INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

Bell & Howell Information and Learning
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
800-521-0600

UMI®
AN EXAMINATION OF FAMILY ORIENTED PRACTICE AND CULTURAL DIVERSITY IN SCHOOL PSYCHOLOGY: A NATIONAL SURVEY OF SCHOOL PSYCHOLOGY PRACTITIONERS

DISSERTATION

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

By

Scott A. Loe, M.A.

* * * *

The Ohio State University

2000

Dissertation Committee:
Dr. Antoinette Miranda, Adviser
Dr. Gwendolyn Cartledge
Dr. Ralph Gardner

Approved by:

Dr. Antoinette Miranda
Adviser

Dr. Gwendolyn Cartledge

College of Education
ABSTRACT

The purpose of this study was to examine school psychologists' professional practices and training in the areas of family oriented services and cultural diversity. The School Psychology Family Practices Questionnaire was mailed to a stratified random sample of 500 school psychologists drawn from the 1999 membership roster of the National Association of School Psychologists (NASP). The two strata consisted of non-doctoral and doctoral level school psychologists. Return rates included: 61.20% (N = 306) for the whole sample, 58.7% (n = 209) within the non-doctoral stratum, and 66.90% (n = 97) within the doctoral stratum. The survey contained open and closed ended questions that collected information describing the sample's demographic characteristics, professional practices, and training experiences. Five general areas were examined in the area of family oriented practice: (1) the frequency, both actual and preferred, of respondents' assessments, direct services, indirect services, and home-school collaboration activities, (2) differences in the frequency of non-doctoral and doctoral respondents' assessments, direct services, indirect services, and home-school collaboration activities, (3) respondents' use of family oriented assessment procedures, (4) respondents' training and competence related to the delivery of family oriented
services, and (5) factors that interfere with the provision of family oriented services in the school setting. In the area of cultural diversity, the survey examined ethnic diversity among school psychologists, the extent to which school psychological services are delivered to a diverse population of students and families, and respondents’ training and competence in the delivery of services to ethnically diverse populations.

With regard to professional practices, data analysis revealed that individual student assessment represented the most common professional practice among school-based practitioners and that indirect services comprised the most commonly practiced category of family intervention services. Assessment occupied the largest proportion of respondents’ professional time (51.27% for non-doctoral respondents, 37.43% for doctoral respondents) and frequently involved the use of child-focused assessment methods, such as parent ratings of child behavior. Within the domain of family intervention, a large proportion of respondents reported parent consultation (89.12% of non-doctoral respondents; 87.88% of doctoral respondents) and activities that promote home-school collaboration (81.87% of non-doctoral respondents; 68.18% of doctoral respondents) as part of their professional activities. Parent consultation and home-school collaboration activities also occupied a large percentage of respondents’ professional time (24.53% for non-doctoral respondents; 31.47% for doctoral respondents). By contrast, direct family services, such as family therapy, were conducted by a minority of respondents (6.74% of non-doctoral; 10.61% of doctoral) and occupied the smallest proportion of professional time among the services examined (.88% for non-doctoral
respondents; 1.95% for doctoral respondents). Both non-doctoral and doctoral respondents preferred to dedicate more time to indirect family services, particularly activities that promote home-school collaboration, and reduce the amount of time spent performing individual student assessments. Differences between doctoral and non-doctoral practices were observed, but only in the amount of time spent conducting assessments with non-doctoral respondents spending significantly more time in this area compared to doctoral respondents. Overall, these data indicate that the majority of school psychologists’ family intervention activities are based on a consultation model and that direct services, including family therapy, are not commonly practiced in the schools. Though these findings strongly suggest that indirect family services have become an important component of school psychology practice, the most prominent service continues to be assessments related to special education eligibility.

With regard to school psychologists’ training in family oriented services, the content of respondents’ training corresponded with their actual practices and the domains where they felt the most competent. More respondents received coursework (81.40%) and practicum experiences (57.90%) that involved family consultation than received training in family therapy and family assessment with training being acquired primarily as part of a masters degree program. Parent consultation also received the highest satisfaction ratings with regard to quality of training and perceived competence. Overall, findings from this study indicated that the content of school psychologists’ training in
family oriented services corresponds to the indirect services most frequently provided to parents and families in school settings.

In the area of cultural diversity, data analysis suggested that school psychology is an ethnically homogeneous profession that provides services to a diverse population of students and families. Only 9.5% of the participants in this study represented members of an ethnic minority group. However, a sizable percentage of assessment, consultation, and counseling services (between 26.57% and 33.40%) were provided to students and families who had ethnic backgrounds that differed from their school psychologist’s. Though the majority of respondents had received some training related to cultural diversity (94.12%), a sizable proportion of respondents felt “Dissatisfied” or “Very Dissatisfied” with their competence (23.3%) and training (34.2%) in the provision of services to ethnically different populations. When asked how to improve cultural diversity training, the most frequently stated recommendation was increased exposure to diverse populations through experiences such as practicum and internship. Findings from this study suggested that school psychology training could be greatly enhanced by expanding opportunities for graduate students and interns to work with ethnically and culturally diverse clientele.
Dedicated to Anne
ACKNOWLEDGMENTS

This study could not have been completed without the help and support of a great many individuals. First and foremost, I wish to thank my wife Anne. We arrived at OSU with a two-year plan; finish graduate school and head west. Somehow, graduate school kept presenting incentives to stick around. In the blink of an eye it seems, two years has become six. Thank you for your flexibility and encouragement with all of the unexpected opportunities that have rolled our way. Thank you for being a sounding board for ideas and frustrations and for challenging both when necessary. Thank you for being the extra set of hands and the editor's pen that seemed to come along at just the right time. Most of all, thank you for being my loving partner. You have enhanced this journey more than words can express.

I would like to express my heartfelt thanks to my advisor, Dr. Antoinette Miranda, and my other advisor, Dr. Gwen Cartledge. The support, encouragement, flexibility, and friendship that you both provided not only shaped this project, but my professional identity and aspirations. Some people never have the opportunity to work with a mentor. I've had the privilege of working with two.
I wish to thank Dr. Laurice Joseph and Dr. Ralph Gardner for your support, time, and willingness to enter this process in the middle of things.

I wish to thank Jim Khoury, Dr. Mike Fuller, and all the psychologists at the Muskingum Valley Educational Service Center. My experiences as an intern helped inspire this project and your feedback greatly enhanced the survey.

Finally, I wish to thank my parents, Jim and Sylvia Loe, for offering their love and encouragement. Thank you for your patience as I struggled to discover my interests and for your encouragement as I pursued them.
VITA

March 5, 1970 .............................................Born – Fort Wayne, Indiana

1993 ...............................................................Bachelor of Science
Arizona State University
Tempe, Arizona

1996 ...............................................................Master of Arts
The Ohio State University
Columbus, Ohio

1996-97 .........................................................Intern School Psychologist
Muskingum County Educational Service Center
Zanesville, Ohio

Child Development Council Head Start
Columbus, Ohio

1998-2000 .....................................................Research Project Coordinator
The Ohio State University
Columbus, Ohio

2000-Present ................................................School Psychologist
Columbus Public Schools
Columbus, Ohio

FIELD OF STUDY

Major Field: Education
School of Physical Activities and Educational Services
Dr. Antoinette H. Miranda
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>ii</td>
</tr>
<tr>
<td>DEDICATION</td>
<td>vi</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>vii</td>
</tr>
<tr>
<td>VITA</td>
<td>ix</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>xv</td>
</tr>
<tr>
<td><strong>CHAPTERS:</strong></td>
<td></td>
</tr>
<tr>
<td>1. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>7</td>
</tr>
<tr>
<td>Research Questions</td>
<td>8</td>
</tr>
<tr>
<td>Significance of the Study</td>
<td>11</td>
</tr>
<tr>
<td>2. REVIEW OF LITERATURE</td>
<td>12</td>
</tr>
<tr>
<td>Family Variables and Children’s Adjustment</td>
<td>14</td>
</tr>
<tr>
<td>Parental Conflict</td>
<td>14</td>
</tr>
<tr>
<td>Parenting Styles</td>
<td>16</td>
</tr>
<tr>
<td>Influence of Legislation on Family Oriented School</td>
<td>17</td>
</tr>
<tr>
<td>Psychological Services</td>
<td></td>
</tr>
</tbody>
</table>
3. METHODOLOGY ...........................................................................................................73

Subjects..........................................................................................................................73
Instrument ....................................................................................................................74
Pilot Test........................................................................................................................76
Data Collection Procedures .......................................................................................76
Data Analysis ................................................................................................................77
Analysis of Open-Ended Survey Questions ............................................................82

4. RESULTS ...........................................................................................................................84

Return Rate..................................................................................................................84
Respondent Characteristics.......................................................................................84

Results from Quantitative Data Analysis ..................................................................89

Proportion of Time Spent Conducting Family Oriented Services..............89
Differences Between Non-Doctoral and Doctoral Practices ...............97
  Differences in Actual Practices .........................................................................103
  Differences in Preferred Practices .................................................................105

Frequency of Family Oriented Assessment Procedures
Utilized in Individual Assessment ..................................................................107

Degree of Training for Family Oriented Services ......................................111

Satisfaction with Training in Family Oriented Counseling,
Family Consultation, Home-School Collaboration,
and Family Assessment .................................................................................118

Percentage of Services Delivered to Ethnically Different
Students and Families .....................................................................................121

Degree of Training in Cultural Diversity .........................................................122
Satisfaction with Training and Competence in The
 Provision of School Psychological Services to Ethnically
 Diverse Students and Families..............................................127

Analysis of Qualitative Data..................................................129

5 DISCUSSION .................................................................143

Parameters of the Study.........................................................144

Family Oriented Services.......................................................145

Proportion of School Psychologists’ Time Spent Conducting
Individual Student Assessment, Family Oriented Counseling,
and Family Consultation.......................................................146

Differences Between Non-Doctoral and Doctoral Level School
Psychologists in Time Spent Providing Individual Assessment,
Family Oriented Counseling, Family Consultation, and
Home-School Collaboration...................................................149

School Psychologists’ Preferred Frequency for Assessment,
Family Oriented Counseling, Family Consultation, and
Home-School Collaboration...................................................151

School Psychologists’ Use of Family Assessment Information....153

School Psychologists’ Training in Family Oriented Counseling,
Family Consultation, and Family Assessment.........................154

School Psychologists’ Satisfaction with Training,
Satisfaction with Perceived Competence, and
Recommendations to Improve Training in Family Therapy,
Family Consultation, and Family Assessment.........................157

xiii
<table>
<thead>
<tr>
<th>TABLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Demographic, Training, and Employment Characteristics of Non-Doctoral and Doctoral Respondents to the <em>School Psychology Family Practices Questionnaire</em></td>
</tr>
<tr>
<td>4.2</td>
<td>Individual Survey Items Associated with Professional Practice Categories Examined on the <em>School Psychology Family Practices Questionnaire</em></td>
</tr>
<tr>
<td>4.3</td>
<td>Means and Standard Deviations of Actual and Preferred Hours for Family Oriented School Psychological Services Reported by Non-Doctoral and Doctoral Level School-Based Practitioners</td>
</tr>
<tr>
<td>4.4</td>
<td>Means and Standard Deviations For the Reduced Distributions of Actual and Preferred Hours for Family Oriented School Psychological Services Reported by School-Based Practitioners by Degree Level</td>
</tr>
<tr>
<td>4.5</td>
<td>Kikmogorov-Smirnov Statistics For Reduced Distributions of Actual and Preferred Hours for Family Oriented School Psychological Services by Degree Level</td>
</tr>
<tr>
<td>4.6</td>
<td>Means and Standard Deviations for the Transformed Distributions of Actual Practice Hours for Family Oriented School Psychological Services by Degree Level</td>
</tr>
<tr>
<td>4.7</td>
<td>Multivariate Analysis of Variance (MANOVA) for Actual Hours Spent Conducting Family Oriented School Psychological and Follow-Up Analyses of Variance (ANOVA’s) for Dependent Measures</td>
</tr>
<tr>
<td>4.8</td>
<td>Means and Standard Deviations For the Transformed Distributions of and Preferred Hours for Family Oriented School Psychological Services by Degree Level</td>
</tr>
</tbody>
</table>
4.9 Multivariate Analysis of Variance (MANOVA) for Preferred Hours Spent Conducting Family Oriented School Psychological Services and Follow-Up Analyses of Variance (ANOVA’s) for Dependent Measures ......................................................... 106

4.10 Percentage of Respondents Employed in School Settings Who Reported the Use of Family Oriented Assessment Procedures During Individual Student Assessments ............................................. 109

4.11 Percentage of Respondents to the School Psychology Family Practices Questionnaire who Received Graduate Coursework and Practicum by Content Area and Degree Level ..................................... 115

4.12 Percentage of Respondents Who Received Graduate Coursework and Practicum Experience In Family Oriented Services While Enrolled in Masters Degree and Doctoral Degree Programs .......... 116

4.13 Percentage of Doctoral and Non-Doctoral Respondents to the School Psychology Family Practices Questionnaire Who Received Internship Training and Continuing Education Related to Parent Consultation, Family Therapy, and Family Assessment .......................................................... 117


4.15 Percentage of Assessment, Consultation, and Counseling Therapy Provided to Ethnically Different Students, Families, and Educators by Degree Level ................................................................................. 122

4.16 Percentage of Respondents to the School Psychology Family Practices Questionnaire who Received Graduate Coursework, Internship Training, and Continuing Education Related to Cultural Diversity by Degree Level ........................................................................... 125

4.17 Percentage of All Respondents Who Received Graduate Courses in Cultural Diversity While Enrolled in Masters Degree and Doctoral Degree Programs ......................................................... 126

4.19 Percentage of Total Responses Coded into Response Categories for the Question: “What factors, if any, limit your capacity to provide services to families, such as consultation with parents and family therapy?” .................................................................................. 132

4.20 Percentage of Total Responses Coded into Response Categories for the Question: “What factors, if any, limit your capacity to participate in activities that facilitate home-school collaboration?” ........................................ 136

4.21 Percentage of Total Responses Coded into Response Categories for the Question: “What recommendations would you make to improve training for school psychologists with regard to the provision of services to families, such as family therapy and consultation with parents?” .................................................................................. 139

4.22 Percentage of Total Responses Coded into Response Categories for the Question: “What recommendations would you make to improve training for school psychologists with regard to providing services to ethnically different students and families?” .................................................. 142
CHAPTER 1

INTRODUCTION

Family issues have been of interest to school psychology since its inception. Lightner Witmer (1867-1956), who established the first psychological clinic at the University of Pennsylvania and who is often considered the founder of school psychology, often incorporated a detailed family history into his work with children referred by teachers (Crespi, 1997). Other family issues, such as parent training, have also been practiced throughout the field's history (Sandoval, 1993). However, traditional intervention and assessment practices have been predominately child focused. Counseling, for example, has historically focused on individual and group processes. As applied to school based practice, these procedures were initially rooted in vocational guidance theory and psychodynamic theory. More recently, Rogerian conceptualizations and the theories of other significant persons, such as Adler, Ellis, Maslow, Perls, Sullivan, Wolpe, Bandura and others, have influenced individually oriented counseling and intervention practices. In a similar fashion, assessment, long a function of school psychologists, has traditionally been a child-centered practice (Fagan & Wise, 1994).
Though the profession of school psychology has concerned itself with the family since its inception, the need to make family a primary focus of school psychological services is relatively recent. Literature outlining a need for school psychologists to receive training in family therapy began to appear in school psychology journals in the 1970s (Mandato, 1971). It was also during this time that family systems theory was proposed as a useful theoretical basis for the assessment and treatment of school related difficulties (Lombard, 1979; Minor, 1972). This trend has continued through the 1980s and 1990s with a proliferation of papers outlining various models of family therapy, school consultation, and assessment based on family systems theory. At least two textbooks have been published within the last ten years (Fine & Carlson, 1991; Walsh & Williams, 1997) which outline family oriented interventions for school problems. Clearly, family oriented school psychological services have been accepted and promoted within the school psychology literature.

In addition to literature within school psychology, federal legislation has also encouraged family oriented services. Part B (Public Law 94-142) and Part C (Public Law 99-457) of The Individuals with Disabilities Education Act (IDEA) have most directly addressed family oriented services. IDEA Part B (P. L. 94-142) mandates the involvement of parents in the assessment, placement and individualized education plan (IEP) development of all students with disabilities between the ages of three and 21. Part C (P. L. 99-457) mandates family oriented services for infants and toddlers between birth and two years of age. Specifically, services are mandated in three domains: (1) assessment (e.g., focusing on the family’s strengths and needs relating to the infant or toddler with a disability), (2) development of an individualized family service plan (IFSP) (e.g., a structured intervention plan involving the entire family), and (3) the provision of early
intervention services to children, and their families as outlined by the IFSP (Jacob-Timm & Hartshorne, 1998). By encouraging school psychologists to direct their attention toward more effective methods of involving parents in the assessment and intervention processes, IDEA changes the focus of school psychological services from a traditional child-centered orientation toward an ecological orientation that involves families as both planning partners and valid contexts for treatment. Fortunately, the profession of school psychology is not alone in its mandate to work with families. Many of the skills needed to involve parents in the assessment and intervention planning processes and provide treatment services to families can be derived from other family focused disciplines (Sheehan & Sites, 1988).

Have the actual practices of school psychologists followed the recommendations of family service advocates? This question has received little attention in the professional literature. Research which examines the practices of school psychologists indicates that individual child assessment occupies the majority of school psychologists’ time and that these practices consist primarily of the administration of standardized intelligence and achievement tests and classroom observation of students’ behavior (Curtis, Hunley, Walker, & Baker, 1999; Goldwasser, Meyers, Christenson, & Graden, 1983; Reschly & Wilson, 1995; Woody & Davenport, 1998). Surveys regarding school psychologists’ practices have also found that many school psychologists would prefer to spend time in practice domains other than assessment, but are unable to do so because of the time demands associated with assessment for special education eligibility (Woody & Davenport, 1998).
Only two published studies (Carlson & Sincavage, 1987; Fish & Massey, 1991) have examined the family oriented practices of school psychologists in the schools. These studies reveal a mixed bag with regard to family oriented services. In the assessment domain, Carlson and Sincavage (1987) found that respondents conducted assessments which were predominantly child focused although family variables were rated as highly relevant to children's learning and behavioral problems. Family information was frequently used in assessment, though it was typically collected by persons other than the school psychologist. Regarding intervention practices, the majority of respondents engaged in some form of family intervention, such as brief family therapy. All respondents expressed moderate satisfaction with their level of family training (72% received formal training through coursework, 42% through internship) but low satisfaction with administrative support for conducting family intervention and assessment. Overall, the data obtained by Carlson and Sincavage indicate that school psychologists are incorporating family oriented techniques into some aspects of their practices but failed to quantify the amount of time respondents dedicated to these practices. In a more recent study, Fish and Massey (1991) found that school psychologists in New York State spent an average of just eight percent of their day in contact with a student's parents or other family members. This time was spent primarily with the mother and consisted of telephone contacts, conferences with others present, preparing written communications, and individual parent meetings. These data did not indicate whether or not respondents provided intervention services to families. Certainly, additional research is needed to determine both the types and amount of family oriented services currently being delivered by school psychologists.
A general limitation of the professional practices literature in school psychology is a lack of studies over the past decade which have replicated and expanded existing findings related to family oriented practices, such as Carlson and Sincavage (1987) and Fish and Massey (1991). Additional research needs to address issues related to assessment, direct services, and indirect services with families. Such research can provide an updated assessment of family oriented practices in each of these domains as well as an evaluation of how these services have changed over the past decade. New research can also address other contexts which potentially bring school psychologists into contact with families. Home-school collaboration is one such domain. School psychologists can facilitate productive collaboration between parents and schools through activities such as parent volunteer programs, parent education, and consultation with school personnel regarding how to engage parents in a problem solving dialogue (Christenson, 1995). Existing professional practices research has not examined the extent to which school psychologists spend time in activities which facilitate home-school collaboration.

Cultural diversity issues represent a third limitation in the professional practices literature. Related fields, such as counseling psychology and education, have addressed the impact of culture on the behavior for both professionals and their clientele. As a profession, school psychology has addressed cultural issues primarily in the context of bias in standardized testing and assessment. However, providing psychological services to families from different cultural backgrounds requires skills and knowledge beyond assessment. School psychologists must develop an awareness of how culture impacts individuals, including themselves, in domains such as verbal and nonverbal communication, self-control, time orientation (i.e., the extent to which one is present vs. future oriented), activity (i.e., the extent to which planning should precede action), the
nature of social relationships, and attitudes toward achievement (Brown, 1997). Additionally, cultural differences in the dynamics of family systems must also be familiar to school psychologists (Miranda, 1993). Once known, this information can be used to avoid miscommunication within counseling and consultation relationships and the misattribution of culturally relevant behavior during assessments. This body of knowledge and skills has been referred to by some authors as cross-cultural competence (Gopaul-McNicol, 1997; Imber-Black, 1997; Lynch & Hanson, 1992). A fundamental assumption in the cross-cultural competence literature, often based on changing demographic trends in the racial composition of the United States population, states that school psychologists will frequently provide services to culturally different students and families. Current demographic trends support this assumption. However, little research has examined the percentage of school psychologists’ services which are actually provided to culturally different populations. Additionally, few studies have examined the extent to which school psychologists have received training and acquired skills related to cross-cultural competence. One published study by Rogers, Conoley, Ponterotto, and Wiese (1992) found that six percent of the school psychology training programs required students to take a foreign language and 60 percent of programs offered at least one course specifically devoted to multicultural issues. In the area of field training, it was estimated that 69 percent of the programs exposed students to minority clients less than one quarter of the time during practicum and internship experiences. These findings suggest that a subgroup of school psychology students have either limited or no exposure to culturally diverse populations during their training. However, these data may underestimate the percentage of practicing school psychologists who possess cross-cultural competencies due to opportunities for training which may exist outside of graduate training. Both the
proportion of services provided to culturally different groups and the number of cross-
culturally competent practitioners are issues which need to be addressed in the school
psychology literature.

Statement of the Problem.

The primary purpose of this study was to investigate the current status of family
oriented practices in school psychology. This study also examined school psychologists’
training and practices with regard to culturally different children and families. A sample
from the membership roster of the National Association of School Psychologists (NASP)
responded to a mail survey which assessed four general areas: (1) demographic
information, (2) family oriented professional practices (including assessment, direct
services, indirect services, and home-school collaboration), (3) training experiences related
to family oriented services and cross-cultural competencies, and (4) cultural diversity
among the students and families who receive school psychological services. This study is
expected to contribute to the literature regarding the current status of family oriented
services in school psychology, including home-school collaboration, as well as literature
involving cross-cultural issues in school psychology.
Research Questions.

This study addressed the following research questions in two general areas: (1) the status of family oriented services, and (2) cultural diversity.

The following research questions will be addressed regarding the current status of family oriented services delivered by school psychologists:

1) What proportion of school psychologists' time is spent engaged in each of the following practice domains:
   a) Assessment (of individual students)?
   b) Counseling or psychotherapy with families?
   c) Consultation with families?
   d) Activities which promote collaborative relationships between schools and parents?

2) Do doctoral level and non-doctoral level school psychologists differ in the time they spend engaged in each of the following practice domains:
   a) Assessment (of individual students)?
   b) Counseling or psychotherapy with families?
   c) Consultation with families?
   d) Activities which promote collaborative relationships between schools and parents?
3) What proportion of time would school psychologists prefer to spend engaged in each of the following practice domains:
   a) Assessment (of individual students)?
   b) Counseling or psychotherapy with families?
   c) Consultation with families?
   d) Activities which promote collaborative relationships between schools and parents?

4) What factors do school psychologists perceive to limit their capacity to provide the following services to families:
   a) Consultation?
   b) Counseling or psychotherapy?
   c) Activities which promote collaborative relationships between schools and parents?

5) To what extent do school psychologists incorporate information about families into their assessments of individual students?

6) To what extent have school psychologists received training related to the provision of psychological services to families in the following domains:
   a) Counseling or psychotherapy?
   b) Consultation?
   c) Family Assessment?
7) To what extent are school psychologists satisfied with their training and competence related to the provision of psychological services to families in the following domains:
   a) Counseling or psychotherapy with families?
   b) Consultation with families?
   c) Family Assessment?

The following research questions related to cultural diversity issues in school psychology practice will be addressed:

8) In each of the following areas, what proportion of school psychologists' services are delivered to students and families from cultural/ethnic groups which differ from their own?
   a) Assessment (of families and individual students)?
   b) Counseling or psychotherapy (individual, family, and group)?
   c) Consultation (with families, and school personnel)?

9) To what extent have school psychologists received training in the delivery of school psychological services to culturally different families and students?

10) To what extent are school psychologists satisfied with their training and competence in the delivery of psychological services to culturally different families and students?
11) What improvements in training do school psychologists recommend in the following areas:

a) Family consultation
b) Family counseling/psychotherapy
c) Multiculturalism
d) Family Assessment

Significance of the Study.

This study added to the literature base regarding the school-based practices and training of school psychologists. In the domain of family-oriented practices, this study will add to the limited database which has investigated school psychologists’ involvement of parents and families in their assessment of students as well as the extent to which direct services, such as family therapy, and indirect services, such as consultation, are being provided to families. The results of this study can also be used as an initial evaluation of school psychologists’ activities related to home-school collaboration. Within the context of cultural diversity, this study will examine the extent that school psychologists provide services to culturally different populations. With regard to training, this study will examine school psychologists’ training in direct family services, indirect family services, and cultural diversity.
CHAPTER 2

REVIEW OF LITERATURE

Historically, school psychologists have focused primarily on the individual child, utilizing psychological assessment techniques to understand and ameliorate learning and behavioral difficulties. This traditional orientation is based on the assumption that the primary locus of health or disturbance rested within the child (Wendt & Zake, 1984). Fortunately, this is not the only service delivery approach utilized by school psychologists. As a field, school psychology has acknowledged the importance of external variables, including the family, on children’s adjustment. According to a recent position statement issued by the National Association of School Psychologists (1995a):

Societal factors impinge upon children’s school performance, including:

- increased cultural diversity; increased poverty and unemployment;
- increased drug abuse, crime, and violence; and
- change in the concept of family (e.g., divorce, remarriage, single parenting, extended families, neighbors). (p. 1224)

Over the past three decades, many authors have discussed school psychology’s need to become involved with parents and family systems in order to assess and intervene effectively with the challenges that confront many students.
This chapter will examine the current status of family oriented services in school psychology practice and training; including the theoretical basis underlying a family orientation to school psychology. Discussion shall begin with a brief review of literature linking school problems with family functioning followed by a review of federal legislation which has recognized the rights of the family and mandated family involvement in assessment and intervention practices. Because family systems theory has been discussed widely in relation to family oriented school psychological services, consideration will be given to both the applications of family systems theory that are relevant to school psychology and the implementation of these applications in school based professional practice. This discussion will include the school psychologist’s role as a provider of direct services (e.g., provider of individual, group, and family therapy) and indirect services (e.g., provider of consultation based services). As will become apparent, a discrepancy exists between the practices advocated by family systems oriented school psychologists and the field’s current practices. Any psychological service represents an interaction between individuals. Because it is common for many school psychologists to provide services to students and families who represent a wide array of cultural and ethnic backgrounds, the chapter will end with a review of cultural diversity issues related to the delivery of school psychological services to students and families.
Family Variables and Children’s Adjustment

The dialogue surrounding family oriented practice has developed as a result of several factors. Some, such as legislation, have been external to the field. Others, such as literature linking family factors to children’s functioning, have been internal. A discussion of family functioning may, at first glance, appear unrelated to the day-to-day concerns of many school personnel. However, the relevance of family systems becomes evident when examining the significant influence of family life on the psychological adjustment and academic functioning of children (Barbarin, 1992).

Parental Conflict

As stated by David, Steele, Forehand, & Armistead (1996), “. . . a child’s exposure to conflict is not limited to the outside world. Conflict in the home and, particularly that which occurs between a child’s parents, is prevalent in many homes” (p. 81). There is a substantial body of research, which has examined the relationship between marital conflict and children’s adjustment. These studies have observed that marital conflict creates a situation in which parents become increasingly involved in their own conflict situation, thus depleting themselves of the emotional resources necessary to effectively monitor their children. Emotional withdrawal can be accompanied by resentment directed toward the children in a manner that resembles resentment directed toward the spouse. The end result may be hostile interactions with the child (Harold, Fincham, Osborne, & Conger, 1997). Fortunately, this does not occur in all situations. However, there is evidence to suggest that the simple act of witnessing conflict may contribute to poor adolescent adjustment (David et al., 1996). Children in either type of
situation are caught in the middle of parental conflict and may experience consequences, such as externalizing behavior problem (David et al., 1996; Gartland & Day, 1991), internalizing behavior problems (David et al., 1996), and academic underachievement (Green, 1995), which can present significant challenges for educators and result in referrals for psychological services.

Though an extension of parental conflict in some families, divorce represents a separate area of study in relation to children’s adjustment. Generally speaking, researchers in this area argue over divorce’s impact on children. One view, represented by such authors as Hetherington and Stanley-Hagan (1999) and Pagani, Boulerice, Tremblay, and Vitaro (1997), maintains that divorce has several negative consequences for children. Based on their qualitative review of literature, Hetherington and Stanley-Hagan (1999) state that divorce exerts a negative impact on adjustment; at least in the months surrounding the divorce. Specifically, children often become depressed, anxious, angry, demanding, noncompliant, and antisocial as a family progresses through divorce. Academic performance may also be compromised. The greatest effects of divorce are generally obtained for externalizing disorders related to poor self-regulation, noncompliance, and aggressive behavior. Internalizing disorders, such as depression and anxiety, are seen to a lesser extent in many cases. Social problems, such as difficult relations with peers, parents, siblings, and teachers, are also common (Hetherington & Stanley-Hagan, 1999). On the other hand, some researchers, such as Edwards (1987) and Amato and Keith (1991), argue that the consequences of divorce are sufficiently small that many children do not suffer substantial negative consequences in psychological adjustment, school performance, and behavior and are indistinguishable from other children.
Parenting Styles

Parental conflict represents just one dynamic of family life that has been examined in relation to children's adjustment. The manner in which parents interact directly with their children has also been widely examined in relation to adjustment and problematic behavior. Parents express love and support, set standards for achievement and behavior, administer discipline, and communicate with their children in a variety of different ways. A large body of research has established a relationship between parenting style and children's adjustment from preschool through adolescence. In general, an authoritative style of parenting (highly demanding, highly nurturing, and highly responsive to the child's needs) has been associated with positive overall adjustment in children and adolescents (Baumrind, 1967; Baumrind, 1991b; Denham, Renwick, & Holt, 1991; Lamborn, Mounts, Steinberg, & Dornbusch, 1991). For example, adolescents who perceive their parents as authoritative display a high level of principled moral reasoning (Boyes & Allen, 1993; Palmer & Hollin, 1996) and tend to associate with "well rounded" peers who are affiliated with both peer and adult reward systems (Durbin, Darling, Steinberg, & Brown, 1993). By contrast, authoritarian parenting styles (highly demanding, minimally nurturing, and minimally responsive to the child's needs), permissive parenting styles (minimally demanding, highly nurturing, minimal use of discipline), and uninvolved parenting styles (minimally demanding, failure to meet child's needs) have been associated with various degrees of academic underachievement, learning disability, and antisocial behavior (Baumrind, 1991a; Green, 1995; Humphries & Bauman, 1980; Lamborn et al., 1991). In a different line of research, parenting styles described by Patterson (1982) as coercive (parental explosiveness, nattering, and threats
accompanied by poor follow through) have been associated with the use of aggression to influence others, a failure to receive modeling and reinforcement for appropriate social behavior, and a tendency to fraternize with "deviant" peer groups in school (Simons, Whitbeck, Conger, & Conger, 1991). The link between peer selection and parenting style is important when one considers that association with a deviant peer group has been identified as an important correlate of antisocial behavior (Cashwell & Vacc, 1996; Patterson, 1986; Simons et al., 1991).

Influence of Legislation on Family Oriented School Psychological Services

Historically, school psychology has been profoundly impacted by federal legislation. Three federal laws are relevant to family oriented practices: (1) The Family Educational Rights and Privacy Act (Public Law 93-568), (2) the "Hatch Amendment" (part of Public Law 95-561) and (3) The Individuals with Disabilities Education Act (IDEA) (Public Law 94-142). IDEA regulates family access to educational records, ensures that informed consent is obtained from parents prior to any assessment or treatment being conducted in the schools, and requires the involvement of family in treatment planning. These rights do not require the provision of family oriented services, but force school psychologists to consult with the family during some portion of the assessment and intervention process.

The Family Educational Rights and Privacy Act of 1974 (PL 93-568), also known as the "Buckley Amendment", was originally included in the extensions and amendments of the Elementary and Secondary Education Act of 1965 (PL-93-380). This legislation extends parents the right to access their child's educational records, the right to receive a
copy of these records, the right to control the dissemination of the record to third parties, and the right to challenge the content of the record if it is inaccurate or misleading (Prasse, 1978). The primary implication of this legislation is to protect the privacy of children and families by controlling access to confidential records. However, the right of a parent to view assessment and intervention records implies that families should be consulted as part of the information collection process. If for no other reason, this ensures accuracy.

The Protection of Pupil Rights or "Hatch Amendment" of (P.L. 95-561) was enacted in 1978 to provide protection from school actions that intrude upon student or family privacy. Based on these regulations, informed consent must be obtained from a student's parent or guardian if the child is an unemancipated minor prior to any psychological or psychiatric assessment or treatment. This is also an ethical responsibility of school psychologists. Although the family privacy protections of this amendment apply only to federally funded experimental, demonstration, or testing programs designed to draw out personal student or family information, Hatch Amendment regulations are viewed as a reflection of current legal opinions and appropriate school conduct in safeguarding privacy (Jacob-Timm & Hartshorne, 1998). As with the Family Educational Rights and Privacy Act of 1974 (P.L. 93-568), direct family involvement in assessment and treatment planning is not implicated. However, both of these laws force school psychologists to acknowledge the family in their practices.
The Individuals with Disabilities Education Act (IDEA) (Public Law 94-142) has been the catalyst for family involvement in the provision of intervention services in the schools (Lombard, 1979). This legislation originated as the Education of All Handicapped Children Act of 1975. In 1990, President Bush signed into law the Education of the Handicapped Act Amendments (P.L. 101-576) which changed the name of P.L. 94-142 to Individuals with Disabilities Education Act (IDEA). President Clinton signed into law the Individuals with Disabilities Education Act Amendments of 1997 (P. L. 105-97), which reauthorized IDEA and introduced changes designed to improve the law. The 1997 amendments restructured the law into four parts: Part A (General Provisions), Part B (Assistance for Education of all Children with Disabilities), Part C (Infants and Toddlers with Disabilities), and Part D (National Activities to Improve Education of Children with Disabilities). IDEA-Part B contains special education legislation that provides funding for services to children with disabilities between the ages of 3 and 21. IDEA-Part C funds early intervention services for infants and toddlers (Jacob-Timm & Hartshorne, 1998).

IDEA has had a significant impact on school psychology practice. Part B of IDEA requires procedural safeguards and parental involvement in the educational planning of students with learning, socialization, and serious emotional problems. Though much of the effect has been on psychoeducational assessment practices (Mowder, 1979; Ramage, 1981), there are several regulations which encourage increased collaboration with families during the treatment process. The development of a student’s individualized education plan (IEP) is a primary area of family involvement. IDEA-Part B specifies that a child cannot be placed into a special education program without an IEP and that the school must ensure parent involvement in IEP development (Jacob-Timm &
Hartshorne, 1998). The 1997 amendments mandate that parents be directly involved in all placement decisions considered by the evaluation team and in the development of the Individualized Education Plan (IEP) (Education, 1997).

Public Law 99-457, The Education for the Handicapped Act Amendments of 1986 (currently known as IDEA-Part C) is legislation that, to a greater extent than IDEA-Part B, clearly mandates family oriented assessment and intervention. IDEA-Part C provides grants for states to establish statewide comprehensive systems of early intervention services to infants and toddlers with handicaps, ages birth through 2, and their families. The primary purpose of IDEA-Part C is to: (1) enhance the development of handicapped infants and toddlers and to minimize their potential for developmental delay, (2) reduce educational costs by minimizing the need for special education and related services once these children reach school age, (3) minimize the probability of institutionalization of individuals with disabilities and maximize their independent living skills, and (4) enhance the capacity of families to meet the special needs presented by infants and toddlers with handicapping conditions (Jacob-Timm & Hartshorne, 1998).

IDEA-part C mandates family oriented services in three domains: (1) Evaluation and assessment, (2) individualized family service plan, and (3) the provision of early intervention services. Regarding assessment, IDEA-Part C requires an evaluation of the family’s strengths and needs relating to enhancing the development of the handicapped infant or toddler. This evaluation must be voluntary on the part of the family and must be conducted through a personal interview (Jacob-Timm & Hartshorne, 1998). Practitioners working with early childhood populations must develop a set of assessment tools and family-based service skills. Many of these skills can be derived from
assessment methodologies that reflect family functioning in other disciplines (Sheehan & Sites, 1988).

Indisputably, IDEA-Part C involves parents as partners in efforts to intervene with infants, even more than is currently required for children aged 3 to 21. For eligible infants and their families, this law requires the development of an individualized family service plan (IFSP) to ensure that intervention occurs within the family context (Garwood, Fewell, & Neisworth, 1988). The IFSP incorporates assessment information about both the individual child and his or her family into a comprehensive intervention plan. Interventions, in this context refer to the provision of early intervention services. These are defined as services designed to meet the developmental needs of an eligible child and the needs of the family related to enhancing the child’s development. The nature of these services may vary widely, depending on the target child’s presenting problem. Provisions are made for both child focused services, such as occupational therapy and speech therapy, as well as family oriented psychological services (Jacob-Timm & Hartshorne, 1998).

School psychologists can play an important role in the development of IEP’s and IFSP’s through their assessment practices and treatment recommendations. Traditionally, school psychology has assumed a child-focused approach to assessment and intervention. The legislation reviewed here, particularly IDEA-Part C, highlights a family oriented approach to service delivery. Lombard (1979) suggested that school psychology can move toward the provision of family oriented services within the context of IDEA. He outlined potential family oriented practices which can be implemented into assessment and treatment under IDEA: (1) school psychologists should integrate family factors and developmental histories into assessment procedures, (2) school psychologists
should provide parental and family counseling, (3) school psychologists should involve parents and siblings in intervention strategies, and (4) school psychologists should aim to facilitate cumulative changes within and beyond families. Each of these functions can be incorporated into a traditional assessment or as treatment recommendations that are incorporated into an IEP or IFSP.

Impact of Family Systems Theory on School Psychology

Proposed Paradigm Shift Toward Family Systems Theory

Any paradigm shift involves a change in how individuals within a field examine problems and construct solutions. The proposed shift toward a family systems orientation is no different. Family systems theory provides an alternative theoretical framework that encourages an ecological view of children’s difficulties. In simple terms, a system can be defined as a group or unit of interconnected parts in which change in one part is reverberated throughout the system and even to larger units to which the system belongs (Fish & Jain, 1997). In this context, an individual child is viewed as a discrete subsystem within a higher order system or systems. For example, a child is a subsystem of the family and the school. Each of these systems can be thought of as discrete systems as well as subsystems of the community. The community, in turn, is a subsystem of the county and so on. This hierarchical organization can be logically extended such that the child’s position in the culture can be delineated. Consideration of these broader contexts allows school psychologists to incorporate factors residing outside of the child, such as family or the communication dynamics between home and school, into the analysis of a school related problem.
From theory into practice: Proposed Systems Procedures for School Psychologists

School psychologists provide a wide range of services in the school setting. These can be roughly divided into two categories: direct services and indirect services. Direct services refer to those services, such as counseling, which are delivered directly to a client (e.g., the child). Indirect services refer to those services, such as consultation, which are intended to benefit the child but do not involve direct work with the child. In a consultation relationship, for example, intervention may involve altering the interaction patterns between teacher (e.g. the consultee) and student (e.g., the client) such that the student’s presenting problem is minimized. Family systems theory has had an impact on the school psychologist’s role as both a direct and indirect service provider. In addition, family systems theory has expanded the field’s understanding of issues that are relevant to both direct and indirect service delivery. Such issues include assessment, working with culturally different families (Flanagan & Miranda, 1995), family adjustments associated with having a child diagnosed with a disability (Harris & Fong, 1985; Powers, 1991), and the importance of home-school collaboration.

Assessment.

When discussing assessment from a systems perspective, the primary focus is to identify a solvable problem and identify the systems contingencies that maintain it. Paget (1987) describes several systems oriented assessment techniques such as interviewing, direct observation, and self-report measures. School psychologists use these procedures when conducting problem-solving assessments from many different theoretical orientations. However when conducted from a family systems perspective, the focus
changes from the child to the systems in which the child belongs. This involves the use of different techniques, such as the circular interview, which may not be familiar to many school psychologists.

Fish and Jain (1997) discuss three contexts in which children’s academic and social/emotional problems can be assessed using systems techniques: (1) the classroom system, (2) the family system, and (3) the school-family system. Assessment in each of these areas involves an examination of the system’s functioning in relation to the other relevant systems. Such information provides psychologists with information about individual children as well as the environments they are associated with. When assessing the school and family, information is focused on the quality of communication within the system, the nature of the presenting problem (acute or chronic), the problem solving steps that have already been undertaken, and the presence or absence of an individual who is capable of acting as an ally in the intervention process. Child assessment focuses on existing strengths and weaknesses, identifying ways in which the child does not fit with the family and school systems (academically, behaviorally, or emotionally), reactions to attempted interventions, and specific needs. The overall focus is on the interaction between the child and the systems in which he or she belongs (Conoley, 1987a). This approach differs from traditional psychoeducational and behavioral assessment in that they are not “child focused” or linear. However, systems assessments can be used in conjunction with traditional assessment techniques in the schools.
Family Therapy.

Family systems assessment generally leads to specific systems oriented treatments. One of the most frequently discussed is family therapy. Though the role of the school psychologist as a family therapist has not been clearly delineated, there are several reasons to believe that school psychologists will assume this role more actively in the future. Crespi (1997) notes that the increasing prevalence of problems witnessed within the family, an increase in delinquent behavior, the documentation of family oriented interventions to treat delinquent behavior, and a national shortage of child clinical specialists will result in a greater need for school accessed family therapy services. These direct services can take a variety of forms including structural family therapy (Carlson, 1987), strategic family therapy (Conoley, 1987b), and multiple family group therapy (Dombalis & Erchul, 1987). Additionally, school psychologists may use knowledge of family systems theory to identify and refer families for appropriate services (Braden & Sherrard, 1987).

Systems theory is associated with a number of family counseling procedures which have been advocated for use in the school setting. These procedures are based on the premise that the structure of the family system contributes to the etiology of school problems. Once identified, dysfunctional dynamics can be targeted for intervention. In her discussion about the applicability of structural family therapy to school problems, Carlson (1987) described her analysis and treatment of an elementary age male with a history of learning problems, aggressive peer interactions, and unmanageable classroom behavior. Assessment and intervention focused exclusively on variables within the family system and school-family system. For example, intervention sought to: (1) strengthen the parental dyad, (2) reduce enmeshment between the mother and son while
decreasing the disengagement between father and son, and (3) redirect the school’s scapegoating of the family. The focus on systems variables differs substantially from child-centered school psychology practice which often seeks to identify and treat a learning or emotional problem within the child. Carlson reported positive results both immediately following treatment and at a one year follow up.

Casey and Buchan (1997) illustrate another application of family therapy in the school setting. Their case study outlined a brief family therapy intervention in which a school psychologist and school counselor conducted four sessions with a family whose son (placed in a special education classroom for emotional handicapped) had been referred for belligerency and oppositional behavior in school. The referral noted that the mother exhibited negative behavior toward the student and displayed poor parenting skills. The father had little involvement with the family. Humor, strength listing, relabeling, and other techniques were used with the family during treatment. After four sessions, the family appeared more relaxed with each other. Family interactions improved in both quantity and quality. The student’s behavior at school improved, with less frequent belligerency and oppositional behavior.

Though Carlson (1987) and Casey (1997) illustrate treatment plans which focus on the family, not all applications of family therapy in the schools focus exclusively on family dynamics. Some integrate family intervention with more “traditional” approaches. For example, Conoley (1987b) illustrated the use of strategic family therapy with two elementary school children (one male and female) and a middle school male. Each child presented different problems in the school setting. The first child displayed frequent “immature” behaviors and often appeared absorbed in classroom activities to an extent that was qualitatively different from his peers. The second child was a fourth
grade female referred because of extreme noncompliant behavior. The third case consisted of a middle school male enrolled in a special education class for the emotionally disturbed. He presented numerous behavioral problems including insubordination, "clowning around", and failing to hand in work. For each of these children, intervention consisted of a combination of approaches. For example, individual counseling was conducted with the first subject which emphasized cognitive-behavioral procedures (e.g., relaxation, self-talk, and self-monitoring). Family therapy was brief in this case and resulted in reductions in targeted behavior. Similarly, treatment for the other two subjects consisted of strategic family therapy used in combination with cognitive-behavioral or behavioral interventions. In all cases, the family was actively involved in the treatment.

These case studies illustrate the use of family therapy in the school setting. However, school psychologists do not need to perform family therapy to facilitate the availability of this service. By making appropriate referrals, school psychologists can make family therapy available to those who may benefit from these services. Knowledge of and sensitivity to family dynamics may help identify those cases in which family therapy is warranted and increase the likelihood of enlisting the family's support and follow through with the referral. For example, identifying a family's power hierarchy and negotiating access to the person in charge are systems oriented steps that can be useful in making a successful referral for family therapy (Braden & Sherrard, 1987).
Consultation.

Consultation has become a major approach for the provision of school based psychological services to children and adolescents. The three most frequently discussed models of consultation include mental-health, organizational-development, and behavioral. However, other models have also been developed. Although differences exist among the various models, all emphasize an increase in the problem-solving expertise of the consultee within a triadic relationship (e.g., consultant, consultee, child) (Kratochwill, Elliot, & Rotto, 1995). Ecological consultation is a model based on family systems theory. Consultation from this perspective represents a departure from the linear conceptualizations of a child's school problems which is commonly associated with a behavioral framework (Fine & Holt, 1983). Writers within school psychology have discussed the relevance of ecological consultation over the past three decades.

Three basic characteristics of the ecological model have been described in the literature. First, the unit of diagnosis is the entire psychological or ecological field within which the referring problem arose. From this perspective, a behavioral problem represents disequilibrium in the interaction processes occurring between the student and the environment. For example, aggressive school behavior may be viewed as a product of how the classroom teachers interact with the child, the proximity of the child to peers in school who encourage aggression, the interaction patterns of the child with parents and others in the home, or a combination of these variables. In short, this approach requires that psychologists examine the systems to which a child belongs, such as the family and school, when understanding a problem (Minor, 1972). Assessment, therefore, should be conducted in each of these areas. (Fine & Holt, 1983). This contradicts the traditional medical model, where the object of study and treatment is the individual child.
A second attribute of the ecological model is its recognition of the social significance of behavior. School psychologists have traditionally recognized the influence of past environmental influences, such as mother-child relationship, as causal factors to behavioral dysfunction. However, the ecological model places emphasis on the present social significance of these relationships. A child's behavior is constantly being shaped by, and in turn shapes, the present environment. This is similar to the concept of reciprocal determinism within social learning theory (Bandura, 1977). Within this context, behavior can be understood in terms of its present social and family contexts. Pathological behavior is considered to be an adaptive response to the social systems a child belongs to (Minor, 1972).

The third characteristic of ecological consultation can be seen within the context of intervention. Within this framework, intervention efforts focus on altering the rules which govern important behavior determining social systems (Minor, 1972). This typically involves changing the interaction patterns within these systems. Interventions may take several forms and involve many systems affecting the child. They may be teacher focused, such as helping the teacher change classroom management practices, helping a teacher view the child's behavior in a different light, or working to establish realistic goals for the child's behavior or performance. The teacher may end up using reinforcement schedules, or other "traditional" techniques. However, these techniques emerge from a broader, systemic view of the child. Family focused intervention may also be required, including referral or provision of short-term family counseling (Fine & Holt, 1983).
Though the ecological model has been advocated by those who approach service delivery from a systems perspective, a move toward this paradigm is not without hurdles. School psychologists who practice from a non-systems theoretical orientation must be especially aware of these challenges. The homeostatic tendency of systems represents one potential challenge. This problem is likely to be encountered by the practitioner who attempts to change his or her role in the school system. If a consultant has been typecast into a traditional role, such as testing, a move toward a more active consultation role may be met with significant resistance. This resistance should be viewed as the system's attempt to maintain the status quo. Administrators, for example, may view the provision of family services as an added expense to the district or a duty that pulls the school psychologists away from their traditional responsibilities. Similar resistance may be encountered when altering existing consultation practices (Fine & Holt, 1983). School Psychologists may have to dedicate extra time to assist teachers and other school personnel who are not accustomed to playing an active role in a child’s intervention plan. These issues need to be taken into consideration when considering a change in theoretical orientation.

Home-school collaboration.

Families and schools share functional similarities, structural similarities, and cultural similarities. Functionally, families and schools exist primarily to socialize children. The typical school and family are consumers of products that function to provide interpersonal support to their members. Both schools and families teach, reward, punish, provide nurturing and sustenance, evaluate development, and prepare for the departure of their children. Structurally, both families and schools are open systems.
Both entities are influenced by external information and must balance this influence with the products and information sent out. These similarities highlight the importance of a positive relationship between the family and school. Culturally, the characteristics of the families served by the school, such as socioeconomic status, will be reflected in the issues confronted by the school (Conoley, 1987a). Researchers have established a correlation between parent involvement and several child outcomes. Some of these outcomes include improvements in grades, test scores, self-concept, behavior, and attendance rates (Christenson, 1995). When a productive home-school relationship is not evident, school psychologists can work to improve communication and collaboration between the home and school (Conoley, 1987a).

The home-school relationship can be examined in two separate contexts. The first refers to the formation of a general partnership between a school and the parents it serves. In this context, school psychologists can work to make parents a vital and contributing component of the school. Some authors, such as Peeks (1997) have proposed using systems thinking as a basis of increasing parent involvement in the educational process. This sentiment is expressed by Turnbull and Turnbull (1990), “A family systems philosophy suggests that an understanding of family characteristics, interaction, functions, and life cycle can form the basis of meaningful parent-school relationships” (p. 6). Unfortunately, few procedures for facilitating home-school collaboration have been developed which are explicitly based on family systems theory. In her recommendations for school psychology practitioners, for example, Christenson (1995) outlines several strategies which are likely to build home-school partnerships, but does not link any of these to systems theory. This aside, the very idea of the family and school
working together in the best interests of children is an idea consistent with a systems (or ecological) approach to psychoeducational service delivery.

Generally speaking, facilitating home-school collaboration involves consultation with school personnel to develop programs designed to encourage parent involvement, preparing school personnel and parents to participate in these programs, and evaluating efficacy. Epstein (1992) outlines six types of activities through which school psychologists can facilitate productive home-school relationships: (1) Basic Obligations of Families, (2) Communications From the School, (3) Volunteers, (4) Learning Activities at Home and Connections to Curriculum, (5) Decision Making, Committee, Advocacy, and Other Leadership Roles, and (6) Collaboration and Exchange with Community Organizations. Within each area, Epstein recommends several specific activities that school psychologists can implement. Each of these endeavors tap into several roles which are familiar to school psychologists. These include acting as synthesizer of information about parent involvement in forms that are useful to both educators and parents, disseminator of information about new programs and practices, coordinator of action plans for parent involvement, facilitator/trainer of both educators and parents regarding new programs and useful skills, demonstrator of successful practices and approaches, communicator with parents regarding school programs, and evaluator of programs implemented by schools.

*Basic Obligations of Families* refers to the responsibilities of families for their children’s health and safety. This includes appropriate child-rearing skills at every age level and positive home conditions for learning at each grade level. School psychologists can help families develop parenting skills through indirect services such as providing schools with information on parenting skills, child development, grade-level
expectations, and ways to build positive home learning conditions and homework policies which can be shared with parents through printed materials, videotapes, workshops, parent support programs, and lending libraries. Direct services, such as consulting with parents regarding specific ways to support students’ learning and behavior in school, making home visits to reinforce home-based learning programs, and conducting workshops on ways to maintain healthy child development and school success, can also be conducted by school psychologists (Christenson, 1995; Epstein, 1992).

*Communications from the School* refers to the responsibilities of schools to communicate with parents regarding school programs, children’s progress, and parents’ opinions for home-to-school collaborations. School psychologists can consult with administrators to develop frequent, efficient, and varied forms of communication that are understood by all parents (memos, good news phone calls, report cards, conferences) and a structure for contacting parents at the first sign of trouble. Direct service activities by school psychologists in this domain include: meeting with parents to explain school programs and children’s progress, developing unique communication strategies for non-literate parents and parents who do not speak English as a primary language, and facilitating family-school meetings aimed at developing interventions to improve a child’s school performance or behavior (Christenson, 1995; Epstein, 1992).

*Volunteers* refers to those who assist teachers, administrators, and children in classrooms, parent rooms, or other areas of the school; those who assist parents at home; and those who come to school to support student performances and events. School psychologists can become involved in the organization and training of volunteers. Additionally, attention can be given to overcoming hurdles to parental volunteerism, such
as a lack of transportation or day care and poor communication from the school about volunteer opportunities. School psychologists can help schools overcome these hurdles through activities such as contacting parents who do not attend scheduled conferences or need follow up contact and developing a buddy system to remove barriers of transportation or alienation for some parents (Christenson, 1995; Epstein, 1992).

*Learning Activities at Home and Connections to Curriculum* refers to parent-initiated, child-initiated, or teacher-initiated ideas to monitor, discuss, or assist children at home on learning activities that are coordinated with children's school work. School psychologists can provide in-service training to teachers on home learning activities and other ways to involve parents with children's class work and help schools provide information on how to monitor homework, grade-level expectations, and enrichment activities. Direct services in this area include: meeting with groups or individual parents to share strategies that increase student success in school and coordinating interventions implemented by parents and teachers for children (Christenson, 1995; Epstein, 1992).

*Decision-making, Committee, Advocacy, and Other Leadership Roles* refers to parent participation in decisions by PTA/PTO, advisory councils, or independent advocacy groups. Here, school psychologists can consult with schools, train parents, and help facilitate actions taken by the advocacy groups attended by parents. For example, school consultation may include helping schools create participatory roles for parents and community members in PTA/PTO, advisory councils, and committees. Additional parent training opportunities exist regarding skills that are needed for organizational involvement. Examples include decision-making skills, collaboration, and ways to communicate with other parents about school improvement activities. Once participating
in advocacy groups, school psychologists can help facilitate development of basic policies on curriculum, homework, and assessment (Christenson, 1995; Epstein, 1992).

Collaboration and Exchange with Community Organizations refers to school actions and programs that provide or coordinate student and family access to community and support services. Also included in this category are activities that promote a school’s collaboration with business, cultural organizations, and other groups that improve school-based programs for children and families. For example, school psychologists can provide families with information about community resources or work with school personnel to establish business-school and community-school partnerships which enrich school programs (Christenson, 1995; Epstein, 1992).

As is evident from the above description, full engagement in home-school collaboration can take a large proportion of a school psychologist’s professional time. In fact, Epstein (1992) recommends that school psychologists spend approximately 50 percent of their professional time dedicated to promoting home-school collaboration. Finding such a large proportion of time may prove to be a prohibitive factor for Epstein’s recommendations. Recent research suggests that school psychologists spend approximately 50 percent to 70 percent of their time performing duties related just to the psychoeducational assessment of individual children (Curtis et al., 1999; Goldwasser et al., 1983; Reschly & Wilson, 1995). A more realistic recommendation for many school psychologists may be to engage in a subset of activities related to home-school collaboration. The extent to which school psychologists participate in activities similar to those described by Epstein is a question that has been largely unexamined in the professional practice literature.
Some recent research suggests that home-school collaboration has become a highly regarded practice area by school psychologists. Sheridan and Steck (1995) documented favorable acceptability ratings within a national sample of school psychologists for the application of conjoint behavioral consultation, a form of consultation in which schools and parents work together to address a student's needs, to the academic, behavioral, and social-emotional problems encountered by students. In a more recent study, Pelco, Jacobson, Ries, and Melka (2000) found strong support among school psychologists for the concept of parent involvement in education. Further, a substantial proportion of respondents to this survey (as high as 95.8%) participated in activities that facilitate home-school collaboration, such as consulting with parents regarding specific ways to support their child's learning or behavior in school and parent education.

A second context for home-school collaboration involves the interaction between schools and individual families. This is an area in which family systems theory has had a greater impact, both in assessment and intervention practices. Systems theory has been used, for example, to develop typologies of home-school relationships that can be utilized by school psychologists with the appropriate training. Power and Bartholomew (1987) identified five potential relationships: (1) avoidant, (2) competitive, (3) merged, (4) one-way, and (5) collaborative. Each of these types are based on the structural features (e.g., hierarchy and boundaries) and the transactional features (e.g., the series of interactions that transpire among members of a system or between systems) of the home-school system.
One of Power and Bartholomew's subtypes, the avoidant relationship, illustrates the application of systems thinking in the home-school context. An avoidant relationship can be characterized by a symmetrical transactional sequence between family and school in conjunction with a rigid, impermeable boundary. In other words, escalation in a certain behavior, such as hostility, on the part of one party results in a hostile defensive reaction in the other. This is referred to as a symmetrical transactional sequence. In addition, there is little communication between parties to begin with (e.g. rigid impermeable boundaries between home and school). When these conditions persist, little information is exchanged between home and school. This arrangement may be adaptive to both parents and teachers. After all, no communication makes for an easier day than hostile communication. However, the child is ultimately at risk due to a lack of collaboration in the planning and implementation of intervention strategies that may be needed by the child.

In the context of special education, school psychologists can help facilitate a collaborative home-school relationship by helping families adjust to the demands associated with having a child with a disability. This can take a number of forms, such as the development of parent advocacy skills, the development of functional forms of family organization, and the facilitation of service access and coordination (Powers, 1991). Some of these areas may require systems oriented assessment and counseling. Others, such as parent advocacy, may not require systems intervention, but are likely to facilitate a productive relationship between family and school.
Training Issues Related to Family Oriented Services

School psychology training provides a sensitive gage to assess the fields' family oriented practices. Many systems advocates emphasize the need for school psychologists to receive advanced training and supervision in systems theory and practices. Reasons for these cautionary statements range from the differences between traditional school psychology practice and family systems practice to the complexity of many systems based procedures.

Fine (1983) outlines three discrepancies between “traditional” practices and family systems practices which illustrate the need for specialty training. First, is an incompatibility between child-centered and systems based training. Many school psychologists have been trained in linear, individually based techniques, such as those based on behavioral, psychodynamic, or phenomenological theories. These models become second nature to a practicing psychologist when interpreting behavioral problems and developing intervention strategies. Systems techniques represent a different framework for the explanation of behavior that must be acquired from extensive study and supervision. Second, systemic interventions, in general, tend to be much less structured compared to other theoretical orientations. The third discrepancy refers primarily to consultation and involves the identification of the client system. In a traditional mental health consultation model, (Caplan, 1970) the client, (e.g., the child with a problem), is considered to be the responsibility of the consultee, (e.g., the teacher). Intervention is aimed at remediating the potential lack of knowledge, skill, confidence, or objectivity within the consultee that contributes to the maintenance of the problem. The consultant is urged to avoid becoming a therapist or supervisor. By contrast, a systems oriented consultant considers the client system to be composed of a child as well as the
teacher and classroom environment with which he or she interacts. As part of the
assessment and intervention process, the systems consultant may utilize techniques that
require that he or she become an integral part of the system.

Extensive training in family systems theory and intervention, including family
therapy has been proposed extensively in the literature. Many of these recommendations
have involved the provision of graduate coursework in family theory and family therapy
procedures used in conjunction with direct clinical supervision (Kramer & Epps, 1991;
Wendt & Zake, 1984). Because many school psychologists may need to acquire these
skills while in the field, other authors have expressed a need to provide adequate clinical
supervision within the school context while seeking appropriate course work (Crespi,
1997).

As a field, school psychology has not appeared to keep pace with the training
guidelines discussed in the family systems literature. In its most recent standards for
training programs, The National Association of School Psychologists fails to mention
family assessment or intervention procedures as compulsory areas of content knowledge
(Psychologists, 1995b). In a recent survey of 17 school psychology training programs,
which offered doctoral level training, coursework in family therapy constituted a small
percentage of the training curriculum (less than 2 credit hours on average)(Minke &
Brown, 1996). This result, however, may not fully represent opportunities for systems
training. In a survey of practicing school psychologists, Reschly and Wilson (1997)
found family therapy to be one area in which doctoral level practitioners felt significantly
more competent compared to specialist level practitioners. This indicates that training is
available. However, it is not known where these subjects acquired family therapy
training. Some training programs may arrange for training in separate or affiliated
departments. Additionally, school psychologists may seek training in non-school psychology programs while in service. The extent, to which this occurs, however, has not been examined in the literature. Further study is warranted before firm conclusions can be drawn as to the availability of family systems training for school psychologists.

Effect of Family Systems Theory on the Practices of School Psychologists

Another measurement that must be considered when assessing family systems theory's impact on school psychology is the extent to which school based practitioners utilize this orientation in their direct or indirect services. Throughout this review, the potential utility of the systems approach has been discussed. However, research of practicing school psychologists presents a inconsistent picture with respect to the frequency of family based services. On the one hand, many school psychologists feel that it is important for the profession to expand its role as a provider of direct services. Hyman and Kaplinski (1994) found that approximately two thirds of their sample of NASP members (N=560) supported the provision of training in psychotherapy and believed it to be essential that school psychologists expand their role in the schools to include therapy. Brown (1994) outlined a 1992 survey of over 2,000 practicing school psychologists which found that family therapy was the third most frequently mentioned area in which respondents desired more training. According to these survey data, school psychologists want to expand into a therapy role that involves family therapy. However, the extent to which this has occurred cannot be clearly delineated.

Family systems theory, though advocated by many authors as a useful orientation for school psychologists, has been criticized. Part of this critique surrounds the incompatibilities between family systems practices and the typical job requirements of
many practitioners. First, embracing the whole family as the target of intervention and
assessment is somewhat inconsistent with the child-centered goals and responsibilities of
the school psychologist. Second, the implications of this approach on the practice of
school psychology may be inconsistent with their usual job constraints, such as
assessment. These responsibilities can be time consuming and thereby place limits on
school psychologists' opportunities to have the necessary contact with whole families
(Anderson, 1983).

Research examining how school psychologists spend their time tend to support
this position. Many school-based practitioners spend a significant percentage of time
engaging in assessment and related activities intended to establish qualification for
special education (Curtis et al., 1999; Goldwasser et al., 1983; Reschly & Wilson, 1995;
Woody & Davenport, 1998). Goldwasser and Meyers (1983), for example, found that
their national sample of school psychologists spent approximately 70% of their time
engaged in assessment activities and 10% of their time in a consultation role. The
assessments utilized in this sample were consistent with a child-centered role (e.g.,
standardized intelligence and achievement tests, and classroom observation of the child’s
behavior). A more recent study found that although respondents preferred to spend more
time in practice domains other than assessment, they were generally unable do this
because of the time required to conduct assessment duties (Woody & Davenport, 1998).
These data have consistently demonstrated that school psychologists remain engaged in
more “traditional” practices in school settings. However, a limitation exists in that these
data have not focused on family oriented practices.
Little data exists which examines the extent to which school psychologists incorporate family oriented practices into their duties. Carlson and Sincavage (1987) examined the prevalence of family oriented practices in a national sample of NASP members. Results from this survey indicated that family variables were consistently rated to be of high relevance to children's school problems, particularly in the etiology of behavioral problems. This is consistent with existing data and positions taken by many family systems oriented authors. However, the school psychologists in this sample continued to conduct assessments that were predominantly child focused. Family information was frequently used in assessments of individual children (60% of respondents utilized family assessment information), though it is often collected by persons other than the school psychologist (41% of respondents who utilized family information collected it themselves). Regarding intervention practices, indirect services (e.g., parent consultation, parent education, in-service education and training, and referral/coordination with outside agencies) constituted the majority of school psychologists' family intervention activities. A majority of respondents engaged in some form of direct family intervention, such as brief therapy. Most commonly, brief therapy was conducted with an individual mother or child, rather than the entire family (59% conducted brief therapy with the Mother, 29% with the Father, 78% with the child, and 15% with the entire family). Such practices were most frequently utilized in response to children's behavioral problems and were conducted predominantly by doctoral level practitioners. All respondents expressed moderate satisfaction with their level of family training (72% received formal training through coursework, 42% through internship) and low satisfaction with administrative support within the schools for conducting family intervention and assessment. Contrary to the other data reviewed, this study indicates
that many school psychologists are incorporating family oriented techniques into their practices.

A second approach used to examine the prevalence of family oriented services is to record the actual number of hours that school psychologists spend engaged in various activities with different individuals. Fish and Massey (1991) provide the only application of this survey method that involves school psychologists' involvement with families. When compared to Carlson and Sincavage (1987), their results present an inconsistent picture regarding the prevalence of family oriented services. The 52 school psychologists (all practicing in New York State) reported spending an average of eight percent of their day (39.4 minutes) in contact with family members. Forty percent of this time consisted of telephone contacts, 30 percent consisted of conferences with others present, 24 percent consisted of individual meetings with a parent, and 4 percent consisted of preparing written communications. The majority of parental contacts (71%) were with the mother only. No significant differences were found for respondents' level of training, years of experience, or gender. Though the small sample drawn from a limited geographic region limits the generalizability of these data, this study implies that family oriented services may not be a top priority for many school psychologists.

Has family systems theory influenced school psychology? Certainly, systems theory has appeared frequently in the school psychology literature. This has occurred mostly in the form of arguments and models for systems interventions, consultation, or family therapy. It has also been incorporated into our understanding of various learning and behavioral problems experienced by children. These authors have, in addition to advocating a family systems orientation, pointed to training issues that the field must address if it wishes to move toward a family orientation. The extent to which family
systems training is available to school psychologists is largely unknown. However, some available research indicates that some school psychologists are obtaining training in family intervention and are integrating these skills into their practice. However, the majority of the data have consistently found that school psychologists spend most of their time engaged in assessment activities with a child centered orientation and have minimal contact with families. Given that few studies have investigated the prevalence of family oriented services, the contradictory nature of the existing data in this area, and age of this data, additional inquiry will be required to accurately assess the extent to which school psychologist are currently incorporating family oriented services into their practices.

One additional issue that is worth noting in this area involves the impact of school psychologists' training on their use of family oriented practices. In this context, level of training refers to whether a school psychologist holds a doctoral or specialist level degree. At present, approximately 80 percent of school psychology practitioners hold a specialist level degree or equivalent (i.e., a master's degree plus 30 hours) compared to approximately 20 percent of practitioners who hold a doctorate (Curtis et al., 1999; Reschly & Wilson, 1995). The appropriate degree level for school psychologists has been widely discussed and debated (Bardon, 1994; Brown, 1989; Brown, 1994; Cobb, 1989; Coulter, 1989; Curtis et al., 1999; Fagan, 1989; Hyman & Kaplinski, 1994; Prasse, 1989; Reschly & Wilson, 1995; Reschly & Wilson, 1997; Slate, 1989). Many aspects of this argument, such as the natural progression of the field toward the doctorate as the entry-level degree versus a stabilization of the field at the specialist degree level, are not relevant to the present discussion. However, differences in professional practices between doctoral and non-doctoral practitioners are relevant, but have not been widely studied.
Within the domain of family oriented services, evidence is scarce and mixed. Carlson and Sincavage (1987) found that direct family services, such as brief therapy, were conducted primarily by doctoral level practitioners. Similarly, Reschly and Wilson (1997) found that doctoral level practitioners in their sample of NASP members reported spending significantly more time engaged in direct interventions, problem solving consultation, systems organizational consultation and less time in assessment compared to non-doctoral practitioners. However this study did not specifically examine the extent to which doctoral practitioners’ direct services and consultation were family focused. Determining if training impacts family oriented practices is an important issue for further research when considering data which fails to find significant training related differences in the quantity of family contact initiated by school psychologists (Fish & Massey, 1991). Additional data that compares the practices of doctoral and non-doctoral practitioners will add to the debate over training.

Cultural Diversity Issues in School Psychology Practice

School psychology, as a profession, has recognized the impact of cultural diversity on professional practice. Formal position statements issued by the National Association of School Psychologists (see NASP position statements regarding Advocacy for Appropriate Educational Services for All Children, Home School Collaboration, Early Childhood Assessment, Students with Emotional / Behavioral Disorders, and Minority Recruitment)(Thomas & Grimes, 1995) and the American Psychological Association (see APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations)(American Psychological Association,
1993) as well as numerous articles and books in the professional psychology literature recognize the role of culture in influencing psychological and educational functioning. However, many school psychologists are faced with the challenge of providing services to children and families with ethnically diverse backgrounds in the absence of prior training in multicultural education or prior experience in working with culturally different populations (Flanagan & Miranda, 1995). Some empirical data supports this notion. Rogers, Conoley, Ponterotto, and Wiese (1992) surveyed 121 directors of school psychology training programs to determine the status of their multicultural training. Six percent required students to take a foreign language and 60 percent of programs offered at least one course specifically devoted to multicultural issues. In the area of field training, 69 percent of the surveyed directors estimated that student exposure to minority clients occurred less than one quarter of the time during practicum and internship experiences. These findings suggest that a subgroup of school psychology students have either limited or no exposure to culturally diverse populations during their training.

When one considers a recent survey by Curtis, Walker, Hunley, and Baker (1999) which found that 36 percent of school psychologists (NASP members) reported that more than one fourth of the children served were members of ethnic minority groups whereas only 5.5 percent of these school psychologists were themselves members of ethnic minority groups, the apparent lack of multicultural training presents a significant concern.

This section will examine issues related to school psychology practice with culturally different students and families. A wealth of literature can be found which addresses cultural issues. Multicultural education, counseling psychology, family therapy, and school psychology are all areas of study which have addressed cultural issues related to school psychology practice. This discussion will begin with a brief

46
review of demographic trends in the United States. As will be seen, it will become increasingly likely that school psychologists will find themselves in a position to deliver services to members of several different cultural groups. A definition of some commonly used terms from the multicultural education literature will follow. Finally, issues specific to school psychological service delivery including cross-cultural competence, cultural bias in assessment, cultural issues in counseling and consultation, and issues to consider when working with families, will be addressed.

**Demographic Trends in the United States Population.**

An examination of population demographics reveals that the United States is becoming an increasingly diverse nation. During the 1990's, growth rates have been highest for the Asian, Pacific Islander, and Hispanic populations. The Hispanic-origin population has been contributing an increasingly disproportionate share to the total population, whereas the non-Hispanic White population has been contributing a decreasing share. These trends have been mirrored by the population of children enrolled in elementary and secondary schools over the past two decades and are expected to continue into the twenty first century (Statistics, 1998). Between 2000 and 2050, the non-Hispanic White proportion of the population is projected to decrease from approximately 72 percent to less than 53 percent. By contrast, the Black proportion of the population is expected to increase from just under 13 percent to 15 percent, the Hispanic population is expected to increase from 11 to 24 percent, and Asian and Pacific Islander population is expected to increase from 4 to almost 9 percent. The American Indian, Eskimo, and Aleut population is expected to remain at approximately one percent of the total population during this period (Census, 1998).
Population growth in the United States is currently concentrated among the school-age population, the population in their thirties, and the elderly. Specifically, the school-age population grew 10.9% from the 1990 census. In 1996, the number of children under the age of 18 reached an all-time high of 71.1 million. The Census Bureau projects a continuing increase in the total number of children between 2000 and 2050 if current fertility and migration patterns persist (Census, 1998). When combined with the projected growth of non-White cultural groups over the next several decades, it is reasonable to project that the school-age population will continue to become more ethnically diverse. These trends indicate that school psychologists will often provide psychoeducational services to children and families with ethnic backgrounds that differ from their own.

In addition to the changing ethnic composition of the United States population, the composition of families is also changing. First, the composition of households has changed significantly. The proportion of total family households classified as “married couples with children” has decreased from 40.3 percent in 1970 to 25.0 percent in 1996 whereas the proportion of family households classified as “other families with children” (i.e., single parent families or any combination of relatives, but no spouse of the householder) has increased from 5.0 percent in 1970 to 9.8 percent in 1996. Second, the proportion of children who live within single parent families has increased over the past three decades. Twenty-eight percent of children were living with one parent in 1996 compared to 12 percent in 1970. Family composition has been found to differ by race. In 1996, 77 percent of non-Hispanic White children were residing with both parents, compared with 61 percent of Hispanic children and 33 percent of non-Hispanic Black children (Census, 1998). These trends indicate that school psychologists who work
extensively with families are likely to encounter a variety of family compositions from diverse cultural backgrounds.

**Important Terminology.**

When discussing ways for negotiating cultural differences in the context of school psychological service delivery, it becomes necessary to define culture, ethnicity, and race. These terms are used often in the "best practices" literature and, at times, are used interchangeably. As will be seen, ethnicity, race, and culture are distinct concepts. Each refers to different characteristics of an individual. However, they all are used as a basis for identifying salient groups to which an individual belongs. Given the large number of cultural groups in the United States, it is also important to specify what is meant in reference to the term acculturation. Each of these terms will be discussed below.

**Culture.**

Several authors in education, psychology, anthropology, sociology, and various other disciplines have discussed issues regarding differences between cultures. Through these discussions, several definitions of culture have evolved. Frisby (1992) outlined six connotative meanings of culture that appear in everyday language. An examination of these definitions reveals that culture provides a context that can be used to define a group of individuals such that they are decipherable from other groups. A diverse range of contextual cues can be used to define membership in a particular cultural group. These include characteristics that individuals are born with, such as skin color, learned behaviors, such as language, and social contexts, such as peer selection and occupation.
Frisby (1992) first defines culture as "... characteristic patterns of living, customs, traditions, values, and attitudes that are associated with broad differences in intercontinental habitation or a society's level of technological sophistication" (Frisby, 1992, p. 533). This definition is familiar to anyone who is familiar with the distinction between modern cultures (represented by countries with high levels of economic and industrial development) and primitive cultures (represented by countries with low levels of economic and industrial development). This is a broad definition that considers all individuals, regardless of ethnic background, from the same country to belong to the same culture.

The remaining five definitions of culture outlined by Frisby (1992) involve various aspects of racial/ethnic differences between groups who may share a common nationality. The contexts used to distinguish between groups ranges from historical achievements by ancestors to superficial differences in clothing and music styles. Frisby's second definition includes, "... the significant artistic, humanitarian, or scientific achievements of: (a) members of one's racial/ethnic group, or (b) the people's of one's ancestral homeland" (p.534). Here, the differentiation between groups is based on race/ethnicity, as opposed to nation or origin, though the two may be the same in some cases. This definition has been utilized within the context of multicultural education to advocate a curriculum approach which teaches students about the history and contributions of various ethnic groups and nations (Bennett, 1995).

A third meaning of culture has been described by Hall and Allen (1989) as "race consciousness". For members of a specific group, race consciousness refers to a common set of attitudes or beliefs that guide individuals' feelings about, interests in, or identification with their racial/ethnic group. These attitudes are generally thought to be
shared by members of a particular racial/ethnic group regardless of differences in educational level, socioeconomic status, or region of residence. Examples of race consciousness include sensitivity to racial discrimination, a shared political "world view", and a preference for close contact with other members of one's particular racial/ethnic group (Frisby, 1992; McGee, 1983).

A fourth definition involves the values and norms of the immediate context within which an individual is socialized. This concept of culture is not necessarily linked to racial/ethnic group membership, but is defined by the settings in which individuals spend their time. Examples include references to such social contexts as "culture" of the schools, "culture" of the family, "peer culture", and "culture" of the street (Frisby, 1992).

The fifth and sixth notions of culture involve superficial, easily observable differences between ethnic or racial groups. In the fifth meaning, cultural differences are based on characteristics such as popular clothing, music or dance styles, culinary traditions, religious practices, or speech and language styles. Similarly, the sixth meaning defines cultural differences on outward physical appearance, such as skin color. Here, individuals who are racially different are assumed to "culturally different" as well (Frisby, 1992).

From these six definitions, it is apparent that much information is conveyed from the word "culture". When working with children and families who are from a different cultural group, school psychologists must not treat culture as a rigidly prescribed set of behaviors or traits, but as a general framework through which actions are filtered or checked as people negotiate their daily lives. Although members of a culture may share common characteristics, other variables, such as educational level, gender, age, area of
residence, and socioeconomic status, ensure that they do not necessarily behave in the same way (Flanagan & Miranda, 1995; Hanson, 1992). In addition, individuals vary in the extent to which they identify with a cultural group and adhere to culturally defined standards of behavior (Flanagan & Miranda, 1995; Frisby, 1992; Hanson, 1992). School psychologists can gain important insights into a problem by understanding how it interacts with a client's cultural identification. However, caution must be taken to ensure that cultural knowledge is not used to stereotype behaviors or individuals.

**Ethnicity and race.**

A closely related term to culture is ethnicity. Ethnic groups are types of microcultural groups that have unique characteristics that set them apart from other groups. Though many microcultural groups are voluntary groups, ethnic groups are involuntary. That is, every individual is born into their respective ethnic group. Ethnic groups have a shared heritage and tradition that is external to a particular nation or state. Members of ethnic groups may share value orientations, behavioral patterns, and interests, often political and economic, which differ from those of other groups within a dominant culture (Banks, 1991). Irish Americans and Italian Americans are examples of ethnic groups within the United States. Although ethnicity is a distinct concept from race, the two terms are often used interchangeably (Flanagan & Miranda, 1995). No consensus exists regarding the definition of race. However, within American and European society, race is a term has been used to characterize groups based on biological characteristics (Tyler, Brome, & Williams, 1991). Therefore, ethnic groups are defined primarily by cultural attributes whereas race is determined by biological traits (Banks & Banks, 1993).
Some ethnic groups can be further classified as minority groups. Minority is a term that may be used to describe a small group of privileged individuals. However, it is more typically used in reference to a small group, in comparison to the majority group in a society, that is disadvantaged (due to limited opportunity for educational and/or economic advancement) and is treated unfavorably by the majority group. Race and ethnicity are often characteristics which define minority groups (Flanagan & Miranda, 1995; Tseng & Hsu, 1991). According to Banks (1991), an ethnic minority group, ... like an ethnic group, shares a common culture, a historic tradition, and a sense of peoplehood, it also has unique physical and/or cultural characteristics that enable individuals who belong to other ethnic groups to identify its members easily, often for discriminatory purposes. Ethnic minority groups also tend to be a numerical minority and to exercise minimal political and economic power. (p.64)

When a minority group is considered to be underprivileged due to unfavorable treatment or other variables related to deprivation and discrimination, the psychological well being of individuals and families within the group is likely to be adversely affected (Flanagan & Miranda, 1995; Tseng & Hsu, 1991). It is important to note that many ethnic individuals, whether members of minority or majority groups, are bicultural; that is they acquire cultural traits of the mainstream culture but also retain many of their ethnic characteristics (Banks, 1991).
Acculturation.

Acculturation refers to an accommodation process that occurs when groups from two distinct cultures are in contact over a sustained period of time. Most commonly, acculturation is used in reference to the process through which members of an immigrant group adapt to the norms of their adopted culture (Fontes & Thomas, 1996). In other words, acculturation explains the manner in which a minority group member reacts to the dominant culture. The degree to which individuals acculturate influence their attitudes, values, and beliefs (Flanagan & Miranda, 1995). Minority individuals are commonly thought to experience acculturation in a series of stages. Jalali and Boyce (1980) have proposed a four stage process which is also presented in Fontes and Thomas (1996). These stages progress as follows: (1) isolation and alienation from the new culture while rigidly adhering to one’s own cultural norms, (2) denigrating and rejecting the old culture by changing eating habits, style of dress, values, and sometimes names, (3) uneven adaptation by different family members, leading to conflict within the family, and (4) integration to the host culture while preserving aspects of old culture. Issues of acculturation are most obvious when working with members of immigrant groups. However, these issues are also relevant for members of racial and religious minority groups, sexual minority groups, and others who face questions related to their degree of belonging to the dominant culture (Fontes & Thomas, 1996).
Cross-Cultural Competence.

Multicultural issues have permeated every aspect of school psychological service delivery. A wealth of literature is available which outlines specific competencies and considerations for school psychologists who work with diverse cultural groups. These competencies have been described in a number of contexts related to school psychology practice including early intervention (Lynch & Hanson, 1992), counseling psychology (Arredondo et al., 1996; Tyler et al., 1991), family therapy (Fontes & Thomas, 1996), consultation (Barnett et al., 1995; Brown, 1997), assessment (Suzuki & Kugler, 1995), and training (Gopaul-McNicol, 1997). Though many specific terms are used in these literatures, cross-cultural competence is a term that is frequently used to describe the general skills and knowledge that school psychologists should develop in preparation for providing any type of service with culturally diverse populations. Though this discussion is multidisciplinary in nature, a common set of skills quickly emerges which defines cross-cultural competencies and the manner in which they are obtained. These have been outlined by professional organizations such as the American Psychological Association (American Psychological Association, 1993), the Association of Multicultural Counseling and Development (Arredondo et al., 1996), and the National Association of School Psychologists (Flanagan & Miranda, 1995; Mosley-Howard, 1992). It is to a discussion of these general skills that we now turn.

55
Developing cross-cultural competence.

Exercising cross-cultural awareness can be a complex exercise. Psychologists must learn to understand how their culture impacts their thoughts and behavior and attempt to learn the same about others (Arredondo et al., 1996). The American Psychological Association (APA), in its *Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations* (American Psychological Association, 1993), outlines nine general cross-cultural competencies. These include:

1. Psychologists educate their clients to the processes of psychological intervention, such as goals and expectations; the scope and, where appropriate, legal limits of confidentiality; and the psychologists’ orientations.
2. Psychologists are cognizant of relevant research and practice issues related to the population being served.
3. Psychologists recognize ethnicity and culture as significant parameters in understanding psychological processes.
4. Psychologists respect the roles of family members and community structures, hierarchies, values, and beliefs within the client’s culture.
5. Psychologists respect clients’ religious and/or spiritual beliefs and values, including attributions and taboos, since they affect worldview, psychosocial functioning, and expressions of distress.
6. Psychologists interact in the language requested by the client and, if this is not feasible, make an appropriate referral.
7. Psychologists consider the impact of adverse social, environmental, and political factors in assessing problems and designing interventions.
8. Psychologists attend to, as well as work to eliminate, biased, prejudiced, and discriminatory practices.

9. Psychologists working with culturally diverse populations should document culturally and socio-politically relevant factors in the records. (p. 45-48)

As can be ascertained from the APA guidelines, cross-cultural competence involves knowledge about other cultures as well as how an individual’s cultural background impacts his or her psychological functioning. Though necessary, this knowledge is not sufficient for effective cross-cultural practices. Awareness of the manner in which psychologists’ culture impacts their behavior and attitudes is an important component of cross-cultural competence that is excluded from the APA guidelines. Other organizations and authors, particularly within the field of counseling psychology, have emphasized the need for psychologists to begin the development of cross-cultural competencies with a study of their own cultural backgrounds. Arrenondo, Toporek, Brown, Jones, Locke, Sanchez, and Stadler (1996) outline the multicultural counseling competencies advocated by the Association for Multicultural Counseling and Development (AMCD). Some of these guidelines, such as “Culturally skilled counselors are aware of how their own cultural background and experiences have influenced attitudes, values, and biases about psychological processes” (Arredondo et al., 1996, p. 57), illustrate the importance of cultural introspection. Within the school psychology literature, Gopaul-McNicol (1997) emphasizes the need for school psychologists to become aware of their own cultural biases and beliefs in addition to learning about interracial issues affecting various cultural groups and cultural differences with respect to
motivational/learning styles, expectations related to achievement, family roles, and exceptionality.

Lynch and Hanson (1992) outline some of the general skills necessary to develop cross-cultural competence. Their first stage (developing self-awareness) assumes that Anglo-Europeans who are part of the mainstream cultural group may have the least awareness of the ways in which their culture influences their behavior and interactions. Self-awareness consists of becoming aware of two aspects of one's culture: (1) heritage and (2) the values, behaviors, and beliefs which are identified with one's cultural heritage (Lynch & Hanson, 1992). Exploring one's heritage involves becoming familiar with historical issues, such as place of origin, time and circumstances of migration, languages spoken, and place of families first settlement, which tell a families story of coming into a particular country. In addition, the political, vocational, and religious practices can be examined at various points in time; providing a picture of how these aspects of culture have changed over the course of several generations (Lynch & Hanson, 1992).

Related to history are the values, behaviors, beliefs, and customs that are identified with one's cultural heritage. Examples of these characteristics are: (1) importance of individualism and privacy, (2) belief in the equality of individuals, (3) informality in interactions with others, (4) emphasis on future, change, and progress, (5) belief in the general goodness of humanity, (6) emphasis on the importance of time and punctuality, (7) importance of achievement, action, work, and materialism, and (8) pride in interactional styles that are direct and positive (Althem, 1988; Lynch & Hanson, 1992).
After developing an understanding of one’s own culture and its effects on thinking and behavior, the next step outlined by Lynch and Hanson (1992) (developing culture specific awareness and understanding) is to learn about other cultures through readings, interactions, and involvement. This information helps explain the cultural values, beliefs, and behaviors that are encountered when working with members of other cultural groups. Four ways of learning about other cultures are recommended: (1) learning through studying and reading about the culture, (2) talking or working with individuals from a culture who can act as cultural guides or mediators, (3) participating in the daily life of another culture, and (4) learning the language of another culture (when applicable). While specific content regarding other cultural groups is important, it is often not sufficient to produce cross-cultural competence (Imber-Black, 1997). Additional information is necessary regarding a culture’s view of children and childrearing practices, family structure and roles, views of disability, health and healing practices, and intervention (Hanson, Lynch, & Wayman, 1990; Lynch & Hanson, 1992). The importance of understanding others’ cultural contexts cannot be understated. Poor awareness of other cultures can easily lead to the misattribution of traits. A person speaking English with a Hispanic accent, for example, may be assumed to be less intelligent, more difficult to deal with, or viewed in other negative ways whereas a person speaking with an Australian accent may be viewed in a more favorable light (Arredondo et al., 1996).

The steps in developing cross-cultural competence described thus far can be considered cognitive skills. In other words, knowledge of one’s own and different cultures can help create insight into how cultural differences affect therapeutic interactions. This knowledge, however, may not be sufficient to work effectively with
culturally different populations. Fontes and Thomas (1996) distinguish between cultural awareness and cultural sensitivity. Sensitivity is primarily an affective skill. Being culturally sensitive means respecting one’s self and others as cultural beings, appreciating one’s cultural uniqueness as well as cultural diversity, and keeping one’s heart open to similarities and differences among people from different cultural groups. Cultural sensitivity is expressed through our unprovoked emotional reactions to people. Reactions, such as fear, mistrust, revulsion, adoration, or pity, when they are based solely on the ethnic/racial characteristics of an individual, are signs of reduced cultural sensitivity. This can greatly reduce a psychologist’s effectiveness and awareness. Because we are often unaware of our automatic reactions, the development of cultural awareness is best facilitated through supervision and training (Fontes & Thomas, 1996).

Lynch and Hanson’s third stage (developing effective cross-cultural communication) involves the application of both cognitive and affective skills acquired through introspection, study, and interaction with other cultures. Specifically, communication effectiveness is significantly improved when the psychologist: (1) respects individuals from other cultures, (2) makes continued and sincere attempts to understand the world from others’ points of view, (3) is open to new learning, (4) is flexible, (4) has a sense of humor, (5) tolerates ambiguity well, and (6) approaches others with a desire to learn (Hanson et al., 1990). These characteristics represent general traits of effective communicators rather than specific competencies. More specific areas of competence involve both verbal and nonverbal modes of communication and relate directly to information obtained from the study and interaction with other cultural groups. Cross-culturally competent school psychologists should be aware of more specific aspects of nonverbal communication. Cultural differences in the meanings
attributed to direct and indirect eye contact, facial expressions, proximity and touching, body language, and gestures are all potential grounds for miscommunication. School psychologists should become familiar with the how other cultural groups utilize each of these modes of communication (Hanson et al., 1990).

In addition to specific modes of communication, cultural differences in general values may also impede the communication process. Brown (1997) outlines five value areas where differences may express themselves: (1) self-control (i.e., the importance one assigns to maintaining control over thoughts, feelings, and emotions); (2) time orientation (i.e., the extent to which one is present vs. future oriented; the extent to which traditions and attitudes from the past are honored); (3) activity (i.e., the extent to which planning should precede action; the extent to which life events should be dealt with an active, doing manner); (4) social relationships (i.e., the extent to which group or individual relationships are most important); and (5) achievement (i.e., achievement based on individual achievement vs. achievement derived from cooperation with a group). Within each of these areas, the cross-culturally competent consultants will be aware of their own value systems as well as those of the cultural groups with which they work.

Cultural Bias in Psychoeducational Assessment.

Cultural issues in assessment have centered on the debate over bias in standardized tests of academic achievement and intelligence. Most frequently, bias concerns have been expressed regarding the low performance of ethnic minority students, particularly African-American, Latino, and Native American students, relative to White middle-class students (Reschly & Grimes, 1995). To say the least, this is an ongoing area
of controversy. Defenders of standardized testing (Jensen, 1980; Reschly, 1979; Reschly & Grimes, 1995; Reynolds & Kaiser, 1990) contend that most conventional tests are not biased according to the conventional definitions related to the statistical properties of items, psychometric characteristics of tests, factor analysis, examiner/examine interaction effects, and predictive validity. In spite of these claims, some advocates of standardized tests note that cultural variables influence test results. Sattler (1992), for example, states that, “Children come to us from many different cultural backgrounds, and these differing backgrounds must be considered in selection of tests and interpretation of norms” (p.6).

On the other side of this debate are critics of standardized testing. Some of these critics contend that test bias exists in domains other than the psychometrically oriented areas. These arguments allege that the content of test items and test procedures, because they emanate from the mainstream (i.e., White, middle class) culture, is inherently biased against ethnic minority groups. In other words, ethnic minority students may demonstrate lower mean scores on many IQ tests due to unfamiliarity with the content of some questions or the expectations imposed by the testing procedures (Suzuki & Kugler, 1995).

It is notable that some arguments in the test bias debate involve the psychometric characteristics of specific instruments whereas others involve the interaction between psychologist and student. At its essence, assessment is an interaction between people, not a collection of test scores. In many assessment situations, this interaction extends to the student’s family. As such, cross-cultural competence extends beyond the technical aspects of assessment, such as the selection of instruments that have acceptable reliability and validity for the student’s ethnic group, awareness of how dialect impacts performance, and an ability to use interpreters appropriately when necessary (Figueroa,
Sandoval, & Merino, 1984; Gopaul-McNicol, 1997). It also includes awareness of how cultural differences impact the interpersonal aspects of rapport building and communication. When a student is from a different cultural background, it is imperative that we understand the cultural influences on a students' performance (Armor-Thomas, 1992). Variables, such as limited English language proficiency, the student's relative comfort with an examiner from a different ethnic group, and the examiner's familiarity with the student's English dialect, may have to be taken into consideration as limitations to performance (Figueroa et al., 1984). A thorough understanding of how family structure impacts behavior, social-emotional functioning, and academic functioning is also vital when interpreting assessment information. As such, school psychologists must be competent in communicating with culturally different families in such a way that helps build rapport and encourages collaboration.

Multicultural Issues in Consultation and Counseling.

School psychologists may engage in counseling and consultation in a variety of settings including schools, child guidance clinics, rehabilitation agencies, and mental health centers. The consultant, family, or school may initiate these services. When consulting with families, the process often involves helping family members acquire effective parenting skills which enhance the psychological or educational functioning of their children (Brown, 1997). When engaging in family therapy, a universally agreed upon goal is client empowerment (Fontes & Thomas, 1996). Avoiding resistance is an important step in successfully meeting these goals. Two specific issues have been addressed in the cultural diversity literature that are related to resistance: (1) communication in low context versus high context cultures and (2) ethnic validity. A
failure to address these areas may contribute to client resistance and, therefore, unsuccessful resolution of the client’s presenting problem.

**Communication in low context vs. high context cultures.**

Resistance is a common component of counseling and consultation. Wickstrom and Witt (1993) define resistance as “anything that impedes problem solving or plan implementation and ultimately problem resolution” (p. 160). Cultural differences between a consultant and consultee (whether school personnel or family members) may manifest themselves as incompatible communication styles and represent a significant source of resistance. Becoming familiar with the communication styles, both verbal and nonverbal, of one’s own culture and the cultures of potential consultees is an important step in overcoming communication gaps and, therefore, reducing communication related resistance (Jackson & Hayes, 1993).

One aspect of culture that may be useful in this regard is the distinction between “high context” and “low context” cultures. High context and low context cultures differ in the extent to which they convey information through words versus the context of the situation, the relationship, and physical cues. High context cultures rely primarily on shared experiences, history, and implicit messages and, as such, are more attuned to nonverbal communication. Additionally, high context cultures tend to be more reliant on formal power hierarchies. Asian, African American, Arab, and Latino cultures are all examples of high context cultures (Lynch & Hanson, 1992). Low contrast cultures, by comparison, tend to focus on verbal communication. Emphasis is often placed on precise, direct and logical verbal communication. Members of low context cultures may not process nonverbal communication, such as gestures, unarticulated moods, and
environmental cues. Structurally, low context cultures tend to be informal; placing less emphasis on formal power hierarchies. Many European cultures can be classified as low context in their communication styles (Lynch & Hanson, 1992).

In a consultation or counseling relationship, difficulties can arise when a consultant and consultee are from different cultures (i.e., high context vs. low context). On the one hand, individuals from high context cultures may feel that a lot of talking, clearly specified verbal directions, and detailed demonstrations may seem insensitive and mechanistic. These individuals may feel as though the talking is proof that the psychologist does not truly understand them and, therefore, cannot be of much help. Conversely, individuals from low context cultures may be uncomfortable with long silence, cryptic sentences, and indirect modes of communication such as story telling. They may see these as time wasters or resistance (Lynch & Hanson, 1992). To avoid these situations, psychologists should become familiar with their own communication style as well as the styles commonly used by the cultural groups with whom they work. Knowledge of the differences should assist school psychologists to communicate in a manner that is comfortable for their clients, thereby reducing the likelihood of resistance emanating from poor communication (Jackson & Hayes, 1993).

**Ethnic validity.**

Ethnic validity has been discussed separately within both the consultation (Barnett et al., 1995) and counseling (Tyler et al., 1991; Tyler, Sussewell, & Williams-McCoy, 1985) literatures. It is based on the idea that the diagnosis and resolution of a problem must not conflict with a client’s cultural beliefs (Jackson & Hayes, 1993). Within the school psychology literature, ethnic validity is discussed within the
framework of consultation and represents an effective problem solving orientation that takes cultural differences into account. However, it was first applied to psychotherapeutic interactions. Regardless of therapeutic context, the model places emphasis on what is meaningful and acceptable to the client within the context of his or her cultural group (Barnett et al., 1995).

Barnett, Collins, Coulter, Curtis, Ehrhardt, Glasser, Reyes, Stolar, and Winston (1995) define ethnic validity as, "... the degree to which problem identification and problem solving are acceptable to the client in respect to the client's belief and value systems, as these are associated with the client's ethnic/cultural group" (p.221). Three elements for establishing ethnic validity are: (1) problem solving within a consultation context, (2) acceptability, and (3) teaming strategies. Problem solving refers to a process with five distinct stages: defining the problem, functional analysis of the problem, goal setting, intervention, and evaluation (Brown, Pryzwansky, & Schulte, 1995). Consultants practicing within a problem-solving framework will navigate each of these stages in an attempt to define and solve their consultees' presenting concerns. Within the context of ethnic validity, problem solving foundations include the added dimensions of (a) establishing an advocacy role for the population being served; and (b) accepting, respecting, and understanding the cultural values, perspectives, and behaviors of the population being served (Barnett et al., 1995).

Acceptability refers to the client's judgment regarding the appropriateness, fairness, reasonableness, intrusiveness, and normalcy of interventions (Barnett et al., 1995; Kazdin, 1980). A feature of acceptability is that interventions should be compatible with the perceived needs, values, and customs of the setting (Barnett et al., 1995; Fawcett, Mathews, & Fletcher, 1980). A core premise of ethnic validity is that
cultural differences between participants may become factors in determining intervention acceptability (Barnett et al., 1995). As such, psychologists must be prepared to examine cultural differences as part of the counseling or consultation process. Fontes and Thomas (1996) refer to this process as building a “cultural fit” between the psychologist and client. Cultural fit implies the creation of a setting and relationship wherein clients feel welcome, respected and understood and specific interventions are experienced as “user-friendly” (Fontes & Thomas, 1996).

Teaming strategies are relevant in a variety of contexts during consultation. Team composition will often be dependent upon the nature of the referral problem. Some teams may consist of only the parents, teacher, and school psychologist, whereas other teams may include school administrators and community members. To address ethnic validity, team composition should display the following characteristics: (a) collaborative and interactive problem solving, (b) ethnic group representation that deals with language or other issues related to culture, and (c) distributed decision making power. The importance of ethnic representation on consultation teams cannot be understated. Specifically, individuals should be sought who represent the same cultural/ethnic/linguistic background as the consultee. This enables the team to be “expert” with regard to culture and environment and helps to anchor the assessment process within the local community (Barnett et al., 1995).

Considerations for Service Delivery to Culturally Different Families.

Providing psychological services to culturally different families presents a unique set of considerations for school psychologists. Understanding the role and function of a family is a key to understanding a child from any cultural group. Families impact
growth, values, and identity development in addition to academic achievement (Mosley-
Howard, 1992). School psychologists should apply all of their cross-cultural knowledge
and skills to their work with families. However, additional knowledge of cultural
differences in areas such as family dynamics, conceptions of marriage, patterns of post
marital residence, extended family, and family structure are recommended (Flanagan &
Miranda, 1995). As when working with individuals, knowledge in these areas will assist
in the construction of productive relationships.

As discussed earlier, minority group members differ in the extent to which they
have become acculturated to the dominant culture. The same holds true for families.
Brown (1997) differentiates between five categories of families: (a) traditional (i.e.,
those who adhere to the historic rituals and customs of their group); (b) bicultural (i.e.,
those who maintain their language and customs, pass these on to their children, but also
develop an understanding of the values and traditions of the dominant culture. Children
in bicultural families learn to move freely between their ethnic cultures and the dominant
culture); (c) acculturated (i.e., those who have adopted the values and traditions of the
dominant culture to the exclusion of traditional customs); and (d) pantraditional (i.e.,
those who are trying to reestablish their cultural identity by speaking their traditional
language while reintroducing traditional cultural rituals and traditions. School
psychologist should be willing to ask families for information pertaining to their
observance of traditional values.

Cultural differences in family systems represent a second consideration that is
specific to work with families. Miranda (1993) discusses the need to be aware of
intercultural differences in family dynamics. For example, many cultural groups have
large extended families that maintain close ties and provide a large amount of financial
and emotional support. It is helpful for school psychologists to understand the family structure, who the decision-makers are, and what roles the various family members play. Additionally, the modes of interaction with children, attitudes about the behavior of children, and how to correct behavior may have different meanings in different cultures. Each of these areas represents a potential source of misunderstanding between school psychologists and families. For example, Gray and Cosgrove (1985), as discussed in (Mosley-Howard, 1992), found that the protectiveness of Japanese and Filipino mothers and the physical discipline of the Samoan culture was believed by raters/observers to be harmful even though these are accepted child rearing styles in these cultures. The cultural backgrounds of the observers were thought to be at least partially responsible for these attributions. School psychologists need to be aware of how their culturally based attitudes and beliefs are projected onto families from different cultures and take steps to eliminate this tendency in their professional interactions.

Summary

School psychologists' family oriented practices are influenced by several factors. Some, such as federal legislation, are external and have been imposed onto the field. Others, including research linking family dynamics to children's adjustment and learning problems and the impact of family systems theory, have come from within the field. In different ways, each of these factors encourages school psychologists to target families in the provision of their services. Federal legislation, such as IDEA-Part H and IDEA-Part C, establishes a minimum standard for parental involvement in assessment and intervention planning for children with disabilities. Literature linking family characteristics, including parental conflict (David et al., 1996; Gartland & Day, 1991;
Green, 1995), divorce (Hetherington & Stanley-Hagan, 1999; Pagani et al., 1997), and parenting styles (Baumrind, 1967; Baumrind, 1991b; Cashwell & Vacc, 1996; Green, 1995; Humphries & Bauman, 1980; Patterson, 1986; Simons et al., 1991), to children’s learning and behavioral problems directs school psychologists’ attention to these variables when assessing and designing interventions for children. Finally, family systems theory has inspired a wealth of literature within school psychology that encourages and legitimizes family therapy, family assessment, family consultation, and activities which promote home-school collaboration as worthwhile and effective school based psychological services.

With so many forces pushing school psychology toward family-oriented services, it is surprising that training programs continue to devote so little to this area and that many school psychologists spend a large proportion of their professional time engaged in assessment of individual children. Given the child centered focus of traditional assessment practices, evaluations for special education qualification may minimize the amount of time school psychologists can spend conducting family oriented practices. Surveys of school psychologists’ professional practices consistently reveal a desire to spend more time performing services which increase their opportunity to work with families, such as counseling and consultation (Brown, 1994; Hyman & Kaplinski, 1994; Woody & Davenport, 1998). Literature that specifically examines family oriented practices within school psychology is limited and inconsistent. Only two studies (Carlson & Sincavage, 1987; Fish & Massey, 1991) have examined this subject since 1987. Based on this research, it is not possible to state with confidence that school psychologists provide services which consistently focus on parents and families.
Additional research is needed to determine the full extent to which legislation, research, and theory have influenced school psychologists' family oriented practices.

No examination of school psychological services can exclude issues related to cultural diversity. This is an important issue within school psychology if one considers the increasing proportion of ethnic minority children within the school age population and the low percentage of practicing school psychologists from ethnic minority groups. In short, many school psychologists will provide services to students and families who come from cultural groups which differ from their own. School psychology, as a field, has traditionally examined cultural diversity within the context of cultural bias in standardized intelligence and achievement tests. Given the significant number of tests administered by school psychologists, this is an important argument. However, culture impacts many aspects of school psychological services beyond test bias. Culture impacts how we communicate our attitudes and practices related to child rearing, our attitudes toward schooling and professionals, and many of our social customs. Whenever a school psychologist is providing services to a child or family, regardless of whether this is assessment, counseling, consultation, or any other service, cultural differences can potentially lead to miscommunication, misdiagnosis, or rejected treatment recommendations. Test bias is just one aspect of culture that must be taken into consideration. Practitioners must ensure that they have a thorough understanding of how their own cultural background impacts their behavior and attitudes, a similar understanding of other cultural groups, and specific skills in working effectively with other cultural groups. This body of knowledge and skills has been collectively referred to as cross-cultural competence (Lynch & Hanson, 1992). Fields outside of school psychology, such as multicultural education and counseling psychology, have addressed
cross-cultural competence for many years. Though school psychology has addressed this
topic (Gopaul-McNicol, 1997), these discussions have only appeared in recent literature.
Additional research is needed to assess school psychologists' training in cultural
diversity, as well as proportion of their services that are delivered to children and
families from different cultural groups.
CHAPTER 3

METHODOLOGY

Subjects.

A stratified random sample with proportional allocation totaling 500 school psychologists was selected from the 2000 membership computer database of the National Association of School Psychologists (NASP). Though not representative of all school psychologists, approximately 70% of school psychologists are represented in the NASP membership (Fagan, 1994). At the time of this study, the total NASP membership totaled 20,537. Of these members, 12,076 were listed as full time school psychologists in United States public schools. The sample for the present study was drawn from the latter list of full time school psychologists.

When selecting subjects, two strata were defined according to subjects' reported degree level: (1) school psychologists holding a masters or specialist degree and (2) school psychologists holding a doctoral degree (e.g., Ph.D., Ed.D., or Psy.D). The masters/specialist stratum consisted of 8,603 members (71% of the population). The doctoral stratum consisted of 3,473 members (29% of the population). A simple random sample was drawn from each stratum such that the proportion of the total population represented by each stratum was matched in the sample. This resulted in 355 randomly
selected subjects in the masters/specialist stratum (71% of the sample) and 145 randomly selected subjects in the doctoral stratum (29% of the sample). Stratified random sampling with proportional allocation produces estimators with lower variance than those produced by simple random sampling with the same sample size when there is considerable variability among the stratum means on the estimates (Scheaffer, Mendenhall, & Ott, 1996).

Instrument

*The School Psychology Family Practices Questionnaire* was developed specifically for use in this study to assess various aspects of school psychologists’ professional practices and training experiences. The survey consisted of 23 open-ended and multiple choice questions, printed on six pages, which were organized into three general sections: (a) Demographic and General Information, (b) Professional Practices, and (c) Training Experiences. Each survey questionnaire was marked with a handwritten identification number between 1 and 500 in the lower left-hand corner. This was done for mailing purposes, so respondents could be checked off of the mailing list as they returned surveys. A copy of the *School Psychology Family Practices Questionnaire* is included in APPENDIX B.

Part A (Demographic and General Information) solicited information about respondents, such as degree level and gender, and their employment settings, such as school district size. All questions in this section were multiple choice.

Part B (Professional Practices) determined the amount of time school psychologists spent performing various professional activities, the amount of time they preferred to spend performing these activities, and the percentage of services they provided to
ethnically different populations. Specifically, questions addressed respondents’ professional practices in four areas: (1) Assessment, (2) Consultation, (3) Counseling and Psychotherapy, and (4) Home-School Collaboration. Within each area, respondents were asked to state the number of hours each week that they spend in various activities, such as family therapy, parent education/training, and individual assessment, as well as number of hours each week that they would prefer to spend in each activity. With regard to consultation, counseling, and home-school collaboration, respondents were asked to describe any factors that interfered with their capacity to perform these services. Open-ended questions solicited recommendations regarding the improvement of school psychologists’ training in family consultation and family therapy.

Part C (Training Experiences) evaluated school psychologists training in the provision of direct and indirect services to families. Respondents completed a series of multiple choice questions that determined if their graduate education, internship training, and continuing education included training in family consultation, family therapy, family assessment, and cultural diversity. Respondents were also asked to evaluate their training and competence in each of these areas. Open-ended questions solicited opinions regarding how to improve training related to cultural diversity.

The School Psychology Family Practices Questionnaire was designed to expand findings obtained by Carlson and Sincavage (1987) by: (1) providing an updated assessment of school psychologists’ family oriented practices, (2) examining the frequency with which school psychologists engage in activities which facilitate home-school collaboration, and (3) examining the proportion of services which school psychologists provide to culturally different students and families. Because the current study is based on previous research, the School Psychology Family Practices Questionnaire was developed
using some of the same concepts utilized by Carlson and Sincavage, recent literature related to professional practices in school psychology, and recent literature related to cultural diversity issues in school psychology.

**Pilot Test.**

To evaluate the clarity of each item on the *School Psychology Family Practices Questionnaire*, eight practicing school psychologists reviewed all items. Each reviewer completed the survey and rated each question for clarity on a 5-point Likert scale (1=vague/ambiguous to 5=clear/concise). Only items that receive an average rating of 4 or better will be retained in the final survey. Items receiving a mean rating below 4 were revised and retested. Mean clarity ratings for all items ranged between 4.71 and 5.00 with no individual item receiving a rating below 4.00. Therefore, all items were retained in the final survey.

**Data Collection Procedures.**

The *School Psychology Family Practices Questionnaire* was sent to each of the 500 randomly selected school psychologists in the study sample. The design and scheduling of mailings was based on criteria outlined by Mangione (1995). Four mailings were employed, each spaced 14 days apart. The first mailing was sent to the entire sample whereas each subsequent mailing was restricted to non-respondents. An identification number printed in the lower left corner of each survey was used to identify non-respondents. Numbers will ranged from 001 to 500 with each number corresponding to a specific respondent’s name. This allowed respondents to return their surveys without including identifying information. The first mailing consisted of a one-page cover letter
(See APPENDIX A) inviting respondent participation and ensuring confidentiality, the School Psychology Family Practices Questionnaire (See APPENDIX B), a self-addressed stamped return envelope, and a stick of sugar free chewing gum for their enjoyment while completing the survey.

The second mailing consisted of a reminder postcard (See APPENDIX C) that was sent to all non-respondents 14 days following the first mailing. Postcards contained a brief personally signed note on one side to thank those who returned their surveys and to encourage those who had not returned their surveys to do so soon.

A third mailing was sent 14 days following the second mailing and consisted of a second cover letter (See APPENDIX D); a self-addressed stamped return envelope, and a replacement copy of the School Psychology Family Practices Questionnaire. The second cover letter indicated that the survey had not been received as well as a statement restating the study's objectives and the importance of completing the survey.

A fourth and final mailing was conducted 14 days following the third mailing and consisted of a second reminder postcard (See APPENDIX E). Like the first reminder card, this card contained a personally signed note that thanked those who returned their surveys and encouraged responses from those who did not.

Data Analysis

As noted in Chapter 1, the research questions addressed by the proposed study were organized into two broad categories: (1) the status of family oriented practices within school psychology and (2) cultural diversity issues related to school psychology. Data obtained from both closed and open-ended questions on the School Psychology Family Practices Questionnaire addressed each of these areas. Research questions involving
quantitative data were analyzed using descriptive statistics and parametric statistical procedures generated using version 9.0 of the SPSS system for Windows. Computerized content analysis procedures, using version 4.0 of Q.S.R. NUD*IST for the Macintosh, were employed to examine responses to open-ended questions. All results are described in Chapter 4.

Data analyses related to family oriented services examined six specific areas:

1. The quantity of individual child assessment, family counseling or therapy, family consultation, and home-school collaboration services actually provided by respondents. Descriptive statistics (means and standard deviations) were reported for the number of hours spent during a typical week conducting activities related to assessment, family counseling, family consultation, and home school collaboration. Descriptive statistics were reported separately for doctoral and non-doctoral respondents.

2. The quantity of individual child assessment, family counseling or therapy, family consultation, and home-school collaboration related services that respondents would prefer to provide as part of their practice. Descriptive statistics (means and standard deviations) for the number of hours during a typical week that respondents preferred to spend providing services related to assessment, family counseling, family consultation, and home school collaboration were reported separately for both doctoral and non-doctoral respondents. Open-ended survey questions designed to solicit respondents' opinions regarding factors that interfere with their ability to provide family consultation, family therapy, and home-school collaboration related activities were subjected to a descriptive content analyses.
3. Differences between doctoral level and non-doctoral level respondents regarding actual and preferred levels of family oriented practices. The doctoral vs. non-doctoral issue was examined by subjecting the number of hours spent conducting different activities and the number of hours that respondents preferred to spend in these activities to a separate multivariate analysis of variance (MANOVA) where degree level (doctoral and non-doctoral) constituted the independent variable and the four services examined in the survey (individual child assessment, family counseling/psychotherapy, family consultation, home-school collaboration activities) constituted the dependent variables.

4. The frequency with which respondents utilize various family oriented assessments as a component of individual child assessment. For each assessment procedure included in the mail survey (see question 15 in APPENDIX B for a complete list), the proportion of respondents who indicated “Never Use”, “Use in Less Than 50% Your Assessments”, “Use in Greater Than 50% of Your Assessments”, and “Always Use” were reported. This analysis described the frequency with which respondents utilize each family assessment procedure. These were reported separately for doctoral and non-doctoral respondents.

5. Respondents’ training related to family oriented services. Data for this analysis came from survey questions which asked if respondents have taken coursework, a supervised practicum, received continuing education, and had internship experience with families in each of the following areas: (a) family consultation, (b) family counseling/psychotherapy, and (c) assessment of family dynamics. Respondents who answered yes to coursework and supervised practicum experiences were then asked to
state the graduate degree program (specialist or doctoral) and academic department (school psychology program or outside academic department) where they obtained these experiences. The proportion of respondents who received each type of training was computed along with the settings where the training was delivered. Similarly, the proportion of respondents who received training in family consultation, family counseling/psychotherapy, and family assessment as a formal component of their internship experience and continuing education was also reported. These summary statistics were reported for both doctoral and non-doctoral respondents. This analysis was exploratory in nature. The purpose was simply to determine if school psychologists are receiving training related to family oriented services and where this training is taking place.

6. Respondents' satisfaction with their training related to family counseling or therapy, family consultation, home-school collaboration, and family assessment. To assess school psychologists' satisfaction with their training in each of these areas, mean satisfaction ratings were reported for the entire sample, doctoral respondents, and non-doctoral respondents using the following four point scale: "1=Very Satisfied", "2=Satisfied", "3=Dissatisfied", and "4=Very Dissatisfied". To further address this topic, a descriptive content analysis was conducted on open ended survey questions intended to solicit respondents' recommendations for improving school psychology training in the areas of family consultation and family counseling/psychotherapy.
Examination of cultural diversity issues involved the use of descriptive statistics and descriptive content analyses. Data obtained from the mail survey examined three specific areas:

1. The proportion of school psychological services, including psychoeducational assessment, consultation, and counseling, that respondents deliver to children and families who come from an ethnic group that differs from their own. To address this area, respondents were asked to estimate the percentage of their assessment, consultation, and counseling cases that involved clients and consultees from a cultural or ethnic group that differs from their own. Descriptive statistics (means and standard deviations) were reported for each service. As with the other descriptive analyses included in the proposed study, statistics were reported for doctoral and non-doctoral respondents.

2. Respondents' training experiences related to cultural diversity. Data for this analysis came from questions pertaining to graduate coursework in cultural diversity and clinical training (e.g., practicum experiences, internship experiences, and containing education) aimed at training school psychologists to provide services to culturally different children and families. Specifically, the proportion of respondents (doctoral and non-doctoral) who completed: (1) graduate coursework related to cultural diversity, (2) practicum experiences in counseling, assessment, and consultation involving clients or consultees from different ethnic groups, (3) clinical work with different ethnic groups during the internship experience, and (4) continuing education related to the provision of school psychological services to culturally different populations were reported.
3. Respondents' satisfaction with their training experiences related to cultural diversity. To assess respondents' satisfaction with their cultural diversity training, mean satisfaction ratings were reported for doctoral and non-doctoral respondents using the following four point scale: “1=Very Satisfied” 2=Satisfied”, “3=Dissatisfied”, and “4=Very Dissatisfied”. Because existing data in school psychology has not addressed training satisfaction related to cultural diversity, predictions regarding proposed survey could not be made in this area. To further address this topic, a descriptive content analysis was conducted on open ended survey questions intended to solicit respondents' recommendations for improving school psychology training in the areas of cultural diversity.

Analysis procedures for open-ended survey questions.

Open-ended survey questions designed to solicit respondents' opinions regarding their professional practices and training were subjected to descriptive content analysis. Several authors (Sommer & Sommer, 1997; Sproull, 1995; Weber, 1985) have described content analysis as an appropriate qualitative procedure for simplifying and describing the content of open-ended survey questions. The basis of content analysis is quantification. Instead of general impressions about trends or biases in the data, the researcher is able to report precise figures regarding data's content (Sommer & Sommer, 1997). For example, in response the question, “What factors, if any, limit your capacity to provide services, such as counseling/psychotherapy and consultation to families?”, a respondent may state “too much time spent testing individual children”. This response, and similar responses given by others, can be placed into a category labeled “time restraints”. The total number of responses that fall into this category can then be totaled and expressed as a percentage.
of total responses. A descriptive comparison of response categories can then be reported. For example, if the category “time restraints” contains 75% of all responses to the question and the category “lack of training” constitutes 25%, it can be stated that respondents mentioned time restraints most often when asked about factors that interfere with their ability to conduct family consultation.

Because the open-ended questions used in the proposed study encouraged brief written responses, individual sentences, such as “Include more coursework in cultural diversity” constituted the recording units. Coding categories for each question were developed separately from an initial review of responses aimed at identifying their major themes. Once coding categories were developed, all recording units were sorted into their respective categories using version 4.0 of Q.S.R. NUD*IST for Macintosh.
CHAPTER 4

RESULTS

Return Rate

At the conclusion of the fourth mailing, 306 surveys were returned from among the 500 mailed to randomly selected members of the National Association of School Psychologists (NASP), resulting in a total response rate of 61.20%. Within the non-doctoral stratum, 209 surveys were returned out of a possible 355, resulting in a 58.87% response rate. Within the doctoral stratum, 97 surveys were returned out of a possible 145, resulting in a 66.90% response rate.

Respondent Characteristics

Table 4.1 outlines the demographic, training, and employment characteristics of non-doctoral and doctoral respondents to the School Psychology Family Practices Questionnaire. With regard to demographic characteristics, a review of Table 4.1 indicates that respondents in this sample were predominantly female and Caucasian with the gender gap being most pronounced among non-doctoral respondents. Individuals of
Hispanic decent represented the largest ethnic minority group, comprising 2.3% of all respondents (1.9% of non-doctoral respondents, 3.1% of doctoral respondents).

All respondents were asked to provide information regarding their licensure status and years of experience. With regard to licensure, 60.5% of all respondents reported that they held a “psychologist” or “school psychologist” license that was issued by their state board of psychological examiners. Among doctoral respondents, 76.3% reported being licensed compared to 53.1% of non-doctoral respondents. With regard to experience, 82.4% of doctoral respondents reported working as a school psychologist for more than five years compared to 65.5% of non-doctoral respondents.

When examining employment settings, respondents were asked to describe the type of setting where they work (i.e., public schools, non-public schools, non-school setting, private practice, or college/university), the number of students served in their employment setting, and the location of their employment setting (i.e., urban, suburban, rural). Table 4.1 shows that the majority of respondents, both non-doctoral and doctoral, worked in public or non-public school settings. However, a greater percentage of Doctoral level respondents (25.8% of doctoral respondents vs. 3.4% of non-doctoral respondents) worked in non-school settings, such as private practice, universities, or other unspecified non-school settings. No clear patterns emerged in either the
non-doctoral or doctoral groups with regard to location (i.e., urban, suburban, or rural) and the number of students served within schools or school districts that employed school psychologists in this sample.
Table 4.1: Demographic, Training, and Employment Characteristics of Non-Doctoral and Doctoral Respondents to the School Psychology Family Practices Questionnaire.
<table>
<thead>
<tr>
<th>Total Sample</th>
<th>Non-Doctoral</th>
<th>Doctoral</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=306</td>
<td>n=209</td>
<td>n=97</td>
</tr>
</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
<th>n</th>
<th>%</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>78</td>
<td>25.5</td>
<td>43</td>
<td>20.6</td>
<td>35</td>
<td>36.1</td>
</tr>
<tr>
<td>Female</td>
<td>219</td>
<td>71.6</td>
<td>162</td>
<td>77.5</td>
<td>57</td>
<td>58.8</td>
</tr>
</tbody>
</table>

### Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Total Sample</th>
<th>Non-Doctoral</th>
<th>Doctoral</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American, Non-Hispanic</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Caucasian, Non-Hispanic</td>
<td>277</td>
<td>196</td>
<td>81</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

### Degree Level

<table>
<thead>
<tr>
<th>Degree Level</th>
<th>Total Sample</th>
<th>Non-Doctoral</th>
<th>Doctoral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masters (M.A., M.S., or M.Ed.)</td>
<td>133</td>
<td>133</td>
<td>-</td>
</tr>
<tr>
<td>Specialist (Ed.S.)</td>
<td>71</td>
<td>71</td>
<td>-</td>
</tr>
<tr>
<td>Doctorate (Ph.D., Ed.D., or Psy.D.)</td>
<td>92</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### Psychologist License Held

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
<th>n</th>
<th>%</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>185</td>
<td>60.5</td>
<td>111</td>
<td>53.1</td>
<td>74</td>
<td>76.3</td>
</tr>
<tr>
<td>No</td>
<td>111</td>
<td>36.3</td>
<td>93</td>
<td>44.5</td>
<td>18</td>
<td>18.6</td>
</tr>
</tbody>
</table>

### Primary Employment Setting

<table>
<thead>
<tr>
<th>Employment Setting</th>
<th>Total Sample</th>
<th>Non-Doctoral</th>
<th>Doctoral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public School Setting</td>
<td>246</td>
<td>80.4</td>
<td>186</td>
</tr>
<tr>
<td>Non-Public School Setting</td>
<td>14</td>
<td>4.6</td>
<td>8</td>
</tr>
<tr>
<td>Non-School Setting</td>
<td>6</td>
<td>2.0</td>
<td>1</td>
</tr>
<tr>
<td>Private Practice</td>
<td>13</td>
<td>4.2</td>
<td>5</td>
</tr>
<tr>
<td>College or University</td>
<td>13</td>
<td>4.2</td>
<td>1</td>
</tr>
</tbody>
</table>

### Number of Students in District

<table>
<thead>
<tr>
<th>Number of Students</th>
<th>Total Sample</th>
<th>Non-Doctoral</th>
<th>Doctoral</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,000 to 5,000</td>
<td>97</td>
<td>72</td>
<td>25</td>
</tr>
<tr>
<td>6,000 to 10,000</td>
<td>40</td>
<td>32</td>
<td>8</td>
</tr>
<tr>
<td>11,000 to 15,000</td>
<td>26</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>16,000 to 20,000</td>
<td>21</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>&gt; 20,000</td>
<td>65</td>
<td>47</td>
<td>18</td>
</tr>
</tbody>
</table>

### District Classification

<table>
<thead>
<tr>
<th>Classification</th>
<th>Total Sample</th>
<th>Non-Doctoral</th>
<th>Doctoral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>86</td>
<td>60</td>
<td>26</td>
</tr>
<tr>
<td>Suburban</td>
<td>106</td>
<td>74</td>
<td>32</td>
</tr>
<tr>
<td>Rural</td>
<td>73</td>
<td>58</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>6</td>
<td>-</td>
</tr>
</tbody>
</table>

### Yrs. Employed as a School Psych.

<table>
<thead>
<tr>
<th>Yrs. Employed</th>
<th>Total Sample</th>
<th>Non-Doctoral</th>
<th>Doctoral</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 5 years</td>
<td>78</td>
<td>68</td>
<td>10</td>
</tr>
<tr>
<td>6 to 10 years</td>
<td>66</td>
<td>47</td>
<td>19</td>
</tr>
<tr>
<td>11 to 15 years</td>
<td>48</td>
<td>28</td>
<td>20</td>
</tr>
<tr>
<td>16 to 20 years</td>
<td>37</td>
<td>26</td>
<td>11</td>
</tr>
<tr>
<td>&gt; 20 years</td>
<td>66</td>
<td>36</td>
<td>30</td>
</tr>
</tbody>
</table>

**Note:** Percentages are based on the total number of responses provided to each question.
Results from Quantitative Data Analysis

Proportion of Time Spent Conducting Family Oriented Services

The School Psychology Family Practices Questionnaire examined the actual and preferred frequency of school psychologists' family oriented practices by asking respondents to list the number of hours actually spent during a typical week and the total number of hours they would prefer to spend during a typical week performing professional activities in six general areas: (1) Student Assessment, (2) Student Counseling, (3) School Consultation, (4) Family Oriented Counseling, (5) Parent Consultation, and (6) Home-School Collaboration. Table 4.2 lists the specific survey items included under each category. Because this study focused on school psychologists' school based practices, only those respondents who reported employment in a public or non-public school setting were included in the subsequent descriptive and multivariate analyses.

Descriptive Statistics (means and standard deviations) describing the average number of hours that respondents who were employed in public or private school settings actually spent performing activities related to each of these six areas of professional practice are listed in Table 4.3. An examination of these group means in table 4.3 shows that Student Assessment was the most frequently reported category and that Family Oriented Counseling was the least frequently reported category by both doctoral and non-doctoral respondents. Within the non-doctoral group, Student Assessments (mean = 19.28 hours) occupied 50.13% of respondents' total reported professional time. By
comparison, the other five categories each comprised less than 17% of non-doctoral respondents' total reported professional time (Home-School Collaboration = 16.37%, School Consultation = 13.15%, Student Counseling = 11.48%, Parent Consultation = 7.98%, Family Oriented Counseling = 0.88%). A similar pattern emerged within the doctoral group, though these respondents reported spending a smaller percentage of time conducting student assessments (mean = 12.58 hours which represents 35.57% of their total professional time) whereas the other five categories each comprised less than 21% of doctoral respondents total professional time (Home-School Collaboration = 20.70%, Consultation with School Personnel = 15.41%, Student Counseling = 15.61%, Consultation with Parents = 10.77%, Family Oriented Counseling = 1.95%).

To determine the proportion of school psychologists who are conducting family oriented services, the percentage of respondents who reported spending time performing services in Family Oriented Counseling, Parent Consultation, and Home-School Collaboration were examined. Overall, a substantially larger proportion of respondents in both the non-doctoral and doctoral groups performed indirect services than performed direct services. 89.12% of non-doctoral and 87.88% of doctoral respondents reported spending time during a typical week conducting Parent Consultation. By comparison, a small percentage of respondents reported time dedicated to the three types of Family Oriented Counseling examined in the survey. Family therapy was reported by 6.74% of non-doctoral and 10.61% of doctoral respondents who spent an average of 2.0 and 2.7 hours respectively providing this service during a typical week. Group counseling with
Parents was reported by 3.11% of non-doctoral respondents and 4.55% of doctoral respondents who spent an average of 5.0 and 2.0 hours respectively providing this service during a typical week. Individual counseling with parents was reported by 11.40% of non-doctoral respondents and 18.18% of doctoral respondents who spent an average of 4.0 and 3.0 hours respectively providing this service during a typical week. It should be noted that these averages represent only the small number of respondents who reported family therapy, group counseling with parents, and individual counseling with parents. Because of these small numbers, (n’s ranged from 3 to 22) these means represent an overestimate of the amount of time spent by the entire sample of non-doctoral and doctoral school psychologists and were not used in the subsequent between group comparisons. They are reported here to get a more accurate indication of how much family oriented counseling is conducted by those who provide this service. The overall group means for the non-doctoral and doctoral groups in family therapy, group counseling with parents, and individual counseling with parents are listed in Table 4.3.

Activities related to Home-School Collaboration were reported as professional activities by 81.87% of non-doctoral and 68.18% of doctoral respondents who practice in public or non-public school settings. The proportion of non-doctoral and doctoral respondents who spent time performing the six Home-School Collaboration related activities are listed below. Parent education and training was reported by 54.12% of non-doctoral and 51.52% of doctoral respondents, preparing and distributing literature to parents was reported by 55.67% of non-doctoral and 46.97% of doctoral respondents,
organizing and facilitating parent volunteer programs was reported by 4.64% of non-doctoral and 6.06% of doctoral, consultation with school personnel regarding effective communication with parents was reported by 56.70% of non-doctoral and 56.06% of doctoral respondents, organizing and facilitating meetings between schools and parents was reported by 74.74% of non-doctoral and 72.73% of doctoral respondents, organizing and facilitating family resource centers was reported by 15.46% of non-doctoral and 12.12% of doctoral respondents. The overall group means for the non-doctoral and doctoral groups for each of these six services are listed in Table 4.3.

Descriptive Statistics (means and standard deviations) describing the average number of hours that respondents would prefer to spend conducting activities related to each of these six areas of professional practice are also listed in table 4.3. An examination of preferred hours means in table 4.3 shows that both doctoral and non-doctoral respondents advocated a reduction in the time spent conducting Student Assessments and an increase in the amount of time spent in each of the other five areas of professional practice. Within the non-doctoral group, time spent conducting Student Assessments (mean = 12.19 hours) would be reduced to 26.00% of total reported professional time. By comparison, the percentage of time spent conducting each of the other service categories would increase as follows: Home-School Collaboration = 27.36%, Consultation with School Personnel = 14.29%, Student Focused Counseling = 18.75%, Consultation with Parents = 9.11%, Family Oriented Counseling = 4.50%.

Within the doctoral group, time spent conducting Student Assessments (mean = 7.53
hours) would be reduced to 18.98% of total professional time. By comparison, the percentage of time spent conducting each of the other service categories would increase as follows: Home-School Collaboration = 28.54%, Consultation with School Personnel = 17.04%, Student Focused Counseling = 18.43%, Consultation with Parents = 11.62%, Family Oriented Counseling = 5.39%.

Among both non-doctoral and doctoral respondents, Home-School Collaboration represented the area that respondents would like to increase the most in their practices. Among doctoral respondents, means for hours preferred show that Home-School Collaboration would occupy the largest proportion of professional time. Though both non-doctoral and doctoral respondents would prefer to spend more time conducting Family Oriented Counseling, this category would continue to represent the least frequently practiced activities by the school psychologists who participated in this survey.
<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>SURVEY ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Assessment</td>
<td>1. Conducting assessments of individual children intended to determine eligibility for special education.</td>
</tr>
<tr>
<td></td>
<td>2. Individual counseling / therapy with students.</td>
</tr>
<tr>
<td></td>
<td>3. Group counseling / therapy with students.</td>
</tr>
<tr>
<td>Student Counseling</td>
<td>4. Consultation with school personnel regarding a student’s learning or behavioral problems.</td>
</tr>
<tr>
<td>School Consultation</td>
<td>5. Family counseling / therapy.</td>
</tr>
<tr>
<td></td>
<td>6. Group counseling / therapy with parents.</td>
</tr>
<tr>
<td></td>
<td>7. Individual counseling/therapy with parents</td>
</tr>
<tr>
<td>Family Oriented Counseling</td>
<td>8. Consultation with a student’s parents regarding learning or behavioral problems.</td>
</tr>
<tr>
<td>Parent Consultation</td>
<td>9. Parent education/training</td>
</tr>
<tr>
<td></td>
<td>10. Preparing/distributing literature to parents.</td>
</tr>
<tr>
<td></td>
<td>11. Organizing/facilitating parent volunteer workshops.</td>
</tr>
<tr>
<td></td>
<td>12. Consultation with school personnel regarding effective communication with parents.</td>
</tr>
<tr>
<td></td>
<td>13. Organizing/facilitating meetings between schools and parents which develop interventions designed to improve students’ performance.</td>
</tr>
<tr>
<td></td>
<td>14. Organize/facilitate family resource centers</td>
</tr>
</tbody>
</table>

Note. Survey item numbers do not correspond to item numbers used on the School Psychology Family Practices Questionnaire.

Table 4.2: Individual Survey Items Associated with Professional Practice Categories Examined on the School Psychology Family Practices Questionnaire.
Table 4.3: Means and Standard Deviations of Actual and Preferred Hours for Family Oriented School Psychological Services Reported by Non-Doctoral and Doctoral Level School-Based Practitioners.
<table>
<thead>
<tr>
<th>Practice Area</th>
<th>Non-Doctoral</th>
<th></th>
<th>Doctoral</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Preferred</td>
<td>Actual</td>
<td>Preferred</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
<td>SD</td>
<td>N</td>
</tr>
<tr>
<td>Student Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home-School Collaboration</td>
<td>168</td>
<td>6.30</td>
<td>6.28</td>
<td>142</td>
</tr>
<tr>
<td>Parent Ed. &amp; Training</td>
<td>177</td>
<td>1.30</td>
<td>1.8</td>
<td>155</td>
</tr>
<tr>
<td>Prepare/Distribute Literature to</td>
<td>176</td>
<td>67</td>
<td>89</td>
<td>152</td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organize/Facilitate Parent</td>
<td>171</td>
<td>0.8</td>
<td>0.40</td>
<td>146</td>
</tr>
<tr>
<td>Volunteer Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consult with School Personnel</td>
<td>178</td>
<td>1.18</td>
<td>2.05</td>
<td>155</td>
</tr>
<tr>
<td>Regarding Effective Parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizing/Facilitate Meetings</td>
<td>180</td>
<td>3.07</td>
<td>3.62</td>
<td>155</td>
</tr>
<tr>
<td>Between Schools &amp; Parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organize/Facilitate Family</td>
<td>174</td>
<td>2.7</td>
<td>3.83</td>
<td>148</td>
</tr>
<tr>
<td>Resource Centers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Consultation</td>
<td>183</td>
<td>5.06</td>
<td>6.39</td>
<td>161</td>
</tr>
<tr>
<td>Student Counseling</td>
<td>175</td>
<td>4.42</td>
<td>6.73</td>
<td>154</td>
</tr>
<tr>
<td>Individual</td>
<td>180</td>
<td>3.25</td>
<td>5.41</td>
<td>159</td>
</tr>
<tr>
<td>Group</td>
<td>177</td>
<td>1.23</td>
<td>2.40</td>
<td>157</td>
</tr>
<tr>
<td>Parent Consultation</td>
<td>182</td>
<td>3.07</td>
<td>2.78</td>
<td>159</td>
</tr>
<tr>
<td>Family Counseling</td>
<td>170</td>
<td>0.34</td>
<td>1.69</td>
<td>154</td>
</tr>
<tr>
<td>Family Therapy</td>
<td>123</td>
<td>55</td>
<td>72</td>
<td>146</td>
</tr>
<tr>
<td>Group Counseling with Parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiv. Counseling with Parents</td>
<td>173</td>
<td>1.7</td>
<td>55</td>
<td>146</td>
</tr>
</tbody>
</table>
| Note                                  | All means are expressed in hours. Means for Home-School Collaboration, Student Counseling, and Family Counseling represent aggregates of their component services.
Table 4.4: Means and Standard Deviations For the Reduced Distributions of Actual and Preferred Hours for Family Oriented School Psychological Services Reported by School-Based Practitioners by Degree Level.

Differences Between Non-Doctoral and Doctoral Practices

The extent to which non-doctoral and doctoral respondents differed in their actual and preferred practices was assessed using one way multivariate analysis of variance (MANOVA). Because this study was interested in school-based practices, only those respondents who reported employment in public or private school settings were included in the following analyses. Two separate MANOVA's were computed. The first examined between group differences in actual practices and used degree level (Non-Doctoral and Doctoral) as the independent variable and the mean number of hours reported in each of the six categories of school psychological services outlined in Table 4.2 as dependent measures. The second MANOVA examined between group differences in preferred practices and used degree level (Non-Doctoral and Doctoral) as the
independent variable and the mean number of hours preferred for each of the six
categories of school psychological services described in Table 4.2 as dependent
variables. To maintain consistent group sizes across the six dependent measures in each
analysis, subjects who provided non-responses on any dependent variable were excluded
from the MANOVA and subsequent univariate ANOVA's. This resulted in the inclusion
of 158 non-doctoral respondents and 49 doctoral respondents in the actual practices
MANOVA. The preferred practices MANOVA was computed using 129 non-doctoral
respondents and 42 doctoral respondents. Means and standard deviations for the non-
doctoral and doctoral groups within each dependent variable for both actual and
preferred hours are presented in table 4.4. A comparison of means in tables 4.3 and 4.4
shows minor differences in the mean number of hours reported (both actual hours and
preferred hours) for each dependent measure by each group when incomplete data are
excluded (all means changed less than 1.0 hour after data reduction).

Prior to computing each MANOVA, all data were examined for violations of
normality and homogeneity of covariance matrices. Although the F statistic calculated in
MANOVA has been found to be robust with respect to Type I error against non-
normality, the statistical test used to assess the homogeneity of covariance matrices in
this study, Box's Test of Equality of Covariance Matrices, is quite sensitive to non-
normality in dependent variable distributions. Thus, one may reject the null hypothesis
with Box's test and, therefore, believe that heterogeneity of variance covariance matrices
exists because of a lack of multivariate normality, not because the covariance matrices
are unequal. To reduce the likelihood of Type I errors on Box’s test, it is necessary to
detect non-normality on the individual variables and transform to normality. The specific
transformation used depends on the degree of skewness and kurtosis that characterize the
distributions within each group for each dependent variable (Stevens, 1996).

For the actual practices MANOVA, normality was assessed for each dependent
measure examined in the non-doctoral and doctoral groups using the Kolmogorov-
Simirnov statistic. Table 4.5 reports significant Kolmogorov-Simirnov statistics for
dependent measures, indicating that several distributions differed significantly from the
normal distribution. Also listed in table 4.5 are skewness and kurtosis coefficients. A
positive skewness coefficient greater than 1 indicates a positively skewed distribution
whereas a positive kurtosis coefficient indicates a distribution that clusters more and has
longer tails relative to the normal distribution. As can be seen from an examination of
Table 4.5, all dependent variable distributions included in the actual practices analysis
were positively skewed, except Student Assessment. Based on the degree of positive
skewness present in distributions of actual practice dependent measures, a logarithmic
transformation was conducted on the following five dependent variables according to
Collaboration, School Consultation, Student Counseling, Parent Consultation, and Family
Oriented Counseling. To complete the transformation for each variable, each value is
replaced by a new value \( x_j^* \) that is calculated using the formula, \( x_j^* = \log(x_j + 1) \). This
serves to constrict the intervals of the data as the values increase in size. The
consequence on the distribution is for the right tail to be drawn toward the center while the values at the left of the distribution are moved away from the mean, thus normalizing the distribution (Rummel, 1970).

Table 4.5 also reports significant Kolmogorov-Smirnov statistics for all dependent variables examined in the preferred practices MANOVA, indicating that multiple preferred practice dependent variable distributions differed significantly from the normal distribution. An examination of skewness coefficients indicated that the preferred practices distributions, except Student Assessment, were also positively skewed within both the doctoral and non-doctoral groups. Therefore, a logarithmic transformation was performed on the preferred practices distributions for Home-School Collaboration, School Consultation, Student Counseling, Parent Consultation, and Family Oriented Counseling distributions using the formula, $x_j^* = \log(x_j + 1)$.

According to Stevens (1996), heterogeneity of variance covariance matrices can produce sizable distortions in Type I error rates in the multivariate test statistic when computing a MANOVA with sharply unequal group sizes (e.g., largest group is greater than 1.5 times the smallest group). Because of the sharp size difference between the non-doctoral and doctoral groups in both MANOVA's included in this study, non-doctoral group size was 3.2 times doctoral group size in the actual practice MANOVA and 3.07 times doctoral group size in the preferred practice MANOVA, homogeneity of variance covariance matrices was assessed to avoid unnecessary inflation of type I error probability in the multivariate test statistic. For the actual practice MANOVA, Box's
Test of Equality of Covariance Matrices was computed using the transformed
distributions (e.g., logarithmic transformation distributions) and was not significant, $F$
$(21,29972) = 1.350, p < .131$, indicating that no violation of the homogeneity of variance
covariance assumption. Similarly, Box's test was computed for the preferred practice
MANOVA using the transformed dependent variable distributions and was not
significant, $F(21,22183) = 1.329, p < .143$, indicating no violation of the homogeneity of
variance covariance assumption. Both the actual and preferred practice MANOVA's
were conducted using the transformed dependent variables.
<table>
<thead>
<tr>
<th>Response Variable</th>
<th>Non-Doctoral Actual Hours (df=158)</th>
<th>Non-Doctoral Preferred Hours (df=129)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Assessment</td>
<td>114</td>
<td>.001</td>
</tr>
<tr>
<td>Home-School Collaboration</td>
<td>183</td>
<td>.001</td>
</tr>
<tr>
<td>School Consultation</td>
<td>204</td>
<td>.001</td>
</tr>
<tr>
<td>Student Counseling</td>
<td>266</td>
<td>.001</td>
</tr>
<tr>
<td>Parent Consultation</td>
<td>195</td>
<td>.001</td>
</tr>
<tr>
<td>Family Counseling</td>
<td>421</td>
<td>.001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response Variable</th>
<th>Doctoral Actual Hours (df=49)</th>
<th>Doctoral Preferred Hours (df=42)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Assessment</td>
<td>171</td>
<td>.001</td>
</tr>
<tr>
<td>Home-School Collaboration</td>
<td>213</td>
<td>.001</td>
</tr>
<tr>
<td>School Consultation</td>
<td>343</td>
<td>.001</td>
</tr>
<tr>
<td>Student Counseling</td>
<td>267</td>
<td>.001</td>
</tr>
<tr>
<td>Parent Consultation</td>
<td>260</td>
<td>.001</td>
</tr>
<tr>
<td>Family Counseling</td>
<td>467</td>
<td>.001</td>
</tr>
</tbody>
</table>

Table 4.5: Kilmogorov-Smirnov Statistics For Reduced Distributions of Actual and Preferred Hours for Family Oriented School Psychological Services by Degree Level
Differences in actual practices.

Means and standard deviations for the transformed distributions for each actual practices dependent variable are listed in Table 4.6. Using transformed distributions on five of six dependent variables (transformation of the Student Assessment distribution was not necessary), all dependent measures were subjected to a one-way MANOVA. Statistical significance was observed for the multivariate test, $F(6,200) = 3.983, p < .001$, indicating that non-doctoral and doctoral level respondents differed with respect to the amount of time spent conducting the six categories of professional activities queried in this survey. To determine the specific service categories where the non-doctoral and doctoral groups differed, one-way analyses of variance (ANOVA's) were computed separately for each dependent measure and are summarized in Table 4.7. Statistical significance was observed only for the Student Assessment category, $F(1,205) = 18.044, p < .001$, indicating that respondents in the doctoral group spent significantly less time than respondents in the non-doctoral group engaged in activities related to the assessment of individual students for special education eligibility.
### Practice Area

<table>
<thead>
<tr>
<th>Practice Area</th>
<th>Non-Doctoral (N=158)</th>
<th>Doctoral (N=49)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Student Assessment</td>
<td>20.06</td>
<td>10.71</td>
</tr>
<tr>
<td>Home-School Collaboration</td>
<td>.73</td>
<td>.35</td>
</tr>
<tr>
<td>School Consultation</td>
<td>.71</td>
<td>.25</td>
</tr>
<tr>
<td>Student Counseling</td>
<td>.46</td>
<td>.43</td>
</tr>
<tr>
<td>Parent Consultation</td>
<td>.52</td>
<td>.24</td>
</tr>
<tr>
<td>Family Counseling</td>
<td>.065</td>
<td>.17</td>
</tr>
</tbody>
</table>

**Note.** All transformation calculated using the formula: $x_j^* = \log(x_j + 1)$.

Student Assessment was not subjected to a logarithmic transformation.

Table 4.6: Means and Standard Deviations for the Transformed Distributions of Actual Practice Hours for Family Oriented School Psychological Services by Degree Level.

<table>
<thead>
<tr>
<th>Response Variable</th>
<th>Univariate $F$'s</th>
<th>ANOVA $p$ Values</th>
<th>$\eta^2$</th>
<th>Observed Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Assessment</td>
<td>18.044</td>
<td>.001</td>
<td>.081</td>
<td>.988</td>
</tr>
<tr>
<td>Student Counseling</td>
<td>.670</td>
<td>.414</td>
<td>.003</td>
<td>.129</td>
</tr>
<tr>
<td>School Consultation</td>
<td>.218</td>
<td>.641</td>
<td>.001</td>
<td>.075</td>
</tr>
<tr>
<td>Family Counseling</td>
<td>1.327</td>
<td>.251</td>
<td>.006</td>
<td>.209</td>
</tr>
<tr>
<td>Parent Consultation</td>
<td>2.960</td>
<td>.087</td>
<td>.014</td>
<td>.403</td>
</tr>
<tr>
<td>Home-School Collaboration</td>
<td>.584</td>
<td>.446</td>
<td>.003</td>
<td>.118</td>
</tr>
</tbody>
</table>

**Note.** $\eta^2 = .119$, $F(6,200) = 3.983$, $p < .001$

Mahalonobis $D^2 = .6523$

Observed Power = .969

$F$ is an exact statistic.

Table 4.7: Multivariate Analysis of Variance (MANOVA) for Actual Hours Spent Conducting Family Oriented School Psychological and Follow-Up Analyses of Variance (ANOVA's) for Dependent Measures.
Differences in preferred practices.

Means and standard deviations for the six preferred practices transformed dependent measure distributions are listed in Table 4.8. Using transformed distributions on five of six dependent variables (transformation of the Student Assessment distribution was not necessary), the six dependent measures were subjected to a one-way MANOVA. Statistical significance was observed for the multivariate test, $F(6, 164) = 3.971, p < .001$, indicating that non-doctoral and doctoral level respondents differed with respect to the amount of time spent conducting the six categories of professional activities queried in this survey. To determine the specific service categories where the non-doctoral and doctoral groups differed, one-way analyses of variance (ANOVA’s) were computed separately for each dependent measure and are summarized in Table 4.9. Statistical significance was observed only for the Student Assessment category, $F(1, 169) = 14.994, p < .001$, indicating that respondents in the doctoral group would prefer to spend significantly less time than respondents in the non-doctoral group engaged in activities related to the assessment of individual students for special education eligibility.
### Practice Area

<table>
<thead>
<tr>
<th></th>
<th>Non-Doctoral (N=129)</th>
<th></th>
<th>Doctoral (N=42)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Student Assessment</td>
<td>11.92</td>
<td>6.85</td>
<td>7.27</td>
<td>6.43</td>
</tr>
<tr>
<td>Home-School Collaboration</td>
<td>1.06</td>
<td>.30</td>
<td>1.01</td>
<td>.31</td>
</tr>
<tr>
<td>School Consultation</td>
<td>.83</td>
<td>.25</td>
<td>.79</td>
<td>.25</td>
</tr>
<tr>
<td>Student Counseling</td>
<td>.83</td>
<td>.39</td>
<td>.74</td>
<td>.41</td>
</tr>
<tr>
<td>Parent Consultation</td>
<td>.68</td>
<td>.21</td>
<td>.69</td>
<td>.22</td>
</tr>
<tr>
<td>Family Counseling</td>
<td>.26</td>
<td>.39</td>
<td>.27</td>
<td>.41</td>
</tr>
</tbody>
</table>

**Note.** All transformation calculated using the formula: \( x_j^* = \log (x_j + 1) \).

Student Assessment was not subjected to a logarithmic transformation.

Table 4.8: Means and Standard Deviations For the Transformed Distributions of and Preferred Hours for Family Oriented School Psychological Services by Degree Level.

### Response Variable

<table>
<thead>
<tr>
<th>Response Variable</th>
<th>Univariate F's</th>
<th>ANOVA p Values</th>
<th>( \eta^2 )</th>
<th>Observed Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Assessment</td>
<td>14.994</td>
<td>.001</td>
<td>.081</td>
<td>.971</td>
</tr>
<tr>
<td>Student Counseling</td>
<td>1.646</td>
<td>.201</td>
<td>.010</td>
<td>.248</td>
</tr>
<tr>
<td>School Consultation</td>
<td>.695</td>
<td>.406</td>
<td>.004</td>
<td>.132</td>
</tr>
<tr>
<td>Family Counseling</td>
<td>.006</td>
<td>.939</td>
<td>.000</td>
<td>.051</td>
</tr>
<tr>
<td>Parent Consultation</td>
<td>.084</td>
<td>.773</td>
<td>.000</td>
<td>.060</td>
</tr>
<tr>
<td>Home-School Collaboration</td>
<td>.810</td>
<td>.369</td>
<td>.005</td>
<td>.014</td>
</tr>
</tbody>
</table>

**Note.** \( T^* = .145, F(6,164) = 3.971, p < .001 \)

Mahalonobis \( D^2 = .7734 \)

Observed Power = .968

\( F \) is an exact statistic.

Table 4.9: Multivariate Analysis of Variance (MANOVA) for Preferred Hours Spent Conducting Family Oriented School Psychological Services and Follow-Up Analyses of Variance (ANOVA's) for Dependent Measures.
Frequency of Family Oriented Assessment Procedures Utilized in Individual Assessment

To investigate the frequency with which school psychologists include information about a child's family dynamics and family history as part of their individual student assessments, respondents were asked to rate the proportion of assessments in which they used nine different assessment procedures. Because this study is interested in examining school-based practices, this summary is limited to respondents who reported employment in public or non-public school settings. The nine assessment procedures examined in the School Psychology Family Practices Questionnaire included: (1) Clinical Interview with Parents, (2) Clinical Interview with Entire Family, (3) Projective Assessments of Family and Child, (4) Objective Measures of Family Behavior, (5) Child Ratings of Parent Behavior, (6) Marital Relations Questionnaires, (7) Parent Ratings of Child Behavior, (8) Direct Observation of Family Interaction, and (9) Family History Questionnaires. Respondents were asked to estimate the percentage of their assessments in which they use each procedure using a four point scale in which: 1 = "Never Use", 2 = "Use in Less Than 50% of Assessments", 3 = "Use in Greater Than 50% of Assessments", and 4 = "Always Use".

Table 4.10 lists the percentage of respondents in the total sample, non-doctoral, and doctoral groups who reported using each procedure in none of their cases, less than 50% of their cases, greater than 50% of their cases, and all of their cases. Parent Ratings of Child Behavior, a tool used to solicit information about the child's adjustment or behavior, were used in at least half of all student assessments by 65.1% of all
respondents, 73.0% of doctoral respondents, and 62.7% of non-doctoral respondents making this the most popular assessment procedure examined in this survey. Among procedures designed to solicit information about a student’s family dynamics or family history, the most frequently utilized tools were the Family History Questionnaire and Clinical Interviews with Parents. Family History Questionnaires were used in at least half of their assessments by 51.4% of all respondents, 43.5% of doctoral and 54.4% of non-doctoral respondents. Clinical Interviews with Parents were used in at least half of their assessments by 43.8% of all respondents, 54.8% of doctoral respondents, and 39.8% of non-doctoral respondents. Other assessment procedures designed to solicit information about the family were not frequently used assessment tools. Projective Assessments of Family and Child, the fourth most frequently employed assessment tool, was used in more than half of their assessments by just 16.9% of the entire sample, 24.2% of doctoral respondents, and 14.5% of non-doctoral respondents.
Table 4.10: Percentage of Respondents Employed in School Settings Who Reported the Use of Family Oriented Assessment Procedures During Individual Student Assessments.
<table>
<thead>
<tr>
<th>Frequency</th>
<th>Total Sample</th>
<th>Doctoral Respondents</th>
<th>Non-Doctoral Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never Use</td>
<td>8.4%</td>
<td>4.8%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Use in Less Than 50% of Assessments</td>
<td>47.8%</td>
<td>22.5%</td>
<td>49.6%</td>
</tr>
<tr>
<td>Use in Greater Than 50% of Assessments</td>
<td>23.3%</td>
<td>1.2%</td>
<td>11.3%</td>
</tr>
<tr>
<td>Always Use</td>
<td>20.5%</td>
<td>0.8%</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

Frequency of use for various measures across different groups.
Degree of Training For Family Oriented Services

To evaluate the degree of training that school psychologists receive to conduct family oriented services, respondents were asked to specify if they had taken coursework and received supervised practicum experience in family therapy, parent consultation, and family assessment as part of their graduate education. Respondents who indicated that they took coursework or had practicum experience in these areas were asked to specify whether these experiences occurred as part of a masters degree or doctoral degree program and whether the program was a school psychology training program.

The percentages of respondents who took coursework and had practicum experience in family therapy, parent consultation, and family assessment during their graduate education are listed in Table 4.11. Two main trends are apparent from these data. First, a greater percentage of respondents took graduate coursework than received practicum experiences in each area. For example, 81.4% of respondents received coursework in parent consultation compared to 57.9% who consulted with parents as part of their practicum sequence. As can be seen in Table 4.11, this trend repeats itself for family therapy and family assessment in the total sample and is found within both the non-doctoral and doctoral groups. The second trend indicates that a greater percentage of respondents received both coursework and practicum experience in parent consultation than in family therapy and family assessment. For all respondents, 81.4% took at least one class that covered parent consultation compared to 54.1% of all respondents who took graduate coursework in family therapy and 56.7% who took graduate classes in
family assessment. With regard to practicum experiences, 57.9% of respondents had a practicum that involved parent consultation compared to 27.1% who had a family therapy practicum and 31.1% who had experience in the assessment of family dynamics as part of their practicum experiences. This trend was also consistent within both the non-doctoral and doctoral groups, though a greater percentage of doctoral respondents reported taking graduate coursework and practicum in all areas relative to non-doctoral respondents.

With regard to where coursework and practicum experiences were acquired, respondents reported whether their experiences were obtained as part of a masters or doctoral program and whether the program was part of a school psychology department. These questions were intended to assess the extent to which school psychologists pursued training and coursework outside of school psychology training programs. Table 4.12 displays the percentage of respondents who took graduate coursework and practicum in masters degree and doctoral degree programs both within and outside of school psychology training programs. The data in Table 4.12 is also divided according to content area (e.g., parent consultation, family therapy, and family assessment).

These data show that, regardless of content area, the largest percentage of respondents received graduate coursework and practicum experience from masters degree programs. The percentage of respondents who received coursework during a masters program of any type ranged from 60.3% to 64.8%. Between 54.2% and 67.0% took a practicum during their masters degree training. By comparison, the percentage of
respondents who received coursework during doctoral training, from any type of program, ranged from 20.0% to 38.9% and the percentage of respondents who received coursework during both masters and doctoral degree programs ranged from 7.0% to 13.5%.

With regard to the type of graduate program where respondents received these training experiences, school psychology departments accounted for the largest percentage of all respondents who received coursework or practicum in parent consultation (44.0% for coursework, 43.3% for practicum), family therapy (22.6% for coursework, 30.6% for practicum), and family assessment (28.9% for coursework, 32.5% for practicum) during a masters degree program. However, the large percentage of respondents who failed to specify the type of masters program that offered coursework (between 16.4 and 19.2%) and practicum experiences (between 11.1% and 20%) potentially weaken this interpretation to the extent that these courses may have been taken outside of school psychology programs. Among respondents who received coursework or practicum in parent consultation during doctoral training, school psychology departments accounted for the largest percentage of total respondents (15.7% for coursework, 10.7% for practicum). In the areas of family therapy and family assessment, non-school psychology departments accounted for the largest percentage of total respondents who took coursework (15.5% for family therapy, 12.5% of family assessment) and practicum (18.1% for family therapy, 12.0% for family assessment).
To assess the extent that school psychologists receive training in parent consultation, family therapy, and family assessment outside of their graduate programs, respondents were asked to report whether or not they received training in each area as part of their internship in school psychology or through continuing education. These results are summarized in Table 4.13. Overall, parent consultation represented the most popular training area for both non-doctoral and doctoral respondents. Internship training included experiences in family consultation for a large percentage of respondents (76.0% of non-doctoral respondents, 75.0% of doctoral respondents). A smaller proportion of respondents had training in family therapy (21.3% of non-doctoral respondents, 39.2% of doctoral respondents) and family assessment (35.3% of non-doctoral respondents, 51.3% of doctoral respondents) during their internship experience. Continuing education was a less frequently utilized source of family consultation training (63.4% of non-doctoral respondents, 63.5% of doctoral respondents) and a more frequently utilized training source of family therapy training (42.5% of non-doctoral respondents, 56.6% of doctoral respondents) and family assessment training (43.0% of non-doctoral respondents, 58.2% of doctoral respondents).
<table>
<thead>
<tr>
<th>Coursework Area</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Consultation</td>
<td>285</td>
<td>81.4</td>
<td>197</td>
<td>79.7</td>
<td>87</td>
<td>86.2</td>
</tr>
<tr>
<td>Family Therapy</td>
<td>283</td>
<td>54.1</td>
<td>197</td>
<td>49.7</td>
<td>85</td>
<td>64.7</td>
</tr>
<tr>
<td>Family Assessment</td>
<td>284</td>
<td>56.7</td>
<td>196</td>
<td>53.6</td>
<td>87</td>
<td>63.2</td>
</tr>
<tr>
<td>Practicum Area</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Parent Consultation</td>
<td>285</td>
<td>57.9</td>
<td>199</td>
<td>56.3</td>
<td>85</td>
<td>62.4</td>
</tr>
<tr>
<td>Family Therapy</td>
<td>284</td>
<td>27.1</td>
<td>197</td>
<td>22.3</td>
<td>86</td>
<td>38.4</td>
</tr>
<tr>
<td>Family Assessment</td>
<td>283</td>
<td>31.1</td>
<td>196</td>
<td>29.1</td>
<td>86</td>
<td>36.0</td>
</tr>
</tbody>
</table>

Table 4.11: Percentage of Respondents to the *School Psychology Family Practices Questionnaire* who Received Graduate Coursework and Practicum by Content Area and Degree Level
### Table 4.12. Percentage of Respondents Who Received Graduate Coursework and Practicum Experience In Family Oriented Services While Enrolled in Masters Degree and Doctoral Degree Programs.

<table>
<thead>
<tr>
<th></th>
<th>Parent Consultation</th>
<th>Family Therapy</th>
<th>Family Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Classes (N=216)</td>
<td>Practicum (N=150)</td>
<td>Classes (N=146)</td>
</tr>
<tr>
<td><strong>Masters Program</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Psych.</td>
<td>44.0%</td>
<td>43.3%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Non-School Psych.</td>
<td>4.6%</td>
<td>4.0%</td>
<td>18.5%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>16.2%</td>
<td>20.0%</td>
<td>19.2%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>64.8%</td>
<td>67.0%</td>
<td>60.3%</td>
</tr>
<tr>
<td><strong>Doctoral Program</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Psych.</td>
<td>15.7%</td>
<td>10.7%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Non-School Psych.</td>
<td>3.2%</td>
<td>4.0%</td>
<td>18.5%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>2.8%</td>
<td>5.3%</td>
<td>5.5%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>21.7%</td>
<td>20.0%</td>
<td>32.2%</td>
</tr>
<tr>
<td><strong>Masters &amp; Doctoral</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Psych.</td>
<td>10.2%</td>
<td>10.7%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Non-School Psych.</td>
<td>1.4%</td>
<td>1.3%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>1.9%</td>
<td>0.7%</td>
<td>1.4%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>13.5%</td>
<td>12.7%</td>
<td>7.6%</td>
</tr>
</tbody>
</table>

**Note.** Percentages calculated from the total number of respondents who received classes and practicum in Parent Consultation, Family therapy, and Family Assessment.
<table>
<thead>
<tr>
<th></th>
<th>Total Sample</th>
<th>Non-Doctoral</th>
<th>Doctoral</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent Consultation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internship Training</td>
<td>276</td>
<td>196</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>75.7%</td>
<td>76.0%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Continuing Education</td>
<td>235</td>
<td>161</td>
<td>74</td>
</tr>
<tr>
<td></td>
<td>63.4%</td>
<td>63.4%</td>
<td>63.5%</td>
</tr>
<tr>
<td><strong>Family Therapy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internship Training</td>
<td>267</td>
<td>188</td>
<td>79</td>
</tr>
<tr>
<td></td>
<td>26.6%</td>
<td>21.3%</td>
<td>39.2%</td>
</tr>
<tr>
<td>Continuing Education</td>
<td>246</td>
<td>170</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>46.7%</td>
<td>42.5%</td>
<td>56.6%</td>
</tr>
<tr>
<td><strong>Family Assessment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internship Training</td>
<td>266</td>
<td>190</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>39.8%</td>
<td>35.3%</td>
<td>51.3%</td>
</tr>
<tr>
<td>Continuing Education</td>
<td>251</td>
<td>172</td>
<td>79</td>
</tr>
<tr>
<td></td>
<td>52.2%</td>
<td>43.0%</td>
<td>58.2%</td>
</tr>
</tbody>
</table>

Table 4.13: Percentage of Doctoral and Non-Doctoral Respondents to the School Psychology Family Practices Questionnaire Who Received Internship Training and Continuing Education Related to Parent Consultation, Family Therapy, and Family Assessment.
Satisfaction with Training in Family Oriented Counseling, Family Consultation, Home-School Collaboration, and Family Assessment

To assess school psychologists' competence in providing family oriented services, respondents were asked to evaluate their training and competence in each of the following areas: parent consultation, family therapy, and family assessment. For each area, respondents were asked to provide satisfaction ratings in reference to their training and perceived skills. Ratings were provided using the following four point scale: 1 = "Very Satisfied", 2 = "Satisfied", 3 = "Dissatisfied", and 4 = "Very Dissatisfied".

Table 4.14 lists the percentage of respondents in the total sample, non-doctoral, and doctoral groups who rated their satisfaction with training and competence in each area as "Very Satisfied", "Satisfied", "Dissatisfied", and "Very Dissatisfied". Three observations are noteworthy from the training satisfaction ratings in Table 4.14. First, the largest proportion of respondents in the non-doctoral and doctoral groups were satisfied with their training in parent consultation (79.4% of non-doctoral and 85.9% of doctoral respondents provided ratings of "Satisfied" or "Very Satisfied"). Second, the smallest proportion of non-doctoral and doctoral respondents were satisfied with their training in family therapy (44.7% of non-doctoral and 62.5% of doctoral respondents provided rating of "Satisfied" or "Very Satisfied"). Third, a greater percentage of doctoral respondents were satisfied with their training in each area of family oriented service examined in this survey. The percentage of doctoral respondents who provided satisfaction ratings of "Satisfied" or "Very Satisfied" in parent consultation, family
therapy, and assessment of family dynamics were 85.5%, 62.5%, and 65.9% respectively. By comparison, the percentage of non-doctoral respondents who returned these ratings in each area was 79.4%, 44.7%, and 51.6%.

An examination of respondents' satisfaction ratings regarding their perceived competence in parent consultation, family therapy, and assessment of family dynamics in Table 4.14 indicates that satisfaction with competence mirrors satisfaction with training. First, the largest proportion of non-doctoral and doctoral respondents were satisfied with their competence in parent consultation (90.9% of non-doctoral and 98.8% of doctoral respondents provided ratings of "Satisfied" or "Very Satisfied"). Second, the smallest proportion of non-doctoral and doctoral respondents were satisfied with their competence in family therapy (42.3% of non-doctoral and 73.2% of doctoral respondents provided rating of "Satisfied" or "Very Satisfied"). Third, a greater percentage of doctoral respondents were satisfied with their competence in each area of family oriented service examined in this survey. The percentage of doctoral respondents who provided satisfaction ratings of "Satisfied" or "Very Satisfied" in parent consultation, family therapy, and assessment of family dynamics were 98.9%, 73.2%, and 78.3% respectively. By comparison, the percentage of non-doctoral respondents who returned these ratings in each area was 90.9%, 42.3%, and 61.2%.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Parent Consultation</th>
<th>Family Therapy</th>
<th>Family Assessment</th>
<th>Total Sample</th>
<th>Doctoral Respondents</th>
<th>Non-Doctoral Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=278</td>
<td>N=269</td>
<td>N=268</td>
<td>N=289</td>
<td>N=83</td>
<td>N=83</td>
</tr>
<tr>
<td>Very Satisfied</td>
<td>24.1%</td>
<td>10.0%</td>
<td>8.2%</td>
<td>53.6%</td>
<td>36.1%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>57.2%</td>
<td>39.8%</td>
<td>47.8%</td>
<td>39.8%</td>
<td>49.4%</td>
<td>45.0%</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>17.3%</td>
<td>37.2%</td>
<td>34.0%</td>
<td>6.6%</td>
<td>14.5%</td>
<td>33.8%</td>
</tr>
<tr>
<td>Very Dissatisfied</td>
<td>1.4%</td>
<td>13.0%</td>
<td>10.1%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating</th>
<th>Parent Consultation</th>
<th>Family Therapy</th>
<th>Family Assessment</th>
<th>Total Sample</th>
<th>Doctoral Respondents</th>
<th>Non-Doctoral Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=272</td>
<td>N=277</td>
<td></td>
<td>N=289</td>
<td>N=82</td>
<td>N=193</td>
</tr>
<tr>
<td>Very Satisfied</td>
<td>8.5%</td>
<td>14.1%</td>
<td></td>
<td>8.5%</td>
<td>13.4%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>43.0%</td>
<td>52.3%</td>
<td></td>
<td>40.1%</td>
<td>59.8%</td>
<td>36.0%</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>40.1%</td>
<td>31.4%</td>
<td></td>
<td>6.6%</td>
<td>20.7%</td>
<td>36.3%</td>
</tr>
<tr>
<td>Very Dissatisfied</td>
<td>2.2%</td>
<td></td>
<td></td>
<td></td>
<td>1.2%</td>
<td></td>
</tr>
</tbody>
</table>
Percentage of Services Delivered to Ethnically Different Students & Families:

The extent that school psychologists who participated in this survey provided services to a culturally diverse clientele was examined by asking respondents to list the percentage of services they provided to ethnically different students, educators, and families, in three general areas: (1) Individual Child Assessment, (2) Consultation, and (3) Counseling/Psychotherapy. The percentage of school psychological services in each of these areas delivered to ethnically different individuals is listed in Table 4.15.

Overall, an examination of Table 4.15 shows respondents provided approximately 1/4 to 1/3 of their services in the four areas examined to individuals from ethnic groups that differed from their own. In the area of individual child assessment, respondents reported that 33.40% of their assessments involved students from a different ethnic group. For consultation cases, 27.76% of cases involved consultees (i.e., educators or parents) from a different ethnic group while 31.36% of cases involved clients (i.e., students) from a different ethnic group. The distinction between ethnically different consultees and clients is important given the potential for school psychologists to encounter consultation scenarios in which the consultee and client differ with regard to ethnic group. Cross-cultural competencies are relevant in both situations. Within the area of counseling and therapy, respondents reported that 26.57% of their cases involved clients from a different ethnic group. For the purposes of this survey, counseling/therapy clients refer to students or adults within the context of individual, group, or family counseling. Differences between the non-doctoral and doctoral groups were minimal in
each area. The maximum difference noted, 6.07% of cases, was observed when examining the percentage of consultation cases involving ethnically different consultees.

<table>
<thead>
<tr>
<th>Psychological Service Area</th>
<th>Total Sample N=306</th>
<th>Non-Doctoral n=209</th>
<th>Doctoral n=97</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Assessments</td>
<td>Mean 33.40 SD 31.65 N 249</td>
<td>Mean 32.27 SD 31.14 N 184</td>
<td>Mean 37.15 SD 33.05 N 64</td>
</tr>
<tr>
<td>Consultation with Ethnically Different Consultees</td>
<td>Mean 27.76 SD 28.48 N 247</td>
<td>Mean 26.31 SD 27.76 N 183</td>
<td>Mean 32.38 SD 30.28 N 63</td>
</tr>
<tr>
<td>Consultation with Ethnically Different Clients</td>
<td>Mean 31.36 SD 30.93 N 244</td>
<td>Mean 30.57 SD 30.70 N 180</td>
<td>Mean 34.11 SD 31.66 N 63</td>
</tr>
<tr>
<td>Counseling/Therapy Cases</td>
<td>Mean 26.57 SD 31.85 N 209</td>
<td>Mean 25.49 SD 31.89 N 150</td>
<td>Mean 29.78 SD 31.92 N 58</td>
</tr>
</tbody>
</table>

Table 4.15: Percentage of Assessment, Consultation, and Counseling Therapy Provided to Ethnically Different Students, Families, and Educators by Degree Level.

Degree of Training in Cultural Diversity

To evaluate the degree of training that school psychologists received in cultural diversity, respondents were asked to specify if they had taken coursework as part of their graduate education, had training during their internships in school psychology, and received continuing education specifically related to cultural diversity. Respondents who indicated that they took coursework were asked to specify whether these courses were taken while enrolled in a masters degree or doctoral degree program and whether the degree program was a school psychology training program.
The percentages of respondents who took graduate coursework, received training during their internships, and received continuing education are listed in Table 4.16. Overall, the majority of respondents have received some form of training in cultural diversity. Only 8.82% of respondents reported that they had not received cultural diversity training through graduate coursework, internship, or continuing education. An examination of Table 4.16 shows that a large percentage of respondents acquired training related to cultural diversity, with a greater percentage of respondents taking graduate coursework (71.9% of total respondents) and continuing education (68.3% of total respondents) than received cultural diversity training as part of their school psychology internship experiences (53.7% of total respondents). When pre-service training data were examined according to the length of time since completion of graduate school, two trends became apparent: (1) an inverse relationship between the percentage of respondents who reported taking graduate coursework in cultural diversity and years of experience (84.2% of respondents with 5 or fewer years experience compared to 59.7% of respondents with greater than 20 years experience) and (2) an inverse relationship between the percentage of respondents who received cultural diversity training during their internship and years of experience (67.1% of respondents with 5 or fewer years experience compared to 40.4% of respondents with greater than 20 years experience). These trends indicate that school psychology graduate programs have exposed more of their students, but not all of their students, to cultural diversity training through courses or internship experiences.
With regard to where coursework was taken, respondents reported if their experiences were obtained while in a masters or doctoral program and whether the program was part of a school psychology department. These questions were designed to assess the extent to which coursework in cultural diversity is available within school psychology departments. Table 4.17 displays the percentage of respondents who took graduate coursework in masters degree and doctoral degree programs both within and outside of school psychology departments. These data show that the largest percentage of respondents took graduate coursework from masters degree programs (66.9%). By comparison, 23.3% of respondents who received coursework during doctoral training and 9.8% of respondents received coursework during both masters and doctoral training. Within both masters and doctoral degree programs, school psychology departments accounted for the largest percentage of total respondents who took coursework in cultural diversity (33.2% of total respondents reported masters programs, 11.9 reported doctoral programs). However, the large percentage of respondents who failed to specify the type of masters and doctoral programs that offered coursework (18.7% and 3.6% respectively) potentially weaken this interpretation to the extent that these courses were taken outside of school psychology programs.
<table>
<thead>
<tr>
<th></th>
<th>Total Sample</th>
<th>Non-Doctoral</th>
<th>Doctoral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Coursework</td>
<td>N 285</td>
<td>% 71.9</td>
<td>N 187</td>
</tr>
<tr>
<td>Internship Training</td>
<td>N 270</td>
<td>% 53.7</td>
<td>N 182</td>
</tr>
<tr>
<td>Continuing Education</td>
<td>N 252</td>
<td>% 68.3</td>
<td>N 165</td>
</tr>
</tbody>
</table>

Table 4.16: Percentage of Respondents to the *School Psychology Family Practices Questionnaire* who Received Graduate Coursework, Internship Training, and Continuing Education Related to Cultural Diversity by Degree Level.
<table>
<thead>
<tr>
<th></th>
<th>Cultural Diversity Courses (N=205)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Masters Program</strong></td>
<td></td>
</tr>
<tr>
<td>School Psych.</td>
<td>33.2%</td>
</tr>
<tr>
<td>Non-School Psych.</td>
<td>15.0%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>18.7%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>66.9%</td>
</tr>
<tr>
<td><strong>Doctoral Program</strong></td>
<td></td>
</tr>
<tr>
<td>School Psych.</td>
<td>11.9%</td>
</tr>
<tr>
<td>Non-School Psych.</td>
<td>7.8%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>3.6%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>23.3%</td>
</tr>
<tr>
<td><strong>Masters &amp; Doctoral</strong></td>
<td></td>
</tr>
<tr>
<td>School Psych.</td>
<td>6.7%</td>
</tr>
<tr>
<td>Non-School Psych.</td>
<td>0.5%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>2.6%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>9.8%</td>
</tr>
</tbody>
</table>

Table 4.17. Percentage of All Respondents Who Received Graduate Courses in Cultural Diversity While Enrolled in Masters Degree and Doctoral Degree Programs.
Satisfaction with Training and Competence in the Provision of School Psychological Services to Ethnically Diverse Students and Families

To assess school psychologists' competence in providing school psychological services to ethnically diverse populations, respondents were asked to provide satisfaction ratings in reference to their training and perceived skills. Ratings were provided using the following four point scale: 1 = "Very Satisfied", 2 = "Satisfied", 3 = "Dissatisfied", and 4 = "Very Dissatisfied".

Table 4.18 lists the percentage of respondents in the total sample, non-doctoral, and doctoral groups who rated their satisfaction with training and competence as "Very Satisfied", "Satisfied", "Dissatisfied", and "Very Dissatisfied". Two observations are noteworthy from the training and perceived competence satisfaction ratings in Table 4.18. First, a large proportion of respondents were satisfied with their training and competence in the provision of school psychological services to ethnically diverse students and families. For all respondents, 65.80% were "Satisfied" or "Very Satisfied" with their training and 76.70% of respondents were "Satisfied" or "Very Satisfied" with their competence. Second, a greater proportion of respondents in the doctoral group were satisfied with their training and competence than respondents in the non-doctoral group. For training, 70.70% of doctoral respondents and 64.10% of non-doctoral respondents were "Satisfied" or Very Satisfied". With regard to perceived competence, 82.90% of doctoral respondents and 73.3% of non-doctoral respondents were "Satisfied" or "Very Satisfied".
<table>
<thead>
<tr>
<th>Rating</th>
<th>Total Sample</th>
<th>Doctoral Respondents</th>
<th>Non-Doctoral Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 278</td>
<td>N = 287</td>
<td>N = 82</td>
</tr>
<tr>
<td>Very Satisfied</td>
<td>14.7%</td>
<td>18.3%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>51.1%</td>
<td>52.4%</td>
<td>50.8%</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>25.2%</td>
<td>22.0%</td>
<td>26.7%</td>
</tr>
<tr>
<td>Very Dissatisfied</td>
<td>9.0%</td>
<td>7.3%</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

Table 4.18: Percentage of Non-Doctoral and Doctoral Respondents Who Reported Satisfaction with Training and Perceived Competence in the Provision of School Psychological Services to Ethnically Diverse Students and Families as “Very Satisfied”, “Satisfied”, “Dissatisfied”, and “Very Dissatisfied”. 

128
Analysis of Qualitative Data

Four open-ended questions were included in the School Psychology Family Practices Questionnaire. All questions encouraged respondents to provide brief written responses. Responses to each question were transcribed and subjected to a descriptive content analysis in which individual sentences served as coding units. All data coding was conducted using version 4.0 of Q.S.R NUD*IST.

The first question ("What factors, if any, limit your capacity to provide services to families, such as consultation with parents and family therapy?") pertained to family oriented practices and asked respondents to describe any factors that interfered with their ability to provide services, such as family counseling and parental consultation, that bring school psychologists into direct contact with parents. Responses to this question fell into seven general categories: (1) Time limitations, (2) Issues related to the definition of the school psychologist's role, (3) Issues related to parents' willingness or ability to participate in services, (4) Limitations of school psychologists' training, (5) Lack of support from school administration, such as office facilities without privacy, (6) Financial considerations, such as lack of insurance reimbursement for family consultation, and (7) Issues related to cultural differences between school psychologists and families, such as language differences. Table 4.19 lists the percentage of responses that were coded into each category.
As can be seen in Table 4.19, Time limitations, comprising 53.7% of all responses, was the most frequently cited factor that interfered with respondents' ability to provide consultation and counseling services to families. Respondents attributed their time limitations to several specific factors related to their jobs, including heavy testing and assessment responsibilities, administrative responsibilities (3.5% of all responses), and too few school psychologists serving in their district (5.6% of all responses). Testing and assessment constituted the largest single cause of time restraints (27.0% of all responses). Examples of typical responses in this area were "Only enough time to test and report", "High testing caseload", and "Limited time due to other responsibilities such as assessing students for IDEA eligibility."

With regard to the definition of the school psychologists' role, respondents reported that a variety of individuals and institutions define role expectations that do not include work with families. Some role restrictions are out of school psychologists immediate control, such as state level legal restrictions that prohibit direct services such as family therapy (3.1% of all responses) and respondents' job descriptions that limit their role to assessment and school consultation (6.6% of all responses). Whereas legal limits and job descriptions are mandated, other role limitations represent social expectations regarding the duties that constitute appropriate school psychological practice. The expectations of principles and teachers that school psychologists should not conduct family consultation (3.5% of all responses), school psychologists' personal beliefs that family therapy and consultation are not primary components of their role
(3.5% of all responses), and turf issues (5.9% of all responses indicated that stated family counseling and consultation were provided by other school personnel, such as school counselors or social workers) represent social pressures that were reported to influence the frequency of family counseling and consultation.

Although a smaller percentage of responses mentioned parent issues (10.2% of all responses), this area was another multifaceted response class. More than half of the parent related problems were logistical in nature. Incompatible parental work schedules (4.4% of all responses), problems with transportation (1.0% of all responses), and communication problems, such as not having a telephone, (1.3% of all responses) were all explicitly noted. Lack of interest from parents for counseling and consultation constituted the remainder of factors in this area (3.3% of all responses).
Table 4.19. Percentage of Total Responses Coded into Response Categories for the Question: “What factors, if any, limit your capacity to provide services to families, such as consultation with parents and family therapy?”

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Limitations</td>
<td>53.7%</td>
</tr>
<tr>
<td>Issues Related To The Definition Of The School Psychologists’ Role</td>
<td>23.4%</td>
</tr>
<tr>
<td>Issues Related To Parents’ Willingness Or Ability To Participate In Services</td>
<td>10.2%</td>
</tr>
<tr>
<td>Limitations Of School Psychologists’ Training</td>
<td>7.9%</td>
</tr>
<tr>
<td>Lack Of Support From School Administration</td>
<td>2.8%</td>
</tr>
<tr>
<td>Financial Considerations</td>
<td>1.3%</td>
</tr>
<tr>
<td>Issues Related To Cultural Differences Between School Psychologists And Families</td>
<td>.76%</td>
</tr>
</tbody>
</table>

Note. Responses were coded by individual sentence.
The second question ("What factors, if any, limit your capacity to participate in activities that facilitate home-school collaboration?") intended to query respondents regarding the factors that prohibited their ability to engage in activities, such as parent education, organizing parent volunteer programs, and consulting with school administrators about how to communicate effectively with parents, that may or may not involve direct contact with parents but are designed to increase parental involvement in their children's schooling. Responses to this question fell into eight general categories: (1) Time limitations, (2) Issues related to parents' willingness or ability to participate in services, (3) Issues related to the definition of the school psychologist's role, (4) Lack of support from school administration, such as inadequate school resources and interest, (5) Issues related to cultural differences between school psychologists and families, such as language differences, (6) Limitations of school psychologists' training (7) Financial considerations, exemplified by comments such as "No one wants to pay for such a service.", and (8) Conflict between schools and families. Table 4.20 lists the percentage of responses that were coded into each category.

As can be seen in Table 4.20, Time limitations, comprising 51.4% of all responses, were the most frequently cited factor that interfered with respondents' ability to participate in home-school collaboration. As with family therapy and consultation, respondents attributed their time limitations to several specific factors related to their jobs, including heavy testing and assessment responsibilities (11.9% of all responses),
administrative responsibilities (2.8% of all responses), and too few school psychologists serving in their district (1.7% of all responses). The majority of responses pertaining to time limitations did not specify the specific factors that limited their time. Comments such as "Not enough time." constituted 32.3% of all responses.

The second most frequently stated issue involved parents (25.2% of all responses). This area was another multifaceted response class. Approximately half of parent related problems were logistical in nature. Incompatible parental work schedules (5.0% of all responses), problems with transportation (1.1% of all responses), communication problems, such as not having a telephone (3.6% of all responses), parents with students in out of state boarding schools (.55% of all responses), and general comments related to the limitations of parental socioeconomic status (1.9% of all responses) were all explicitly mentioned. Lack of interest from parents regarding home-school collaboration and conflict between parents and school personnel constituted the remainder of comments in this area (12.4% and .55% of responses respectively).

With regard to the definition of the school psychologists' role, respondents reported a variety of individuals and institutions that did not view home-school collaboration as a logical part of respondents' professional role. Some of these are out of respondents' immediate control, such as state level legal restrictions (.83% of all responses) and respondents' job descriptions that limit their role to assessment and school consultation (3.3% of all responses). Whereas legal limits and job descriptions are mandated, other role limitations represent social expectations regarding the duties
that constitute appropriate school psychology practice. These indirect pressures were reflected in the majority of respondents’ comments about role expectations. Principle and teacher expectations that home-school collaboration is not part of the school psychologist’s role (4.1% of all responses) and turf issues (7.7% of all responses) indicated that home school collaboration related duties were conducted by other school personnel, such as school counselors or social workers) represent social pressures that influenced respondents’ involvement in their schools’ attempts to build collaborative relationships with parents.
<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage of Responses (Total Responses = 362)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Limitations</td>
<td>51.4%</td>
</tr>
<tr>
<td>Issue Issues Related To Parents' Willingness Or Ability To Participate In Services</td>
<td>25.2%</td>
</tr>
<tr>
<td>Issues Related To The Definition Of The School Psychologists' Role</td>
<td>16.0%</td>
</tr>
<tr>
<td>Lack Of Support From School Administration</td>
<td>2.5%</td>
</tr>
<tr>
<td>Issues Related To Cultural Differences Between School Psychologists And Families</td>
<td>2.2%</td>
</tr>
<tr>
<td>Limitations Of School Psychologists' Training</td>
<td>1.4%</td>
</tr>
<tr>
<td>Financial Considerations</td>
<td>1.1%</td>
</tr>
<tr>
<td>Conflict Between Schools And Families</td>
<td>.28%</td>
</tr>
</tbody>
</table>

Note. Responses were coded by individual sentence.

Table 4.20. Percentage of Total Responses Coded into Response Categories for the Question: “What factors, if any, limit your capacity to participate in activities that facilitate home-school collaboration?”
The third question ("What recommendations would you make to improve training for school psychologists with regard to the provision of services to families, such as family therapy and consultation with parents?") intended to solicit feedback regarding changes that respondents would like to see in the training that school psychologists receive for services that bring them in direct contact with parents. Responses to this question fell into seven general categories: (1) Provide of more training in family oriented services, (2) Services, such as family therapy and consultation, are not a part of the school psychologist’s role, (3) Provide more courses in family oriented services during graduate training, (4) Provide more supervised field experience during graduate training and internship, (5) Provide a combination of graduate coursework and field experience in the desired service areas, (6) Provide in-service training through continuing education, and (7) No additional training is needed in this area. Table 4.21 lists the percentage of responses that were coded into each category.

An examination of Table 4.21 shows that a large proportion of responses (72.7% of total responses) advocated the provision of additional training related to family oriented services. Though 24.1% of all responses were non-specific recommendations, such as “Provide more training opportunities” and “Become a part of school psychology training”, the majority of specific comments (a total of 46.4% of all responses) recommended additional training within the context of graduate training at the pre-
service level. Specifically, respondents recommended additional graduate coursework in family therapy and family consultation (22.0% of all responses), additional supervised field experience in family therapy and parent consultation (15.7% of all responses), and a combination of graduate coursework and supervised field experience (8.7% of all responses). No clear consensus emerged regarding whether or not graduate courses should be a required (3.4% of all responses) or elective (1.1% of all responses) component of school psychology training programs. Similarly, no clear consensus emerged regarding whether supervised field experience should take place as part of a graduate practicum (5.6% of all responses), school psychology internship (5.2% of all responses), or both practicum and internship (1.4% of all responses). Recommendations for training at the in-service level comprised a small percentage of responses (2.1% of all responses) and consisted largely of nonspecific comments such as, “More opportunities for continuing education” and “Provide summer training through continuing education”.

A second theme in these responses alluded to the idea that additional training is not required in the area of family oriented services. The most prominent theme among these responses (24.1% of all responses) involved the incompatibility of family oriented services with the school psychologists’ role. Specifically, family therapy was singled out as being an inappropriate service for school psychologists in 16.4% of all responses. A smaller percentage of responses (3.2% of all responses) indicated that additional training was not required because school psychologists possess these skills to a satisfactory level.
Table 4.21. Percentage of Total Responses Coded into Response Categories for the Question: "What recommendations would you make to improve training for school psychologists with regard to the provision of services to families, such as family therapy and consultation with parents?"

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide More Training In Family Oriented Services</td>
<td>24.1%</td>
</tr>
<tr>
<td>Services, Such As Family Therapy And Consultation, Are Not A Part Of The School Psychologist’s Role</td>
<td>24.1%</td>
</tr>
<tr>
<td>Provide More Courses In Family Oriented Services During Graduate Training</td>
<td>22.0%</td>
</tr>
<tr>
<td>Provide More Supervised Field Experience During Graduate Training And Internship</td>
<td>15.7%</td>
</tr>
<tr>
<td>Provide A Combination Of Graduate Coursework And Field Experience In The Desired Service Areas</td>
<td>8.7%</td>
</tr>
<tr>
<td>Provide In-Service Training Through Continuing Education</td>
<td>2.1%</td>
</tr>
<tr>
<td>No Additional Training Needed In This Area.</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

Note. Responses were coded by individual sentence.
The fourth question ("What recommendations would you make to improve training for school psychologists with regard to providing services to ethnically different students and families?") was intended to solicit feedback regarding changes that respondents would like to see in the area of cultural diversity training. Responses to this question fell into six general categories: (1) Exposure to diverse populations, (2) Non-specific requests for more training, (3) Seek employment in diverse settings, (4) Continuing education in cultural diversity, (5) Recruit more diverse graduate students and trainers into training programs, and (6) No additional training needed. Table 4.22 lists the percentage of responses that were coded into each category.

An examination of Table 4.22 shows that the majority of responses advocated more training in cultural diversity for school psychologists. Some responses (10.4% of all responses) specified a need for additional training, but did not specify how or when it should be delivered. The largest proportion of responses (75.1% of all responses) recommended that school psychologists should receive more frequent exposure to ethnically diverse populations during their training. Though several methods of increasing exposure were advocated, supervised practicum and internship experiences with diverse populations (44.8% of all responses) and coursework in cultural diversity (27.4% of all responses) represented the most frequently mentioned approaches. Unspecified means of exposure (.82% of all responses) and exposure through research projects (.41% of all responses) were also noted. Though the emphasis on graduate
coursework and supervised field experiences indicated that respondents' primary
recommendations centered around placing greater emphasis on cultural diversity during
pre-service training, in-service experiences were also noted in some responses.
Continuing education workshops for practicing professionals were mentioned in 3.5% of
all responses.

A second theme emerging from these data suggested that additional training is not
necessary for school psychologists. A “learn by doing” approach in which school
psychologists learn to provide services to culturally diverse populations by seeking
employment in diverse settings was advocated in 7.5% of responses. In addition, a small
proportion of responses (1.2% of all responses) explicitly stated that school psychologists
need no additional training in cultural diversity.
<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure To Diverse Populations</td>
<td>75.1%</td>
</tr>
<tr>
<td>Non-Specific Requests For More Training</td>
<td>10.4%</td>
</tr>
<tr>
<td>Seek Employment In Diverse Settings</td>
<td>7.5%</td>
</tr>
<tr>
<td>Continuing Education In Cultural Diversity</td>
<td>4.1%</td>
</tr>
<tr>
<td>Recruit More Diverse Graduate Students And Trainers Into Training Programs,</td>
<td>1.7%</td>
</tr>
<tr>
<td>No Additional Training Needed</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

Note. Responses were coded by individual sentence.

Table 4.22. Percentage of Total Responses Coded into Response Categories for the Question: “What recommendations would you make to improve training for school psychologists with regard to providing services to ethnically different students and families?”
CHAPTER 5

DISCUSSION

The purpose of this study was to examine school psychologists' professional practices and training in the areas of family oriented services and cultural diversity. Within the domain of family oriented practices, this study examined school psychologists' use of family oriented practices in school based professional practice, their training in the provision of family oriented services, and differences in the frequency of family services between non-doctoral and doctoral level practitioners. Within the area of cultural diversity, this study examined the frequency with which school psychologists provide services to ethnically diverse populations and the extent of their training in working with ethnically different children and families.

The participants in this study were 500 randomly selected members of the National Association of School Psychologists (NASP). Because school psychologists can practice in the schools in many states without a doctoral degree, this study employed a stratified random sample with proportional allocation in which NASP members holding a masters or specialist degree (non-doctoral group) and NASP members holding a doctoral degree
(doctoral group) constituted the two strata examined. Of the 500 NASP members who received the *School Psychology Family Practices Questionnaire*, 306 returned the instrument, resulting in a total response rate of 61.20%. Response rates within the non-doctoral and doctoral groups were 58.87% and 66.90% respectively.

The Quantitative analyses that addressed the 11 research questions outlined in Chapter 1 were statistically analyzed using version 9.0 of SPSS for Windows; Descriptive Statistics (frequencies, descriptives, and explore) and General Linear Model (multivariate). All alpha levels were reported in tables with an alpha level of .01 used as the least acceptable level of statistical significance. The qualitative analyses described in Chapter 2 were performed using version 4.0 of NUD*IST (Non-Numerical Unstructured Data Indexing Searching and Theorizing) for the Macintosh.

**Parameters of the Study**

The *School Psychology Family Practices Questionnaire* was designed to examine school psychologists’ family oriented services and specific issues related to cultural diversity. It was not intended to produce neither a comprehensive profile of a school psychologist’s typical work week nor a comprehensive examination of all cultural diversity issues in school psychology. Though general school psychological services, such as individual child assessment were included, these services did not constitute the primary focus of the survey. Therefore, the resulting data represents limited collection of school based professional practices. Similarly, the examination of cultural diversity issues is
highly focused. Culture, as examined in this study, refers to ethnicity. The exclusive use of ethnicity omits some individual characteristics, such as socioeconomic status, that are also components of an individual's culture. However, this study was concerned primarily with the ethnic composition of school psychology as a group of professionals and the extent to which school psychological services are provided to ethnically different students and families. The omission of selected professional activities from the survey, such as intern supervision, and the use of a narrow definition of culture were necessary to produce an instrument of sufficient brevity to be easily completed and returned by respondents.

Family Oriented Services

As outlined in Chapter 1, this study examined seven questions related to the frequency with which school psychologists' provide family oriented services, their training related to family oriented services, and factors that interfere with their ability to provide family oriented services. The following specific areas were examined: (1) Individual Student Assessment, (2) Family Oriented Counseling, (3) Family Consultation, and (4) Home-School Collaboration. This section will discuss findings that addressed each research question. A discussion of participants' recommendations to enhance training in family service delivery has been included in the section on satisfaction with training and competence.
Proportion of School Psychologists’ Time Spent Conducting Individual Student Assessment, Family Oriented Counseling, and Family Consultation

Nine years have passed since a published study last examined the frequency of school psychologists’ family oriented services. Have school psychologists increased their work with families in this time? Respondents to the School Psychology Family Practices Questionnaire indicated that student assessment was the most frequent practice conducted by school psychologists who participated in this survey. Assessments occupied an average of 19.29 hours of non-doctoral respondents’ typical work weeks (51.27% of total reported professional time) and 12.58 hours of doctoral respondents’ typical workweek (37.43% of total reported professional time). This finding is neither new nor surprising. Previous surveys of school psychologists’ professional activities conducted over the past two decades have consistently found assessment to be the most frequent activity among school psychologists (Curtis et al., 1999; Goldwasser et al., 1983; Reschly & Wilson, 1995; Woody & Davenport, 1998). Results from the current study indicate that little has changed in this area.

In spite of the high percentage of time taken by assessment, family oriented services, particularly indirect services, occupied a sizable proportion of time among participants in this study. Activities related to home school collaboration, including parent education, distributing literature to parents, organizing parent volunteer programs, and consulting with school personnel regarding effective communication with parents, was the most frequently reported category of family oriented practice (occupying an average of
7.32 hours per week for doctoral respondents and 6.30 hours for non-doctoral respondents) and was a service provided by a large proportion of respondents (81.87% of non-doctoral, 68.18% of doctoral). These findings are consistent with school psychologists' beliefs that parent involvement can help facilitate student success and that every family has strengths that can be tapped to increase students' success (Pelco et al., 2000). When examining the most common Home-School Collaboration activities, the largest proportion of respondents engaged in activities where they were able to function in the role of consultant. Parent education and training, consulting with school personnel regarding effective communication with parents, and organizing and facilitating meetings between parents and schools were all activities performed by more than 50% of both non-doctoral and doctoral respondents. A similar pattern of home-school collaboration practices has been found in other samples. Pelco, Jacobson, Ries, and Melka (2000) found that activities involving parent education, consultation with school personnel and families, and facilitating meetings aimed at promoting cooperation between schools and families were the most frequent activities related to home-school collaboration reported by their national sample of school psychologists. This emerging database suggests that school psychologists' existing role as a provider of indirect services is being applied in the facilitation of home-school collaboration.

A second category of indirect service, consultation with parents regarding their child's learning or behavioral problems, was the second most frequently reported family oriented service (occupying an average of 3.81 hours per week for doctoral respondents
and 3.07 hours for non-doctoral respondents) and was the family service provided by the largest proportion of respondents (89.12% of non-doctoral, 87.88% of doctoral). These findings are consistent with earlier research demonstrating that indirect services constitute the majority school psychologists’ family intervention activities (Carlson & Sincavage, 1987) and that a large proportion of school psychologists provide consultation services to parents about how to support their children’s learning and behavior (Pelco et al., 2000). When taken together, it is evident that school psychologists’ preference for indirect service delivery continues to hold a place of prominence among practitioners.

Further support for the conclusion that school psychologists provide family oriented services as indirect services comes from surprising findings showing that a small number of school-based practitioners spend a minimal amount of time providing direct family services, such as group counseling with parents, individual counseling with parents, and family therapy. Doctoral and non-doctoral respondents in the current study reported an average of less than one hour each week (.69 hours for the doctoral group, .34 hours for the non-doctoral group) conducting family oriented counseling. Additionally, these services were provided by an extremely small percentage of school-based practitioners. For example, just 6.74% of non-doctoral and 10.61% of doctoral respondents conducted family therapy, providing another indication that direct family services are rarely employed in school settings. This finding directly contradicts existing data demonstrating that 59% of NASP members conducted some sort of family counseling (Carlson & Sincavage, 1987). Contrary to the recommendations of family therapy advocates who
promote increasing the application of family therapy to school related problems (Carlson, 1987; Crespi, 1997), it appears that school psychologists who practice in school settings have adopted indirect services as their primary family oriented intervention strategy. This does not mean, however, that school psychologists do not recognize the need for family therapy. One unexamined question in the current survey involves how frequently families are referred to outside agencies for family counseling and the extent that school psychologists work in collaboration with family therapists when planning and implementing school-based interventions. These questions should be examined in future research.

Differences Between Non-Doctoral and Doctoral Level School Psychologists in Time Spent Providing Individual Assessment, Family Oriented Counseling, Family Consultation, and Home-School Collaboration Services

When comparing the family oriented practices of non-doctoral and doctoral school psychologists, two conclusions are supported by the present data. First, doctoral and non-doctoral level school based practitioners differ in how they spend their professional time. The actual practices MANOVA revealed a significant overall difference between non-doctoral and doctoral level practitioners ($T^2 = .119, F(6,200) = 3.983, p<.001$). Second, this overall difference can be attributed to the amount of time spent conducting individual student assessments. Non-doctoral respondents reported an average of 20.66 hours during a typical week conducting assessments whereas doctoral respondents reported spending an
average of 12.66 hours per week related to assessments, a finding that was statistically significant ($F(1, 205) = 18.04, p<.001$). These findings are consistent with existing data that suggest doctoral school psychologists spend less time conducting individual student assessments than non-doctoral practitioners (Reschly & Wilson, 1997).

If doctoral level school psychologists spend less time conducting assessments, it is reasonable to assume that they spend significantly more time providing some other service. Existing studies have shown that school psychologists holding doctoral degrees tend to provide more counseling and consultation services in their practice than those who do not (Carlson & Sincavage, 1987; Reschly & Wilson, 1995; Reschly & Wilson, 1997). However, no such differences were found for any of the consultation or counseling services examined in this study, regardless of whether these services were focused on parents, school personnel, or students. With regard to Home-School Collaboration, the non-significant differences were consistent with existing literature that has not shown degree level to be a significant predictor of participation in these types of activities (Pelco et al., 2000; Sheridan & Steck, 1995).

The present survey limited inquiries to "traditional" responsibilities of school psychologists, such as assessment and student counseling, and "family oriented services", such as parent consultation, home-school collaboration, and family counseling. Additional differences could exist in areas of practice that fall outside the scope of the present research, such as administrative duties, in-service training, or supervision of interns or practicum students. These areas should all be examined in future research. If found, such
differences would add to our understanding of how advanced graduate training impacts
school psychologists, families, students, and schools.

School Psychologists’ Preferred Frequency for Assessment, Family Oriented Counseling,
Family Consultation, and Home-School Collaboration Services

Several trends emerged regarding the number of hours that respondents preferred to
spend providing services related to Student Assessment, Home-School Collaboration,
School Consultation, Student Counseling, Parent Consultation, and Family Oriented
Counseling. Most prominently, both doctoral and non-doctoral respondents desired
sizeable reductions in the amount of time required for assessment. If respondents in the
non-doctoral group followed their preferred practices, time spent conducting assessments
would be reduced from 51.27% to 25.54% of total professional time. In the doctoral
group, assessment would be reduced from 36.08% to 18.59% of total professional time.
Conversely, both groups desired an increase in the proportion of time spent providing
services in all areas examined and were not significantly different in the number of hours
desired for these services. These findings were consistent with existing literature
suggesting that school psychologists would like to spend less time conducting assessments
and more time in other domains (Woody & Davenport, 1998). The question is, what kind
of services would school psychologists prefer in place of assessment?
According to data from the *School Psychology Family Practices Questionnaire*, respondents would like to engage in more indirect family oriented services, particularly activities related to Home-School Collaboration. Among both non-doctoral and doctoral practitioners, Home-School Collaboration would occupy the single largest proportion of professional time. In the non-doctoral group, Home-School collaboration would occupy 27.90% of total profession time. In the doctoral group, Home-School Collaboration would occupy 29.83% of total professional time. By contrast, direct family services (i.e., family counseling), though increased in both groups, would continue to occupy a small proportion of professional time (4.67% in the non-doctoral group, 5.76% in the doctoral group). These proportions each represent less than three hours of family counseling each week.

These findings suggest that practicing school psychologists have attended to literature suggesting that they dedicate significant proportions of their time, approximately half in some cases, to home-school collaboration (Christenson, 1995; Epstein, 1992) and provide additional support for the notion that school psychology, as a field, has adopted a model of service delivery that embraces indirect family services as a primary family oriented intervention strategy. The observed preference for indirect services, in both actual and preferred practices, is reflective of the increased recognition over the past 30 years that school-based consultation as a valid service that should be provided by school psychologists (Fagan & Wise, 1994).
School Psychologists' Use of Family Assessment Information

Family oriented service goes beyond the intervention services that school psychologists provide. Another measure of school psychologists’ acceptance of family centered practice is their incorporation of family information into individual child assessments. Results from this sample indicate that, although parents are included in the assessment process, they are primarily utilized as sources of information about the child’s behavior, academic problems, and family history. Among all methods examined, the most frequently utilized assessment methods involving families were: parent ratings of child behavior and family history questionnaires. These methods were employed in at least half the assessments of 65.1% and 51.4% of all respondents respectively. A common characteristic of these methods is their utility in collecting information about individual children that is useful when developing a differential diagnosis specified by the Individuals with Disabilities Education Act (IDEA) or the Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition (DSM-IV) (American Psychiatric Association, 1994). By comparison, assessment information that is more easily utilized in an intervention context were among the least frequently used methods. Clinical interviews with the entire family, marital relations questionnaires, and objective measures of family behavior were used in at least half the assessments of just 2.0%, 2.4%, and 4.4% of all respondents respectively. Given the primary role of individual diagnostic assessments of children in school psychology practice (Curtis et al., 1999; Goldwasser et al., 1983; Reschly & Wilson, 1995;
Woody & Davenport, 1998), it is not surprising that such a large proportion of assessment tools are child-focused.

Though existing research in this area is limited, the current study supports previous conclusions that school psychologists are utilizing assessments that are predominantly child focused (Carlson & Sincavage, 1987). However, one should exercise caution if concluding from these results that school psychologists are not family oriented in their assessment practices. In addition to reflecting an apparent child-centered bias, these findings may reflect the small quantity of direct family services provided by respondents in this study. It is logical to assume that a sample of school psychologists who work in an agency, private practice, or other setting where they provide a greater quantity of family counseling or consultation and do a minimal number of special education eligibility assessments would employ fewer child focused assessment methods and more assessments of family dynamics. In other words, the type of services provided by school psychologists is likely to dictate the assessments they employ. This is an area for future inquiry.

School Psychologists’ Training in Family Oriented Counseling, Family Consultation, and Family Assessment

As a universal pre-service training experience for school psychologists, graduate school represents a significant influence on the type of psychological services delivered in the schools. As discussed earlier in this chapter, the majority of family oriented services reported by participants in the present survey were indirect in nature. The extent to which
this finding reflects respondents’ training was examined by asking if they received family oriented training and what services were included in this training.

Overall, respondents’ training was reflective of their actual practices, indicating that the school psychologists who participated in this survey are practicing within the limits of their expertise. For example, a larger percentage of respondents took graduate classes in family consultation than in family therapy and family assessment (81.4% for parent consultation, 54.1% for family therapy, and 56.7% for family assessment). Similarly, practicum experiences in parent consultation were reported by the largest proportion of respondents (57.9% for consultation, 27.1% for family therapy, 31.1% for family assessment). A large percentage of respondents who took coursework (between 71.5% and 78.3%) or a practicum (between 61.2% and 79.7%) that included parent consultation, family therapy, or family assessment did so as part of a masters degree program or as part of both masters and doctoral training. This indicates that masters and specialist degree programs are providing the majority of training in these areas, though it was unclear if this training was provided within school psychology programs.

The observed emphasis on consultation training is consistent with existing data (Carlson & Sincavage, 1987) and indicates that school psychologists’ training is focused on the delivery of indirect services. These findings also indicate that a sizable proportion of school psychologists are not receiving coursework and field supervision in family therapy and family assessment. This lack of training is an important factor that limits the provision of direct services to families. If school psychology, as a field, wants to deliver a
greater degree of direct family oriented services, training needs to become more widely available.

The internship experience and in-service continuing education represent additional training experiences where psychologists can gain content knowledge and supervised field experience in family oriented services. Existing data has shown that continuing education and internship are sources of training in family oriented services for a large percentage of school psychologists (60% and 42% respectively) (Carlson & Sincavage, 1987). Results from the present study indicate that little has changed in this area over the past decade, particularly in the area of parent consultation (75.7% of respondents had parent consultation training during their internship, 63.4% received continuing education in parent consultation). For family therapy, continuing education is a popular means of training. Almost half of all respondents (46.7%) took some sort of seminar or workshop in this area compared to 26.6% of respondents who received family therapy training during their internship. A similar pattern was observed for family assessment. Just over half of all respondents (52.2%) received training in family assessment through continuing education versus 39.8% who had such training during their internship. Though these data show that a significant percentage of respondents have received training in direct family oriented services, the small percentage of time reported for family therapy and the relative low usage of family oriented assessments reported earlier suggest that this training is not being utilized in practice. One question that emerges from these data involves the extent to which the quality of training in direct family services contributes to their rarity in the
school setting. An examination of school psychologists’ satisfaction with their training and perceived competence may shed some light on this question.

School Psychologists’ Satisfaction with Training, Satisfaction with Perceived Competence, and Recommendations to Improve Training in Family Therapy, Family Consultation, and Family Assessment

By examining school psychologists’ satisfaction with training and perceived competence in family oriented services it is possible to assess whether or not school psychology training is adequate preparation to deliver family oriented services. With regard to satisfaction with training, a large percentage of respondents were satisfied with their training in parent consultation and a moderate proportion were satisfied with their training in family therapy and family assessment. For the entire sample, 81.3% were “Satisfied” or “Very Satisfied” with their training in parent consultation, 49.8% were “Satisfied” or “Very Satisfied” with their training in family therapy, and 56.0% were “Satisfied” or “Very Satisfied” with their training in family assessment. Respondents’ satisfaction ratings for competence mirrored their satisfaction ratings for training. For all respondents, 93.4% were “Satisfied” or “Very Satisfied” with their competence in parent consultation, 51.5% were “Satisfied” or “Very Satisfied” with their competence in family therapy, and 66.4% were “Satisfied” or “Very Satisfied” with their competence in family assessment. Doctoral school psychologists were more satisfied with both training and competence in all areas, a finding that is consistent with existing literature (Reschly &
Wilson, 1997). Additionally, these data are consistent with competency ratings obtained in previous research (Carlson & Sincavage, 1987) as well as the observation that family oriented services delivered by school psychologists in this sample consisted primarily of consultation based services.

The large proportion of respondents who reported dissatisfaction with their training and competence in family therapy and family assessment indicates possible training deficiencies in these areas. Respondents’ recommendations regarding how to improve training for family oriented services may offer some insight into these deficiencies. A sizable proportion of responses (70.5%) expressed a desire for more training, particularly through pre-service experiences such as coursework, practicum experiences, and internship experiences in family therapy and assessment. If taken at face value, graduate training programs would be advised to integrate more family therapy training into their programs. However, this may be difficult. School psychology is primarily practiced at the specialist degree level (Curtis et al., 1999; Reschly & Wilson, 1995). Due to the content area mandates imposed on specialist degree programs for NASP accreditation (Psychologists, 1995b), which do not include family therapy, there is little room for elective specialization during training. It may be more advisable to make such specialty training available at the doctoral level for those who wish to become providers of direct family services.
It should also be noted that satisfaction ratings are self-report measures and, therefore, represent just one assessment of professional competence. Future research should incorporate other sources of information, such as intervention outcome data or client satisfaction data, to assess the actual competence of school psychologists in delivering direct and indirect family oriented services.

Factors that Limit School Psychologists’ Capacity to Provide Family Consultation, Family Oriented Counseling, and Home-School Collaboration Services

Respondents’ expressed desire to increase the amount of time spent in all areas of direct and indirect service delivery, particularly Home-School Collaboration, indicates that school psychologists desire a change in their professional roles. However, the observed discrepancy between actual and preferred practices also suggests that certain factors interfere with these desired changes. The large decrease in assessment duties observed between actual and preferred practices would indicate that assessment is a significant barrier standing between school psychologists and their optimal practices. However, this is not the whole story.

When asked to describe the factors that interfered with their ability to participate in activities that promote home-school collaboration and general family oriented services (i.e., parent consultation and family therapy) respondents mentioned time limitations in 49.3% and 51.3% of their responses respectively in each of these areas. However, time
limitations specifically attributed to excessive assessment duties, such as testing and parent conferences, accounted for less than half of the responses in each of these areas. Non-time related factors were also described as general limiting factors. Several of these factors, such as legal restrictions on intervention practices, relate to the general social and real world contexts that school psychologists participate in and interact with while conducting their professional activities. Parental issues, the second most frequently mentioned impediment for home-school collaboration (comprising 24.1% of all responses) and the third most frequently mentioned impediment for general family oriented services (comprising 9.7% of all responses), were attributed to several causes. Some, such as incompatible work schedules and transportation problems, are logistical in nature. Others, such as lack of interest, may emanate from counterproductive or coercive interactions between schools and parents. Clearly, school psychology must address factors beyond assessment to further expand its role into indirect family oriented services.

A third significant factor that limits family oriented services involves school psychologists' professional roles. Professional roles can develop from a diverse array of sources. Many of these, such as state law, school district policy, and formal job descriptions, represent mandated foundations of the school psychologist's role. Other sources, such as beliefs by administrators and teachers that home-school collaboration or family therapy is not a valid role for school psychologists and "turf" issues, are derivatives of the social context where school psychologists work. In other words, many respondents do not provide services, such as family therapy, because they are either explicitly
prohibited from doing so or because the individuals with whom they work have different ideas regarding what constitutes effective school psychological services. Role definition, comprising 22.4% of responses to this question, was, in fact, the second most frequently mentioned interference factor related to general family services and the third most frequently mentioned factor (15.4% of responses) in reference to home-school collaboration. One can argue that time limitations associated with excessive testing, administrative duties, or other factors and the training that school psychologists seek are not mutually exclusive from school psychologists' defined roles but are rather a product of them. Such logic makes the investigation of how practitioners define their professional roles, both in general and in relation to family oriented services, an important area for future inquiry.

Summary

On balance, results from this survey support the conclusion that family oriented services are alive and well within school psychology and exist primarily as indirect services aimed at intervention and prevention. This trend has not changed significantly over the past decade. Moreover, respondents would prefer to spend more time conducting indirect services, particularly in the domain of Home-School Collaboration. Time limitations, some associated with testing load, represent a significant barrier to this occurrence. The participants in this study would spend more time providing indirect family oriented services if they could reduce the amount of time spent on individual
student assessment. Differences between doctoral and non-doctoral practices were noted, but these were restricted to assessment with non-doctoral respondents spending significantly more time in this area compared to doctoral level respondents. Within an intervention context, significant differences between doctoral and non-doctoral school psychologists in the amount of time spent providing direct or indirect services were not observed.

When examining the content of school psychologist's services, it is also necessary to examine the content of their training. The extent to which training matches services is one measure of ethical practice as well as a possible sign that situational factors, such as legal restrictions and employer expectations, are interfering with the delivery of preferred services. In this study, the content of respondents' training corresponded with their perceived competence and actual practices. Of the areas examined, the largest proportion of respondents completed training in parent consultation during both graduate school and through continuing education. Given this finding, it is logical that respondents reported the highest satisfaction ratings regarding their competence in this area and that indirect services represented the majority of their family oriented intervention practices. In short, training appears to drive the content of family oriented practices in school psychology. For many who wish to provide more direct family services, it is likely that advanced training in this area will be necessary. In many cases, such training may best be acquired as a specialized component of doctoral study. Though increased training in direct family services was a frequent recommendation given by respondents in this study, focusing
school psychologists' training on direct services would be counterproductive given the dominant role occupied by student assessment and indirect services in school based practice.

Cultural Diversity

This survey examined four questions related to the frequency with which school psychologists' services to ethnically different students and families and their training related to cultural diversity. This section will discuss findings that addressed each research question. A discussion of participants' recommendations to enhance training in cultural diversity has been included in the section on satisfaction with training and competence.

Proportion of Assessment, Counseling, and Consultation Services Delivered to Ethnically Different Populations

When examining ethnicity, School psychologists represent a relatively homogeneous group who provide services to an increasingly diverse population. In the current survey, 90.5% of all respondents were Caucasian, a higher percentage than indicated by other surveys (Curtis et al., 1999). Additionally, between 26.57% and 33.40% of services in the areas of assessment, consultation, and counseling were provided to students and families from ethnic groups that differed from the school psychologist's. This finding is consistent with recent demographic surveys of school psychologists (Curtis et al., 1999) indicating that approximately ¼ of the children served were members of
ethnic minority groups. Collectively, these data imply that many school psychologists will encounter situations where they can apply cross-cultural competencies. Any situation in which a school psychologist provides services to an ethnically different student or family represents a possible application of these skills. Therefore, the development of cross-cultural competence is a highly relevant issue for school psychology training.

As is evident from the data related to professional activities, school psychologists provide a variety of services that require cross-cultural competencies that go beyond knowledge of racial bias in standardized tests. The proportion of time that school psychologists spend conducting indirect services, such as consultation and home school collaboration, demonstrate a need to address cross-cultural competence in a more general sense. School psychologists need to know about the potential communication barriers erected by ethnic differences and how these can be minimized. This can be provided by following the examples established by counseling psychology and multicultural education through proper training consisting of general cognitive and affective skills developed by exploring one's heritage and how it impacts thinking and behavior, developing culture specific awareness and understanding, and developing effective cross-cultural communication (Lynch & Hanson, 1992). In addition, school psychologists should develop an understanding of how cultural diversity concepts apply to specific service contexts. For example, practitioners who engage in a large quantity of consultation with ethnically diverse consultees should understand how to increase the likelihood of
intervention compliance by developing intervention plans with a high degree of ethnic validity (Barnett et al., 1995).

A second implication of these data involves the recruitment of a more ethnically diverse population of school psychologists. This can best be done at the graduate school level through recruitment and at the undergraduate level by educating college psychology students and education students about career opportunities in school psychology. Given the current shortage of school based practitioners around the United States, this would help diversify the population of school psychologists while increasing our numbers to meet the increasing need for school psychological services. Additional research has also been called for to determine how to interest and retrain more males, persons of color, bilingual students, and individuals with disabilities in becoming school psychologists (Carey & Wilson, 1995). The remaining sections of this chapter will examine the degree to which school psychologists are receiving training experiences that help develop cross-cultural competence.

School Psychologists' Level of Training in the Delivery of Services to Ethnically Diverse Students and Families

The large percentage of services that school psychologists provide to ethnically different students and families implies that cultural diversity is an important area that needs to be included in training. Existing research has uncovered a general lack of training to addresses cultural diversity issues as they apply to school psychology practice (Rogers et
The School Psychology Family Practices Questionnaire assessed the extent to which practicing school psychologists have received cultural diversity training. Several conclusions can be drawn from the results. First, the majority of school psychologists have received some form of training related to cultural diversity. Only 18 respondents in the sample (5.88%) reported that they did not receive training in cultural diversity through coursework, internship experiences, or continuing education. Second, in-service training appears to fill a necessary training void for a small percentage of practitioners. Overall, 68.3% of respondents completed continuing education programs related to cultural diversity. For some, continuing education is the only source of training. Continuing education was the sole source of cultural diversity training for 8.82% of respondents.

Finally, coursework and field experiences related to cultural diversity do not appear to be a universal component of practicing school psychologists' pre-service training. More than one quarter of respondents (28.1%) did not take coursework that examined multicultural issues during graduate school. An even higher percentage (46.3%) did not receive training that involved the provision of services to culturally diverse populations during their internship. When examined by years of experience, a smaller proportion of respondents with 20 or more years of experience reported cultural diversity training through coursework and internship compared to respondents with fewer than five years of experience. This finding likely reflects the formal recognition of cultural diversity in graduate training over the past two decades. The National Association of School Psychologists (NASP) (1995b) has encouraged cultural diversity training by requiring that
students develop a knowledge base in, “Social and Cultural Bases of Behavior (e.g., cross-cultural studies, social development, social and cultural diversity, social psychology)” (p. 1174). Though the majority of respondents have received training related to cultural diversity, some have not. Finding that even a small percentage of “new” school psychologists lack courses (15.8% in this study) or internship experiences (32.9% in this study) in cultural diversity is troubling. However, it also points to a limitation of using school psychologists’ self-reports as the exclusive source of data. Future research should survey school psychology training programs directly to determine the quantity and quality of cultural diversity training provided to students.

Satisfaction with Training, Perceived Competence, and Recommendations for Training for the Delivery of Services to Culturally Different Students And Families

As with family oriented services it is possible to assess the adequacy of school psychologists training by examining school psychologists’ satisfaction with training and perceived competence in working with culturally different students and families. Overall, satisfaction ratings are positive, but indicate that there is some room for improvement. In reference to cultural diversity training, 65.8% of respondents were “Satisfied” or “Very Satisfied”. Even better results were observed in reference to perceived competence in providing services to culturally different students and families (76.7% of respondents were “Satisfied” or “Very Satisfied” with their competence level). Although these ratings show that a large percentage of respondents are happy with their training and skills, a sizable
proportion feel that they lack the training or skills to provide effective services to ethnically different populations. Dissatisfaction was most pronounced among non-doctoral respondents. "Dissatisfied" or "Very Dissatisfied" ratings were given by 35.9% of non-doctoral respondents in reference to training and 26.7% of non-doctoral respondents in reference to perceived competence.

The dissatisfaction rates observed for training and competence in this study indicates that training is not adequately meeting the needs of practitioners, but does not address the nature of these inadequacies. The most obvious deficiency may involve inadequate exposure to ethnically diverse populations during practicum and internship training. Within the school psychology literature, most discussions of cultural diversity have focused on the debate over racial bias in standardized tests. While this is an important and necessary component of training, it is not sufficient to help students develop competencies in specific service areas. Cross-cultural competence is developed from a combination of coursework and supervised experience (Fontes & Thomas, 1996). The need to increase exposure to diverse populations has been proposed elsewhere (Rogers et al., 1992) and is supported in this study by respondents' recommendations regarding how to improve cultural diversity training. The most frequently recommended improvement for diversity training involved increasing exposure to diverse students and families. Increased exposure was noted in 75.1% of responses with a sizable proportion of these responses specifically recommending exposure through graduate practicum and internship experiences. Because of the supervised experiences provided during graduate school and
Internship, graduate training provides the best opportunity to enhance cultural diversity training through exposure. For programs located in culturally homogeneous settings, such as rural areas, geography represents a significant challenge. Students in these settings may need to arrange practicum or internship experiences that provide more opportunities to work with diverse populations (Rogers et al., 1992). Future research should examine the quantity and quality of field experiences that are currently being provided within graduate and internship training as well as the extent that training programs have access to culturally diverse populations of students and families. This may provide some insight into how diverse experiences can be arranged for all graduate students.

Limitations of the Study and Implications for Research and School Psychology Training

All survey research has limitations that must be taken into consideration when interpreting data. Social desirability bias, the extent to which questions are answered in a way that is believed to “please the researcher”, is one such limitation. Though the use of random sampling procedures should have minimized this limitation, it does not immunize these data. For example, professional competence ratings in the areas of family practices and the delivery of services to ethnically different children as well as reports regarding the amount of time spent in various family oriented activities are particularly vulnerable to social desirability bias because they were self-report items that had clear relevance to the study’s primary foci. Future research should examine professional competence and professional practices using objective measures of these variables.
Representativeness within the sample represents a second limitation. This can manifest itself in two important ways. First, as differences between the surveyed population of NASP members and the general population of school psychologists. Though the NASP membership represents approximately 70% of practicing school psychologists (Fagan, 1994), the 30% who are not NASP members may engage in different practices or hold different attitudes about family services and cultural diversity than the NASP membership. Therefore, caution is warranted if the conclusions drawn from these data are extended beyond those school psychologists who comprise the NASP population. Future research regarding professional practices should attempt to sample school psychologists both within and outside of the NASP. If such a sample can be reliably collected, comparisons should be made between the practices and attitudes of NASP and non-NASP members. A failure to uncover differences between these groups would enhance the validity of all previous studies that sampled the NASP population, including this study.

A second manifestation of representativeness involves potential differences between the practices and attitudes of respondents and non-respondents in this study. Simply put, non-respondents may have different practices or different attitudes than those who returned the survey. This is a common limitation when conducting mail surveys (Sheafer & Mendenhall, 1996). Within the context of this study, this limitation means that conclusions must not only be limited to NASP members, but also to those who are willing to complete a survey related to their professional practices and training experiences. Because approximately 40% of the sample did not return the survey, the extent that non-
respondents engage in different types of professional activities, have distinctly different training experiences, or hold different attitudes and beliefs regarding family oriented practices and cultural diversity compared to the participants in this study exists and should be taken into consideration when interpreting the data.

Even with the limitations noted above, these data support two general recommendations for school psychology training. First, the clear preference within this sample, and others, for indirect family oriented services indicates that school psychology training should focus on the delivery of indirect services, including consultation with parents, consultation with school personnel, and in how to help school buildings plan and implement programs that increase home-school collaboration. Given the dominance of masters/specialist degree holders among school-based practitioners, indirect services should be emphasized as a basic approach to student and family as part of masters level training. In addition, in-service training and continuing education programs should offer practitioners the opportunities to build their skills in these areas. The low incidence of direct family services, such as family therapy, indicates that extensive training is best delivered within the context of doctoral training.

Secondly, the large percentage of practitioners who were dissatisfied with their training in cultural diversity, the increasing ethnic diversity within the school age population, and the expressed desire for more exposure to diverse populations by respondents in this study has implies a need to systematically examine the content of cultural diversity training within school psychology graduate training programs. Such
research should examine training programs directly in an effort to determine the number
and content of coursework offered in relation to cross-cultural issues and well as the extent
that supervised practicum experiences expose students to diverse populations. Once
obtained, this information would be useful for evaluating any areas, such as field
experience or coursework, that are in need of additional instructional time and resources.
Any changes made by training programs would, therefore, be based on the results of a
valid needs assessment and could be used develop a course of study that facilitates the
development of cross-cultural competencies that can be applied within the context of any
school psychological service.
APPENDIX A

COVER LETTERS
February 28, 2000

Dear [Name]:

Throughout its history, school psychology has recognized the importance of families to the educational and psychological well-being of children. The best practices literature contains numerous references which describe how school psychologists can utilize their training and skills to benefit families. Some services, such as family consultation and family therapy allow school psychologists to work directly with individual families. At a broader level, school psychologists can facilitate productive home-school collaborations through consultation and training with both school personnel and parents. Though strongly advocated in the professional literature, the extent to which school psychologists are able to provide family oriented services is largely unknown.

You have been selected at random from the membership directory of the National Association of School Psychologists to participate in a study which is investigating the types of services currently being provided by school psychologists. Though our focus is primarily on activities which directly involve or impact families, we are also interested in the extent to which school psychologists provide services to a culturally diverse clientele. Accompanying this letter is a copy of the School Psychology Family Practices Questionnaire; a survey containing questions about your professional activities and training in the areas of assessment, counseling, consultation, home-school collaboration, and multiculturalism. The survey should take approximately 20 minutes to complete. In order for the results to accurately reflect the current practices of school psychologists, it is important that each questionnaire be completed and returned. A self-addressed, stamped envelope has been included for this purpose.

You may be assured of complete confidentiality. The questionnaires have an identification number for mailing purposes only. This will allow us to check your name off of our mailing list when each questionnaire is returned. Your name will never be placed on the questionnaire or associated in any way with your responses.

Please accept this piece of sugar free chewing gum as a token of our appreciation. It has been provided for your enjoyment as you complete the various items. Furthermore, we would be most happy to answer any questions you might have. Please write us at the address listed above or call us at (614) 292-5909. Thank you for your participation.

Sincerely,

Antoinette Miranda, Ph.D.  
Associate Professor-School Psychology/Project Advisor

Scott A. Loe, M.A.  
Doctoral Candidate
March 28, 2000

Dear [Title] [LastName],

About four weeks ago we wrote you seeking information concerning your practices and training in school psychology. As of today, we have not yet received your completed questionnaire.

Our research unit has undertaken this study because of the belief that providing psychological services to culturally diverse families benefits children and schools and that school psychologists are well suited to provide these services.

We are writing to you again because of the significance each questionnaire has to the usefulness of the study. In order to obtain an accurate picture of how frequently school psychologists engage in family oriented practices, the extent of their training for these services, and the proportion of these services which are delivered to culturally different families, it is essential that each school psychologist in the sample return their questionnaire.

In the event that your questionnaire has been misplaced, a replacement is enclosed along with a self-addressed stamped return envelope.

Your cooperation is greatly appreciated.

Cordially,

Antoinette Miranda, Ph.D.
Associate Professor-School Psychology/Project Advisor

Scott A. Loe, M.A
Doctoral Candidate
APPENDIX B

SURVEY INSTRUMENT
PART A - Demographic and General Information

1. What is your primary employment setting? (Circle One)
   a. Public School Setting
   b. Nonpublic School Setting
   c. Non-school Setting
   d. Private Practice
   e. College or University

2. If you provide school psychological services to a school district, approximately how many students are enrolled in your district?
   a. 1,000 to 5,000
   b. 6,000 to 10,000
   c. 11,000 to 15,000
   d. 16,000 to 20,000
   e. > 20,000

3. Is your district considered:
   a. Urban
   b. Suburban
   c. Rural
   d. Other

4. Please circle the graduate degree you currently hold.
   a. Masters (M.A, M. Ed., or M. S.)
   b. Specialist (Ed. S)
   c. Doctorate (Ph. D., Ed. D., or Psy. D)

5. Do you currently hold a "psychologist" or "school psychologist" license issued by your state board of psychological examiners?
   a. Yes
   b. No

6. How many years have you been employed as a school psychologist?
   a. 0 to 5 years
   b. 6 to 10 years
   c. 11 to 15 years
   d. 16 to 20 years
   e. Greater than 20 years

7. What is your gender?
   a. Male
   b. Female

8. What is your ethnic background? (optional)
   a. African-American, Non-Hispanic
   b. Hispanic
   c. Asian/Pacific Islander
   d. American Indian/Alaskan Native
   e. Caucasian, non-Hispanic
   f. Other
Please refer to the following definitions of Consultation and Family Therapy when these terms are encountered in Part B and Part C of the survey.

**Consultation**: An indirect service in which a school psychologist collaborates with a consultee (e.g., parent, teacher, or administrator) to develop an intervention plan to be implemented by the consultee in an attempt to improve a student's behavioral or learning problem.

**Family Therapy**: A direct service in which a school psychologist engages in a therapeutic relationship with a family focused on the remediation of problems within the family system. (Examples include but are not limited to: structural family therapy, strategic family therapy, or multiple family group therapy)

### Part B - Professional Practices

9. For each service listed below, please list both: * the number of hours each week that you actually spend performing the service and * the number of hours each week that you would prefer to spend performing the service.

<table>
<thead>
<tr>
<th>Service</th>
<th># Hours Spent</th>
<th># Hours Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Conducting Assessments Intended to Determine Eligibility for Special Education (includes related activities such as report writing, test scoring, and parent conferences)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Parent Education/Training (regarding topics such as child development, school grading policies, collaboration)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Preparing/Distributing literature to parents (about topics such as child development, school policies, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Organizing/Facilitating Parent Volunteer Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Consultation with School Personnel regarding Effective Communication with Parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Organizing/Facilitating meetings between schools and parents which develop interventions designed to improve students' performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Organize/Facilitate family resource centers (May involve partnerships between schools and businesses/social service agencies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Consultation with a student's parents regarding learning or behavioral problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Consultation with school personnel regarding a student's learning or behavioral problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Individual counseling/therapy with students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Group counseling/therapy with students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Family therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Group counseling/therapy with parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Individual counseling/therapy with parents (mother or fathers)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10. What factors, if any, limit your capacity to provide services to families, such as consultation with parents and family therapy?


Questions 11 through 14 (in the table below) ask you to estimate the percentage of your assessment, consultation, and counseling cases that involve individuals from an ethnic/cultural group which differs from your own. Please base your estimates on your work during the current school year.

<table>
<thead>
<tr>
<th>Percentage of Cases</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11. What percentage of your assessments involve students from a different ethnic group?</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. What percentage of your consultation cases involve consultees (e.g., parents or school personnel) from a different ethnic group?</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. What percentage of your consultation cases involve clients (e.g., the student) from a different ethnic group</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. What percentage of your counseling/therapy cases (individual, group, and family) involve clients from a different ethnic group</td>
<td>%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Using the scale listed below, please circle the frequency with which you use each method when conducting assessments. Please base your estimates on the current school year.

<table>
<thead>
<tr>
<th>Method</th>
<th>Never Use</th>
<th>Use in Less Than 50% of Your Assessments</th>
<th>Use in Greater Than 50% of Your Assessments</th>
<th>Always Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Clinical interviews with parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Projective assessments of the family and child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Clinical interviews with the entire family</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. Child ratings of parent behavior</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Objective measures of family behavior</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Marital relationship questionnaires from mother/father</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. Parent ratings of child behavior</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. Direct observation of family interactions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i. Family history questionnaire</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

16. What factors, if any, limit your capacity to participate in activities that facilitate home-school collaboration?
Part C – Training Experiences

17. Please indicate if you have taken GRADUATE LEVEL COURSEWORK in each of the following areas listed in the table below.

For every category where you responded YES, please indicate if: * Courses were taken as part of your masters/specialist degree program  
  * Courses were taken as part of your Ph.D., Ed.D., or Psy.D. program  
  * Courses were taken from a school psychology department

<table>
<thead>
<tr>
<th>Coursework (Taken?)</th>
<th>Taken During Master's Program?</th>
<th>Taken During Doctoral Program?</th>
<th>Taken From School Psych. Department?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Consultation with parents</td>
<td>Yes / No</td>
<td>IF YES</td>
<td>Yes / No</td>
</tr>
<tr>
<td>b. Family therapy</td>
<td>Yes / No</td>
<td>IF YES</td>
<td>Yes / No</td>
</tr>
<tr>
<td>c. Assessment of family dynamics</td>
<td>Yes / No</td>
<td>IF YES</td>
<td>Yes / No</td>
</tr>
<tr>
<td>d. Cultural diversity</td>
<td>Yes / No</td>
<td>IF YES</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

18. Please indicate if you have taken a SUPERVISED PRACTICUM in each of the following areas listed in the table below.

For all areas where you responded YES, please indicate if: * Practicum was taken as part of your masters/specialist degree program  
  * Practicum was taken as part of your Ph.D., Ed.D., or Psy.D. program  
  * Practicum was taken from a school psychology department  
  * You worked with culturally different clients or consultees during this practicum

<table>
<thead>
<tr>
<th>Practicum (Taken?)</th>
<th>Taken During Master's Program?</th>
<th>Taken During Doctoral Program?</th>
<th>Taken From School Psych. Department?</th>
<th>Involved Work with Culturally Different Clients/Consultees?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Consultation with parents</td>
<td>Yes / No</td>
<td>IF YES</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
<tr>
<td>b. Family therapy</td>
<td>Yes / No</td>
<td>IF YES</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
<tr>
<td>c. Assessment of family dynamics</td>
<td>Yes / No</td>
<td>IF YES</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

19. How satisfied are you with your TRAINING in each of the following areas?

<table>
<thead>
<tr>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Consultation with parents</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Family therapy</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Assessment of family dynamics</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Provision of services to ethnically different students/families</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
20. How satisfied are you with your current level of COMPETENCE in each of the following areas?

<table>
<thead>
<tr>
<th>Area</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Consultation with parents</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Family therapy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Assessment of family dynamics</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. Provision of services to ethnically different students/families</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

21. Please indicate if you have received training in the areas listed below as part of: (a) Your INTERNSHIP IN SCHOOL PSYCHOLOGY? or (b) Through CONTINUING EDUCATION?

<table>
<thead>
<tr>
<th>Area</th>
<th>Received Training During Internship?</th>
<th>Received Continuing Education?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Consultation with parents</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
<tr>
<td>b. Family therapy</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
<tr>
<td>c. Assessment of family dynamics</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
<tr>
<td>d. Provision of services to ethnically different students/families</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

22. What recommendations would you make to improve training for school psychologists with regard to the provision of services to families, such as family therapy and consultation with parents?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

23. What recommendations would you make to improve training for school psychologists with regard to providing services to ethnically different students and families?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Thank You for Your Participation

-Page 5-
APPENDIX C

POSTCARD REMINDERS
March 13, 2000

Approximately two weeks ago, you received a copy of the School Psychology Family Practices Questionnaire, a survey seeking information regarding the family oriented professional practices of school psychologists.

If you have already completed and returned the questionnaire to us, please accept our sincere thanks. If not, please do so today. In order for the results to truly reflect the activities of school psychologists, it is important that each questionnaire be completed and returned.

If by some chance you did not receive the survey, or it got misplaced, please call us right now, collect at (614) 292-5909, and we will get another one in the mail to you today.

Sincerely,

Antoinette Miranda, Ph.D.                      Scott A. Loe, M.A.
Associate Professor-School Psychology/Project Advisor  Doctoral Candidate
April 11, 2000

Approximately two weeks ago, you received a second copy of the School Psychology Family Practices Questionnaire, a survey seeking information regarding the family oriented professional practices of school psychologists.

If you have already completed and returned the questionnaire to us, please accept our sincere thanks. If not, please do so today. This is among the first studies of family oriented school psychology services to be conducted within the past 10 years. Therefore, the results are of particular importance to school psychology trainers, who must respond to training needs indicated by practitioners, as well as school psychologists themselves, who must often document value of their services administrative personnel.

If by some chance you did not receive the survey, or it got misplaced, please call us right now, collect at (614) 292-5909, and we will get another one in the mail to you today.

Sincerely,

Antoinette Miranda, Ph.D. Scott A. Loe, M.A
Associate Professor-School Psychology/Project Advisor Doctoral Candidate
LIST OF REFERENCES


