severe discipline problems, interpreting the pupil personnel program to the community, and individual counseling of students with personal and social problems (Bardon and Bennett, 1966). Disagreement concerning the role of the school psychologist was evident among school psychology students within the same training program.

School psychologists, principals, teachers, and educators of school psychologists gave their opinions concerning the importance of numerous activities of school
psychologists (Valachovic, 1968). The groups differed in their rankings of different activities, but when the activities were arranged in functional categories the groups reached agreement. The investigator proposed that the lack of agreement among the groups in ranking the activities was an indication that the role and functions of the school psychologist had not been fully developed (Valachovic, 1968).

Teachers, administrators, psychologists, and psychometrists in California assessed the ideal role and function of the school psychologist (Inglis, 1959; Bennett, 1965; Footman, 1973). The ideal role, according to psychologists, teachers, and administrators, included participation in case conferences, administration of intelligence tests, special class placements, in-service, and coordination of non-school agencies. Psychologists considered psychotherapy inappropriate for the school psychologist's role, but teachers and administrators considered psychotherapy an appropriate activity. School psychologists classified curriculum construction, policy formulation, and helping teachers with personal problems as desirable activities for school psychologists, but teachers and administrators disagreed (Inglis, 1959). Psychologists and psychometrists rated case practice and consultation equal in importance (Bennett, 1965). Another
group of psychologists and psychometrists in California indicated that the most important functions of school psychologists were testing and evaluation in the lower grade levels (Footman, 1973). That group also stressed the importance of preventive techniques, individualizing instruction, group counseling, and consultation with teachers (Footman, 1973). Inconsistencies were apparent in the ideal roles supported by different groups of professionals.

Three theoretical positions for school psychology were evaluated by teachers, principals, and school psychologists (Miller, 1972). The three positions were clinical, phenomenological, and social learning orientations. The teachers chose the phenomenological orientation as ideal, and the psychologists chose the social learning model (Miller, 1972).

College students in psychology classes listed functions that should ideally be part of the role of the school psychologist (Culbertson, 1975). The students listed the following activities: Acting as helping persons, assessing students' abilities, acting as a counseling advisor, communicating information, acting as an ombudsman, functioning as a learning specialist, teaching a psychology course, advising administrators, developing rap sessions, advising teachers, and acting as a com-
munity resource advisor. The most frequently given response indicated that school psychologists should function as helping persons. The students preferred a humanistic role for school psychologists (Culbertson, 1975).

Teachers in Denmark reported their perceptions of the ideal role for school psychologists (Kjelde, 1972). The teachers wanted the school psychologist to be an integrated member of the school, working as a consultant to teachers, pupils, and parents. The preferred role involved devoting less time to testing and more time to observing the class in a natural setting (Kjelde, 1972).

Diverse opinions exist concerning the ideal role of the school psychologist. Some groups prefer a child study approach to school psychology, while other groups prefer a consultation approach. Other viewpoints stress the desirability of an approach that would integrate a variety of different roles into one job description. The literature does not identify an exclusive role that can be considered ideal.

The Role of Consultation in School Psychology

Since consultation is commonly accepted as one of the roles of school psychologists, a logical step would be to examine the precise activities and relationships that consultation entails. However, only a few
investigators have presented research to clarify the use of consultation in school psychology (Rider, 1974; Williams, 1974; Dieringer, 1974; Levy, 1974). A wide range of interpretations of consultation is still prevalent.

The determinants of effective consultation are of practical importance. One definition of consultation effectiveness is the degree of acceptance or rejection of help from psychologists by teachers (Rider, 1974). Using that definition, school psychologists with internal and external loci of control were found to be equally effective in consulting with elementary school teachers. Psychologists who initiated structure in their consultations and those who did not were equally effective. However, school psychologists who exhibited friendship, mutual trust, respect, and warmth in their relationships were more effective than psychologists who did not exhibit those qualities (Rider, 1974).

In-service is one specific type of consultation. Although more than 90 percent of the school psychologists in Ohio provided some in-service training, the psychologists considered in-service a secondary role (Williams, 1974). Background characteristics did not predict the amount of in-service training provided by school psychologists. However, Ohio school psychologists did not feel that their training programs had adequately prepared
them to conduct in-service (Williams, 1974).

The characteristics of consultation in school psychology can be operationally defined (Dieringer, 1974; Levy, 1974). The consultation of school psychologists working in middle class and upper middle class districts in Connecticut involved individual subjects as well as groups. The processes varied from counseling to therapy-like consultation to process consultation. Goals involved modifying behavior and understanding relationships (Dieringer, 1974). School psychologists employed in large urban centers in Ohio used six consultation models more than any others. Those models were child study follow-up, counseling from direct service, communication of facts, modification of children's behavior, supervisor initiated consultations, and counseling-like consultations (Levy, 1974). The consultations of different groups were similar but not identical.

School psychologists define consultation in different ways. Although consultation is often considered one of the acceptable roles for school psychologists, the amount of research aimed at clarifying consultation activities is limited. The consultation role of school psychologists will remain poorly defined until the activities that constitute consultation are clearly delineated.
The Effectiveness of the School Psychologist

The effectiveness of the school psychologist rather than the role description has been the subject of some investigation (Phi Delta Kappa, 1969; Baker, 1965; Styles, 1965). Teachers in New York had little respect for the work of the school psychologist, and the majority of the teachers considered the work to be of no help, detrimental, or irrelevant to teaching (Phi Delta Kappa, 1969). Teachers in Ohio felt comfortable working with the psychologists, but the teachers questioned how well the psychologists understood the nature of the problems that were referred (Baker, 1965). Recommendations were found to be useful only half of the time. Administrators had more confidence in psychological services than teachers had, and counselors had more confidence than administrators (Baker, 1965). Another group of teachers felt that psychologists were most qualified to help children with severe emotional maladjustment, children who had poor control over their own behavior, and children who were socially withdrawn (Styles, 1965). The teachers credited school psychologists with having more of a clinical background than most school psychologists actually had. The traditional child study skills were also attributed to school psychologists (Styles, 1965). Much of the perceived effectiveness of the school psychologist was related to
the accuracy of role expectations.

Change in the Role of the School Psychologist

There has been a change in the role of the school psychologist (Bonham and Grover, 1961; Ferguson, 1956; School Psychologists of Ohio, 1958, 1959; Horn, 1959; Koegel, Bonham, Koracevich, Shrider, and Sims, 1965). Early investigators dealt with school psychology as a field defined by testing and child study. A gradual change in orientation has been evident with consultation assuming a larger degree of importance. The later studies indicated that the trend in school psychology was going in the direction of consultation (Farling and Hoedt, 1971; Lawrence, Engin, Mueller, and Yatko, 1973).

Theoretical Views of the Consultant Role

A number of positions have been formulated regarding the nature of the consultant's role. Opinions differ with respect to the operation of a consultation model. Any study of the school psychologist in the role of a consultant must consider the different views of the consultation process.

One model emphasized the interaction process occurring between two professional workers (Caplan, 1959, 1964). As delineated by Caplan, the consultant attempted to help
the consultee to solve the problem presented by the consultee's client. In a situation of that type, the consultee had a guarantee of confidentiality. The most productive consultation was described as that which arose from a crisis situation (Caplan, 1959, 1964).

Consultation in the schools was described by Berlin (1965). He felt that knowledge of the ways in which schools and teachers work was essential for consultation in the schools. Recommendations needed to be based on specific situations as they arose in the classroom and not on test results (Berlin, 1965).

A number of principles to be used in consultation were considered important by Kazanjian, Stein, and Weinberg (1964). They stressed that consultation was an indirect service in which emphasis must proceed from generalities to specifics. The consultee was to be permitted to solve his own problems, and the decision to accept or reject suggestions remained with the consultee. The consultant was not expected to supervise the consultee, but it was the responsibility of the consultant to try to facilitate constructive communication between the consultee and the client (Kazanjian, Stein, and Weinberg, 1965).

One approach to consultation in the schools was to specify the school psychologist as a consultant (Hyman, 1973). In order to perform that role, certain skills were
essential. The school psychologist needed to demonstrate competence in psychoeducational diagnosis, teacher consultation, and acting as a change agent in the school system. An important aspect of the work of the change agent was the ability to effect change at an organizational level (Hyman, 1973).

The services of consultants have been focused toward groups rather than individuals (Lippitt, 1959, 1967). The initiation of the consultation service could occur as the result of either consultee action or consultant action. One important aspect of consultation was agreement between the consultant and the consultee concerning the identification of the existing problem (Lippitt, 1959, 1967).

The primary role of the consultant was identified as the role of a change agent (Jung, 1967). Several functions were associated with change agents. Some important activities were assistance in identifying needs, involvement of administrators in the process, and provision of resources and skill training.

Consultants need to be concerned with the ethical issues involved in controlling behavior (Kelman, 1969). Although consultants acted as change agents, freedom of choice could not be dismissed. Therefore, the question of control of behavior was classified as a dilemma. An
expressed need for change was accompanied by the ethical issues involved in controlling behavior (Kelman, 1969).

The role of the consultant in the schools as a change agent was supported by Gallessich (1973). The importance of certain organizational factors was stressed, and those factors were separated into four domains. The four domains were external forces, internal forces, the school's trajectory, and the staff's perceptions of the consultant's role. A number of change strategies were presented as possibilities with the suggestion that the consultant should look at the different alternatives and use a systems perspective (Gallessich, 1973).

School psychologists in the role of consultants needed to recognize the importance of face-to-face contacts with teachers (Fine and Tyler, 1971). Contacts of this sort were more useful than the school psychologist's reports. According to Fine and Tyler (1971), behavior modification and educational prescriptions could best be accomplished through consultation.

An approach taken by Myers (1973) to the issue of consultation was to propose a model that combined four existing models of consultation. His assertion was that not one of the four models alone was sufficient as a practical basis for consultation by school psychologists. The four approaches that Myers combined were task analysis
(Engelmann, 1967; Forness, 1970; Valett, 1968), behavior modification (Bergan and Caldwell, 1967; Hall, Cristler, Cranston, and Tucker, 1970; Hall, Lund, and Jackson, 1968; Kennedy, 1971; Morice, 1968; Stephens, 1970; Thomas, Becker, and Armstrong, 1968), consultee-centered case consultation (Caplan, 1970; Fine and Tyler, 1971), and in-service teacher education (McDaniel and Ahr, 1965). Task analysis referred to assessing skills directly related to classroom performance and giving specific academic recommendations to the teacher. Behavior modification referred to the use of reinforcement theory as the basis of consultation in the schools. Consultee-centered case consultation referred to improving the professional functioning of the teacher with changes in particular children being of secondary concern. In-service teacher education referred to the psychologist multiplying his effects by working with groups of teachers (Myers, 1973).

A trend toward a consultation model was identified by Fifield (1967). The functions he felt characterized more experienced psychologists were in-service training, individual and small group counseling sessions, and conferences with parents, teachers, principals, and children (Fifield, 1967). Three types of consultation goals were case insight, action-help, and resolution of a crisis (Bindman, 1959).
The conditions necessary for productive consultation between a school psychologist and a teacher were suggested by Rogers (1959). The teacher must perceive himself as having a problem, the school psychologist must be a congruent and genuine person, the school psychologist must feel a high degree of positive regard for the teacher, the psychologist must accurately empathize with the teacher's experiences and communicate his empathy, and the teacher must experience the psychologist's congruence, acceptance, and empathy.

The future role of the school psychologist was predicted by Goodman (1973). He envisioned the school psychologist as a change agent, providing constructive alternatives through his own behavior. He would emphasize classrooms that promoted change, sensitivity, dynamic functioning, and increased awareness of self and others. The school psychologist would also be involved with staff development programs, control of the educational environment, prevention, modeling and teaching child development skills, bringing the theoretical child development theories into the schools, and making the school the major agent of social change (Goodman, 1973).

Although there have been a large number of articles dealing with the theoretical aspects of consultation, very little research has been conducted to determine what
actually exists in the way of consultation performed by school psychologists. Even less is known about the types of consultation that are actually effective and the differences in consultation in different settings.

The Community Mental Health Model for School Psychology

Very few authors have dealt with the role of the school psychologist in settings other than the schools. One program involved school psychologists in a multidisciplinary children's clinic (Caldwell, 1968-1969). School psychologists who were trained at the doctoral level were employed to deal with children having school and interpersonal problems. The psychologists worked as clinicians, but their experience in schools made it possible to coordinate treatment and remedial programs with programs available in the schools. The services of the school psychologist were seen as valuable in helping educational personnel to understand some of the medical terms that were being used and in helping medical personnel in understanding behavioral, developmental, and language difficulties that the child was experiencing (Caldwell, 1968-1969).

School psychologists are needed in community mental health centers (Fine and Epstein, 1968-1969). Clinical psychology often ignores learning and concentrates solely on personal and social adjustment, despite the fact that
learning problems can be related to emotional disturbances. The result is often a well-adjusted non-learning child. School psychology concentrates on non-learning behavior and has the tools to go beyond diagnosis to work with the teacher and the child in order to help the child learn. While clinical psychologists often expect teachers to tolerate behavior that cannot be tolerated in a classroom full of children, school psychologists know enough about the innovations in education to be able to work knowledgeably with other educators (Fine and Epstein, 1968-1969).

There are other advantages to having school psychologists in community mental health centers. That approach allows continuity of services between home and school and comprehensive therapy (Klosterman, 1974). Possible services include a family oriented approach, a school oriented approach, consultation, a limited contractual agreement, workshops, and specific services to the schools (Klosterman, 1974).

A possible role for the school psychologist is that of a mental health specialist in the schools (Ruckhaber, 1970). A program in Michigan had mental health personnel working with teachers in the schools. The ultimate goal was to help the teachers convert theory into practice, resulting in the teachers becoming mental health specialists. Reactions to the program were favorable, Ruckhaber, 1970).
Community mental health centers are settings in which school psychologists can function. There are a number of advantages to having school psychologists in community mental health centers. Children's learning problems can be approached in relation to other problems that the children may be having. Physical, emotional, or family problems may be interacting with the learning problems, and a community mental health center provides a setting in which all aspects of the situation can be coordinated. In addition, community mental health centers provide environments in which different types of professionals can work together and attempt to keep the communication among professionals clear. Coordination of the work of different professionals helps to establish comprehensive services for the child.

The Critical Incident Technique

The critical incident technique is a method that can be used for determining existing behaviors. The method was developed by Flanagan (1940), and the intent was to devise a more accurate method for determining behavior than asking for opinions. The technique consists of asking the respondent to recall behavior that exemplified either outstanding or unsatisfactory job performance.

The critical incident technique has been used in a number of studies. Flanagan (1940) used the method to
determine job requirements in the field of aviation. The method has been used to determine job requirements in other fields as well. The authors who have used the technique include Wagner (1949a, 1949b), Fivers and Gosnell, (1966), Gorham, Lichtenstein, and Marchese (1959), Preston (1948), Flanagan (1940, 1949), Barnhart (1952), Jensen (1954), Sternlof (1953), Robins (1954), Phillips (1954), Bice (1955), Tyson (1955), Elliott (1955), Matthews (1973), Roberts (1971), Levy (1974), and Dieringer (1974). The studies by Matthews, Roberts, Levy, and Dieringer all pertained to the activities of school psychologists. The critical incident technique was also used by the American Psychological Association to develop the Ethical Standards for Psychologists (1953). Barnhart (1952) felt that the critical incident could be adapted to study any activity.
CHAPTER III
METHODOLOGY

The present chapter provides an explanation of the design of the research and the procedures used in the study. The purpose of the study was to compare the consultation practices of school psychologists employed in the schools with the consultation practices of school psychologists employed in community mental health centers. Consultation practices were established with respect to the consultee, the subject of the consultation, the degree of relationship of the consultee to the subject of the consultation, the consultation goals, the processes, the agreement on the consultation problem, the initial identification of the problem prior to consultation, the level of confidentiality, and the entry method. Background characteristics of the two groups of school psychologists were also compared. The seven sections of this chapter deal with the sample, the instrumentation and procedures for data collection, the coding and rating procedures, the consultation variables, the background variables, the adjusted consultation variables, and the analysis of the data.
The Sample

The sample consisted of 208 critical incidents that were reported by 52 school psychologists. Of the 52 school psychologists, 26 were employed in school systems in Ohio and 26 were employed in community mental health centers in Ohio. All of the participants were employed at least on a half-time schedule and worked exclusively in one of the two settings. All but one of the school psychologists who met those criteria and who were employed in community mental health centers in Ohio were included in the study. Since 26 school psychologists from community mental health centers were available for the study, 26 school psychologists from schools were randomly chosen. The reason for choosing 26 psychologists from the schools was that making the two groups even simplified the statistics. In addition, time and money were concerned by choosing 26 rather than a larger number. The 26 school psychologists from the schools were a random sample encompassing three percent of the population. Therefore, a degree of sampling error was possible.

The sample of school psychologists employed in the schools was chosen at random from a list of school psychologists employed in the schools in Ohio during the 1974-1975 school year. The list, prepared by the Ohio
Department of Education, Division of Special Education, contained the names of 857 school psychologists, excluding those who worked in both the schools and community mental health centers and excluding the researcher. School districts appeared alphabetically on the list, with an alphabetical presentation of the school psychologists employed in that district appearing below the district name. The school psychologists were assigned numbers 1 through 857, in the order that their names appeared on the list. A table of random numbers was then used to select the 26 psychologists who provided the critical incidents to be included in the study. If a psychologist worked less than a half-time schedule, that psychologist would be replaced by the next randomly chosen psychologist. Of the 26 school psychologists who were employed in the schools 6 (23.1 percent) were interns. All randomly chosen psychologists agreed to participate in the study.

The entire population of school psychologists employed in community mental health centers and not in the schools in Ohio was asked to participate in the present study. Only those who worked in community mental health centers on at least a half-time schedule were included. In order to construct a list of school psychologists employed in community mental health centers in Ohio, the
investigator contacted the Ohio State Department of Mental Health and Mental Retardation, and a list of the 53 Mental Health and Mental Health Retardation Boards throughout Ohio was provided by the Department. The individual Mental Health and Mental Retardation Boards throughout the state were contacted by mail and by telephone and asked to provide a list of the community mental health centers within their jurisdictions. The community mental health centers were then contacted by mail and by telephone and asked whether or not they employed any school psychologists. Any community mental health centers which did employ one or more school psychologists were asked to provide the researcher with the names, addresses, and phone numbers of the school psychologists that they employed. Responses were received from all of the agencies that were contacted. A list was compiled that consisted of 27 school psychologists who were employed in community mental health centers in Ohio, were not employed in school systems, and worked at least half-time schedules at the community mental health centers. Of the 27 school psychologists, 26 agreed to participate in the study.
Instrumentation and Data Collection

The school psychologists who were chosen for the study were contacted by telephone. The investigator apprised the psychologists of the nature of the research and asked them to participate in the study. In addition, the investigator answered clarifying questions that were posed by the psychologists and assured the psychologists that their names would not appear in the research. Appointments for the interviews were arranged during the telephone conversations.

One of two interviewers interviewed the subjects. The researcher, who is trained and certified as a school psychologist served as one of the interviewers. The second interviewer was a trained and practicing community mental health professional. Since the researcher served as one of the interviewers, the possibility of bias was present. However, both interviewers attempted to minimize the amount of bias by adhering closely to the directions and conducting the interviews in an objective manner.

At the beginning of the interview, the interviewer provided each subject with a copy of the definition of consultation that was used in the study and gave each subject the opportunity to ask questions to clarify the intent of the definition. The subject was then asked to relate two incidents to which he or she was particularly effective in achieving the goals of the consultation and two incidents in which he or she was particularly
ineffective in achieving the goals of the consultation. Each subject was asked to relate four incidents despite the fact that the procedure raised the possibility that the responses would be non-independent. The decision was based on a desire to collect as many examples of consultation incidents as possible. Since very little was known about the consultations of school psychologists, there seemed to be value in gathering information about a large number of incidents.

The interviewer asked questions of each of the subjects in order to elicit information related to the consultation variables and background variables selected for study. The responses of the subjects were recorded on paper during the interviews, and taped recordings were made of the interviews. Following each interview, the interviewer reviewed the information that had been gathered with the subject in order to verify the recorded responses.

The subjects responded to the following questions for each of the incidents they reported:
1. Who was the consultee?
2. Who or what was the subject of the consultation?
3. What was the problem, as defined by the psychologist?
4. What was the problem, as defined by the consultee(s)?
5. Who made the initial identification of the problem?
6. Did you establish confidentiality? If so, how?
7. How did you begin the consultation?
   a. Did you use familiarization?
   b. Did you use direct service?
   c. Did you use anxiety reduction?
   d. Did you use a direct communication of facts, assessments, and/or recommendations?
8. What was the goal of the consultation?
9. How did you go about achieving the goal of the consultation?
10. What was the outcome of the consultation?
11. Why do you feel you were especially effective or ineffective?

The following questions were asked of each of the subjects with respect to the background variables:
12. Do you consider yourself to be primarily an educator, primarily a psychologist, or equally an educator and a psychologist?
13. What is your area of greatest expertise?
14. What was your major department of undergraduate training?
15. What was your major department of graduate training?
16. What is your highest level of education?
17. How long have you been a school psychologist?
Coding and Rating Procedures

For each of the incidents related by the subjects, a typed version of the answers to the interview questions was produced. The typed incidents were then submitted to three judges, each of whom categorized the responses according to categories of the consultation variables that described the incidents. The judges were all school psychologists who had received their Ph.D.'s in the field of school psychology and who had experience as consultants. Two of the three judges had conducted research in the area of consultation. After all of the judges had categorized the interview responses, they met as a group to agree on the categories for each incident. In cases in which there was disagreement as to the proper categorization of a response, the judges discussed the response until consensus was reached. The group decision for each response for each incident was recorded on a profile sheet. Statistical analysis was based on the responses that were recorded on the profile sheets.

The rating technique was the same technique used in two previous studies (Dieringer, 1974; Levy, 1974). In both cases the reliability of the judges' ratings was high. Agreement on the three types of categories in Dieringer's (1974) study occurred for 100 percent, 89 percent, and 92 percent of the ratings. The reliability of the judges' ratings was checked for 10 of the incidents in the present
study. The judges agreed on the ratings for 9 of the 10 incidents. Two judges agreed and one judge disagreed on one rating from the tenth incident. Considering the high reliability of the judges' ratings in the previous studies and the agreement evident in the sample of incidents from the present study, the decision was made to continue with the rating procedure used in the previous studies.

Consultation Variables

For each incident, the responses of the subject were categorized on the basis of nine consultation variables. The nine consultation variables were consultee, subject of the consultation, degree of relationship of the consultee to the subject of the consultation, consultation goals, processes, agreement on consultation problem, initial identification of the problem prior to consultation, level of confidentiality, and entry method. The following variables were adapted from Levy (1974) and Dieringer (1974):

Variable I: Consultee

1. Individual Teacher
2. Individual Parent or Set of Parents
3. Individual Counselor
4. Individual Administrator
5. Individual Psychologist
6. Individual Medical Doctor
7. Individual Social Worker
8. Other Individual Professional
9. Small Group of Teachers (2-15)
10. Small Group of Parents (2-15)
11. Small Group of Counselors (2-15)
12. Small Group of Administrators (2-15)
13. Small Group of Psychologists (2-15)
14. Small Group of Medical Doctors (2-15)
15. Small Group of Social Workers (2-15)
16. Small Group of Other Single Type of Professional (2-15)
17. Small Group of Mixed Types of Professionals (2-15)
18. Large Group of Teachers (16 or more)
19. Large Group of Parents (16 or more)
20. Large Group of Counselors (16 or more)
21. Large Group of Administrators (16 or more)
22. Large Group of Psychologists (16 or more)
23. Large Group of Medical Doctors (16 or more)
24. Large Group of Social Workers (16 or more)
25. Large Group of Other Single Type of Professional (16 or more)
26. Large Group of Mixed Types of Professionals (16 or more)
27. A Community Group
28. A Family
Variable II: Subject of Consultation

1. Individual Child
2. Individual Adult Client - Non School Related
3. Small Group (2-15) of Unrelated Children (except classroom and grade level groups)
4. Group of Children from One Family
5. An Entire Family
6. Classroom Group of Children
7. Grade Level Group of Children (unless in 1 classroom)
8. School Group of Children
9. Large Group of Unrelated Children Other Than School Related (16 or more)
10. School System Group of Children
11. Group of School Related Children Larger Than School System Group
12. Teacher
13. Group of Teachers
14. Counselor
15. Group of Counselors
16. Administrator
17. Group of Administrators
18. Mixed Sub-Group of a School Staff (More Than One Profession)
19. Entire School Staff
20. Entire School System Staff
21. Staff Group Larger Than a School System
22. Parent or One Set of Parents
23. Group of Parents
24. Community
25. A Non School Professional
26. A Group of Non School Professionals
27. A Body of Knowledge -- factual information communicated between the consultant and the consultee
28. A Program

Variable III: Degree of Relationship of Consultee to Subject of Consultation

1. Direct Relationship
2. One Person Removed (Supervise or consult with those in Direct Relationship)
3. Two People Removed (Supervise or Consult with Those One Person Removed)
4. Other

Variable IV: Consultation Goals

1. Communication of information from consultant to consultee and/or from consultee to consultant.
2. To build understanding of intra-personal dynamics (feelings, defenses, needs, reward contingencies, etc.).
3. To build understanding of interpersonal relationships
between adult(s) and child(ren), between adults, and between child and peer group.

4. To propose action to be implemented outside of the consultation designed to change some aspect of the relationship between the consultee(s) and the subject(s) of the consultation or among the consultees.

5. To propose action to be implemented outside of the consultation designed to modify the behavior of individuals or groups in the classroom or school environment.

6. To propose action to be implemented outside of the consultation designed to modify the behavior of individuals or groups in the home environment.

7. To propose action to be implemented outside of the consultation designed to modify the behavior of individuals or groups in the peer group environment.

8. To propose a remedial prescription(s) for an individual or group to be implemented outside of the consultation.

9. To take some action within the consultation designed to change some aspect of the relationship between or among consultee(s), subject(s), and/or consulting psychologist.

10. To take some sort of action within the consultation designed to modify the behavior of individuals or groups.
11. Prevention - Understanding of an intra- or interpersonal situation to prevent a problem from occurring or worsening.

12. Prevention - Action as in 4 through 10 to prevent a problem from occurring or worsening.

13. Coordination of an on-going evaluation and possible change of prescribed program(s).

14. Coordination of an on-going evaluation and possible change of a prescribed curriculum or curricula.

15. Support of consultee(s) regarding on-going interventions.

16. Support of consultee(s) regarding consultee's understanding of the situation(s).

17. To provide on-going training in a technique or other in-service function.

18. Rapport-building contact.

Variable V: Processes

1. Information Giving -- the direct communication of factual information.

2. Directive Counseling -- The psychologist actively directs attention to a psychological insight.

3. Non-Directive Counseling -- Counseling techniques are used in such a way as to enable the consultee to arrive at his or her own insights.
4. **Therapy** — The consultant uses clarification and interpretive statements to deal with unconscious material.

5. **Process Consultation** — either direct or indirect involvement in on-going processes when consultant and consultee are both members of the subject group.

6. **Confrontation** — The consultant brings individuals or groups together, with the consultant acting as a mediator or catalyst, without the use of counseling or therapy.

7. **Behavior Modification** — Reinforcement contingencies are used to achieve the goal.

8. **Organization Development** — a problem-solving process in which the consultant is a group member.

**Variable VI: Agreement on Consultation Problem**

1. Consultant and consultee(s) agree on the definition of the problem.

2. The consultant and the consultee(s) do not agree on the definition of the problem but agree that there is a problem.

3. Consultant feels there is a problem but consultee(s) do(es) not.

4. Consultee(s) feel(s) there is a problem, but consultant does not.
Variable VII: Initial Identification of Problem
Prior to Consultation

1. Subject identifies the problem.
2. Consultee identifies the problem.
3. Supervisor of consultee identifies the problem.
4. Consultant identifies the problem.
5. Outside person identifies the problem.

Variable VIII: Level of Confidentiality

1. There are no provisions for confidentiality.
2. Confidentiality was not discussed.
3. Confidentiality was discussed, but no actual contract was made.
4. Confidentiality was established by verbal contract.
5. Confidentiality was established by written contract.

Variable IX: Entry Method

1. Familiarization -- The consultant devoted an initial period of time to becoming familiar with the structure of the situation surrounding the subject of the consultation.
2. Direct Service -- The consultation was a follow-up to direct service to the client.
3. Anxiety Reduction -- The consultant devoted at least one session to the reduction of anxiety or the de-
development of trust before focusing directly on the problem presented by the consultee.

4. Direct Communication — The consultant began the consultation with a direct communication of facts, assessments, and/or recommendations.

Background Variables

Following the questions concerning the four consultation incidents, each subject was asked to respond to a number of questions concerning certain background variables. Subjects were compared on the basis of eight background variables, those being place of employment, professional identification, area of expertise, undergraduate training, graduate training, highest level of education, sex, and years of experience as a school psychologist. The background variables and their levels follow:

Variable X: Place of Employment
1. Schools
2. Community Mental Health Centers

Variable XI: Professional Identification
1. Primarily an Educator
2. Primarily a Psychologist
3. Equally an Educator and a Psychologist
Variable XII: Area of Expertise

1. Diagnosis and Testing
2. Counseling and Therapy
3. Developing Rapport, Sensitivity, and Human Relations
4. Behavior Modification
5. Inservice Training
6. Program Development
7. Work with and Recommendations for Handicapped (including developmentally disabled, visually impaired, hearing impaired, learning disabled, autistic, orthopedically handicapped, etc.)
8. Consultation and Recommendations for Teachers and Parents
9. Child Psychology and Child Development

Variable XIII: Undergraduate Training

1. Education
2. Psychology
3. Combined Program of Education and Psychology
4. Other

Variable XIV: Graduate Training

1. Education
2. Psychology
3. Combined Program of Education and Psychology
4. Other
Variable XV: Highest Level of Education
1. Bachelors Degree
2. Bachelors Degree Plus Some Hours
3. Masters Degree
4. Masters Degree Plus Some Hours
5. Specialist Degree
6. Doctorate

Variable XVI: Sex
1. Male
2. Female

Variable XVII: Years of Experience as a School Psychologist

Adjusted Consultation Variables

Before submitting the data to statistical analysis, the categories of each consultation variable that were never chosen as descriptive of any of the incidents were eliminated from consideration. The categories that were eliminated in such a fashion were as follows:
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In addition, the numbering of the variables had to be changed in order to perform the factor analyses. For the factor analyses each category of each variable was considered to be a variable, and the numbering was consecutive throughout the list of consultation variables. All categories which were utilized two or fewer times were dropped from the factor analyses. Keeping those categories would have served to increase the error rate within the factor analyses. The categories that were dropped because of a limited number of responses to them were as follows:
Certain other categories of the variables were combined to create more inclusive categories. For the consultee categories 9 and 18 were combined to form A Group of Teachers, categories 3, 5, 7, and 8 were combined to create An Individual Professional Other Than a Teacher, categories 11, 12, 13, 16 and 25 were combined to form A Group of a Single Type of Professional Other Than Teachers, categories 17 and 26 were combined to form A Group of Mixed Types of Professionals, and categories 10 and 19 were combined to form A Group of Parents. For the subject of the consultation categories 4, 5, and 22 were combined to form A Family or Part of a Family, and categories 7, 9, and 10 were combined to form A Large Group of Unrelated Children Other Than a Single School or a Single Classroom. Under consultation goals, categories 5 and 7 were combined to form To propose action to be implemented outside of the consultation designed to modify the behavior of individuals or groups in the classroom, school, or peer group environment.
The variables, as they appeared for the factor analyses, follow:

**Consultee**

1. Individual Teacher
2. Individual Parent or Set of Parents
3. Individual Administrator
49. A Group of Teachers
50. An Individual Professional Other Than a Teacher
51. A Group of a Single Type of Professional Other Than Teachers
52. A Group of Mixed Types of Professionals
56. A Group of Parents

**Subject of the Consultation**

4. Individual Child
5. Individual Adult Client - Non School Related
6. Classroom Group of Children
7. School Group of Children
8. A Body of Knowledge -- factual information communicated between the consultant and the consultee
9. A Program
53. A Family or Part of a Family
54. A Large Group of Unrelated Children Other Than a Single School or a Single Classroom
Degree of Relationship of Consultee to Subject of Consultation

10. Direct Relationship

11. One Person Removed (Supervise or Consult with Those in Direct Relationship)

12. Two People Removed (Supervise or Consult with Those One Person Removed

13. Other

Consultation Goals

14. Communication of information from consultant to consultee and/or from consultee to consultant.

15. To build understanding of intra-personal dynamics (feelings, defenses, needs, reward contingencies, etc.)

16. To build understanding of interpersonal relationships between adults and children, between adults, and between children and peer groups.

17. To propose action to be implemented outside of the consultation designed to change some aspect of the relationship between the consultee(s) and the subject(s) of the consultation, or among the consultees.

18. To propose action to be implemented outside of the consultation designed to modify the behavior of individuals or groups in the home environment.
19. To propose a remedial prescription for an individual or group to be implemented outside of the consultation.

20. Coordination of an on-going evaluation and possible change of prescribed program(s).

21. Coordination of an on-going evaluation and possible change of a prescribed curriculum or curricula.

22. Support of consultee(s) regarding on-going interventions.

23. Support of consultee(s) regarding consultee's understanding of the situation(s) or reaction to the situation(s).

24. To provide on-going training in a technique or other in-service function.

55. To propose action to be implemented outside of the consultation designed to modify the behavior of individuals or groups in the classroom, school, or peer group environment.

Processes

25. Information Giving -- the direct communication of factual information.

27. Non-Directive Counseling — Counseling techniques are used in such a way as to enable the consultee to arrive at his own insights.

28. Process Consultation — either direct or indirect involvement in on-going processes when consultant and consultee are both members of the subject group.

29. Confrontation — The consultant brings individuals or groups together, with the consultant acting as a mediator or catalyst, without the use of counseling or therapy.

30. Behavior Modification — Reinforcement contingencies are used to achieve the goal.

31. Organization Development — a problem solving process in which the consultant is a group member.

Agreement on Consultation Problem

32. Consultant and consultee(s) agree on the definition of the problem.

33. The consultant and the consultee(s) do not agree on the definition of the problem, but agree that there is a problem.

34. The consultant feels there is a problem, but the consultee(s) do(es) not.
Initial Identification of the Problem Prior to Consultation

35. Subject identifies the problem
36. Consultee identifies the problem
37. Supervisor of the consultee identifies the problem
38. Consultant identifies the problem
39. Outside person identifies the problem

Level of Confidentiality

40. There are no provisions for confidentiality.
41. Confidentially was not discussed.
42. Confidentiality was discussed, but no actual contract was made.
43. Confidentiality was established by verbal contract.
44. Confidentiality was established by written contract.

Entry Method

45. Familiarization -- The consultant devoted an initial period of time to becoming familiar with the structure of the situation surrounding the subject of the consultation.
46. Direct Service -- The consultation was a follow-up to direct service to the client.
47. Anxiety Reduction -- The consultant devoted at least one session to the reduction of anxiety or the development of trust before focusing directly on the
problem presented by the consultee.

48. Direct Communication -- The consultant began the consultation with a direct communication of facts, assessments, and/or recommendations.

Analysis of Data

Each subject reported four incidents involving consultation to the interviewer, two of which represented consultations that the respondent considered to be effective, and two of which represented consultations that the respondent considered to be ineffective. All interviews were recorded and presented to three judges for categorization. The three judges were trained school psychologists who were familiar with consultation and interview techniques and who were not subjects of the study. For each incident related by each subject, the judges decided individually which category of each of the consultation variables most accurately represented the incident described by the subject. After each of the judges categorized the incidents, agreement was sought among the judges as to the correct categorization of each variable in each incident. For each incident a matrix was developed showing a "1" for the categories chosen by the judges and a "0" for all other categories. The result was a total of 208 separate matrices.
After the data were collected and categorized by the judges, a frequency count was made of the number of times each category of each variable appeared. The frequency count was performed separately for each of the four groups (perceived effective consultations in the schools, perceived ineffective consultations in the schools, perceived effective consultations in community mental health centers, and perceived ineffective consultations in community mental health centers).

Frequency counts were also performed for the categories of the background variables. Separate counts were kept for the psychologists in the two different employment settings. Chi square tests of independence were performed to determine whether any differences in background variables existed between the groups from the two settings.

An idea of consultation patterns across the variables was considered to be useful in establishing a theoretical framework involving consultation models. Therefore, the data contained in the matrices were subjected to factor analysis. Factor analysis was possible because the nominal data contained in the matrices was dichotomous. The matrices of ones and zeros were used to generate a correlation matrix which was used in the factor analysis. When categories existed that had no observations in them,
those choices were dropped from the analysis. Separate factor analyses were performed for perceived effective consultations in the schools, perceived ineffective consultations in the schools, perceived effective consultations in community mental health centers, and perceived ineffective consultations in community mental health centers. Separate factor analyses were also performed for the two combined groups of all consultations in the schools and all consultations in community mental health centers, and also for the total group of all consultations. Levels of congruency among the factors were measured for the group of perceived effective consultations in the schools, as compared with the group of perceived ineffective consultations in the schools. The same procedure was performed for the group of perceived effective consultations in community mental health centers as compared with the group of perceived ineffective consultations in community mental health centers. The congruency measure was also used to compare the factors for the total group of consultations in the schools with the factors for the total group of consultations in community mental health centers. None of the levels of congruency were high enough to assume that the factors were consistent across the groups. As a result of the lack of consistency, a multivariate analysis of variance could not be performed on the
factors that emerged from the four separate groups. Therefore, the results of the factor analyses were inter­preted on the basis of the factor loadings for each group. The patterns of consultation were derived from the factors and the factor loadings for each of the factor analyses.

The four groups that were subjected to factor analyses were perceived effective consultations in the schools, perceived ineffective consultations in the schools, perceived effective consultations in community mental health centers, and perceived ineffective consultations in community mental health centers. Since each subject reported 2 effective and 2 ineffective incidents of consultation, there were 52 incidents in each of the four groups. The possibility of dependence of incidents arose as a result of having each subject report more than one incident. The investigator allowed that possibility to exist in order to collect a large number of consultation incidents. However, because of a concern for the possibility of non-independence, the investigator checked to see if the subjects gave similar responses for all of their incidents. Since the incidents reported by the same subjects did not seem to be related to each other, the investigator felt comfortable using 2 incidents per subject per group.
CHAPTER IV
RESULTS AND DISCUSSION

This study investigated various background characteristics and consultation styles reported by 52 school psychologists employed throughout Ohio. Of the 52 school psychologists, 26 were employed by schools or school systems, and 26 were employed by community mental health centers. The 26 psychologists from the schools represented three percent of the total population. Although the sample was small, it seemed to be representative because of the diverse characteristics of its members. The sample included school psychologists from urban, rural, and suburban areas in all parts of Ohio. Some members of the sample were in their first years as psychologists, while others were in their last years before retirement, and others were somewhere between the extremes. The highest level of education of the members of the sample varied over a wide range. Both males and females were represented, and there was a wide range of ages within the sample.

Each of the psychologists reported a total of four critical incidents from consultations which they conducted as part of their current employment. Of the
four incidents reported by each psychologist, two were examples of particularly effective consultations, and two were examples of particularly ineffective consultations, as judged by the respondent. A total of 208 consultation incidents were reported, of which 52 were examples of perceived effective consultations in the schools, 52 were examples of perceived ineffective consultations in the schools, 52 were examples of perceived effective consultations in community mental health centers, and 52 were examples of perceived ineffective consultations in community mental health centers. Three judges rated each of the incidents with respect to the variables used in the study, and the data were analyzed relative to the questions toward which this study was directed. Each question is restated in the present chapter, followed by a presentation and then a discussion of the evidence.

**Question 1**

How does the sample of school psychooogists employed in the schools compare with the school psychologists employed in community mental health centers with respect to professional identification, area of expertise, undergraduate training, graduate training, highest level of education, sex, and years of experience as a school psychologist?
Evidence

Tables 1 and 2 present the background characteristics of the school psychologists who participated in the study, viewed separately by place of employment. Since the number of years of experience involved ratio rather than nominative or ordinal data, a t-test was possible to determine whether significant differences existed between the school and community mental health groups. The other background data were nominative and ordinal, thereby precluding the use of parametric statistics. Therefore, chi square tests of independence were used to test for significance of all background variables other than years of experience.

The mean number of years of experience as a school psychologist for the entire group of 52 psychologists was 5.29 years. Table 2 presents a comparison of the number of years of experience of each employment group. A t-test was performed to determine whether or not significant differences existed between the means of the two groups. Significance was not achieved at the .05 level (p = .974).

In order to determine whether or not any differences existed in the background variables other than years of experience as a function of place of employment, chi square tests of independence were performed on each
TABLE 1

NUMBER OF SCHOOL PSYCHOLOGISTS
IN SCHOOLS AND COMMUNITY MENTAL HEALTH CENTERS
DESCRIPTED BY EACH BACKGROUND CHARACTERISTIC
AND CHI SQUARE VALUES

<table>
<thead>
<tr>
<th>Variable</th>
<th>Place of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Schools</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Professional Identification</strong></td>
<td></td>
</tr>
<tr>
<td>1. Primarily Educator</td>
<td>4 (15.4%)</td>
</tr>
<tr>
<td>2. Primarily Psychologist</td>
<td>7 (26.9%)</td>
</tr>
<tr>
<td>3. Equally Educator and Psychologist</td>
<td>15 (57.7%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>26 (100.0%)</td>
</tr>
<tr>
<td><strong>X^2 = 3.30 df = 2 p = 0.19</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Area of Expertise</strong></td>
<td></td>
</tr>
<tr>
<td>1. Diagnosis and Testing</td>
<td>8 (30.8%)</td>
</tr>
<tr>
<td>2. Counseling and Therapy</td>
<td>5 (19.2%)</td>
</tr>
<tr>
<td>3. Rapport, Sensitivity, Human Relations</td>
<td>7 (26.9%)</td>
</tr>
<tr>
<td>4. Behavior Modification</td>
<td>1 (3.8%)</td>
</tr>
<tr>
<td>5. Inservice Training</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>6. Program Development</td>
<td>1 (3.8%)</td>
</tr>
<tr>
<td>7. Work with and Recommendations for Handicapped</td>
<td>1 (3.8%)</td>
</tr>
<tr>
<td>8. Consultation and Recommendations for Teachers and Parents</td>
<td>2 (7.7%)</td>
</tr>
<tr>
<td>9. Child Psychology and Child Development</td>
<td>1 (3.8%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>26 (99.8%)</td>
</tr>
<tr>
<td><strong>X^2 = 11.32 df = 8 p = 0.18</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Major Department of Undergraduate Training</strong></td>
<td></td>
</tr>
<tr>
<td>1. Education</td>
<td>8 (30.8%)</td>
</tr>
<tr>
<td>2. Psychology</td>
<td>13 (50.0%)</td>
</tr>
<tr>
<td>3. Combined Program of Education and Psychology</td>
<td>1 (3.8%)</td>
</tr>
<tr>
<td>4. Other</td>
<td>4 (15.4%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>26 (100.0%)</td>
</tr>
<tr>
<td><strong>X^2 = 2.56 df = 3 p = 0.46</strong></td>
<td></td>
</tr>
</tbody>
</table>
TABLE 1

CONTINUED:

<table>
<thead>
<tr>
<th>Variable</th>
<th>Place of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Schools</td>
</tr>
<tr>
<td>Major Department of Graduate Training</td>
<td></td>
</tr>
<tr>
<td>1. Education</td>
<td>19 (73.1%)</td>
</tr>
<tr>
<td>2. Psychology</td>
<td>5 (19.2%)</td>
</tr>
<tr>
<td>3. Combined Program of Education and Psychology</td>
<td>2 (7.7%)</td>
</tr>
<tr>
<td>4. Other</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Total</td>
<td>26 (100.0%)</td>
</tr>
<tr>
<td>$X^2 = 3.37$</td>
<td>$df = 2$</td>
</tr>
</tbody>
</table>

Highest Level of Education

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Schools</th>
<th>Community Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bachelors</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>2. Bachelors +</td>
<td>1 (3.8%)</td>
<td>1 (3.8%)</td>
</tr>
<tr>
<td>3. Masters</td>
<td>4 (15.4%)</td>
<td>6 (23.1%)</td>
</tr>
<tr>
<td>4. Masters +</td>
<td>18 (69.2%)</td>
<td>13 (50.0%)</td>
</tr>
<tr>
<td>5. Specialist</td>
<td>1 (3.8%)</td>
<td>1 (3.8%)</td>
</tr>
<tr>
<td>6. Doctorate</td>
<td>2 (7.7%)</td>
<td>5 (19.2%)</td>
</tr>
<tr>
<td>Total</td>
<td>26 (100.0%)</td>
<td>26 (100.0%)</td>
</tr>
<tr>
<td>$X^2 = 2.49$</td>
<td>$df = 4$</td>
<td>$p = 0.64$</td>
</tr>
</tbody>
</table>

Sex

<table>
<thead>
<tr>
<th>Gender</th>
<th>Schools</th>
<th>Community Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Male</td>
<td>18 (69.2%)</td>
<td>12 (46.2%)</td>
</tr>
<tr>
<td>2. Female</td>
<td>8 (30.8%)</td>
<td>14 (53.8%)</td>
</tr>
<tr>
<td>Total</td>
<td>26 (100.0%)</td>
<td>26 (100.0%)</td>
</tr>
<tr>
<td>$X^2 = 1.96$</td>
<td>$df = 1$</td>
<td>$p = 0.16$</td>
</tr>
<tr>
<td>Place of Employment</td>
<td>Mean</td>
<td>Standard Deviation</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Schools</td>
<td>5.31</td>
<td>4.78</td>
</tr>
<tr>
<td>Community Mental Health Centers</td>
<td>5.27</td>
<td>3.77</td>
</tr>
</tbody>
</table>
background variable, by place of employment. Chi square values appear in Table 1. None of these tests showed differences that reached significance at the .05 level.

**Conclusion**

Differences between the groups of school psychologists did not appear with respect to the background variables that the present study considered.

**Discussion**

The professional identification of both groups seemed to cluster around an identity primarily as a psychologist or an identity as equally an educator and a psychologist. (See Table 1) Over half the psychologists in the schools viewed themselves as equally educators and psychologists, and over a quarter of them viewed themselves as primarily psychologists. The proportions were somewhat reversed for psychologists in community mental health centers. Half of the psychologists in community mental health centers viewed themselves primarily as psychologists. Over a third viewed themselves as equally educators and psychologists. There was agreement between the two groups in generally not viewing themselves as primarily educators (15.4) percent of both groups).
The two areas of expertise chosen most often by both groups were diagnosis and testing (23.1 percent) and counseling and therapy (25.0 percent). Table 1 presents the areas of expertise chosen by school psychologists. These figures suggest a dual emphasis on the part of school psychologists in the areas of child study and treatment. However, by combining the areas of expertise that lend themselves to consultation (behavior modification, in-service training, program development, work with and recommendations for the handicapped, and consultation and recommendations for parent and teacher problems), 32.7 percent of the participating psychologists is represented. The possible implication from such a grouping is that a trend toward consultation does exist, although it is proceeding in several different directions at one time. Such a conclusion is in line with the findings of Farling and Hoedt (1971) and Lawrence, Engin, Mueller, and Yatko (1973), whose studies indicated a trend toward consultation as the role of the school psychologist. The conclusion also reflects on the findings of Matthews (1973) concerning the reported importance of consultation for school psychologists in Columbus, Ohio.

Departments of major undergraduate and graduate training were examined for both groups of school psy-
chologists. (See Table 1) In both groups, the most prevalent department of undergraduate training was psychology (46.2 percent). Almost as many school psychologists (23.1 percent) majored in areas other than psychology or education as the number of school psychologists who majored in education (28.8 percent). For graduate training, most of the 52 school psychologists (61.5 percent) were trained within departments of education. Only half as many (30.8 percent) majored in psychology. The tendencies seemed to be to receive undergraduate training in psychology and graduate training in education, although most of the psychologists who were interviewed reported that their school psychology programs included courses in both education and psychology, regardless of which department offered the program.

Most commonly, the highest level of education for both groups was Masters degree plus some hours (59.6 percent of the 52 psychologists). The next most common level was Masters degree (19.2 percent of the total group). Table 1 presents the highest level of education of school psychologists. By comparison, Levy (1974) found 50 percent of the school psychologists to have a Masters degree and 37 percent to have at least 30 semester hours beyond the Masters degree, based on a
sample of school psychologists employed in school systems. Since the present study did not specify the number of hours beyond the Masters degree, the two categories can be combined in each study, showing that in the present study 78.8 percent of the psychologists held a Masters degree or a Masters degree plus some hours, while Levy found 87 percent of her sample falling into that category. Similarly, Dieringer (1974) found 80 percent of the psychologists in her sample, which consisted of psychologists employed in the schools, to have the Masters degree or some hours beyond the Masters degree. The percentage of school psychologists holding a Doctorate in the present study (13.5 percent) was similar to the percentage found in the schools by Levy (13 percent). However, of the psychologists holding a Doctorate in the present study, only 7.7 percent of the psychologists in the schools had Doctorates, while 19.2 percent of those in community health centers had Doctorates. Twenty percent of Dieringer's sample had Doctorates. Dieringer's sample more closely resembled the school psychologists in community mental health centers than any of the other groups.

The number of male and female school psychologists in this study was fairly even (See Table 1). The total group contained more males (57.7 percent) than females.
The group from the schools also contained more males (69.2 percent) than females. The group from community mental health centers contained more females (53.8 percent) than males. However, none of the differences were statistically significant (p = .05). The results from Levy's sample (1974) in the schools were similar to the present results from community mental health centers, showing 53 percent female and 47 percent male. Kinnaird's sample (1973) was also similar in that 56 percent of her sample was female. Dieringer (1974), on the other hand, reported a sample from the schools that was more similar to the present sample from the schools. Her sample was 67 percent male and 33 percent female. For the most part, the studies have shown that school psychologists are fairly evenly divided by sex.

In the present study, the mean number of years of experience for both groups of school psychologists was just over five years. By comparison, Levy (1974) found the average school psychologist to have seven years of experience as a school psychologist, and Dieringer (1974) found the average school psychologist to have eight years of experience as a school psychologist. Although the school psychologists in the present study seem to have less experience than the psychologists in the other two studies, at least part of the discrepancy
can be attributed to the fact that the present study, unlike the others, included interns, thereby lowering the mean number of years of experience.

Question 2

How does the sample of school psychologist employed in the schools compare with the school psychologists employed in community mental health centers with respect to individual consultation characteristics?

Evidence

Of the 208 critical incidents described by the school psychologists, 52 were perceived as effective consultation incidents by school psychologists employed in the schools, 52 were perceived as ineffective consultation incidents by school psychologists employed in the schools, 52 were perceived as effective consultation incidents by school psychologists employed in community mental health centers, and 52 were perceived as ineffective consultation incidents by school psychologists employed in community mental health centers. This division of incidents was built into the study. All incidents were rated by three judges. Each incident was given a rating by the judges on each of nine variables related to the type and style of consultation. Frequency counts were performed on each
of the nine variables. The categories of the variables were compared by place of employment. Tables 3, 4, and 5 present the number of incidents in each setting that were characterized by various categories. Table 6 shows the number of incidents of perceived effective and perceived ineffective consultations that represented each category of the agreement variable.

Conclusion

For the most part, the consultation characteristics of school psychologists employed in schools and community mental health centers were similar. However, a few differences were evident. An outside person identified the problem more often in the schools than in community mental health centers. Confidentiality was established by written contract more often in community mental health centers than in schools. Familiarization was used as an entry method more often in community mental health centers than in schools. In addition, there was agreement on the problem definition more often in consultations that were perceived as effective than in those perceived

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2 Tables of frequencies are shown only for variables showing large differences between frequencies. The data for the other variables are available on request.
TABLE 3

NUMBER OF INCIDENTS USING EACH TYPE OF INITIAL IDENTIFICATION OF THE PROBLEM IN SCHOOLS AND COMMUNITY MENTAL HEALTH CENTERS

<table>
<thead>
<tr>
<th>Initial Identification</th>
<th>Place of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Schools</td>
</tr>
<tr>
<td>Subject Identifies</td>
<td>0</td>
</tr>
<tr>
<td>Consultee Identifies</td>
<td>47</td>
</tr>
<tr>
<td>Supervisor of Consultee Identifies</td>
<td>1</td>
</tr>
<tr>
<td>Consultee Identifies</td>
<td>15</td>
</tr>
<tr>
<td>Outside Person Identifies</td>
<td>41</td>
</tr>
<tr>
<td>TOTAL</td>
<td>104</td>
</tr>
<tr>
<td>Level of Confidentiality</td>
<td>Place of Employment</td>
</tr>
<tr>
<td>--------------------------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Schools</td>
</tr>
<tr>
<td>No Provisions for Confidentiality</td>
<td>27</td>
</tr>
<tr>
<td>Confidentiality Not Discussed</td>
<td>32</td>
</tr>
<tr>
<td>Confidentiality Discussed, but No Contract</td>
<td>2</td>
</tr>
<tr>
<td>Confidentiality By Verbal Contract</td>
<td>36</td>
</tr>
<tr>
<td>Confidentiality By Written Contract</td>
<td>7</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>104</strong></td>
</tr>
<tr>
<td>Entry Method</td>
<td>Place of Employment</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td></td>
<td>Schools</td>
</tr>
<tr>
<td>Familiarization</td>
<td>23</td>
</tr>
<tr>
<td>Direct Service</td>
<td>39</td>
</tr>
<tr>
<td>Anxiety Reduction</td>
<td>13</td>
</tr>
<tr>
<td>Direct Communication</td>
<td>29</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>104</strong></td>
</tr>
<tr>
<td>Agreement on Consultation Problem</td>
<td>Perceived Effectiveness</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td></td>
<td>Effective</td>
</tr>
<tr>
<td>Consultant and Consultee Agree on Definition</td>
<td>77</td>
</tr>
<tr>
<td>Consultant and Consultee Disagree on Definition, but Agree There Is Problem</td>
<td>22</td>
</tr>
<tr>
<td>Consultant Feels There Is Problem, Consultee Does Not</td>
<td>5</td>
</tr>
<tr>
<td>Consultee Feels There Is Problem, Consultant Does Not</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>104</strong></td>
</tr>
</tbody>
</table>
as ineffective. There was disagreement on the problem definition but agreement that there was a problem more often in consultations perceived as ineffective than in those perceived as effective. However, many more similarities than differences emerged.

Discussion

The variables for which differences in place of employment were found were Initial Identification of the Problem Prior to Consultation, Level of Confidentiality, and Entry Method. The fact that some differences were found between psychologists employed in the two settings seems at first to contradict some of the implications of Farling and Hoedt (1971), in a study of differences between the actual and ideal roles of the school psychologist. Farling and Hoedt found that they were unable to differentiate the views of school psychologists employed in school systems from the views of school psychologists employed elsewhere. However, the fact that all psychologists working elsewhere were grouped together rather than being kept separate by their particular settings may have hidden some real differences among various settings. In addition, the differences found in the present study were not as numerous as the similarities.
By comparing two distinct groups in the present study, some differences and many similarities between settings were uncovered.

Question 3

What are the types of consultation patterns that emerge from the relationships among the variables describing the critical incidents reported as effective by school psychologists employed in the schools?

Evidence

In order to determine the consultation patterns emerging from the data, a Principal Components/Principal Axis Factor Analysis was performed on the 52 incidents reported as effective by school psychologists employed in schools. The criteria for stopping at a certain number of factors were generating 20 factors or encompassing 99 percent of the total variance. The analysis was stopped at 11 factors, which accounted for 99 percent of the variance. Of the 11 factors, a maximum of 9 had logical coherence. The analysis was then repeated, with the criteria for stopping modified to be 9 factors or 99 percent of the variance. The 9 factors that were generated accounted for 91 percent of the total variance. A Varimax Rotation yielded an orthogonally rotated factor matrix.
The nine factors that described the perceived effective consultations in the schools were named as follows:

I. Curriculum Evaluation
II. Administrative Consultation
III. School Program Consultation
IV. Supervisor Initiated Consultation
V. Family Focused Counseling
VI. Consultant Initiated Family Intervention
VII. In-service for Persons Who Are Not Teachers
VIII. Supporting an Individual Teacher
IX. Rapport Building Consultation

Factor I: Curriculum Evaluation

The variables loading highly on Factor I are presented in Table 7. Curriculum Evaluations dealt with a body of knowledge (0.67), and the consultees were a group of a single type of professionals other than teachers (0.63). The relationship between the consultees and the subject of the consultation, which in this case was a body of knowledge, was classified as other (0.57). Such a relationship indicates a degree of distance between the consultees and the subject that seems appropriate, considering the subject was a set of facts rather than a person or a group of persons. There was a very
TABLE 7

PERCEIVED EFFECTIVE CONSULTATIONS IN SCHOOLS - FACTOR I: CURRICULUM EVALUATION

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Subject - A Body of Knowledge</td>
<td>0.67</td>
</tr>
<tr>
<td>51</td>
<td>Consultee - A Group of a Single Type of Professionals Other Than Teachers</td>
<td>0.63</td>
</tr>
<tr>
<td>13</td>
<td>Relationship - Other</td>
<td>0.57</td>
</tr>
<tr>
<td>21</td>
<td>Goal - Coordination of an On-Going Evaluation and Possible Change of Curricula</td>
<td>0.91</td>
</tr>
<tr>
<td>42</td>
<td>Confidentiality - Discussed, but No Contract</td>
<td>0.91</td>
</tr>
</tbody>
</table>
strong tendency for the goal of the consultation to be the coordination of an on-going evaluation and the possible change of prescribed curricula (0.91). In consultations of this sort, confidentiality was discussed, but no contract was made (0.91). The absence of a contract for confidentiality seems appropriate, since the consultations dealt with a body of knowledge rather than with people. Confidentiality may have been discussed in reference to individuals who were mentioned incidentally to the discussion concerning the body of knowledge.

Factor II: Administrative Consultation

Factor II and its high factor loadings are presented in Table 8. In Administrative Consultations, the consultee was an individual administrator (0.68), and the subject of the consultation was a program (0.68), rather than an individual child (-0.36). The entry method in such consultations was direct communication (0.64), and the process used within the consultation was not directive counseling (-0.40). Typically, the consultant felt that there was a problem, but the consultee did not (0.63), and the consultee was not the one who initially identified the problem (-0.47).
<table>
<thead>
<tr>
<th>Variable</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Subject - A Program</td>
<td>0.68</td>
</tr>
<tr>
<td>4 Subject - An Individual Child</td>
<td>-0.36</td>
</tr>
<tr>
<td>3 Consultee - An Individual</td>
<td>0.68</td>
</tr>
<tr>
<td>Administrator</td>
<td></td>
</tr>
<tr>
<td>36 Initial Identification -</td>
<td>-0.47</td>
</tr>
<tr>
<td>Consultee</td>
<td></td>
</tr>
<tr>
<td>34 ConsulteeFeels There Is</td>
<td>0.63</td>
</tr>
<tr>
<td>Problem, Consultee Does Not</td>
<td></td>
</tr>
<tr>
<td>48 Entry Method - Direct</td>
<td>0.64</td>
</tr>
<tr>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td>26 Process - Directive Counseling</td>
<td>-0.40</td>
</tr>
</tbody>
</table>
### TABLE 9

**PERCEIVED EFFECTIVE CONSULTATIONS IN SCHOOLS - FACTOR III: SCHOOL PROGRAM CONSULTATION**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Subject - A School Group of Children</td>
<td>0.85</td>
</tr>
<tr>
<td>51</td>
<td>Consultee - A Group of A Single Type of Professionals Other Than Teachers</td>
<td>0.64</td>
</tr>
<tr>
<td>20</td>
<td>Goal - Coordination of an On-Going Evaluation and Possible Change of Program</td>
<td>0.45</td>
</tr>
<tr>
<td>14</td>
<td>Goal - Communication of Information</td>
<td>-0.35</td>
</tr>
<tr>
<td>29</td>
<td>Process - Confrontation - Consultant Brings Individuals or Groups Together with Consultant as Mediator or Catalyst</td>
<td>0.74</td>
</tr>
<tr>
<td>44</td>
<td>Confidentiality - Written</td>
<td>0.76</td>
</tr>
</tbody>
</table>
Factor III: School Program Consultation

The high factor loadings for Factor III are shown in Table 9. The subject of School Program Consultation was a school group of children (0.85), and the consultee was a group of a single type of professionals other than teachers (0.64). The goal was the coordination of an on-going evaluation and a possible change of programs (0.45), rather than the communication of information (-0.35). The process involved in School Program Consultation was one of confrontation, in which the consultant brought individuals or groups together with the consultant acting as a mediator or a catalyst (0.74). Confidentiality was established by written contract (0.76).

Factor IV: Supervisor Initiated Consultation

Table 10 presents the high factor loadings for Factor IV. The subject of the consultation in Supervisor Initiated Consultation was a body of knowledge (0.53), and the consultee was a group of teachers (0.37). The relationship between the consultee and the subject of the consultation was one person removed (0.47), rather than a direct relationship (-0.56). The initial identification of the problem was made by the supervisor of the consultees (0.62), and an outside person did not identify the problem
### TABLE 10
PERCEIVED EFFECTIVE CONSULTATIONS IN SCHOOLS - FACTOR IV: SUPERVISOR INITIATED CONSULTATION

<table>
<thead>
<tr>
<th>Variable</th>
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<tbody>
<tr>
<td>8</td>
<td>Subject - A Body of Knowledge</td>
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</tr>
<tr>
<td>49</td>
<td>Consultee - A Group of Teachers</td>
<td>0.37</td>
</tr>
<tr>
<td>10</td>
<td>Relationship - Direct</td>
<td>-0.56</td>
</tr>
<tr>
<td>11</td>
<td>Relationship - One Person Removed</td>
<td>0.47</td>
</tr>
<tr>
<td>37</td>
<td>Initial Identification - Supervisor of Consultee</td>
<td>0.62</td>
</tr>
<tr>
<td>39</td>
<td>Initial Identification - Outside Person</td>
<td>-0.47</td>
</tr>
<tr>
<td>31</td>
<td>Process - Organization Development</td>
<td>0.69</td>
</tr>
</tbody>
</table>
(-0.47). The Process involved in the consultation was organization development, a problem solving process in which the consultant was a group member (0.69).

**Factor V: Family Focused Counseling**

High factor loadings for Factor V are found in Table 11. In Family Focused Counseling, the subject of the consultation was a family or part of a family (0.47), rather than an individual child (-0.43). The consultee in such a consultation was not a group of mixed types of professionals (-0.45) and was not one person removed from the subject of the consultation (-0.60). The goal of the consultation was not to modify the behavior of individuals or groups in a classroom, school, or peer group environment (-0.61). The process that was used was directive counseling (0.35), and confidentiality was established by written contract (0.35), rather than by verbal contract (-0.38).

**Factor VI: Consultant Initiated Family Intervention**

A presentation of the high factor loadings for Factor VI appears in Table 12. The consultee in Consultant Initiated Family Intervention was typically an individual professional other than a teacher (0.42). The consultant
### TABLE 11
PERCEIVED EFFECTIVE CONSULTATIONS IN SCHOOLS - FACTOR V: FAMILY FOCUSED COUNSELING

<table>
<thead>
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</thead>
<tbody>
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<td>4 Subject - An Individual Child</td>
<td>-0.43</td>
</tr>
<tr>
<td>53 Subject - A Family or Part of a Family</td>
<td>0.47</td>
</tr>
<tr>
<td>52 Consultee - A Group of Mixed Types of Professionals</td>
<td>-0.45</td>
</tr>
<tr>
<td>11 Relationship - One Person Removed</td>
<td>-0.60</td>
</tr>
<tr>
<td>55 Goal - Modify Behavior in Classroom, School, or Peer Group</td>
<td>-0.61</td>
</tr>
<tr>
<td>26 Process - Directive Counseling</td>
<td>0.35</td>
</tr>
<tr>
<td>43 Confidentiality - Verbal</td>
<td>-0.38</td>
</tr>
<tr>
<td>44 Confidentiality - Written</td>
<td>0.35</td>
</tr>
<tr>
<td>Variable</td>
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<td>38</td>
<td>0.66</td>
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<tr>
<td>32</td>
<td>-0.53</td>
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<td>33</td>
<td>0.69</td>
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<tr>
<td>45</td>
<td>0.40</td>
</tr>
<tr>
<td>18</td>
<td>0.39</td>
</tr>
</tbody>
</table>

**TABLE 12**

**PERCEIVED EFFECTIVE CONSULTATIONS IN SCHOOLS - FACTOR VI: CONSULTANT INITIATED FAMILY INTERVENTION**

- Variable 50: Consultee - An Individual Professional Other Than a Teacher
- Variable 38: Initial Identification - Consultant
- Variable 32: Agree on Problem Definition
- Variable 33: Disagree on Problem Definition, but Agree There Is Problem
- Variable 45: Entry Method - Familiarization
- Variable 18: Goal - Modify the Behavior of Individuals or Groups in the Home
made the initial identification of the problem (0.66), and the consultant and consultee did not agree on the definition of the problem (-0.53). However, the consultant and consultee did agree that there was a problem, while disagreeing on its definition (0.69). The entry method in Consultant Initiated Family Intervention was familiarization (0.40), and the goal was to propose action to modify the behavior of individuals or groups in the home environment (0.39).

Factor VII: In-service for Persons Who Are Not Teachers

The high factor loadings for Factor VII are presented in Table 13. The goal of In-service for Persons Who Are Not Teachers was to provide on-going training in a technique or other in-service function (0.62). The goal was not to build understanding of interpersonal relationships between adults and children, between adults, or between children and peer groups (-0.38). The process that was used was directive counseling (0.35). The subject of the consultation was not a large group of unrelated children (-0.71), and the consultee was not a group of teachers (-0.40).

Factor VIII: Supporting an Individual Teacher

The factors loading highly on Factor VIII are summarized in Table 14. In Supporting an Individual Teacher, the consultee was typically an individual teacher (0.55), and
TABLE 13
PERCEIVED EFFECTIVE CONSULTATIONS IN SCHOOLS - FACTOR VII: IN-SERVICE FOR PERSONS WHO ARE NOT TEACHERS

<table>
<thead>
<tr>
<th>Variable</th>
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<tbody>
<tr>
<td>54</td>
<td>Subject - A Large Group of Unrelated Children</td>
</tr>
<tr>
<td>49</td>
<td>Consultee - A Group of Teachers</td>
</tr>
<tr>
<td>16</td>
<td>Goal - Build Understanding of Interpersonal Relationships Between Adults and Children, Between Adults, and Between Children and Peer Group</td>
</tr>
<tr>
<td>24</td>
<td>Goal - Provide On-Going Training in a Technique or Other In-service</td>
</tr>
<tr>
<td>26</td>
<td>Process - Directive Counseling</td>
</tr>
</tbody>
</table>
TABLE 14

PERCEIVED EFFECTIVE CONSULTATIONS IN SCHOOLS - FACTOR VIII: SUPPORTING AN INDIVIDUAL TEACHER

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>6</td>
<td>Subject - Classroom Group of Children</td>
</tr>
<tr>
<td>1</td>
<td>Consultee - An Individual Teacher</td>
</tr>
<tr>
<td>11</td>
<td>Relationship - One Person Removed</td>
</tr>
<tr>
<td>22</td>
<td>Goal - Support Consultee Regarding On-Going Interventions</td>
</tr>
<tr>
<td>30</td>
<td>Process - Behavior Modification</td>
</tr>
<tr>
<td>40</td>
<td>Confidentiality - No Provisions</td>
</tr>
</tbody>
</table>
the subject of the consultation was typically a classroom group of children (0.39). The goal was to support the consultee regarding on-going interventions (0.55), and the process that was used was behavior modification (0.36). In some cases behavior modification was the content of the discussion. In other cases behavior modification was used to influence the consultee. The relationship of the consultee to the subject of the consultation was not one person removed (-0.46). There were no provisions for confidentiality (0.36).

Factor IX: Rapport Building Consultation

Factor IX and its high factor loadings are presented in Table 15. Rapport Building Consultation used non-directive counseling (0.48) as its process. The process was not information giving (-0.45). The entry method that was used was anxiety reduction (0.55), and direct service was not used as an entry method (-0.62).

Conclusion

Nine factors emerged from the data describing the consultation patterns of the incidents reported as effective by school psychologists employed in schools. The names chosen as descriptive of these patterns were
<table>
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</thead>
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<tr>
<td>46 Entry Method - Direct Service</td>
<td>-0.62</td>
</tr>
<tr>
<td>47 Entry Method - Anxiety Reduction</td>
<td>0.55</td>
</tr>
<tr>
<td>25 Process - Information Giving</td>
<td>-0.45</td>
</tr>
<tr>
<td>27 Process - Non-Directive Counseling</td>
<td>0.48</td>
</tr>
</tbody>
</table>

Discussion

Factor analysis of the data indicated that nine factors described the consultation patterns for school psychologists in the schools having effective consultations. Of the nine factors, four show some similarity to factors derived in previous research (Levy, 1974; Dieringer, 1974). However, the present factor analysis did not pinpoint a factor that could be interpreted as a child study pattern, despite the fact that child study has traditionally held a key position in the role of the school psychologist. The factors derived by Levy (1974) and Dieringer (1974) gave support to the continuing importance of child study as one of the roles of the school psychologist.

Factor IV in the present analysis, Supervisor Initiated Consultation, is similar in some ways to Levy's Factor V in her analysis of effective consultations in urban schools. High loadings occurred in both cases for the supervisor initiating the consultation, and a direct
relationship between the consultee and the subject of the consultation was not present in either case.

Factor V in the current study, Family Focused Counseling, shows some similarities to Levy's Effective Factor IV. The process in Factor V was directive counseling, and Levy also had a counseling process loading heavily in her factor. In addition, both factors had negative loadings on modifying behavior as a goal. Levy's factor had a negative loading on an indirect relationship between the consultee and the subject of the consultation, and a positive loading on a direct relationship. Factor V in the present study loaded negatively on the relationship being one person removed.

Another similarity is evident between Levy's Factor I in her effective group and Factor VII, In-service, for Persons Who Are Not Teachers, in the present study. Both had positive loadings on the in-service goal. The present study loaded negatively on the goal of building understanding, and Levy's factor loaded negatively on a goal of building a relationship.

A factor dealing with behavior modification was present in the present study as well as the studies by Levy (1974) and Dieringer (1974). Factor VIII in the current study was similar to Effective Factor VII in Levy's study and Dieringer's Factor 10'. All three had a
behavioral process, and both Levy and the present study had a group of children as the subject of the consultation. In both Dieringer's study and the present study, the consultee was an individual teacher. The relationship between the consultee and the subject of the consultation in the present study was not one person removed. Levy found the relationship to be direct.

Looking at the factors that were generated for perceived effective consultations by school psychologists in the schools, nine consultation patterns became evident. Of the nine factors, four were similar to factors that were previously found to describe effective consultations in the schools (Levy, 1974). One of those factors was also similar to a factor found by Dieringer (1974) to describe a consultation pattern of school psychologists in the schools.

**Question 4**

What are the types of consultation patterns that emerge from the relationships among the variables describing the critical incidents reported as ineffective by school psychologists employed in the schools?

**Evidence**

In analyzing the data, a Principal Components/Principal
Axis Factor Analysis was performed on the 52 incidents reported as ineffective by school psychologists employed in schools. The criteria for stopping at a certain number of factors were generating 20 factors or encompassing 99 percent of the total variance. The analysis was stopped at 11 factors, which accounted for 99 percent of the variance. Of the 11 factors, a maximum of 9 were psychologically coherent. The analysis was then repeated, with the criteria for stopping changed to 9 factors or 99 percent of the variance. The 9 factors that were generated accounted for 91 percent of the total variance. A Varimax Rotation produced an orthogonally rotated factor matrix.

The nine factors that described the perceived ineffective consultations in the schools were named as follows:

I. Propose Remedial Prescription by Direct Communication.

II. In-service About a Large Group of Unrelated Children.

III. Family Confrontation

IV. Behavior Modification Initiated by an Individual Teacher Consultee

V. Supportive Consultation with Parents

VI. Consultation with a Consultant or Supervisor

VII. Program Evaluation by a Group of Professionals
VIII. School Management

IX. Directive Counseling

Factor I: Propose Remedial Prescription by Direct Communication

The variables that loaded highly on Factor I are presented in Table 16. In this type of consultation, the consultee was a group of mixed types of professionals (0.49). The entry method was direct communication (0.84), rather than either familiarization (-0.42) or direct service (-0.52). Agreement did not exist on the definition of the problem (-0.42). The consultant felt that there was a problem, but the consultee did not (0.36). The goal of the consultation was to propose a remedial prescription (0.64), and the process was not one of process consultation, in which the consultant and consultee were both members of the subject group (-0.37). There were no provisions for confidentiality (0.53), but it was not the case that confidentiality was not discussed (-0.72).

Factor II: In-service About a Large Group of Unrelated Children

The high loadings for Factor II are summarized in Table 17. For this factor, the subject was not an individual child (-0.46), but it was a large group of
<table>
<thead>
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<th>Variable</th>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>52</td>
<td>Consultee - A Group of Mixed Types of Professionals</td>
<td>0.49</td>
</tr>
<tr>
<td>32</td>
<td>Consultant and Consultee Agree on Problem Definition</td>
<td>-0.42</td>
</tr>
<tr>
<td>34</td>
<td>Consultant Feels There Is a Problem, but Consultee Does Not</td>
<td>0.36</td>
</tr>
<tr>
<td>45</td>
<td>Entry Method - Familiarization</td>
<td>-0.42</td>
</tr>
<tr>
<td>46</td>
<td>Entry Method - Direct Service</td>
<td>-0.52</td>
</tr>
<tr>
<td>48</td>
<td>Entry Method - Direct Communication</td>
<td>0.84</td>
</tr>
<tr>
<td>19</td>
<td>Goal - Propose Remedial Prescription</td>
<td>0.64</td>
</tr>
<tr>
<td>28</td>
<td>Process - Process Consultation - Consultant and Consultee Both Members of</td>
<td>-0.37</td>
</tr>
<tr>
<td></td>
<td>Subject Group</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Confidentiality - No Provisions</td>
<td>0.53</td>
</tr>
<tr>
<td>41</td>
<td>Confidentiality - Not Discussed</td>
<td>-0.72</td>
</tr>
<tr>
<td>Variable</td>
<td>Description</td>
<td>Loading</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>54</td>
<td>Subject - A Large Group of Unrelated Children</td>
<td>0.90</td>
</tr>
<tr>
<td>4</td>
<td>Subject - An Individual Child</td>
<td>-0.46</td>
</tr>
<tr>
<td>49</td>
<td>Consultee - A Group of Teachers</td>
<td>0.35</td>
</tr>
<tr>
<td>56</td>
<td>Consultee - A Group of Parents</td>
<td>0.90</td>
</tr>
<tr>
<td>24</td>
<td>Goal - Provide Training in a Technique or Other In-service Function</td>
<td>0.81</td>
</tr>
</tbody>
</table>
unrelated children (0.90). The consultee was often a group of parents (0.90), but it could also be a group of teachers (0.35). The goal of the consultation was to provide ongoing training in a technique or other in-service function (0.81).

**Factor III: Family Confrontation**

The variables comprising Factor III, and their loadings, are presented in Table 18. Family Confrontation had as its subject a family or a part of a family (1.00). The process that was involved was confrontation, in which the consultant brought individuals or groups together, with the consultant as a mediator or a catalyst (0.66).

**Factor IV: Behavior Modification Initiated by an Individual Teacher Consultee**

The high factor loadings of Factor IV are presented in Table 19. In this factor, the subject of the consultation was a classroom group of children (0.38). The consultee was an individual teacher (0.55), rather than an individual parent or set of parents (-0.50). Initial identification of the problem was by the consultee (0.62), and initial identification was not by an outside person (-0.55). The goal of the consultation was not the communication of information (-0.44).
TABLE 18
PERCEIVED INEFFECTIVE CONSULTATIONS IN SCHOOLS - FACTOR III: FAMILY CONFRONTATION

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<td>Subject - A Family or Part of a Family</td>
</tr>
<tr>
<td>29</td>
<td>Process - Confrontation - Consultant Brings Individuals or Groups Together with the Consultant as Mediator or Catalyst</td>
</tr>
<tr>
<td>Variable</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>6</td>
<td>Subject - A Classroom Group of Children</td>
</tr>
<tr>
<td>1</td>
<td>Consultee - An Individual Teacher</td>
</tr>
<tr>
<td>2</td>
<td>Consultee - An Individual Parent or Set of Parents</td>
</tr>
<tr>
<td>36</td>
<td>Initial Identification - Consultee</td>
</tr>
<tr>
<td>39</td>
<td>Initial Identification - Outside Person</td>
</tr>
<tr>
<td>45</td>
<td>Entry Method - Familiarization</td>
</tr>
<tr>
<td>55</td>
<td>Goal - Modify the Behavior of Individuals or Groups in the Classroom, School, or Peer Group</td>
</tr>
<tr>
<td>14</td>
<td>Goal - Communication of Information</td>
</tr>
<tr>
<td>30</td>
<td>Process - Behavior Modification</td>
</tr>
<tr>
<td>40</td>
<td>Confidentiality - No Provisions</td>
</tr>
</tbody>
</table>

TABLE 19
PERCEIVED INEFFECTIVE CONSULTATIONS IN SCHOOLS - FACTOR IV: BEHAVIOR MODIFICATION INITIATED BY AN INDIVIDUAL TEACHER CONSULTEE
process that was used was behavior modification (0.55). In some cases behavior modification was the content of the discussion. In other cases behavior modification was used to influence the consultee. There were no provisions for confidentiality (0.46). The entry method was familiarization (0.46), and the goal of the consultation was to modify the behavior of individuals or groups in the classroom, school, or peer group environment (0.51).

**Factor V: Supportive Consultation with Parents**

Factor V is presented in Table 20, along with the variables that loaded highly on that factor. Supportive Consultation with Parents had as its subject a body of knowledge (0.75). The consultee was an individual parent or set of parents (0.42), and the relationship between the consultee and the subject of the consultation was classified as other (0.66). The entry method was through anxiety reduction (0.60), and the goal was support of the consultee regarding the consultee's reaction to a situation or understanding of a situation (0.55). The process that was involved was non-directive counseling (0.65), rather than an information giving process (-0.42).
TABLE 20
PERCEIVED INEFFECTIVE CONSULTATIONS IN SCHOOLS - FACTOR V: SUPPORTIVE CONSULTATION WITH PARENTS

<table>
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</thead>
<tbody>
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<td>Subject - A Body of Knowledge</td>
</tr>
<tr>
<td>2</td>
<td>Consultee - An Individual Parent or Set of Parents</td>
</tr>
<tr>
<td>13</td>
<td>Relationship - Other</td>
</tr>
<tr>
<td>47</td>
<td>Entry Method - Anxiety Reduction</td>
</tr>
<tr>
<td>23</td>
<td>Goal - Support the Consultee Regarding the Consultee's Reaction to the Situation or Understanding of the Situation</td>
</tr>
<tr>
<td>25</td>
<td>Process - Information Giving</td>
</tr>
<tr>
<td>27</td>
<td>Process - Non-Directive Counseling</td>
</tr>
</tbody>
</table>
Factor VI: Consultation with a Consultant or Supervisor

The variables that loaded highly on Factor VI are presented in Table 21. In this factor, the relationship of the consultee to the subject of the consultation was not a direct relationship (-0.54). Typically, the relationship was one person removed (0.76). Confidentiality was discussed, but no contract was made (0.52).

Factor VII: Program Evaluation by a Group of Professionals

The high factor loadings of Factor VII are listed in Table 22. In this factor, the subject was a program (0.44), and the consultee was a group of a single type of professionals other than teachers (0.66). The tendency was for the consultant and the consultees not to disagree on the definition of the problem, while agreeing that there was a problem (-0.38). The goal in Program Evaluation by a Group of Professionals was the coordination of an on-going evaluation and the possible change of the program (0.65).
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<td>Relationship - Direct</td>
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<td>11</td>
<td>Relationship - One Person Removed</td>
<td>0.76</td>
</tr>
<tr>
<td>42</td>
<td>Confidentiality - Discussed, but No Contract</td>
<td>0.52</td>
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</tr>
<tr>
<td>9</td>
<td>Subject - A Program 0.44</td>
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</tr>
<tr>
<td>51</td>
<td>Consultee - A Group of a Single Type of Professionals Other Than Teachers 0.66</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Consultant and Consultee Disagree on Problem Definition, but Agree There Is a Problem -0.38</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Goal - Coordination of an On-Going Evaluation and Possible Change of Program 0.65</td>
<td></td>
</tr>
</tbody>
</table>
Factor VIII: School Management

High factor loadings for Factor VIII can be found in Table 23. The subject of the consultation in School Management was a school group of children (0.63), and the consultee was either an individual administrator (0.41), or an individual professional other than a teacher (0.54). The relationship between the consultee and the subject of the consultation was two people removed (0.44).

Factor IX: Directive Counseling

The variables loading highly on Factor IX are summarized in Table 24. In Directive Counseling, the tendency was not for the consultant and the consultee to disagree as to the problem definition but to agree that there was a problem (-0.57). The tendency was for the consultant to feel that there was a problem, but for the consultee to feel that a problem did not exist (0.58). The process involved directive counseling (0.40), rather than an information giving approach (-0.35).

Conclusion

Nine factors emerged describing the patterns of consultation for the incidents reported as ineffective by school psychologists employed in schools. The names chosen as descriptive of those patterns were Propose
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<th>Description</th>
<th>Loading</th>
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</thead>
<tbody>
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<td>Subject - A School Group of Children</td>
<td>0.63</td>
</tr>
<tr>
<td>3</td>
<td>Consultee - An Individual Administrator</td>
<td>0.41</td>
</tr>
<tr>
<td>50</td>
<td>Consultee - An Individual Professional Other Than a Teacher</td>
<td>0.54</td>
</tr>
<tr>
<td>12</td>
<td>Relationship - Two People Removed</td>
<td>0.44</td>
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<td>Description</td>
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</tr>
<tr>
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<td>-----------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>33</td>
<td>Consultant and Consultee Disagree on Problem Definition, but Agree There Is Problem</td>
<td>-0.57</td>
</tr>
<tr>
<td>34</td>
<td>Consultant Feels There Is Problem, Consultee Does Not</td>
<td>0.58</td>
</tr>
<tr>
<td>25</td>
<td>Process - Information Giving</td>
<td>-0.35</td>
</tr>
<tr>
<td>26</td>
<td>Process - Directive Counseling</td>
<td>0.40</td>
</tr>
</tbody>
</table>
Remedial Prescription by Direct Communication, In-service About a Large Group of Unrelated Children, Family Confrontation, Behavior Modification Initiated by an Individual Teacher Consultee, Supportive Consultation with Parents, Consultation with a Consultant or Supervisor, Program Evaluation by a Group of Professionals, School Management, and Directive Counseling.

Discussion

The factors describing the perceived ineffective consultations in the schools in the present study were not similar to the ineffective factors found by Levy (1974) in her sample of school psychologists employed in urban schools in Ohio. However, two of the factors identified by Dieringer (1974) in her sample of school psychologists in the schools were similar to perceived ineffective factors in the schools in the present study. Dieringer's Factor 6' was a non-directive counseling factor, similar to the present Factor V for perceived ineffective consultations in the schools. For both factors, the process was non-directive counseling, and the goal involved the understanding of a situation. In addition, Dieringer's Factor 10' was a behavioral factor, including some of the same variables as Factor IV for perceived ineffective consultations in the schools in the
present study. In both cases, the process was behavior modification, the consultee was a teacher and not a parent, and the goal involved modifying behavior.

Comparisons of the perceived ineffective factors from consultations in schools in the present study with previous research (Dieringer, 1974) revealed some similarities. However, no similarities with Levy's (1974) ineffective factors were detected. The observation that is still striking is that no factors depicting the traditional child study routine emerged from the present data.

**Question 5**

What are the types of consultation patterns that emerge from the relationships among the variables describing the critical incidents reported as effective by school psychologists employed in community mental health centers?

**Evidence**

In order to determine the consultation patterns emerging from the data, a Principal Components/Principal Axis Factor Analysis was performed on the 52 incidents reported as effective by school psychologists employed in community mental health centers. The criteria for
stopping at a certain number of factors were generating 20 factors or encompassing 99 percent of the total variance. The analysis was stopped at 12 factors, which accounted for 99 percent of the variance. Of the 12 factors, a maximum of 10 were logically coherent. The analysis was repeated with the criteria for stopping modified to be 10 factors or 99 percent of the variance. The 10 factors that were generated accounted for 92 percent of the total variance. A Varimax Rotation yielded an orthogonally rotated factor matrix.

The ten factors that described the effective consultations in community mental health centers were named as follows:

I. Supervisor Initiated Consultation with Teachers About a Body of Knowledge

II. Individual Parent Counseling

III. Disagreement on Problem Definition

IV. Coordination of an Evaluation with a Consultant or Supervisor

V. Program Implementation

VI. Direct Service/Adult Consultation to Support the Consultee

VII. Parent Counseling Groups

VIII. Family Focused Modification of Behavior

IX. Advisory Evaluation by a Mixed Group of Professionals

X. Behavior Modification Initiated by a Group of Teachers
Factor I: Supervisor Initiated Consultation with Teachers About a Body of Knowledge

The variables that loaded highly on Factor I are summarized in Table 25. For this factor, the subject of the consultation was a body of knowledge (0.81), rather than an individual child (-0.48). The consultees were a group of teachers (0.60), and the relationship between the consultees and the subject of the consultation was classified as other (0.77), rather than direct (-0.44). Initial identification of the problem was made by the supervisor of the consultees (0.81), and not by the consultees (-0.51). Confidentiality was not discussed (0.41).

Factor II: Individual Parent Counseling

Factor II and the variables loading highly on it are presented in Table 26. Individual Parent Counseling had an individual parent or a set of parents as the consultee (0.36), but the initial identification of the problem was not made by the consultee (-0.36). Initial identification came from an outside person (0.75). The entry method that was used was anxiety reduction (0.79), and the goal was to build understanding of intra-personal dynamics such as feelings, defenses, needs, and reward contingencies (0.75). The process that was involved was
TABLE 25

PERCEIVED EFFECTIVE CONSULTATIONS IN COMMUNITY MENTAL HEALTH - FACTOR I:
SUPERVISOR INITIATED CONSULTATION WITH TEACHERS
ABOUT A BODY OF KNOWLEDGE

<table>
<thead>
<tr>
<th>Variable</th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td>Subject - Individual Child</td>
</tr>
<tr>
<td>8</td>
<td>Subject - A Body of Knowledge</td>
</tr>
<tr>
<td>49</td>
<td>Consultee - A Group of Teachers</td>
</tr>
<tr>
<td>10</td>
<td>Relationship - Direct</td>
</tr>
<tr>
<td>13</td>
<td>Relationship - Other</td>
</tr>
<tr>
<td>36</td>
<td>Initial Identification - Consultee</td>
</tr>
<tr>
<td>37</td>
<td>Initial Identification - Supervisor</td>
</tr>
<tr>
<td>41</td>
<td>Confidentiality - Not Discussed</td>
</tr>
</tbody>
</table>
### TABLE 26

**PERCEIVED EFFECTIVE CONSULTATIONS IN COMMUNITY MENTAL HEALTH - FACTOR II: INDIVIDUAL COUNSELING**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Consultee - Individual Parent or Set of Parents</td>
<td>0.36</td>
</tr>
<tr>
<td>36</td>
<td>Initial Identification - Consultee</td>
<td>-0.36</td>
</tr>
<tr>
<td>39</td>
<td>Initial Identification - Outside Person</td>
<td>0.75</td>
</tr>
<tr>
<td>47</td>
<td>Entry Method - Anxiety Reduction</td>
<td>0.79</td>
</tr>
<tr>
<td>15</td>
<td>Goal - Build Understanding of Intra-Personal Dynamics</td>
<td>0.75</td>
</tr>
<tr>
<td>27</td>
<td>Process - Non-Directive Counseling</td>
<td>0.63</td>
</tr>
</tbody>
</table>
non-directive counseling (0.63). In general, Individual Parent Counseling seemed to occur as a result of the parents being referred to the community mental health center by some outside person, possibly somebody associated with the school.

Factor III: Disagreement on Problem Definition

The high loadings for Factor III are shown in Table 27. In this factor, the consultant and consultee did not agree on the problem definition (-0.91). Although they did not agree on the definition of the problem, they did agree that there was a problem (0.91). The entry method was familiarization (0.36), and confidentiality was not discussed (0.38).

Factor IV: Coordination of an Evaluation with a Consultant or Supervisor

The variables that loaded highly on Factor IV appear in Table 28. The subject of the consultation in this factor was an individual adult client (0.37). A direct relationship did not exist between the consultee and the subject of the consultation (-0.66). Instead, the relationship was one person removed (0.76). The entry method was through direct communication (0.59), rather than through direct service (-0.36). The goal of con-
TABLE 27

PERCEIVED EFFECTIVE CONSULTATIONS IN COMMUNITY MENTAL HEALTH - FACTOR III: DISAGREEMENT ON PROBLEM DEFINITION

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>45</td>
<td>Entry Method - Familiarization</td>
<td>0.36</td>
</tr>
<tr>
<td>32</td>
<td>Consultant and Consultee Agree on Problem Definition</td>
<td>-0.91</td>
</tr>
<tr>
<td>33</td>
<td>Consultant and Consultee Disagree on Problem Definition, but Agree There Is a Problem</td>
<td>0.91</td>
</tr>
<tr>
<td>41</td>
<td>Confidentiality - Not Discussed</td>
<td>0.38</td>
</tr>
<tr>
<td>Variable</td>
<td>Description</td>
<td>Loading</td>
</tr>
<tr>
<td>----------</td>
<td>------------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>5</td>
<td>Subject - Individual Adult Client</td>
<td>0.37</td>
</tr>
<tr>
<td>10</td>
<td>Relationship - Direct</td>
<td>-0.66</td>
</tr>
<tr>
<td>11</td>
<td>Relationship - One Person Removed</td>
<td>0.76</td>
</tr>
<tr>
<td>46</td>
<td>Entry Method - Direct Service</td>
<td>-0.36</td>
</tr>
<tr>
<td>48</td>
<td>Entry Method - Direct Communication</td>
<td>0.59</td>
</tr>
<tr>
<td>19</td>
<td>Goal - Coordination of an On-Going Evaluation and Possible Change of Curricula</td>
<td>0.40</td>
</tr>
<tr>
<td>43</td>
<td>Confidentiality - Verbal</td>
<td>-0.46</td>
</tr>
</tbody>
</table>
sultations of this type was the coordination of on-going evaluations and the possible change of curricula (0.40). Confidentiality was not established verbally (-0.46).

Factor V: Program Implementation

Factor V and its high loadings are presented in Table 29. The subject of Program Implementation was a program (0.80), and not an individual child (-0.37). An individual administrator was the consultee (0.85). The goal of the consultation was to provide training in a technique or other in-service function (0.62).

Factor VI: Direct Service/Adult Consultation to Support the Consultee

For Factor VI, the variables with high loadings are listed in Table 30. Direct Service/Adult Consultation to Support the Consultee had an individual adult client as its subject (0.68). The consultee was an individual professional other than a teacher (0.55). The problem was initially identified by the subject of the consultation (0.75), and the goal was to support the consultee concerning the consultee's understanding of the situation or reaction to the situation (0.70). Factor VI seems to typify a situation in which an adult sought some sort of assistance at a community mental health center,
TABLE 29
PERCEIVED EFFECTIVE CONSULTATIONS IN COMMUNITY MENTAL HEALTH -
FACTOR V: PROGRAM IMPLEMENTATION

<table>
<thead>
<tr>
<th>Variable</th>
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</tr>
</thead>
<tbody>
<tr>
<td>4 Subject - An Individual Child</td>
<td>-0.37</td>
</tr>
<tr>
<td>9 Subject - A Program</td>
<td>0.80</td>
</tr>
<tr>
<td>3 Consultee - An Individual Administrator</td>
<td>0.85</td>
</tr>
<tr>
<td>24 Goal - To Provide Training in a Technique or Other In-service Function</td>
<td>0.62</td>
</tr>
</tbody>
</table>
TABLE 30
PERCEIVED EFFECTIVE CONSULTATIONS IN COMMUNITY MENTAL HEALTH - FACTOR VI:
DIRECT SERVICE/ADULT CONSULTATION TO SUPPORT THE CONSULTEE

<table>
<thead>
<tr>
<th>Variable</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Subject - Individual Adult Client 0.68</td>
</tr>
<tr>
<td>50</td>
<td>Consultee - Individual Professional Other Than Teacher 0.55</td>
</tr>
<tr>
<td>35</td>
<td>Initial Identification - Subject 0.75</td>
</tr>
<tr>
<td>23</td>
<td>Goal - To Support the Consultee Concerning the Consultee's Understanding of the Situation or Reaction to the Situation 0.70</td>
</tr>
</tbody>
</table>
and the person providing the help received support for his efforts from the school psychologist at the community mental health center.

**Factor VII: Parent Counseling Groups**

Table 31 summarizes the high loadings on Factor VII. The consultees in Parent Counseling Groups were typically a group of parents (0.39). The goal of such consultations was not to communicate information (-0.45), but rather to build understanding of interpersonal relationships between adults, between adults and children, and between children and peer groups (0.48). The process in Parent Counseling Groups was not information giving (-0.72). Instead, the process that was used was directive counseling (0.73).

**Factor VIII: Family Focused Modification of Behavior**

The high factor loadings for Factor VIII are included in Table 32. A family or part of a family was the subject (0.60) of this factor. The consultee was an individual professional other than a teacher (0.53), and the goal was to propose action to modify the behavior of individuals or groups in the home environment (0.40). Confidentiality was discussed, but no contract was made (0.51).
### TABLE 31
PERCEIVED EFFECTIVE CONSULTATIONS IN COMMUNITY MENTAL HEALTH - FACTOR VII: PARENT COUNSELING GROUPS

<table>
<thead>
<tr>
<th>Variable</th>
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<tbody>
<tr>
<td>56</td>
<td>0.39</td>
</tr>
<tr>
<td>14</td>
<td>-0.45</td>
</tr>
<tr>
<td>16</td>
<td>0.48</td>
</tr>
<tr>
<td>25</td>
<td>-0.72</td>
</tr>
<tr>
<td>26</td>
<td>0.73</td>
</tr>
</tbody>
</table>

- **Variable 56**: Consultee - A Group of Parents
- **Variable 14**: Goal - Communicate Information
- **Variable 16**: Goal - To Build Understanding of Interpersonal Relationships Between Adults, Between Adults and Children and Between Children and Peer Groups
- **Variable 25**: Process - Information Giving
- **Variable 26**: Process - Directive Counseling
<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>53</td>
<td>Subject - Family or Part of a Family</td>
<td>0.60</td>
</tr>
<tr>
<td>50</td>
<td>Consultee - Individual Professional Other Than Teacher</td>
<td>0.53</td>
</tr>
<tr>
<td>18</td>
<td>Goal - Propose Action to Modify the Behavior of Individuals or Groups in the Home Environment</td>
<td>0.40</td>
</tr>
<tr>
<td>42</td>
<td>Confidentiality - Discussed, but No Contract Made</td>
<td>0.51</td>
</tr>
</tbody>
</table>
Factor IX: Advisory Program Evaluation by a Mixed Group of Professionals

A presentation of Factor IX and its high factor loading appears in Table 33. This factor occurred with a group of mixed types of professionals as the consultees (0.45). The relationship between the consultees and the subject of the consultation was two people removed (0.68). The goal was the coordination of an on-going evaluation and the possible change of programs (0.75).

Factor X: Behavior Modification Initiated by a Group of Teachers

Factor X and the variables that loaded highly on it are presented in Table 34. In Behavior Modification, the subject of the consultation was a classroom group of children (0.43). The consultees were a group of teachers (0.40), and not a group of parents (-0.36). Initial identification of the problem came from the consultees (0.43), rather than from the consultant (-0.58), and the goal of the consultation was to propose action to modify the behavior of individuals or groups in the classroom, school or peer group environment (0.56).

Conclusion

Ten factors emerged describing the patterns of consultation for the incidents reported as effective by school psychologists employed in community mental health
<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>52</td>
<td>Consultee - A Group of Mixed Types of Professionals</td>
<td>0.45</td>
</tr>
<tr>
<td>12</td>
<td>Relationship - Two People Removed</td>
<td>0.68</td>
</tr>
<tr>
<td>20</td>
<td>Goal - Coordination of an On-Going Evaluation and Possible Change of Program</td>
<td>0.75</td>
</tr>
<tr>
<td>Variable</td>
<td>Description</td>
<td>Loading</td>
</tr>
<tr>
<td>----------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>6</td>
<td>Subject - A Classroom Group of Children</td>
<td>0.43</td>
</tr>
<tr>
<td>49</td>
<td>Consultee - A Group of Teachers</td>
<td>0.40</td>
</tr>
<tr>
<td>56</td>
<td>Consultee - A Group of Parents</td>
<td>-0.36</td>
</tr>
<tr>
<td>36</td>
<td>Initial Identification - Consultee</td>
<td>0.43</td>
</tr>
<tr>
<td>38</td>
<td>Initial Identification - Consultant</td>
<td>-0.58</td>
</tr>
<tr>
<td>55</td>
<td>Goal - Propose Action to Modify the Behavior of Individuals or Groups in the Classroom, School, or Peer Group Environment</td>
<td>0.56</td>
</tr>
</tbody>
</table>
centers. The names chosen for the factors were Supervisor Initiated Consultation with Teachers About a Body of Knowledge, Individual Parent Counseling, Disagreement on Problem Definition, Coordination of an Evaluation with a Consultant or Supervisor, Program Implementation, Direct Service/Adult Consultation to Support the Consultee, Parent Counseling Groups, Family Focused Modification of Behavior, Adviser Program Evaluation by a Mixed Group of Professionals, and Behavior Modification Initiated by a Group of Teachers.

Discussion

Comparing the factors that describe the perceived effective consultations in community mental health centers with the factors that describe the perceived effective consultations in the schools, many differences can be found. None of the factors from one group are repeated in the other group.

There was very little similarity between Factor I for the effective mental health group and any of Levy's (1974) effective factors for consultations in schools. There was no similarity between Factor I and any of Dieringer's (1974) factors.

Factor II from the effective community mental health group was similar in some ways to Factor IX in the effective school group. Both factors loaded highly on non-
directive counseling and the use of anxiety reduction as an entry method. Factor II was somewhat similar to Levy's (1974) Effective Factor IV, in that both had a build understanding goal and a counseling process. Factor II was also somewhat similar to Dieringer's (1974) Factor 6'. Both used non-directive counseling, and both had a goal of understanding dynamics.

Factor IV from the perceived effective consultation in community mental health centers and Levy's (1974) Effective Factor V were similar in that they used confrontation (direct communication) rather than direct service as an entry method, and Levy's factor had as its goal in-service/evaluation, while Factor IV of the present study had an evaluation goal.

The effective community mental health Factor V was similar only to the effective schools Factor II from the present study. For both of these factors, the consultee was an individual administrator, and the subject of the consultation was a program rather than an individual child.

Factor VII from the effective community mental health group was similar only to Levy's (1974) Effective Factor IV. Both factors loaded highly on the build understanding goal and on the counseling process.

Factor VIII from the effective community mental health grouping was similar to Factor VI from the effective schools
group, on the basis of the goal to modify behavior in the home and the consultee being an individual professional other than a teacher.

Factor X from the effective community mental health group was similar to a number of other factors from other samples. Factor VIII from the effective schools sample had a classroom group of children as the subject of the consultation. The consultee was a group of teachers in Factor X, while Factor VIII had one teacher as the consultee. Levy's (1974) Effective Factor VIII had a group of children as the clients and the goal of modifying behavior, making it similar to Factor X in the present study. Dieringer's (1974) Variable 10' had the teacher as the consultee and modifying behavior as the goal.

In the analysis of the effective consultations of school psychologists from community mental health centers, Factors III, VI, and IX were totally dissimilar to any of the factors from the other samples. A fact that is worth noting is that two features appeared in the analysis of the effective consultations in community mental health centers that did not appear in the consultations in the schools. One of the features was the emergence of any individual adult client as the subject of the consultation. Another was the initial identification of the problem being made by the subject of the consultation. Although a number of features were found to be similar among the factors from the various samples, more
dissimilar loadings than similar loadings appeared.

**Question 6**

What are the types of consultation patterns that emerge from the relationships among the variables describing the critical incidents reported as ineffective by school psychologists employed in community mental health centers?

**Evidence**

In order to determine the consultation patterns emerging from the data, a Principal Components/Principal Axis Factor Analysis was performed on the 52 incidents reported as ineffective by school psychologists employed in community mental health centers. The criteria for stopping at a certain number of factors were generating 20 factors or encompassing 99 percent of the total variance. The analysis was stopped at 12 factors, which accounted for 99 percent of the variance. Of the 12 factors, a maximum of 10 were logically coherent. The analysis was repeated, with the criteria for stopping modified to be 10 factors or 99 percent of the variance. The 10 factors that were generated accounted for 93 percent of the total variance. A Varimax Rotation yielded an orthogonally rotated factor matrix.
The ten factors that described the ineffective consultations in community mental health centers were named as follows:

I. Consultant Communicates Facts
II. Direct Service/Adult Consultation to Propose a Remedial Prescription
III. Supervisor Initiated In-service
IV. Classroom Management
V. Interpersonal Relationship Consultation
VI. Parent Information Groups
VII. Disagreement on Problem Definition in Consultee Initiated Consultations
VIII. Familiarization Consultations
IX. Program Coordination by Confrontation
X. Counseling Parents Toward Modification of Behavior in the Home

Factor I: Consultant Communicates Facts

The variables that had high loadings on Factor I are summarized in Table 35. The subject of the consultation in Consultant Communicates Facts was a body of knowledge (0.37), and initial identification was made by the consultant (0.57). Direct communication (0.73) rather than direct service (-0.37) was the entry method that was used. The consultant felt that there was a problem, but the consultee did not (0.56). The process that was used in the consultation was information giving,
### TABLE 35
PERCEIVED INEFFECTIVE CONSULTATIONS IN COMMUNITY MENTAL HEALTH
FACTOR I: CONSULTANT COMMUNICATES FACTS

<table>
<thead>
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<th>Description</th>
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</tr>
</thead>
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<tr>
<td>8</td>
<td>Subject - A Body of Knowledge</td>
<td>0.37</td>
</tr>
<tr>
<td>38</td>
<td>Initial Identification - Consultant</td>
<td>0.57</td>
</tr>
<tr>
<td>34</td>
<td>Consultant Feels There Is a Problem, Consultee Does Not</td>
<td>0.56</td>
</tr>
<tr>
<td>46</td>
<td>Entry Method - Direct Service</td>
<td>-0.37</td>
</tr>
<tr>
<td>48</td>
<td>Entry Method - Direct Communication</td>
<td>0.73</td>
</tr>
<tr>
<td>25</td>
<td>Process - Information Giving</td>
<td>0.39</td>
</tr>
<tr>
<td>40</td>
<td>Confidentiality - No Provisions</td>
<td>0.65</td>
</tr>
</tbody>
</table>
a communication of facts (0.39). There were no provisions for confidentiality (0.65).

Factor II: Direct Service/Adult Consultation

to Propose a Remedial Prescription

Table 36 shows the variables that loaded highly on Factor II. The subject of this factor was an individual adult client (0.90) rather than an individual child (-0.43). The consultee was an individual professional other than a teacher (0.70). The subject of the consultation was responsible for the initial identification of the problem (0.77), and the relationship between the consultee and the subject of the consultation was one person removed (0.39). The goal of the consultation was to propose a remedial prescription (0.70).

Factor III: Supervisor Initiated In-Service

The high loadings for Factor III appear in Table 37. In Supervisor Initiated In-Service, the subject was either a school group of children (0.37) or a program (0.36). The consultees were a group of a single type of professionals other than teachers (0.59), and the relationship between the consultees and the subject of the consultation was classified as other (0.58) rather than direct (-0.72). Initial identification of the problem
### TABLE 36
PERCEIVED INEFFECTIVE CONSULTATIONS IN COMMUNITY MENTAL HEALTH - FACTOR II: DIRECT SERVICE/ADULT CONSULTATION TO PROPOSE A REMEDIAL PRESCRIPTION

<table>
<thead>
<tr>
<th>Variable</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Subject - Individual Child, -0.43</td>
</tr>
<tr>
<td>5</td>
<td>Subject - Individual Adult Client, 0.90</td>
</tr>
<tr>
<td>50</td>
<td>Consultee - Individual Professional Other Than Teacher, 0.70</td>
</tr>
<tr>
<td>11</td>
<td>Relationship - One Person Removed, 0.39</td>
</tr>
<tr>
<td>35</td>
<td>Initial Identification - Subject, 0.77</td>
</tr>
<tr>
<td>19</td>
<td>Goal - Propose Remedial Prescription, 0.70</td>
</tr>
<tr>
<td>Variable</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>7</td>
<td>Subject - School Group of Children</td>
</tr>
<tr>
<td>9</td>
<td>Subject - A Program</td>
</tr>
<tr>
<td>51</td>
<td>Consultee - A Group of Single Type Professionals Other Than Teachers</td>
</tr>
<tr>
<td>10</td>
<td>Relationship - Direct</td>
</tr>
<tr>
<td>13</td>
<td>Relationship - Other</td>
</tr>
<tr>
<td>37</td>
<td>Initial Identification - Supervisor of Consultee</td>
</tr>
<tr>
<td>24</td>
<td>Goal - Provide On-Going Training in a Technique or Other In-Service Function</td>
</tr>
</tbody>
</table>
came from the supervisor of the consultee (0.48), and the goal was to provide on-going training in a technique or other in-service function (0.70).

Factor IV: Classroom Management

Factor IV and the variables that loaded highly on it are presented in Table 38. The subject of Classroom Management was a classroom group of children (0.86), and the consultee was an individual teacher (0.35). There was agreement between the consultant and the consultee as to the definition of the problem (0.39). The situation did not exist in which the consultant and the consultee did not agree on the definition of the problem, but did agree that there was a problem (-0.39). The goal of the consultation was to build an understanding of intrapersonal dynamics (0.73), and the process that was used was non-directive counseling (0.82). Confidentiality was not discussed (0.39).

Factor V: Interpersonal Relationship Consultation

The variables that had high loadings on Factor V are listed in Table 39. Interpersonal Relationship Consultation had a program as the subject of the consultation (0.41), and the consultees were a group of teachers (0.49). The relationship between the consultees and the
TABLE 38
PERCEIVED INEFFECTIVE CONSULTATIONS IN COMMUNITY MENTAL HEALTH -
FACTOR IV: CLASSROOM MANAGEMENT

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Subject - Classroom Group of Children</td>
<td>0.86</td>
</tr>
<tr>
<td>1</td>
<td>Consultee - Individual Teacher</td>
<td>0.35</td>
</tr>
<tr>
<td>32</td>
<td>Consultant and Consultee Agree on Problem Definition</td>
<td>0.39</td>
</tr>
<tr>
<td>33</td>
<td>Consultant and Consultee Disagree on Problem Definition, but Agree There Is a Problem</td>
<td>-0.39</td>
</tr>
<tr>
<td>15</td>
<td>Goal - Build Understanding of Intra-Personal Dynamics</td>
<td>0.73</td>
</tr>
<tr>
<td>27</td>
<td>Process - Non-Directive Counseling</td>
<td>0.82</td>
</tr>
<tr>
<td>41</td>
<td>Confidentiality - Not Discussed</td>
<td>0.39</td>
</tr>
</tbody>
</table>
## TABLE 39

**PERCEIVED INEFFECTIVE CONSULTATIONS IN COMMUNITY MENTAL HEALTH - FACTOR V: INTERPERSONAL RELATIONSHIP CONSULTATION**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Subject - A Program</td>
<td>0.41</td>
</tr>
<tr>
<td>49</td>
<td>Consultee - A Group of Teachers</td>
<td>0.49</td>
</tr>
<tr>
<td>11</td>
<td>Relationship - One Person Removed</td>
<td>0.39</td>
</tr>
<tr>
<td>47</td>
<td>Entry Method - Anxiety Reduction</td>
<td>0.74</td>
</tr>
<tr>
<td>16</td>
<td>Goal - Build Understanding of Interpersonal Relationships Between Adults and Children, Between Adults, and Between Children and Peer Groups</td>
<td>0.56</td>
</tr>
<tr>
<td>31</td>
<td>Process - Organization Development</td>
<td>0.86</td>
</tr>
</tbody>
</table>
subject of the consultation was one person removed (0.39). The consultation began with the use of anxiety reduction (0.74). Building an understanding of interpersonal relationships between adults and children, between adults, and between children and a peer group was the goal (0.56) of the consultations described by this factor, and the process that was used was organization development (0.86).

Factor VI: Parent Information Groups

The high loadings for Factor VI appear in Table 40. In Parent Information Groups, the subject of the consultation was a body of knowledge (0.51), and the consultees were a group of parents (0.79). The relationship between the consultees and the subject of the consultation could be classified as other (0.54). The category in which the consultant and the consultees disagreed on the definition of the problem, while agreeing that there was a problem was negatively correlated with this factor (-0.35). Confidentiality was discussed, but no contract was made (0.69).

Factor VII: Disagreement on Problem Definition in Consultee Initiated Consultation

Factor VII and the variables that loaded highly on it are found in Table 41. For consultations described by this factor, the consultee was not an individual
<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Subject - A Body of Knowledge</td>
<td>0.51</td>
</tr>
<tr>
<td>56</td>
<td>Consultee - A Group of Parents</td>
<td>0.79</td>
</tr>
<tr>
<td>13</td>
<td>Relationship - Other</td>
<td>0.54</td>
</tr>
<tr>
<td>33</td>
<td>Consultant and Consultee Disagree on Problem Definition, but Agree There Is a Problem</td>
<td>-0.35</td>
</tr>
<tr>
<td>42</td>
<td>Confidentiality - Discussed but No Contract</td>
<td>0.69</td>
</tr>
<tr>
<td>Variable</td>
<td>Description</td>
<td>Loading</td>
</tr>
<tr>
<td>----------</td>
<td>------------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>3</td>
<td>Consultee - An Individual Administrator</td>
<td>-0.44</td>
</tr>
<tr>
<td>36</td>
<td>Initial Identification - Consultee</td>
<td>0.63</td>
</tr>
<tr>
<td>39</td>
<td>Initial Identification - Outside Person</td>
<td>-0.52</td>
</tr>
<tr>
<td>32</td>
<td>Consultant and Consultee Agree on Problem Definition</td>
<td>-0.48</td>
</tr>
<tr>
<td>33</td>
<td>Consultant and Consultee Disagree on Problem Definition, but Agree There Is a Problem</td>
<td>0.55</td>
</tr>
<tr>
<td>22</td>
<td>Goal - Support Consultee Regarding On-Going Interventions</td>
<td>-0.41</td>
</tr>
</tbody>
</table>
administrator (-0.44). The problem was identified initially by the consultee (0.63), rather than by an outside person (-0.52). The consultant and the consultee did not agree on the definition of the problem (-0.48), but they did agree that there was a problem (0.55). The goal of the consultation was not to support the consultee regarding on-going interventions (-0.41).

**Factor VIII: Familiarization Consultations**

The high loadings for Factor VIII are presented in Table 42. The consultee in Familiarization Consultations was a group of a single type of professionals other than teachers (0.35). The method of entry was familiarization (0.69) rather than direct service (-0.57). Confidentiality was not established by written contract (-0.61).

**Factor IX: Program Coordination by Confrontation**

Table 43 summarizes the high loadings on Factor IX. In consultations that could be described as Program Coordination by Confrontation, a program was the subject of the consultation (0.44). A group of single type professionals, not teachers were consultees (0.42). The consultation goal was the coordination of an on-going evaluation and the possible change of a program (0.63). The process that was used was confrontation, in which
TABLE 42

PERCEIVED INEFFECTIVE CONSULTATIONS IN COMMUNITY MENTAL HEALTH - FACTOR VIII:
FAMILIARIZATION CONSULTATIONS

<table>
<thead>
<tr>
<th>Variable</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>51 Consultee - A Group of Single Type</td>
<td>0.35</td>
</tr>
<tr>
<td>Professionals Other Than Teachers</td>
<td></td>
</tr>
<tr>
<td>45 Entry Method - Familiarization</td>
<td>0.69</td>
</tr>
<tr>
<td>46 Entry Method - Direct Service</td>
<td>-0.57</td>
</tr>
<tr>
<td>44 Confidentiality - Written Contract</td>
<td>-0.61</td>
</tr>
<tr>
<td>Variable</td>
<td>Loading</td>
</tr>
<tr>
<td>----------</td>
<td>---------</td>
</tr>
<tr>
<td>9</td>
<td>Subject - A Program</td>
</tr>
<tr>
<td>51</td>
<td>Consultee - A Group of Single Type Professionals Other Than Teachers</td>
</tr>
<tr>
<td>20</td>
<td>Goal - Coordination of an On-Going Evaluation and Possible Change of Program</td>
</tr>
<tr>
<td>29</td>
<td>Process - Confrontation - Consultant Brings Individuals or Groups Together with Consultant Acting as Mediator or Catalyst</td>
</tr>
<tr>
<td>41</td>
<td>Confidentiality - Not Discussed</td>
</tr>
</tbody>
</table>
the consultant brought individuals or groups together with the consultant acting as a mediator or a catalyst (0.64). Confidentiality was not discussed (0.39).

Factor X: Counseling Parents Toward Modification of Behavior in the Home

The variables loading highly on Factor X are listed in Table 44. In this factor, the consultee was a parent or a set of parents (0.37). The goal of the consultation was to propose action to modify the behavior of individuals or groups in the home (0.47). The process that was used was directive counseling (0.69). An information giving process was not used (-0.58).

Conclusion

Ten factors emerged describing the patterns of consultation for the incidents reported as ineffective by school psychologists employed in community mental health centers. The names chosen for the factors were Consultant Communicates Facts, Direct Service/Adult Consultation to Propose a Remedial Prescription, Supervisor Initiated In-Service, Classroom Management, Interpersonal Relationship Consultation, Parent Information Groups, Disagreement on Problem Definition in Consultee Initiated Consultation, Familiarization Consultations, Program Coordination by Confrontation, and Counseling Parents Toward Modification of Behavior in the Home.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Consultee - Individual Parent or Set of Parents</td>
<td>0.37</td>
</tr>
<tr>
<td>18 Goal - Propose Action to Modify the Behavior of Individuals or Groups in the Home</td>
<td>0.47</td>
</tr>
<tr>
<td>25 Process - Information Giving</td>
<td>-0.58</td>
</tr>
<tr>
<td>26 Process - Directive Counseling</td>
<td>0.69</td>
</tr>
</tbody>
</table>
Discussion

None of the factors that emerged from the analysis of the perceived ineffective consultations taking place in community mental health centers were totally similar to any previously reported factors. However, some of the ineffective community mental health consultations did have a few points of similarity with factors derived from other samples.

Factor I from the perceived ineffective community mental health group was unlike any of the other factors in the present study. However, it did share some points in common with an ineffective factor from the schools reported by Levy (1974). Levy's Ineffective Factor VI was characterized by an information giving process, as was Factor I of the present sample. In addition, the goal in Levy's factor was the communication of facts, while Factor I from the present study used direct communication as the entry method. One notable difference between the two factors was the agreement on the problem definition in Levy's factor and the disagreement on the problem definition in Factor I of the present sample.

Factor III from the present sample was similar to Ineffective Factor III from Levy's (1974) sample. For both factors, the subject was a group of children, there was an in-service goal, and the supervisor initiated the consultation.
Factor IV from the ineffective community mental health group showed some similarity to Factor 6, identified by Dieringer (1974). A non-directive counseling process and a goal of understanding intra-personal dynamics were present in both factors.

Ineffective community mental health Factor IX resembled ineffective school Factor VII. Factor IX and Factor VII both had programs as the subjects of the consultations, a group of a single type of professionals other than teachers as the consultees, and coordination of an ongoing evaluation and possible change of program as the goals.

Factor X from the ineffective community mental health center group of consultations showed some similarity to Factor 2 in Dieringer's (1974) sample. For both factors, the consultees were parents, and the goal was to modify behavior outside of the consultation.

Although similarities could be found between the present set of factors and factors from other samples, the differences in the factors tended to predominate.

**Summary**

The present study examined the ways in which the consultation variables of consultee, subject of the
consultation, goal, process, agreement on consultation problem, initial identification of the problem, level of confidentiality, and entry method combined to produce patterns of consultation. The patterns were examined for perceived effective consultations in the schools, perceived ineffective consultations in the schools, perceived effective consultations in community health centers, and perceived ineffective consultations in community mental health centers. Different patterns emerged for each of the four analyses.

For a number of reasons, the interpretation of the data in terms of a single group of consultation incidents did not seem to be appropriate. One of the reasons was the fact that the percent of variance that could be explained by the maximum number of meaningful factors increased with the number of groups that divided the consultation incidents. In addition, the factors that emerged from the four separate groups of consultation incidents presented clearer pictures of the consultation patterns than did the factors that emerged from the total group of consultation incidents. A third consideration was that the number of variables that loaded on the factors was typically greater for the four groups of factors than for the single group of factors. Finally, the factors
that emerged from the four groups of consultation incidents were not consistent with each other. Therefore, the assumption was that the four groups differed from each other and should be considered separately rather than considering them on the basis of a common set of factors.
CHAPTER V
SUMMARY AND CONCLUSIONS

The role of the school psychologist has been the subject of much controversy and many investigations throughout the past two decades. Of the many roles that have been ascribed to the school psychologist, consultation is one which has received much advocacy, but very little operationally based definition. Although Levy (1974) studied the characteristics of consultation among school psychologists employed in urban schools, and Dieringer (1974) studied the characteristics of consultation among school psychologists employed in suburban schools, the role of the school psychologist in other than school settings has been neglected in the literature. In the present study, the characteristics of consultation among school psychologists employed in schools in Ohio were compared with the characteristics of consultation among school psychologists employed in community mental health centers in Ohio. The patterns of consultation that arose in perceived effective and perceived ineffective consultations were utilized in interpreting the role of the school psychologist as a consultant in each of the
two settings. Comparisons were based on nine consultation variables, which were classified as consultee, subject of the consultation, degree of relationship of the consultee to the subject of the consultation, goals, processes, agreement on consultation problem, initial identification of the problem, level of confidentiality, and entry method. The present study was the first to study the various consultation variables as they applied to the work of school psychologists in a setting other than the schools.

Procedure

The participants in the study were 26 school psychologists who were employed in school systems in Ohio during the 1974-1975 school year, and 26 school psychologists who were employed in community mental health centers in Ohio during the same time period. Each of the participants reported four consultation incidents in which they were the consultants. Two of the incidents were perceived as effective, and the other two were felt to be ineffective. Since each respondent reported four incidents, the data may not be independent. Therefore, care was necessary in drawing conclusions from the data.

Three judges categorized the 208 critical incidents with respect to nine consultation variables, and the data
were submitted to various analyses. Background data were collected from the psychologists, and frequency counts and chi square tests were computed on the data. The consultation variables were submitted to frequency counts and four separate factor analyses. Effective consultations in the schools, ineffective consultations in the schools, effective consultations in community mental health centers, and ineffective consultations in community mental health centers were interpreted on the basis of separate factor analyses.

Summary of Results

With regard to the background variables, significant differences did not exist ($p = .05$) between school psychologists employed in schools and school psychologists employed in community mental health centers. Whether a school psychologist works in the schools or in community mental health is not apparent from such variables as professional identification, area of expertise, undergraduate training, graduate training, highest level of education, sex, or years of experience as a school psychologist. The tendency was for school psychologists to identify themselves as being either primarily psychologists or equally educators and psychologists, but not primarily educators. There were nine categories which could account for all of the areas of expertise
that the psychologists claimed. Those areas were diagnosis and testing; counseling and therapy; rapport, sensitivity, and human relations; behavior modification; in-service training; program development; work with and recommendations for the handicapped; consultation and recommendations for teachers and parents; and child psychology and child development. The two areas most often reported as areas of expertise were diagnosis and testing, and counseling and therapy. Psychology was the most common department of undergraduate training, and education was the most common department of graduate training. Most school psychologists achieved some hours beyond a Masters degree, and the mean years of experience as a school psychologist was just over five years. The group of 52 psychologists was fairly evenly divided between males and females.

A number of categories had to be dropped from the statistical analyses, since they were not chosen as descriptive of any of the incidents. Prior to collecting the data, the investigator anticipated that the categories could conceivably be mentioned, especially since psychologists from community mental health centers participated in the study. The investigator thought that much greater diversity might appear in the consultations.
from community mental health centers than in those from schools. Since this study was the first to examine the consultations of school psychologists employed in community mental health centers, the researcher did not know what to expect concerning consultation characteristics. Therefore, the researcher included a wide range of possibilities and waited to see what would appear. The investigator did not expect all of the possible categories to be chosen.

Two categories appeared in the consultations of school psychologists in community mental health centers that did not appear in the consultations of school psychologists in the schools. Those categories were "individual adult client as the subject of the consultation" and "initial identification of the problem by the subject of the consultation." All other categories that were chosen were present in the consultations of school psychologists from both settings.

Certain types of consultees were not characteristic of the consultations in either setting. Those consultees were an individual medical doctor, a small group of medical doctors, a small group of social workers, a large group of counselors, a large group of administrators, a large group of psychologists, a large group of medical doctors, a large group of social workers, a community
A number of subjects were not discussed in any of the consultations reported in schools or community mental health centers. Those subjects were a group of school-related children larger than a school system group, a teacher, a counselor, a group of counselors, a group of administrators, a mixed group of school staff, an entire school system staff, a staff group larger than a school system, a group of parents, and a community. The subjects that were not discussed in any of the consultations were dropped from the analysis.

Certain goals were not mentioned in any of the consultations in schools or community mental health centers. Those goals follow:

a. To take some action within the consultation designed to change some aspect of the relationship between or among consultee(s), subject(s), and/or consulting psychologist.

b. Prevention - Understanding of an intra- or interpersonal situation to prevent a problem from occurring or worsening.

c. Rapport-building contact.
The goals that were not mentioned in the consultations were dropped from the analysis.

Some evidence was presented for differences between school psychologists employed in schools and school psychologists employed in community mental health centers concerning their characteristics of consultation. An outside person identified the problem more often in the schools than in community mental health centers. Confidentiality was established by written contract more often in community mental health centers than in the schools. School psychologists employed in community mental health centers used familiarization as an entry method more often than did psychologists employed in the schools. However, differences between the two settings occurred infrequently. For the most part, the consultation characteristics for the two groups of psychologists were similar.

Factors were generated for perceived effective and ineffective consultations in schools and community mental health centers. Principal components/principal axis factor analyses were used to generate the four groups of factors. The factors in the different groups consisted of predominantly the same consultation categories combined to form different patterns of consultation in the different groups.
The perceived effective consultations by school psychologists employed in the schools yielded a total of nine meaningful factors, accounting for 91 percent of the total variance. The factors that emerged were as follows:

I. Curriculum Evaluation - A group of a single type of professionals other than teachers coordinate an evaluation for possible change of curricula. The subject of the consultation is a body of knowledge. Confidentiality is discussed, but there is no contract. The relationship between consultee and subject is categorized as other.

II. Administrative Consultation - An individual administrator is the consultee. The consultant and not the consultee feels that there is a problem. The consultation involves a program rather than an individual child. Entry is made by direct communication, and directive counseling is not used. The consultee does not initiate the consultation.

III. School Program Consultation - A group of a single type of professionals other than
teachers consults about a school group of children. The goal is the evaluation and possible change of a program rather than the communication of information. The process is confrontation, and confidentiality is written.

IV. Supervisor Initiated Consultation - A group of teachers consult about a body of knowledge using an organization development process. Initial identification of the problem is made by the teachers' supervisor and not by an outside person. The relationship between the teachers and the subject of the consultation is one person removed and not direct.

V. Family Focused Counseling - Directive counseling is used to consult about a family or part of a family and not an individual child. Confidentiality is written rather than verbal.

VI. Consultant Initiated Family Intervention - The consultant initiates consultation with an individual professional other than a teacher, and they agree there is a problem, but disagree.
as to its definition. Entry is made by familiarization, and the goal is to modify behavior in the home.

VII. In-service for Persons Who Are Not Teachers - Directive counseling is used to provide training or in-service. The consultee is not a group of teachers, and the subject is not a large group of unrelated children. The goal is not to build understanding of interpersonal relationships.

VIII. Supporting an Individual Teacher - An individual teacher consults about a classroom group of children. The teacher's relationship to the classroom is not one person removed. The goal is to support the teacher regarding on-going interventions. Behavior modification is used. There are no provisions for confidentiality.

IX. Rapport Building Consultation - The entry method is anxiety reduction rather than direct service. Non-directive counseling rather than information giving is the process used.
Some of the perceived effective consultations in the schools from the present study were similar to certain effective factors that Levy (1974) found. Factors IV, V, VII, and VIII in the present grouping were similar to effective factors listed by Levy. In addition, Factor VIII from the present listing showed some similarity to one of the factors listed for Dieringer's (1974) total group of consultations. Of the nine factors describing perceived effective consultations in the schools in the present study, four were comparable to factors that were detected in previous research.

A total of nine factors emerged from the perceived ineffective consultations of school psychologists employed in schools. The nine factors were responsible for 91 percent of the total variance. The factors describing the perceived ineffective consultations in the schools follow:

I. Propose Remedial Prescription by Direct Communication - A group of mixed types of professionals consult to propose a remedial prescription. The consultant feels there is a problem, but the consultees do not, and they do not agree on the problem definition. The entry method is direct communication rather than familiarization or direct service.
Process consultation is not used. There are no provisions for confidentiality.

II. In-service about a Large Group of Unrelated Children - In-service is provided for a group of parents or teachers about a large group of unrelated children and not about an individual child.

III. Family Confrontation - The consultant brings individuals or groups together about a family or part of a family.

IV. Behavior Modification Initiated by an Individual Teacher Consultee - An individual teacher initiates consultation about a classroom group of children. Entry is by familiarization, and the goal and process are behavior modification. There are no provisions for confidentiality.

V. Supportive Consultation with Parents - An individual parent or set of parents consults about a body of knowledge. Entry is by anxiety reduction. The goal is to support
the consultee. The process is non-directive counseling and not direct information giving.

VI. Consultation with a Consultant or Supervisor - The relationship between the consultee and the subject of the consultation is one person removed and not direct. Confidentiality is discussed, but there is no contract.

VII. Program Evaluation by a Group of Professionals - A group of mixed types of professionals evaluate a program. The consultant and consultee disagree on the problem definition but agree there is a problem.

VIII. School Management - An individual administrator or professional other than a teacher consults about a school group of children which is two people removed from the consultee.

IX. Directive Counseling - Directive counseling is used in a consultation in which the consultant feels there is a problem and the consultee does not.
Although the present group of perceived ineffective factors did not resemble any of Levy's (1974) ineffective factors, Factor IV and Factor V in the present grouping resembled two of Dieringer's (1974) factors. The factors describing perceived ineffective consultations in the schools showed more points of difference than of similarity when compared with previously discussed factor groupings.

The perceived effective consultations in community mental health centers were described by 10 factors that accounted for 92 percent of the total variance. The perceived effective community mental health factors follow:

I. Supervisor Initiated Consultation with Teachers about a Body of Knowledge - A group of teachers consult about a body of knowledge and not about an individual child. The supervisor and not the consultee makes the initial identification. Confidentiality is not discussed. The relationship between the consultee and the subject is classed as other and not direct.

II. Individual Parent Counseling - The consultee is an individual parent or set of parents.
Initial identification is made by an outside person and not the consultee. Anxiety reduction is the entry method. The goal is to build understanding of intra-personal dynamics, and the process is non-directive counseling.

III. Disagreement on Problem Definition - The consultant and consultee disagree on the problem definition but agree that there is a problem. Entry is by familiarization. Confidentiality is not discussed.

IV. Coordination of an Evaluation with a Consultant or Supervisor - The subject is an individual adult client. The relationship between the consultee and subject is one person removed and not direct. Entry is by direct communication and not direct service. The goal is evaluation of curricula. Confidentiality is verbal.

V. Program Implementation - An individual administrator consults about a program and not about a child. The goal is to provide training in a technique or other in-service function.
VI. Direct Service/Adult Consultation to Support the Consultee - The subject, an individual adult client, identifies the problem. The consultee is an individual professional other than a teacher. The goal is to support the consultee concerning understanding or reaction to the situation.

VII. Parent Counseling Groups - Consultation is with a group of parents to build understanding of interpersonal relationships. The process is directive counseling and not information giving. The goal is not to communicate information.

VIII. Family Focused Modification of Behavior - An individual professional other than a teacher consults about a family or part of a family. The goal is to modify behavior in the home. Confidentiality is discussed, but no contract is made.

IX. Advisory Program Evaluation by a Mixed Group of Professionals. A group of mixed types of
professionals who are two people removed from the subject evaluate a program.

X. Behavior Modification Initiated by a Group of Teachers - A group of teachers initiate consultation about a classroom group of children. The goal is behavior modification.

Points in common existed between Perceived Effective Community Mental Health Factor II and Perceived Effective School Factor IX. Similarities also existed between Factor II in the present sample and one of Levy's (1974) effective factors, as well as one of Dieringer's (1974) factors. Additional commonalities were found between factors from the perceived effective community mental health group and factors from the perceived effective school group, Levy's effective group, and Dieringer's group. The 10 perceived effective community mental health factors were more dissimilar than similar to the factors that appeared in the other groupings.

The perceived ineffective consultations that took place in community mental health centers were described by 10 factors that accounted for 93 percent of the total variance. The 10 perceived ineffective community mental health factors consisted of the following:
I. Consultant Communicates Facts - The consultant identifies a problem that the consultee does not feel exists. The subject is a body of knowledge. Entry is by direct communication and not by direct service. The process is information giving. There are no provisions for confidentiality.

II. Direct Service/Adult Consultation to Propose a Remedial Prescription - An individual professional other than a teacher consults about an individual adult client. The client makes the initial identification of the problem. The consultee is one person removed from the client. The goal is to propose remediation.

III. Supervisor Initiated In-Service - A group of single type professionals other than teachers consults about a school group of children or a program. The supervisor initiates consultation. The goal is to provide on-going training or in-service.

IV. Classroom Management - An individual teacher consults about a classroom group of children
to build understanding of intra-personal dynamics. The teacher and consultant agree on the problem definition. Non-directive counseling is used. Confidentiality is not discussed.

V. Interpersonal Relationship Consultation - A Group of teachers consults about a program using an organization development process. The goal is to build understanding of interpersonal relationships. Anxiety reduction is used as an entry method.

VI. Parent Information Groups - A group of parents consults about a body of knowledge. Confidentiality is discussed, but there is no contract.

VII. Disagreement on Problem Definition in Consultee Initiated Consultations - The consultee identifies the problem, and the consultant and consultee disagree on the problem definition but agree that there is a problem. The goal is not one of supporting the consultee.

VIII. Familiarization Consultations - A group of single type professionals other than teachers
uses familiarization rather than direct service as an entry method. Confidentiality is not by written contract.

IX. Program Coordination by Confrontation - A group of single type professionals other than teachers coordinates a program evaluation using the process of confrontation. Confidentiality is not discussed.

X. Counseling Parents toward Modification of Behavior in the Home - Directive Counseling is used with an individual parent or set of parents to propose modification of behavior in the home.

Although some similarities existed between the perceived ineffective community mental health factors and the other factor groupings from the present study, as well as Levy's (1974) ineffective factors and Dieringer's (1974) factors, more differences than similarities were found.

Since the factors that described the four groups of consultation incidents were inconsistent, the groups could not be compared statistically. Therefore, the only comparisons of factors were made on the basis of the similarities and differences of the categories contained
Several findings are worthy of further comment. A type of consultation that appeared in community mental health centers and not in the schools involved an individual adult client as the subject of the consultation with initial identification of the problem coming from the subject. Not only were comparable consultations absent in the school setting, but they have not appeared in previous research (Levy, 1974 and Dieringer, 1974). In the present study an individual adult client was the subject of eight consultations in community mental health centers and no consultations in schools. Three important aspects were present in both perceived effective and perceived ineffective consultations of this type in community mental health centers. In both cases, the subject of the consultation was an individual adult client, the consultee was an individual professional other than a teacher, and initial identification of the problem was made by the subject of the consultation. A definite pattern was apparent, suggesting the existence of a certain type of consultation in community mental health centers that was not typical of consultations in the schools. In such cases, an adult contacted a community mental health center for help with a particular problem that he or she was experiencing. The client's contact
was with a mental health professional who consulted with the school psychologist at the agency concerning the client's problem. The failure of this pattern to emerge in a school setting seems reasonable, since schools deal primarily with problems related to the education of children, while community mental health centers serve entire communities, including both children and adults with various types of problems. Although not a total impossibility, there is little opportunity for a child to seek help for a problem that has not already been identified by someone else. The fact that none of the consultations in the schools, and four of the consultations in community mental health centers, were initiated by the subject of the consultation suggests a tendency for initial identification of the problem to originate with someone other than the subject within the school setting.

The factors that described the consultations in the schools in the present study differed from the factors that were found in other studies of psychologists employed in the schools (Levy, 1974 and Dieringer, 1974). However, such differences are not unreasonable, since the samples were based on somewhat different populations. Levy dealt with school psychologists employed in urban areas in Ohio, and the population from which she chose her
sample did not include interns. In Dieringer's study, the school psychologists were employed in suburban areas in Connecticut. The present study included a random sample of all school psychologists employed in Ohio schools, and interns were included in the group. Certain characteristics of interns distinguish them from other school psychologists. One feature is the fact that interns are associated with and supervised by universities, thereby making them susceptible to the influence of the universities. In addition, interns have less experience as school psychologists than do school psychologists who have already completed their internships. Despite the differences among the three samples, some similarities were found between factors from the present study and factors in previous research. However, more differences than similarities were evident.

One particularly noteworthy observation concerning the findings of the present study is the fact that none of the factors in any of the groupings could be considered to be child study factors. The lack of a child study factor is a deviation from Levy's (1974) findings. Moreover, child study has been the traditional role, as well as the most prevalent role of the school psychologist (Nicholson, Farling, and Stevenson, 1968; Rothman, 1972; and Lawrence, Engin, Mueller, and Yatko, 1973). Although the discrepancy
may be partially attributable to the differences in the populations that were used, other elements should also be considered. Each of the school psychologists that participated in the present study was asked to relate two incidents of particularly effective consultations and two incidents of particularly ineffective consultations. The respondents were specifically asked to think of consultations, and consultation usually connotes less direct contact with a child than does child study. Although it is possible to become involved in a consultation as the result of a child study experience, consultation encompasses a much broader range of activities than is true of child study. Since the role of the school psychologist is gradually changing away from child study and toward consultation (Lawrence, Engin, Mueller, and Yatko, 1973), the respondents probably had a larger fund of consultation experiences from which to choose and a more extensive knowledge of the scope of possible consultation activities, than was true of the school psychologists that were involved in the earlier research. The fact that interns, who were recently trained, were included in the present study lends support to the suggestion that the present group of psychologists may have been better informed than previous samples concerning the newer role of consultation in school psychology. With added knowledge and experience in the area of consultation,
psychologists would be able to be more selective about choosing incidents to report than was true in the past. The absence of a child study factor does not mean that school psychologists are not doing child study. It does mean that they know the difference between child study and consultation and are able to think of other types of consultation than those that are strictly follow-ups to child study.

The absence of a child study factor in the present study could be the result of a number of other conditions. One possibility involves the biases of the judges. If the judges were biased against child study, the likelihood that they would judge various consultations to be child study related is less than if they had impartial views. People tend to see what they want to see. Since two of the three judges had previously completed research of their own concerning consultation, the possibility exists that they favored a trend in school psychology away from child study. If that was the case, that fact could be an explanation for the absence of a child study factor.

Another possible reason for the absence of a child study factor involves the questioning by the interviewers. Since the study was aimed at consultation and the interview questions were directed at the specific consultation
practices that were used, the respondents may have gotten the impression that the interviewers were not interested in hearing about child study. Therefore, they may have screened their responses in such a way as to say what they felt the interviewer wanted to hear.

Considering the evidence that school psychology is moving away from child study (Lawrence, Engin, Mueller, and Yatko, 1973), changes in the way that psychologists view their role seem to provide the most likely explanation of the lack of a child study factor. As psychologists begin to see their role differently, a selective process can operate as they choose incidents to relate to an interviewer. Regardless of the amount of child study that is actually practiced, as psychologists see themselves less and less as testers of children, they are likely to report proportionately fewer child study focused consultations. Further research would be helpful for determining whether or not consultations that reflect child study have lost their importance among the total spectrum of consultations performed by school psychologists.

The factors that emerged in the present study were indicative of differing patterns of consultation existing among perceived effective and ineffective consultations in schools and community mental health centers. Three general types of patterns appeared repeatedly,
although the specific variables differed from one factor to another. One type of pattern involved some form of counseling relationship. Another involved some kind of in-service training, either for professionals or for parents. The third type of consultation pattern consisted of an administrative type of consultation activity. The factors that were of the administrative variety involved programming of one type or another. A number of different factors fell within the three general consultation types. Although the specific activities of the school psychologists in schools and community mental health centers were similar to each other in most cases, the patterns into which the activities and characteristics combined differed.

The comparisons that are made in this study involve the school psychologists employed in two settings. Very little has been done to compare the consultations that were perceived as effective or ineffective. There are certain reasons for avoiding a comparison of that type. One consideration is that perceptions of effectiveness do not necessarily coincide with objective measures of effectiveness. Therefore, accurate predictions of what would constitute effective and ineffective consultations cannot be expected from the data gathered in the present study. Another difficulty with inferring effectiveness
or ineffectiveness from the data in this study is the fact that perceptions of effectiveness are not identical from one person to another. A consultation that is judged to be effective by one psychologist may be judged to be ineffective by another psychologist. An example of such individual differences in judgment can be found in an excerpt from one of the interviews that was collected for this study. The respondent was describing an effective consultation in which the goal was to get the adult client to be gainfully employed. The consultees included a number of different agencies that were involved with the client. When asked what the result of the consultation was, the respondent replied, "The client disappeared." When asked why this was considered to be an effective consultation, the response was, "Because all of the agencies were poised and ready to step in. The whole thing was organized. All of the agencies were coordinated. They felt that at any time they could step in and go." To another psychologist, the situation may seem to be more of an example of an ineffective rather than an effective consultation.

**Implications**

School psychologists are employed in a number of different settings. The skills that school psychologists
possess are needed in many settings, and the school is only one of the many possible settings. The fact that sizeable differences between school psychologists in the schools and school psychologists in community mental health centers were evident for only a few of the consultation variables indicates that the functions required of the school psychologist are much the same in the two settings.

Since the school psychologist has a place outside of the school systems, that fact becomes important for the programs that train school psychologists. The assumption that the school psychologist will necessarily be going into the schools after completing a training program is fallacious. Therefore, training programs must provide for the variety of opportunities that will be open to the school psychologist. To provide experiences within the training programs whereby the students spend time in the schools is an accepted practice. There is value in exposure to a work setting before actually being placed in that setting as an employee. However, there would be value in exposing future school psychologists to other than school settings in which they may later find employment. Mental health centers would provide an excellent setting in which to train school psychologists. In addition, such placements would provide
students with some knowledge of the different circumstances with which they must contend in different settings. A school psychology training program should prepare its students to seek employment not only in school systems, but also in community mental health centers, universities, and private practice.

The present study investigated the possibility of differences in school psychology consultations between schools and community mental health centers in Ohio. Although the consultation activities were the same for both groups, the specific patterns into which they combined differed from one situation to another. Another question that arises is whether or not there are differences among school psychology consultations that occur in other settings. In addition to schools and community mental health centers, school psychologists are employed in universities, private practice, hospitals, and residential treatment facilities. There would be value in studying the nature of consultations in those settings. School psychologists are also employed in a wide variety of geographical locations. Differences may very well exist in the practices of school psychologists located in different states, as well as in different countries. Since consultation is a relatively new trend in the role of the school psychologist, perhaps there is something to
be learned by comparing consultation practices as they exist in different areas. There is a need to build a broader perspective of consultation and school psychology than the limitations of one state and one or two settings provide.

Consultation is an activity that is not unique to the school psychology profession. Other professionals also engage in consultation practices, and the extent to which the work of other professionals overlaps with the work of the school psychologist is unknown. There is reason to investigate the ways in which the consultations of school psychologists compare with the consultations of other professionals and with the consultations of psychologists from other fields of psychology. Other professionals that may be compared with school psychologists are social workers, school counselors, child psychiatrists, curriculum supervisors, etc. The consultation practices of counseling psychologists, clinical psychologists, developmental psychologists, and educational psychologists could also be investigated with respect to how they compare with the consultations of school psychologists. If an overlap of function were found to exist in any of the comparisons, there might be ramifications in attempting to devise a more efficient division of functions, particularly in situations
in which several of the different professionals were em­
ployed in one setting and were dealing with the same group
of people.

One component that influences consultation is individ­
ual style. Training programs can prepare persons to be
consultants by exposing trainees to information and
techniques that others have found to be effective.
However, there is a limit to the training that can be
provided. At some point individual style must take con­
trol. Each consultant must choose the style that allows
him to work most effectively. Techniques that one person
finds useful may be totally wrong for another individual.
If a consultant is not comfortable within the style in
which he works, his effectiveness will suffer. In con­
sidering the components that make one consultation differ­
ent from another, the individual differences among the
consultants must be considered.

The appearance of several factors dealing with ad­
ministrative or program oriented consultations in both
settings raises some interesting questions. The possi­
bility seems to exist that school psychologists are
moving in the direction of administrative positions
within their schools or agencies. If such a trend does
exist, the question arises as to why school psychologists
would switch to administrative jobs. Two possible
considerations in a transition of that sort are money and status. Perhaps there are serious limitations to the amount of money and/or status being offered to school psychologists who continue to function as psychologists. If so, the only alternative for psychologists who wish to advance in their careers at their schools or agencies is to make the transition to another role within the system. As administrators they would find more room for advancement. If psychologists are moving away from psychology as they gain experience, there may be serious ramifications for the quality of psychological services being offered. In the present study the mean number of years of experience was just over five years. If the people who are functioning as psychologists are the people who have the least amount of experience as psychologists, certain questions arise as to the quality of service. Possibly the less experienced psychologists, being more recently trained, are more in touch with new trends such as consultation. On the other hand, perhaps the people with less experience also have less expertise in matters of psychological practice. One question for further research is whether the competent and experienced psychologists are moving out of psychology and into administrative duties. If that trend is occurring, the next question is what the effect will be on the quality
of school psychological services. That question is one that school systems and community mental health centers should consider carefully.

The appearance of a number of administrative factors also raises some questions about bureaucratic influences in school psychology. Schools and mental health centers both have bureaucratic structures, and those structures can work in both functional and dysfunctional ways (Bobbitt, et al., 1974). Bureaucracies are characterized by rules that determine the reactions to various behaviors. The rules are functional as long as the behaviors are the ones that have been anticipated. However, when new behaviors appear, rules can become dysfunctional by treating a new behavior in a manner prescribed for one of the pre-defined behaviors. If the response to the behavior is inappropriate, the system fails to work efficiently. Another problem with the rules of a bureaucracy is the fact that the means toward desired goals often tend to become the ultimate goals. Therefore, procedures that have outlived their usefulness can continue in operation (Bobbitt, et al., 1974).

Bureaucracies also tend to depersonalize situations (Bobbitt, et al., 1974). Standard procedures are established for dealing with various issues. When situations are depersonalized, clients tend to become dissatisfied.
In psychology the clients are the most important aspects of the situation. Therefore, psychologists must be careful not to introduce too much bureaucracy into psychological services.

The finding that confidentiality was established in writing more frequently in community mental health centers than in the schools merits some consideration. The nature of the written confidentiality varied from one consultation to another. In some cases confidentiality involved a written school or agency policy. In other cases written permission for release of information was obtained. Considering the recent legislation concerning student rights with respect to school records, one would expect school regulations concerning confidentiality to become more stringent, which leads to the expectation of written provisions for confidentiality. To determine whether or not a change in school policy ensues as a result of the legislation would be of interest. A further question of interest concerns why written confidentiality was established more frequently in community mental health centers than in the schools. Perhaps the nature of the consultation made the difference. The possibility exists that the cases involving community mental health centers were more severe than the cases in the schools, thus necessitating more stringent confidentiality
precautions. If so, perhaps the cases in the community mental health centers were originally referred there by school psychologists employed in the schools, who felt the cases required more attention than they could provide. Another possibility is that more medical records were involved in the consultations at multidisciplinary community mental health centers than in the consultations at schools. Perhaps the long history of medical confidentiality affected the consultations. Confidentiality is a newer idea in the schools. The difference in confidentiality may have also been the result of differences in the types of consultation. If more of the consultations in the schools involved programs or groups of children, rather than individuals or families, there would be less of a need for confidentiality to be established in writing. Further investigation into the establishment of confidentiality in schools and in community mental health centers would provide some interesting information.

Although the respondents in the present study were asked to report two effective consultation incidents and two ineffective consultation incidents, the only criterion that was used to judge the effectiveness was the judgment of each of the respondents. There were no objective measures used to rate effectiveness. Therefore, the results
of the present study cannot be used to specify what characterizes effective and ineffective consultations. If another study should demonstrate what constitutes effective consultation, then it may be possible to teach the skills associated with effective consultations. Whether or not consultation skills can be taught is a question that is currently being investigated (Sachs, in process. Such a study could have great ramifications for school psychology training programs.

An interesting observation relates to the effectiveness or ineffectiveness of the various consultations. In each case, the respondent was asked why he or she felt that the consultation was particularly effective or ineffective. For the psychologists in both settings, the tendency was to credit the psychologist for the effective consultations and to place the blame elsewhere for the ineffective consultations. For the school group, the effective consultations were credited to the psychologist 28 times (54 percent) and to some other source 24 times (46 percent). The ineffective consultations were blamed on the psychologist 14 times (27 percent) and on some other source 38 times (73 percent). In the community mental health group, the effective consultations were credited to the psychologist 35 times (67 percent) and to another source 17 times (33 percent).
The ineffective consultations were blamed on the psychologist 14 times (27 percent) and on some other source 38 times (73 percent). An objective measure of effectiveness and ineffectiveness might also look at the instrumental factors in making the consultations either effective or ineffective, rather than relying on the subjective judgments of the people involved.

The present study looked at consultation models as they existed in two settings. Differences were found to exist among effective consultations in schools, ineffective consultations in schools, effective consultations in community mental health centers, and ineffective consultations in community mental health centers. For the most part, actual consultation practices did not differ between the two settings, but the patterns into which the practices were combined did differ. The background characteristics of the two groups of psychologists were similar. Although school psychologists employed in the schools and school psychologists employed in community mental health centers had similar backgrounds and used similar consultation practices, the combinations in which the consultation practices were put to use differed from one setting to the other.
APPENDIX
TABLE 45

ORTHOGONALLY ROTATED FACTOR MATRIX - FACTOR LOADINGS FOR PERCEIVED EFFECTIVE CONSULTATIONS IN SCHOOLS

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**TABLE 46**

ORTHOGONALLY ROTATED FACTOR MATRIX - FACTOR LOADINGS FOR PERCEIVED INEFFECTIVE CONSULTATIONS IN SCHOOLS

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Note: The table contains numerical data representing factor loadings.
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**Orthogonally Rotated Factor Matrix** - In Community Mental Health Centers

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**Table 48**

**Factor Loadings for Perceived Ineffective Consultations**

Orthogonally rotated factor matrix for community mental health centers.
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<th>Effective Factors</th>
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<th>V</th>
<th>VI</th>
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