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MODELS IN SCHOOL PSYCHOLOGY.

The Ohio State University, Ph.D., 1972
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CONSUMER RESPONSE TO THEORETICAL
ROLE MODELS IN SCHOOL PSYCHOLOGY

DISSERTATION

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

By

Jane Nelson Miller, B.A., M.A., M.S.

* * * * *

The Ohio State University
1972

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ACKNOWLEDGMENTS

This paper and my degree itself are gratefully dedicated with love to my daughters, Kristina and Karen. They have cooked, cleaned, endured maternal deprivation and offered a constant uncomplaining support which made my return to school possible. The forbearance and patience shown by my husband and sons has been deeply appreciated, and their encouragement has been fundamental to my continuing education.

The author wishes to express her gratitude to Dr. Malcolm Helper and Dr. Ann Engin during the writing of this dissertation. Their guidance and encouragement has been invaluable and their willingness to work with a fourth year student who was a stranger to them both at the beginning of the year testifies to a rare dedication deserving of more recognition than this acknowledgment can offer. Appreciation is also expressed to Dr. Philip Clark who kindly agreed to serve on the reading committee in spite of an unusually heavy work load.

This research was supported by an E.P.D.A. fellowship grant through the School Psychology Training Program of the Ohio State University.

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CHAPTER I

INTRODUCTION

School psychology is in the midst of an identity crisis and attitudes toward the practice of psychology in the schools are changing rapidly. New role models and definitive lists of recommended activities proliferate in the literature with startling rapidity, and trainers are admonished to prepare personnel for a multiplicity of purposes.

More than fifteen years ago the Thayer Conference (Cutts 1955) revealed that school superintendents were highly critical of school psychologists. Fourteen years later an education journal, the Phi Delta Kappan (1969) reported a survey in which more than 70% of over 5,000 New York City teachers found the work of school psychologists as of no help, detrimental, or not relevant to teaching. Apparently little progress has been made in acceptability and public confidence is shaken as lawsuits are instituted across the country in protest against invasion of privacy, testing activities, and the issues of civil rights and confidentiality.

Equally damning evidence comes from studies of psychological reports and recommendations which Cason (1945) concluded were inadequate long ago. Mussman (1964) found teachers most interested in the recommendations section of a report, then Baker (1965) reported that they found them useful only 50% of the time. Styles (1965) found that teachers most often selected written reports and individual conferences when asked their perception of the most useful provision of information or suggestions on the part of school psychologists. Rucker (1967) using quality of written recommendations as the most important factor, found that teachers' ratings of quality were not significantly related to experience, age, sex, marital status, total number of graduate hours, or undergraduate and graduate major of the psychologist.

There are indications of change within the field. Smith (1965) found a majority of training programs located in departments of psychology seven years ago. Only three years later Farling (1969) noted a shift of student interest toward majoring in academic education rather than in psychology. A conference on issues and the future was surveyed by Bardon (1965) who found more than half of training programs to be primarily clinical in orientation. Five years later a similar conference was reported (Boehm and Wineberg 1970) to show a continuing emphasis on mental health of children, an influx of behavioral techniques,

lowered emphases on testing, and weakening influence of the clinical model among certain groups.

Trends toward location of training in departments of education and toward a behavioral model of professional practice are becoming evident in the literature. Although rejection of the "medical model" of diagnosis and treatment seems to be a common theme, the influence of clinical theory is apparent in a survey by Hyman (1969) who found testing and child placement the core experiences available to interns, and a survey sponsored by the National Association of School Psychologists (Farling and Hoedt, 1970) which found the psychometric and clinical roles the most common in use in the schools today.

In a survey of functions and perceptions of the school psychologist's role in Iowa, Roberts and Solomons (1970) concluded that the frustration and antagonism surrounding the psychological evaluation of children in school systems was due in part to a lack of awareness on the part of the teacher of the function of the school psychologist, and partly the psychologist who was unsure of his role. Bower (1964) attributed conflicts to basically different approaches in education and psychology in that the educator is task oriented, while the psychologist emphasizes affect and affective expression over cognition and discipline. Barclay (1968, 1970)

expressed a similar view in attributing conflicts between educators and psychologists to disparate theoretical training models in psychology and education.

There is a wide range of reaction to resentment of psychologists in schools and suggestions for what the school psychologist ought to be doing might be ranked on a continuum from Pielstick's (1970) advice to abandon efforts to list discrete tasks and specific roles, to Barclay's call for a definitive social-learning training model.

Barclay held an institute to test his behavioral model and determine the impact of short term intensive training procedures on school psychologists. He found that different approaches to school psychology practice would be differentiated and demonstrated that cognitively held theoretical positions were related to diagnosis-treatment strategies. His four theoretical models were described as medical-clinical, phenomenological-counseling, and eclectic-consultation, with social learning the proposed alternative.

The three major models currently employed in school psychology practice identified by Barclay seem to represent combinations of educational practice and applied psychology which overlap in specific functions and may be applied in diverse ways, but are influential in the way the

psychologist operates regardless of the contingencies of his position.

Historically, school psychology has paralleled the growth of clinical psychology and in this country has been directly influenced by the testing and special education movements. Testing and assessment in some form seem common to all models, and the testing movement has significantly affected the development of the specialty.

The mental health movement and psychoanalytic stream in American psychology have contributed to the clinical model which has become associated with a "medical" or diagnostic approach to the treatment of deviant behavior. Clinicians prominent in current thinking are Eric Erickson, Harry Stack Sullivan and Albert Ellis, proponent of rational therapy.

The guidance and counseling movements have had their effect on vocational and educational guidance in the schools and, largely through the work of Carl Rogers and his followers, on the work of school psychologists. Although there are elements of the clinical psychodynamic approach, this orientation seems concerned with adjustment, self concept and client directed change. It is the basis for the phenomenological model as used here.

Learning theorists from the time of Watson have had a significant influence on psychologists in all areas

as well as in school psychology. As a blend of cultural anthropology and behaviorism rooted originally in efforts to test psychoanalytic precepts, social learning theory is still a theory in transition which has shown remarkable resiliency in adaptation to empirical findings. The work of B. F. Skinner, Bandura and Walters, and Ogden Lindsley represent modern social learning theory.

An argument could be made for an "eclectic" model employing pieces from the four movements mentioned above, and Barclay identified an orientation he referred to as eclectic; however, any eclectic model which might be constructed would by definition overlap the others, it would be difficult to accurately define, and impossible to represent fairly in research. This theoretical model which might well be representative of the true "state of the art" thus was not included in the study.

Barclay argues convincingly that much of the conflict between educators and psychologists arises in historically differing models of teacher education and psychologist training. He feels psychology's failure to provide a repertoire of interventions to cope with learning problems, inadequacy of the assessment techniques available, and weakness of the medical (clinical) model have contributed to criticism of psychologists in schools.

A trend to social learning in school psychology

has been noted in the literature. If we accept that, and accept Barclay's argument, it seems important to assess the preferences of the consumer toward alternative models. The fundamental nature of theoretical orientation seems basic to this assessment. It is time we learn to please, or at least consult and inform, the user of psychological services. Few educators have been trained in the behavioral model, and it is possible that as psychologists and trainers move toward it, the confusion of disparate models in psychology and education would be confounded rather than simplified. The history of the two fields suggests that shifts in philosophy and theory tend to run to extremes before they run their course. There is the danger that techniques of the behavioral approach and reliance on the reward concept might be oversold, to the exclusion of other procedures which might be equally profitable.

The question asked here is whether a new model of consultation (social learning) is more likely than the earlier clinical and phenomenological models to effect changes in the response of the consumer (teachers and principals) to the point that recommendations and plans for intervention will be more likely to be carried through. If all three subject groups prefer the social learning model, the success of this approach in the schools would

be predicted and training or retraining of personnel to use the approach endorsed. On the other hand, if there should be differences in preference among the three groups, the need to reconsider the model or to interpret the theory to educators would be indicated.

The purpose of the study was to investigate perceptions and preferences of teachers, principals and school psychologists toward three theoretical models of psychologist function. It was thought that investigation of the ideal model among the three groups might illuminate areas of agreement or disagreement and identify those aspects of function from each of the models which particularly appeal to practitioner and consumer.

In order to accomplish this purpose, videotaped interviews between a psychologist and a teacher were made to represent each of the three role models. For the purpose of this study, "role model" is used to encompass theoretical orientation and evidence of that orientation apparent in the behavior of the psychologist.

Evaluation of the role models was accomplished by use of a Q sort designed to represent aspects of theoretical orientation pertaining to each of the models.

CHAPTER II

HISTORICAL AND CURRENT PERSPECTIVES

Sources of influence on the development of school psychology may be traced back to arguments of ancient philosophers about the nature of man, and forward to current social issues and innovative practices. Distinctive theoretical trends have been evident from the beginning.

European Antecedents

The ancient philosophers argued about rationality in behavior based on the assumption of free will and human capacity to control "baser" aspects of the nature of man. The impact of Darwin's theory of evolution which questioned the fundamental idea of creation and emphasized the animal in human behavior, contributed to a Zeitgeist of revolutionary concepts of human function and expansion of ideas about investigation.

American psychology may be said to derive from three theoretical sources, each of which has had its influence on school psychology. Prior to 1900 branches of theory grew from the British associationists, the German experimentalists, and the French psychiatrists. Gestalt

psychology and psychoanalytic theory each contained elements of thought from these early theorists.

The British associationists employed introspection to arrive at "laws" of mental processes which involved learning. This was a "functional" theory of simple cognitive processes which held implications for school learning. From this root, the science of educational psychology and the idea of applied theory has come.

German experimentalism was influenced by the physiology of Muller and his student Helmholtz. The psychophysics laboratories of Fechner and Wundt, Ebbinghaus' work on memory and the experiments of the Würzburg school represent a significant start toward "pure" experimental research and learning theory. Wundt established the first laboratory. He was mainly responsible for the "structuralism" in German thought, and he is considered the initiator of modern experimental psychology.

Although Kraepelin in Germany was using tests of association to distinguish between normal and psychotic patients, antecedents of psychiatry and clinical psychology are credited to the French physicians Charcot and Janet who treated patients with hypnosis.

Freud in Vienna was acquainted with the British theories and spent a year working with Charcot. He began the monumental formulation of what was to be psychoanalytic

theory, experimented with free association in the treatment of neuroses, and with Breuer, published case studies of hysterics treated with a new method of "talking out" symptoms. (Hall and Lindzey, 1957) Freud with his students Jung and Adler and the long line of neo-Freudians who followed are considered the parent source of clinical psychology, mental hygiene and psychotherapy.

The Gestaltists, Kohler, Koffka and Wertheimer rejected both experimentalism and associationism to argue the holistic nature of behavior and human sensory perception. Lewin's field theory derived from Gestalt theory, laying the foundation of social psychology. In the United States, these transplanted Berliners were concerned with psychological and educational problems and much of family counseling and the psychology of group behavior has been influenced by their work.

At the same time, three movements were afoot which were to have a significant effect on school psychology. Gauss and Galton were developing statistical techniques and working on the problems of measurement. The correlation coefficient, Gaussian curve and numerical rules for data analysis began with these two whose theories were forerunners of research techniques which today are accelerated by computer technology.

Secondly, education was beginning to make a

transition from a rural-agrarian centered institution to a publicly supported medium of cultural transmission in an increasingly industrial and technological society. Froebel in Germany coined a new word, "kindergarten," which evolved from the ideas of naturalistic development advanced in the previous century by Rousseau.

The third movement was mental testing, a concept advanced by Cattell who was interested in individual differences and incorporated the technique of standardization in tests given Columbia College freshmen in 1896. Nine years later Simon and Binet in Paris published the first "mental test" for the identification of retarded children.

Cattell and Titchener brought Wundt's structuralism to America and Titchener taught the precision of introspective experimentalism with particular reference to sensory processes. At this time Witmer opened the first clinic at the University of Pennsylvania. As Wundt's text Physiological Psychology declared the independence of psychology from philosophy in Europe, Witmer's clinic and William James' Principles of Psychology established it as a science in America.

The foundations of psychology and of school psychology thus were laid prior to the present century. Associationism, experimentalism, psychiatry, Gestalt

psychology and psychoanalysis were influential as were the statistical and testing movements, and changes in educational philosophy. Since the separation of psychology from philosophy in the late nineteenth century, theoretical influences have been enmeshed with efforts to establish psychology as a science.

American Psychology

The American Psychological Association was founded in 1880 about the time of publication of James' book. Division between experimental and applied psychologists has been evident from the first. Cronbach (1957) pointed out two main streams which have been apparent here even as they were in European beginnings. The experimental stream has been directed to "pure" or "basic" research usually with animal or infra-human subjects. Experimentalists generally resist application of theory or research findings to human situations while applied psychologists in the "correlational" stream apply theory and research according to their various interpretations. The psychology that is practiced and seen in the society thus is derived from this stream. Social psychology with its history of Gestalt and field theory, counseling psychology with its emphasis on existential and phenomenological constructs, and clinical psychology derived from the

testing tradition and from the medical-psychoanalytic background are all examples.

For a time, applied and experimental psychologists were separated, but the APA reunited in the 1940's. Still today, McCandless (1968-69) complains that experimental psychologists control the APA and reasons that the power struggle between them and applied psychologists is responsible for reluctant acceptance of school psychologists in psychology as well as education. School psychology has largely gone unrecognized until the last decade and is struggling to establish itself as a separate discipline within psychology. Lebovitz (1965-66) predicts that in the future it will become a divergent field distinct from other applied fields and from the traditions of clinical and educational psychology.

Of the many influences on school psychology in this country, four aspects may be selected for discussion. Each has had a distinct effect and may be related to the underlying theory under consideration here. These areas are testing and special education, clinical and personality theory, mental hygiene, guidance and counseling, and learning theory.

Testing and Special Education

Interest in individual differences originating in the early psychophysics laboratories and from the work of

Galton and Krapelin became associated with clinical diagnosis of personality disturbance and through the educational movement, with needs to provide special educational opportunities for children exhibiting problems of learning or adjustment in the schools.

Special classes for retardates were established in Europe as early as 1859 and the first recorded class in this country was at Providence, R.I. in 1896. By 1911, 220 cities had special classes and the testing movement was in full swing to place children in them.

Binet and Simon's 1905 test of intellectual functioning intended to identify the "feebleminded" was brought to the USA by Goddard who published his translation in 1909. His revision standardized on American children was published in 1911 while Terman at Stanford was working on the concept of IQ. The Terman revision was released in 1916, and the several revisions of the test since that time attest to the demand for its use. Today, Buros (1965) lists 160 intelligence tests, 46 individual intelligence tests, and 195 tests of character and personality.

It was the testing-special education movement which provided the opportunity for testing and diagnosis to be recognized as the province of the school psychologist. The state of Connecticut hired Arnold Gesell in

1915 to "go into the towns and rural areas to examine mentally backward children and aid in making proper arrangements for them." (Cutts, 1955)

The impact of special education and consequent need for psychologists was on the level of state and Federal legislation rather than the schools themselves. Compulsory school attendance for all children including the handicapped required that school boards set up classification systems and child study services to comply with state regulations. Wallin and Ferguson (1967) comment, "In a number of states, special education has been directly responsible for the development of school psychology. As these states made legal provisions to extend the school's program to exceptional children, they included in the laws provision for child study or psychological services."

By the end of the second World War, psychologists were much influenced by psychoanalytic thinking and tests were used for clinical interpretation as well as for measurement of cognitive function. This is best demonstrated by the development of the Wechsler Intelligence Scale for Children published in 1949.

Tests and testing underlie the function of psychologists in most areas in the schools. This is an activity which pervades all role models of whatever theoretical

orientation. It is not the test, but the interpretation of it which is most affected by diverse theoretical orientations. Some theories emphasize assessment more than others, but none neglect it entirely.

Clinical Psychology and Personality Theory

It is probably the application of personality theory by clinical psychologists and the accompanying testing approaches which have had the most profound effect on school psychology. The clinical diagnostic and the psychometric role are the most common in use in the schools today according to a National Association of School Psychologists survey by Farling and Hoedt (1970), and the division of Clinical psychology is the most rapidly growing of the APA.

The Clinical model is concerned with a model of personality and dynamics which undergird and motivate behavior. The theory considers patient history important and it is based on hypothetical principals related to dynamic entities which are casually related to behavior. The psychologist is regarded as a psychodiagnostician who observes, interviews and analyzes test results. His focus is on clinical symptoms, pathology, and labelling the behavior nosologically.

Behavior is changed through individual or group

psychotherapy during which the patient achieves intellectual insights into the blocked, repressed or emotionally laden processes which have been identified by the psychologist. These processes are considered to be primitive, autistic and amoral.

Two historical approaches seem to operate in the definition of the school psychologist as a clinician in the schools. The clinical and mental health movements began in Europe and both originally employed a psychoanalytic model.

The clinical model began with Charcot and Janet in France, and through the work of Freud in Austria the psychodynamic model of instinctual and unconscious processes has pervaded all aspects of psychological theory. Witmer's clinic, while not Freudian in theory, was diagnostic and remedial in orientation. Opening in 1893, this clinic marks the founding of clinical and school psychology in this country. Witmer forecast the need for a psychologist who possessed skills to deal with problems of mental and moral retardation in school children. He recommended a program to the APA which requested " . . . training of men to a new profession which will be exercised . . . in connection with educational problems . . . for which training as a psychologist will be prerequisite." (Cutts, 1955) His appeal for diagnostic and treatment

centers was made in 1896 and the Chicago public schools established the first department of child study three years later. The notion was soon copied in several large cities with goals similar to "studying the laws of growth and mental development and the establishment of age norms of physical development" like the Chicago guidelines. This center included individual examination of problem children and instruction of teachers and principals.

School psychology began to deviate from the mainstream of clinical psychology in the forties when the need for clinicians was so great that federally funded programs were established to train them to work with veterans of World War II. Even though this in effect left the field of education to school psychologists, the training programs of the forties and fifties were primarily clinical and directed to diagnosis and treatment of adults.

Clinical child programs did not begin until the late fifties, and the clinical child subdivision of the APA was not established until the early sixties. Clinical child has more or less paralleled the development of school psychology, and School's Division 16 is the second fastest growing division of the APA.

Mental Hygiene, Guidance and Counseling

The mental hygiene movement is associated with

prevention and with child guidance. Galton established a guidance center in London in the 1880's which predated school psychology and school counseling by some years. The beginnings of the movement in this country generally are credited to the publication of Clifford Beer's book, The Mind that Found Itself in 1908. Cutts identified this trend as the one which focused public attention on the school as an institution which reached every child and every family and served to weld social and psychiatric services into the responsibility repertoire of the school psychologist.

In the 1920's the Commonwealth Fund sponsored child guidance clinics to deal with the detection and prevention of delinquency. This approach used diagnosis and treatment by a team of mental health professionals. The movement is presently concerned with community mental health, and programs have been broadened to include adult education for positive mental health. With Federal assistance, "community mental health centers" are beginning to open, and some clinicians have begun to call themselves "community psychologists."

In the teens of the 1900's, Brewer at Columbia headed the Department of Guidance which included the school psychology training program. His leadership gave added impetus to the diagnostic and remedial aspects of the

school psychologist's role within a counseling framework.

Part of the guidance movement is involved with vocational and educational guidance now seen in most secondary schools. The first text in this area was by Frank Parsons who published Choosing A Vocation in 1909. Individual and group guidance has grown with the school counseling programs complete with state guidelines and certification requirements. The most recent trend is to elementary counseling.

The guidance movement has been influenced by psychoanalytic thought, testing, and the phenomenological and humanistic branches of psychology. The model defined as phenomenological in this study derives from ego psychology and self-concept theory. It may be typified by the non-directive counseling approach of Carl Rogers. This model employs global constructs such as adjustment, perception, feeling states and the like, to explain behavior. The model is based on existential philosophy and phenomenological theory which generally does not support testing procedures, but instead employs subjective judgment in the evaluation of behavior.

Behavior change is effected by a relatively long course of counseling treatment characterized by communication of feeling on the part of the client and acceptance by the counselor in an atmosphere of open communication.

Change in client perception arises from mobilization of self-understanding and affective insights.

Learning Theory

The fundamental question of how people learn, how it may be measured, and how it may be fostered is crucial to the educational enterprise. Experimental and theoretical approaches in learning have profoundly affected school psychology as well as education.

In the second and third decades of this century Pavlov presented the concept of "conditioned reflex" which appeared to offer a physiological basis for associationist theory. Thorndike proposed the "Law of Effect" and was interested in human as well as animal learning. Thorndike considered Pavlov's work a special case of what is now known as classical conditioning as distinct from instrumental conditioning, the concept used by Thorndike.

Thorndike is considered a major figure in the development of educational psychology due to his interest in tests and measurement. Growing interest in education and learning was further stimulated by Watson's behaviorism which dominated American psychology for twenty years. Watson's theories influenced classroom procedures and child raising practices through his pragmatic approach to educational practice and consideration of how

learning occurs and behavior becomes modified over time. At the same time, John Dewey was concentrating on an educational theory of instruction and the functional nature of behavior. Wallin and Ferguson (1967) comment that Dewey was to education what Watson was to psychology.

A second contribution to learning theory comes from the "Yale group" headed by Neal Miller. A Dollard and Miller publication in 1950 formulated a rationale of social learning which basically represented an attempt to state psychoanalytic observations in S-R language. They drew heavily on research with animals and humans in social situations.

The idea of association and the primary importance of learning has roots in the philosophy of the English empiricists which Watson accepted; however, he discarded such concepts as consciousness, thought, perception and the ideas of goal, will and feeling. Dollard and Miller attempted to draw the two frames of reference together and may be credited with the origin of social learning theory.

Modern behaviorists no longer reject all mentalistic concepts but the organism is accorded a "black box" treatment so that its internal functions can only be inferred from observation without attributing any of the

subjective qualities of experience into it. As the empirical studies generated by this approach have modified and revised the theory, social learning theorists have presented divergent hypotheses for explaining the empirical data of child development. Supportive data in social learning theory comes from anthropology and the cross-cultural studies of socialization. As purely maturational concepts are not employed, similarities in physical environments and in acquisition of social behaviors or child rearing practices are explored.

Application of learning theory to education is probably best demonstrated by the work of B. F. Skinner who has aroused, aggravated or revolutionized education depending on the predilection of the observer. His operant theory, programmed learning and "teaching machines" offer a revised classroom climate which frees teachers from routine drill, and offers the possibility of more individualized instructional progress. Aside from the inherent motivation of reward, Skinnerian adherents and the behavior modifiers have introduced school people to the notion of positive reward in classroom operation and interpersonal relationships with children.

The second contribution of social learning theory to psychology and education is the insistence, inherent in the theory, on an historical point of view. This

attitude would seem to lend an aspect of immediacy and a philosophy of health to the client which is missing in the classical diagnostic search for symptoms and underlying dynamics. To the social learning theorist, the symptom is paramount. If it can be removed from the behavioral repertoire, the neurosis is cured. In this model, antecedents are of interest only as immediate events preceding the behavior under consideration.

The social learning model is rooted in experimental and social psychology, and looks to cultural anthropology as well. Bandura's theory that behavior is acquired and maintained by regulatory systems involved in the reciprocal interaction between behavior and its controlling environment is exemplary. The behavioral model encompasses a highly systematic approach to assessment, strategy, intervention and setting of performance criteria. In this model behavior change is effected through a sequential shaping procedure using applied learning principles, pre-post behavioral measurement and manipulation of contingencies.

In addition to the ideas of Skinner and Bandura, therapeutic techniques like Wolpe's sensitization and Ogden Lindsley's four steps to behavior change would be included in this model.

Recent Research

A search of the recent literature uncovered only a few studies dealing with professional role of the school psychologist. Most are concerned with tasks assigned or professional activities expected by various other professional groups, many are related to school counseling, and only two investigators could be found who refer specifically to theoretical orientation, one of whom has yet to publish his unfinished study.

Role perceptions of school psychologists by teachers, principals university trainers and school psychologists themselves was investigated by Valachovic (1968). Using ranking and rating techniques he found substantial discrepancies and disagreement about what was expected of the school psychologist. Roberts (1970) used rating procedures to obtain perceptions of role functions from school psychologists and teachers. He too found considerable diversity in functions performed and responsibilities assumed by school psychologists. The same discrepancy was noted when ideal function was examined.

Shaw (1971) attempted to delineate the roles of school counselors, social workers and psychologists by surveying pertinent points of view, and the available research. He found "scant empirical evidence" and much

disagreement within and between each profession with respect to roles each profession should play. He confirmed the observation of the writer when he said, "school psychologists appear to have been somewhat less prolific than either counselors or social workers in stating their position with respect to professional role."

Cassel (1969) devised a questionnaire to examine generally used approaches to counseling. He defined nine orientations; client centered, existential, behavior modification, trait and factor vocational, psychoanalytic, role playing, bibliographic, expressive, crisis and confrontation. Although he suggested where each of these might be applicable in particular client relationships, his mixture of theory and technique in defining discrete entities leaves little in the way of clear cut criteria which might be applied to theoretical orientation for purposes of comparative research.

While available research does not yet reflect it, social changes have apparently produced further diversification in the roles played by some school psychologists. Responding to social needs expressed by schools, psychologists have attempted to work with children whose difficulties in school are sociocultural in origin. Some school districts expect help with varied problems such as individual deviants, drugs, teacher consultation, curriculum development, individualized instruction, new

classifications in special education and handicapped conditions, and neurological or learning disorders.

In general then, school psychologists function in ways which reflect the interaction of various training emphases with the needs of society and its schools. Magary (1967), for example, offers a summary outline from a number of writers which lists twelve role functions in four categories with which school psychologists should be familiar, and Barclay (1968) describes school psychology as a

. . . hybrid specialty in psychology and education (which) has been forced to cope with a variety of models in psychology to . . . accomplish a job in the school wherein the primary phenomena are variously interpreted, the methods used to cope with these phenomena are subjectively related to the shifting phenomena and the criteria of effectiveness for the most part not ascertained. The school psychologist has been variously identified as a test kit carrier, a junior sized psychotherapist, a designer and implementer of research, an overall trouble shooting guidance consultant and more recently as a kind of neurological diagnostician.

In the institute held by Barclay to test the behavioral training model to which reference was made in the first chapter, there were a number of findings relevant to the purpose of this paper. Most important was his finding (1971) that "it was not only possible to differentiate different approaches to school psychology practice, i.e., self-concept, clinical and behavioral, but to

demonstrate that theoretical positions as held cognitively do have a relationship to behavioral responses."

He found that subjects who held a clinical point of view tended to have a high frequency of assessment behavior in interviewing, while those with a behavioral orientation tended to use strategy statements. The clinical rating scales were negatively related to behavioral data and to strategy making, while the behavioral scales were negatively related to assessment and dynamically oriented responses.

Marvin Fine (1972) of the University of Kansas is currently investigating theoretical orientation and facilitative characteristics of the psychologist in relation to teacher satisfaction in consultation interviews. His three orientations are based on Barclay's definitions to which he added two psychometric categories; Psychometric I in which the contact was for classification, and Psychometric II in which the psychologist offered data interpretation and prescriptive strategies to the teacher. In Fine's research, the psychologist stated which of the five orientations was used in the interview, and the teacher responds to a questionnaire composed of 24 items from the Barrett-Leonard Scales. With about a third of the data collected, he reported no significant relationship between teacher satisfaction and expressed orientation of

the psychologist. He does expect significant correlations between teacher satisfaction and perception of the psychologist as a facilitator.

Since Barclay defined his theoretical orientation on the basis of three paper and pencil tests given to psychologists who participated in the workshop and ratings of workshop instructors viewing videotapes of the participants in simulated interviews, his method of assessment seems more accurate than Fine's use of expressed orientation on the part of the psychologist. The use of videotaped simulated interviews expressly developed to represent the three theoretical orientations in the present study seems more accurate than either method, and surely controls the theoretical variable more precisely. Additionally, the design of this study relates specifically to theoretical role orientation which includes psychologist attitudes as part of the definition in accord with Barclay's findings, rather than using the facilitator variable as Fine is doing.

Summary

Information presented in this chapter represented an attempt to place the three theoretical role model orientations in historical and present perspective within psychology and school psychology. The three models, clinical, phenomenological and social or behavioral were

defined. Each of the models was related to the historical development of school psychology. Research into the role of the school psychologist is limited, and the sole published study relating theoretical orientation to job behavior is the mass of data collected by Barclay pursuant to a workshop.

CHAPTER III

PROCEDURES

The purpose of the present study was to investigate the preferences and perceptions of teachers, principals and school psychologists regarding three theoretical orientations in the practice of school psychologists, and to assess their concepts of ideal school psychological function. To accomplish this purpose the following steps were taken: 1) video tapes of three interviews were prepared to be representative of one of the three theoretical orientations under consideration; 2) an instrument capable of identifying items of behavior within the actual roles depicted and within the ideal role were developed and validated; 3) population of teachers, principals and school psychologists were defined and sampled; 4) procedures for the collection and recording of pertinent data were developed; and 5) proper procedures for data analysis were adopted.

Information presented in this chapter describes the procedures employed by the investigator to accomplish these five goals.

Interviews

The interview was selected as the stimulus vehicle because communication between educational personnel and school psychologists was felt to be crucial to their mutual educational mission. Regardless of the model employed, the process of consultation depends in large part on the skill of the psychologist to effect change in thought and behavior of those who seek help. In this sense, the psychologist who consults with a teacher is dealing with a mediator who will carry out plans developed in consultation, and the outcome is determined by how well the plan is made, and whether the mediator is able to translate plans into the behavioral realm sufficiently well to effect change in the lives of the children concerned.

In a survey of psychological services from the point of view of the school staff, Baker (1965) found the largest single weakness in service to be communication between classroom teacher and school psychologist. The teachers wanted specific recommendations, and the results " . . . suggested that the teacher's willingness to carry out recommendations and the psychologist's willingness to make specific recommendations was directly proportional to the quality of face-to-face relationship existing between them."

Since Baker's study, various aspects of interview relationship have been studied to explore the ingredients

in interviews which produce the kind of teacher receptivity which would facilitate strategies actually being carried out. Significant factors appear to be time spent with the teacher and number of contacts (Lucas and Jones, 1970), and intensive versus limited modes of consultation (Tyler, 1971). Unlike the present study, none of these had to do with theoretical orientation; yet the centrality of interview methods to the function of psychologists in schools seems evident.

The first step was to construct and videotape three interviews between a psychologist and a teacher which would accurately reflect the three theoretical orientations. The psychologist used was unknown to the prospective subjects, and each interview concerned the same child who had both a learning disability and problem behavior. The case was a real one with which the psychologist had previously dealt. Identifying data were altered to protect the identity of the child. For the purpose of the interview, he was referred to as "Timmy Smith."

All three interviews were made by one psychologist and one teacher about the same child in order to control for possible differences in the likeability of the participants. The nature of the problem was fixed in order that one model not be given an advantage over another. It is conceivable that one theoretical orientation might

handle a behavior problem, for example, with greater ease than another. Therefore the problem under discussion had two distinct facets judged to be of equal interest to all three orientations.

The interviews were each about fifteen minutes long, and were videotaped by the E using equipment supplied by the School Psychology program at The Ohio State University under an E.P.D.A. training grant. The films were made at the Indiana University Medical Center with the cooperation of Dr. Gerald D. Alpern of the Department of Psychological Services and Mrs. Elaine Zimmerman, a certified teacher with an M.A. in education. These two played psychologist and teacher in the interviews. Protocols of each of the three videotapes may be found in Appendix D.

Because the interviews were placed in the context of a real psychologist's office with a genuine teacher discussing selected aspects of a case with which both were familiar, and selected aspects of reality were abstracted for study, the interviews may be said to be simulated. Simulation as a technique is designed to illuminate relevant elements of reality for instruction or investigation. It offers a methodology for definition of constructs which more closely approximate the real world than words or abstract symbols, and a way of assessing subjects in com-

plex interpersonal settings which more closely represent reality than do simple written or verbal behavioral description.

Schalock, Beaird and Simmons (1964) and Schalock (1969) tested the hypothesis that prediction to complex human behavior required "tests to be used as predictors (which) had to reflect in their composition the complexity of the behavior to be predicted." Using a word test of written paragraphs, a film test of motion pictures followed by statements about each discrete situation, a simulation test with motion pictures of sequenced events and performance ratings as criterion tests, the investigators confirmed the hypothesis in a parent and a replication study. Specifically, they concluded that as the tests increased in lifelikeness, their predictive power increased. In addition to offering strong support for the utility of simulation as a research technique, this study pointed up the advantage of provision of critical non-verbal as well as verbal elements in research involving interpersonal relationships.

Q Sort

In the present study, the Q sort was designed to assess subject response to the simulated interviews and as a device to measure what each perceived to be important in ideal function of a school psychologist.

Just as the stimulus mode should represent the complexity of the behavior under study, so should the response mode. Typically, psychological research employs fixed response modes, that is, selection of alternative responses which have been previously defined. In this instance the respondent is required to make some response which can be judged right or wrong according to some pre-established criterion. Use of the Q sort allows a more complex and more representative reflection of reality than would rating scales or questionnaires.

Q methodology was developed by Stephenson (1953) to permit the study of similarities between persons rather than between tests. The method allows the investigator to correlate concepts within persons or between persons. The technique is described by Jackson and Bidwell (1959):

When items to be used in a study take the form of statements, there results a set of statements corresponding to each of the categories. These statements may be presented to the subject in a form which permits him to rank the statements according to some stated criterion. The statements are usually presented on a pack of cards which is sorted from high to low, according to the criterion, along a forced frequency distribution. This use of statement ranking to measure traits and their relationship is referred to as Q technique, and the card sort device as the Q sort. The ways in which subjects rank these statements should reveal the nature of the traits which characterize the subjects and should indicate the existence of the theoretically predicted relationships among these traits.

The use of the Q sort in the study of role was suggested by Cronbach (1953). He found the Q sort to be a flexible means of obtaining a role description. Roles could be operationally defined in many ways representing the ideal self which then could be correlated with what others in the social field expected.

In Q technique, the S sorts decks of cards according to a fixed distribution. The cards contain descriptive statements categorized in advance to permit assessment by individual Ss of the concept under consideration. Correlations may then be computed between various responses from an individual subject, or between one subject and another.

Most studies in the psychological literature using Q sort relate to counseling, self concept or attitude measurement. A survey of the literature over the last seven years failed to unearth a single study employing this technique with role theory in school psychology, but Q sort has been shown to be a useful technique for determining role perceptions of counselors and other pupil personnel workers. A study by Weis (1967) adapted a Q sort designed by Schmidt (1959) to investigate role perceptions of elementary school counselors. Dyer (1970) employed this technique in a communication study of the actual and ideal role and function of high school counselors as perceived by professional personnel, and

Cason (1970) employed Q technique to obtain role priorities of three pupil personnel groups; social workers, elementary school counselors, and school psychologists by teachers and the three professional groups themselves.

The problems of what items to include in the Q deck to represent the three theoretical models under consideration in the present study required structured sampling of the universe of statements which might be considered. Stephenson's solution was to select sample statements so that all levels and effects under consideration were represented by an equal number of items in a balanced design. Theories of the kind represented in Q samples should not be thought of as neatly confined physical or geometrical systems, but instead considered theoretical formulations which might be tested by multivariate analysis. The item samples, in other words, hold some of the possibilities entailed in the theory proposed by the constructor.

Statements selected here represent a way of looking at the theoretical models in terms of interview behavior by school psychologists. They are not intended to cover all possibilities associated with either interviews or theoretical formulations. Many statements could be expanded or further subdivided and apportioned among additional effects or levels which might be introduced into

the design in later research. Other items which might be of interest are omitted in favor of study of the specific elements proposed here.

The Q sort was devised to assess four proposed aspects of the interview. The aspects, adapted from Goodwin and Garvey (1968) are structure, assessment, strategy and outcome evaluation. Items were constructed to describe each of these aspects as they would be expected to appear in each of the three types of interviews. This resulted in twelve categories of statements as depicted in Table 1.

Table 1
Design of the Q Sort Distribution

Categories		Levels		
A	Theoretical Model	A ₁ Clinical	A2 Phenomenological	A3 Social Learning
B	Interview Aspect	B ₁ Structure	B2 Assessment B4 Outcome Evaluation	B3 Strategy

Structure relates to the focus of the interview and central theoretical concern. Also included are the role of the psychologist and the purpose of the relationship. Structure pervades the entire interview and differs from model to model. For example, in the clinical interview, the focus is on behavior dynamics and underlying causal rela-

tionships, in the phenomenological, focus is on self concept and human needs, and in the behavioral, or social learning model, focus is on immediate problem behavior and behavioral strategy.

Assessment covers observation, standardized testing and all of several methods of arriving at hypotheses related to the problem of the child under discussion. In the clinical and phenomenological models, assessment would be directed toward diagnosis and prognosis. In the behavioral model, an effort would be made to establish baseline levels of behavior in frequency, duration and patterns through time.

Strategy is the planning and discussion of treatments or prescriptive interventions. These too are constructed to reflect characteristic treatments plans related to each of the theories.

Outcome evaluation is the final aspect of the interview in which participants decide how they will evaluate the success or failure of whatever has been decided to do to effect change in the life, adjustment or behavior of the child involved. Referrals likely to be made under the conditions of each model are included here.

Homogeneity in the sample of statements is important so that no one item is pointed out for special regard on incidental or extraneous grounds. Consequently, once the

twelve possible combinations were defined, five statements were generated for each combination. Sixty items resulted from five replications across the three models for four aspects of interviews.

The statements themselves provide an operational demonstration of theoretical orientation as it is related to interview processes in the design. A listing of statements with means and standard deviations of ranking in the ideal interview Q sort may be found in Appendix B.

The forced choice distribution of statements was suggested by Stephenson and further supported by Block (1965) who reasoned that this technique fostered straightforward comparisons between individuals without the distortions due to "response sets." He favored the method from a computational standpoint and commented,

. . . forced-sort data are extremely convenient. The findings affirm the conventional use of the forced Q sorting procedure in that with a variety of Q-sets, sorters and sorting tasks, item sortings under the forced condition appear to be more stable and offer more discrimination than item sortings under the unforced condition.

Kerlinger (1965) discussed the form of the distribution to be used, and concluded that the quasi-normal forced distribution had advantages in statistical treatment which make it most desirable. The distribution selected for the present study consisted of nine columns weighted from 0 at the "least important" end of the

continuum to 8 at the "most important" end. The pre-arranged frequency distribution given the subjects together with the assigned weights is illustrated in Table 2.

Table 2
Forced Choice Frequency Distribution

	Least Important							Most Important	
Score	0	1	2	3	4	5	6	7	8
Frequency	2	4	6	11	14	11	6	4	2
									(n=60)

Validation of the Q sort after its construction was accomplished by intercorrelation of Q sorts by five expert judges. Each judge sorted for each theoretical role model. Conceptualization of the three models was briefly described to the judges, and their attention directed to the definitions of role models which may be found in Appendix C.

The three original judges were PhD psychologists, one an expert in clinical child psychology, two expert in school psychology. Each sorted for what he or she perceived to be important in a psychologist-teacher interview in the view of each of the theories. These judges then met with the E and compared reactions to the items. Two statements were altered at this time to eliminate

ambiguity. All three judges agreed verbally with the E on theoretical accuracy of the statements assigned to each of the models.

Two additional judges then were solicited to sort the deck for each model. One was an expert in developmental psychology, the other in counseling psychology. The intercorrelation matrix for the five judges with one another and with the E may be found in Table 3.

Inspection of the table reveals substantial correlation between judges on sorts for each model and low or negative correlations between models. Empirically, the Q sort items would be considered valid if judges agree on each model and judges' sorts demonstrate zero or negative relationships between the models. Therefore, high correlations within each model compared with low or negative correlations across models gives evidence of the validity of the theoretical constructs.

Although the validity correlations between judges on the clinical and social learning sorts tend to be higher than those on the phenomenological model, they are in all cases higher, as expected, than the low correlations between the different models. Relatively lower between judge correlations for the phenomenological orientation may derive from overlap of the theory in both directions, e.g., the clinical dynamic elements in the theory and the universal appeal of self and humanistic factors across all models

Table 3
Intercorrelation matrix of Q sorts
From five Judges and the Experimenter *

Judge		Judge 1			Judge 2			Judge 3			Judge 4			Judge 5			Experimenter		
		CL	PH	SL	CL	PH	SL	CL	PH	SL	CL	PH	SL	CL	PH	SL	CL	PH	SL
1	CL		.18	-.78		.07	-.59		-.16	-.55		.19	-.39		-.15	-.48		.17	-.66
	PH			-.23	.19		-.37	.15		-.36	.21		-.55	.26		-.31	.14		-.03
	SL				-.79	-.15		-.53		.07	-.78	-.28		-.54	-.04		-.80	-.30	
2	CL	.699				.15	-.71		-.10	-.56		.24	-.50		.11	-.44		.29	-.72
	PH		.703				-.31	.07		-.34	.13		-.52	.04		-.33	.10		-.07
	SL			.742				-.63	-.13		-.66	-.47		-.51	-.23		-.69	-.59	
3	CL	.650			.776				-.08	-.56		.11	-.34		.06	-.39		.26	-.64
	PH		.364			.490				-.03	-.08		-.32	-.08		-.07	-.10		.06
	SL			.635			.694				-.54	-.44		-.41	-.32		-.58	-.46	
4	CL	.805			.631			.538				.34	-.49		-.00	-.54		.28	-.61
	PH		.746			.679			.294				-.56	.27		-.45	.21		-.15
	SL			.601			.674			.684				-.32	-.48		-.53	-.72	
5	CL	.569			.659			.594			.554				.12	-.20		.27	-.53
	PH		.630			.717			.441			.661				-.17	-.01		-.01
	SL			.553			.577			.597			.597				-.52	-.50	
E	CL	.786			.835			.723			.674			.589				.31	-.82
	PH		.651			.572			.416			.582			.562				-.35
	SL			.752			.679			.577			.548			.524			

*Correlations over .25 maybe considered significant.

CL - Clinical
PH - Phenomenological
SL - Social Learning

** Same model intercorrelations are in the lower left section of the table. Intercorrelations across models may be found in the upper right portion.

may interfere with definitiveness as a result of the theory itself.

Subject Selection

The population of subjects in the study consisted of school psychologists, principals and teachers from elementary or middle schools in Ohio. Cooperating districts were Springfield Local, Clark County, Madison County and Columbus City. Inner City, rural and suburban schools were included in order to provide generalizability of the results.

All individuals who participated in the study were required to hold state certification in the area of employment and a current appointment in the school district. The subject pool in each locale was keyed to the number of psychologists employed by the system as they are more limited in number than teachers or principals.

The E first attended a staff meeting of school psychologists in each area to describe the study and solicit volunteers. A list of principals was obtained and the E telephoned for volunteers beginning with the third principal on each list. In some cases the psychologists followed up the telephone call, in others the E arranged appointments at scheduled times. Each principal was asked to select a teacher from his staff who was most likely to have had contact with a school psychologist, and who

was nearest to number eight on an alphabetical list of his faculty.

Some principals provided teachers, but were unable to attend themselves, some could volunteer only their own time, and a few brought a teacher with them to the meetings. Solicitation was continued in each district until the number of teachers and principals matched the number of psychologists who had volunteered in that district.

Data Collection

Efficient and controlled collection of data was crucial with the repeated measures design, and required development of procedures in three areas; instrumentation, administration, and recording.

Collection and Tabulation

Five data collection forms were developed. Two were for S use during the Q sorts, two were for recording raw data, and one was an instruction sheet.

The Q sort decks were made by typing statements on sheets of self-sticking address labels which were then reproduced in a Xerox copier. The labels then were mounted on plain white cards 1-1/2 by 2-1/2 inches in size. Each statement was assigned a random number which was written on the back of the card containing that statement.

Individual boards 4 by 36 inches were constructed

with spaces outlined for the nine piles of cards expected in the sorts. The prearranged distribution numbers and the word "least important" and "most important" were printed at the extreme positions on the continuum.

A personal data questionnaire was designed to obtain background information about the Ss, and to confirm professional assignment and years of experience.

Response records were designed on which Ss recorded the random numbers of the Q sort cards. It was arranged in the form of the forced distribution with a space for each number expected in each of the columns.

An instruction sheet for subjects was written describing the study, the nature of the task and method of Q sorting.

Mimeographed questionnaires, response records and instructions may be found in Appendix A.

Administration

Videotapes were shown and ratings collected from no more than 9 Ss at one time. Some groups were smaller, and were completed to provide a cell n of 9 by a complementary group at another school. The E brought the television playback system to schools in the various districts. Ss were seated before a desk or table with sufficient space for sorting. Q decks and sort boards were arranged prior to administration and care was taken to insure easy

visibility of the television picture at a distance of 8-10 feet from the Ss.

Each S was given a booklet composed of a Personal Data Questionnaire, an instruction sheet, and four response records. On entrance, they were asked to fill in the questionnaire, then read the instructions. At this point the E demonstrated the Q sort technique and suggested the use of a process of elimination to identify most and least important items. Ss were asked to pay particular attention to two things: use of the response records in the order in which they were stapled in the booklet, and accurate recording of the random statement numbers.

The group then viewed Mrs. Zimmerman, the simulated teacher, on the videotape. She described Timmy's problems and her own feelings about him in an introductory segment which runs about 3 minutes. Ss performed the ideal Q sort following this tape. They were instructed to put themselves in the place of the teacher and assume that the psychologist had seen Timmy. The E's statement was, "Put yourself in the place of the teacher. From your own point of view, sort the cards to show the degree of importance you perceive in aspects of the school psychologist's behavior in a consultation interview after he has seen Timmy, and is discussing him with the teacher.

What do you think he should do that would be helpful, necessary and important, what would be unhelpful, unnecessary and unimportant?"

About 20 minutes were allowed for the first sort, then 15 minutes for the following three sorts when Ss had become better acquainted with the statements. After the first sort for ideal functioning, videotaped role model segments were presented. Before each segment, the E said, "Put yourself in the place of the teacher. From your own point of view, sort the cards to show the degree of importance you perceive in aspects of the school psychologist's behavior in the situation. What does he do that you think is helpful, necessary and important, what does he do that you think is unnecessary, unhelpful and unimportant. Attend to his behavior and imagine that he is saying what he says to you." Throughout the administration, the E answered questions or repeated the directions as often as they were requested by the Ss. Ss were further asked to put in the center column those items about which they had no preference either way, or those which they did not perceive the psychologist doing in the film. The E said, "the psychologist does all of the items sometime or another during the three films. If you did not think he did something in this film, you cannot evaluate it, so put it in the center column with the items about

which you have no feeling either way."

To control for order effects and the possible effect of the last tape seen, the tapes were shown in counter-balanced order designed so that each possible order of presentation occurred only once within each cell of the design. This order is illustrated in Table 4.

Table 4
Counterbalance Order of Presentation
for Three Role Model Videotapes

SS	Presentation		
1-7-13	1	2	3
2-8-14	2	3	1
3-9-15	3	1	2
4-10-16	1	3	2
5-11-17	2	1	3
6-12-18	3	2	1

Ss were asked to sort the cards after each taped segment and to record their preferred item placement by random numbers on the response card. However, the engaging nature of the films, characteristic of simulation, seemed to motivate Ss and many were greatly concerned about conveying their perceptions accurately. This led some to exceed the fifteen minutes allotted for sorting. The E often recorded sorts for them during the subsequent film showing in order to conserve time. During presentation of the tapes and performance of the Q sorts, the E occupied herself with data recording or transformation of

random numbers from response records into statement numbers. E wanted to be visibly busy in order to prevent experimenter effect or cuing of Ss.

Recording

Each response record was transformed by the E from random numbers recorded by the Ss to statement numbers. The scores were recorded directly onto Fortran statement sheets to prepare for key punching. The record sheet for each model was color coded for accuracy in separating one from another and from the ideal sort. The color dots also aided Ss in the selection of the appropriate response record during administration.

There were 240 item scores for each S. These were key punched into IBM cards, together with identifying data. A separate card was used for each one of the four sorts for each S.

Data Analysis

All data treatment was done by the E at the Instruction and Research Computer Center at The Ohio State University. Acknowledgment is gratefully given to consultants at the Center for help with program selection and computer programming.

Validation of the Q sort statements by the expert judges was accomplished with a Pearson Product Moment

program which also provided one tail tests of significance.

An expanded version of this program was used for intra-individual correlations of ideal sort with each of the videotape role model sorts for each individual. With these correlations it was possible to determine for each S which model sort correlated most closely with his ideal sort, and thereby to determine the model preferred by each of them. These correlations were then transformed to the more normally distributed Z scores which were subjected to a 3 x 3 analysis of variance.

Mean weighted scores for each of the 60 items from each sort were computed for each group giving an item analysis of Q sort statements for each of the three professional groups.

The 60 item scores were then transformed into 12 sums of the five items comprising each of the interview process sets. The sums from the three sorts performed in response to the role model videotapes were subjected to a 3 x 3 x 3 x 4 mixed model hierarchical analysis of variance. This analysis of variance used professional group, sort set, theoretical orientation and interview process nested within theoretical orientation as principal variables. Its primary purpose was to assess the validity of the Q sort instrument and the videotapes in relation

to theoretical orientation.

A second analysis of variance was performed on the 12 sums resulting from the ideal interview Q sort. In this analysis, professional group, theoretical orientation and interview process nested within theoretical orientation were the principal variables. Since the videotapes were not involved, this analysis of variance was related to items in the Q sort instrument.

Significance of cell means derived from significant F statistics obtained in the analyses of variance were tested with the Newman-Keuls post hoc test of significance.

Summary

Information presented in Chapter III provided a description of the procedures used in the study.

The use of simulation in research and production of the videotaped stimulus interviews was described, and construction and validation of the Q sort employed for the dependent variable was discussed. The population of subjects for the study was drawn from schools in Ohio employing school psychologists, teachers and principals. Detailed procedures for collection and tabulation of data were described. Statistical analysis was accomplished at the Instruction and Research Computer Center at The Ohio State University.

CHAPTER IV

RESULTS

Data presented in Chapter IV are divided according to the following topics: 1) descriptive data relating to the sample of Ss, and 2) hypotheses and data relative to a) most preferred role model, b) interview process preferences, c) preferences for specific interview behaviors, and d) perceptions of videotaped role models.

Subject Sample

An effort to obtain professional Ss from inner city, suburban and rural elementary schools was made in order to provide generalizability of the results. Certified teachers, principals, and school psychologists were solicited from school districts in the cities of Columbus and Springfield, and from Clark and Madison counties in Ohio. Table 5 illustrates the distribution of the sample by sex, employing system and Ss' perception of the type of school in which each was employed. Table 6 presents the years of experience in the professional position of group members.

Examination of Table 5 reveals that the teacher sample was predominantly female while greater numbers of

Table 5

Characteristics of the Subject Sample

Group	Sex		School System				Type of School			
	M	F	Spfield Local	Columbus City	Madison County	Clark County	Inner City	Sub- urban	Rural	Inner & Suburban
Teacher	1	17	5	9	2	2	12	2	3	
Principal	13	5	5	9	2	2	8	7	3	
Psych.	10	8	3	10	3	2	5	1	4	8

Table 6

Years of Experience in Current Profession

Years	Teacher	Principal	Psychol.
0 - 5	5	4	10
6 - 10	6	5	5
11 - 15	3	6	3
16 - 20		1	
21 - 25	2	1	
26 - 30	2	1	

males were found in the principal and psychologist groups. There were more teachers than principals who felt they were working in inner city schools and psychologists tended to be placed in inner city or a combination of inner city and suburban locations. It should be noted that in some instances a teacher selected "inner city" while a principal from the same school or one in the same part of the city felt he or she was working in a suburban school.

Table 6 reveals that most of the Ss had less than 15 years of experience, and that a greater proportion of psychologists had five or fewer years of experience than was found in the teacher and principal groups. A systematic search showed that school psychologists with more than 10 years of experience were very rare in this area. Additionally, many of the psychologists, and most of the principals had experience in schools prior to their appointment to the current professional placement. Consequently, experience was not used as a variable in the study.

The composition of the sample was considered by the E to be adequate for analysis of the data. This decision was made on the premise that the sample appears to reflect factors of experience, population distribution and thus proportional assignment of teachers, principals and school psychologists in the state of Ohio. The sample would therefore be expected to accurately reflect perceptions

and preferences of the professional groups toward the function of psychologists in schools.

Hypotheses and Data

There were two kinds of hypotheses: those concerning differences between professional groups in overall preference; and those concerning preferences for different processes within the interview itself.

Most Preferred Role Model

The first hypothesis predicted differences in preference for specific models among the three professional groups.

Three methods were used to identify the most preferred model of psychologist functioning for each individual in the study. In the first method, Ss were asked simply to state a preference for one of the three interviews shown them on videotape. These preferences were reported by selecting the color of a signal dot from the response record associated with each interview model. These data are displayed in Table 7. The choices do not support the hypothesis; the majority of Ss in all three groups selected the social learning model.

In the second approach, correlations of each Ss' ideal interview sort with each of his three videotape model sorts were computed. These correlations are displayed by

Table 7
Global Selection of Preferred
Videotaped Interview Model by Three
Professional Groups

Model	Teachers	Principals	Psychologists	N
Clinical	1	1	0	2
Phenomenological	6	3	6	15
Social Learning	9	14	11	34
N*	16	18	17	

* Unequal N's exist because some subjects did not express a choice or stated a preference for their ideal Q sort.

Chi Square = 2.37; df.4; ns

Table 8

Individual Analysis: Correlation Between Ideal Sort
and Three Videotape Sorts

S	Teachers			Principals			Psychologists		
	Clinical	Phenomen	Soc Learn	Clinical	Phenomen	Soc Learn	Clinical	Phenomen	Soc Learn
1	.3981	.2621	.0971	.2233	.0194	-.1408	.4854	.4973	.5097
2	-.0437	.7233	.0097	.5194	.3738	-.0485	.6359	.5922	.6311
3	.3301	.3883	-.0097	.0437	-.0631	.1893	.1068	.3447	.7476
4	.1602	.2670	.4370	.1893	.2476	.1893	.3010	.0291	.0534
5	.3269	.5728	.1942	.3641	.3058	-.1942	.0485	.0340	.2427
6	.0777	-.3932	.5243	.2184	.3592	.1602	.5437	.5534	.5340
7	.2039	.5437	.0000	.3786	.3641	.2087	.3447	.3883	.4861
8	.0340	.3204	.2670	.5243	.2184	.4951	-.0680	.5097	.6359
9	.3738	.2087	.1359	.1019	.1117	.3689	.4126	.3204	.6650
10	.6408	.7767	.5146	-.0097	.2476	.1311	.1164	-.0291	.3447
11	.0000	-.0097	.0874	.0437	.1214	.1311	-.3107	.1553	.6505
12	.0437	.2233	.4964	.0535	.0146	.2573	.0049	.2864	.3398
13	.3010	.4951	.0680	.6019	.6505	.6990	-.2816	-.1553	.4612
14	.5194	.4175	.3835	.0971	.3058	.0194	-.5000	.1942	.6311
15	.2330	-.0825	.0971	.0583	.0777	-.0146	-.1796	.1262	.5922
16	.1573	.1906	.2431	.1117	.3350	.3786	.3252	.2330	.4175
17	.5049	.6019	.4126	.4029	.5388	.2524	.2718	-.0971	.4321
18	.1748	.0485	.2282	-.0777	.1408	.3350	.3576	.3738	.5194
Mean Z Scores									
	.2652	.3525	.2462	.2311	.2578	.2049	.1581	.2580	.5625

Table 9

Selection of Preferred Interview
Model by Correlation of Ideal Q Sort with
Videotape Q Sort by Three Professional Groups

Model	Teachers	Principals	Psychologists	N
Clinical	3	4	2	9
Phenomenological	9	7	1	17
Social Learning	6	7	15	28
N	18	18	18	

Chi Square = 13.62; df. 4; p. < .01

Table 8. Examination of the table indicates that teachers preferred the phenomenological model to a greater extent than did the psychologists who overwhelmingly preferred the social learning model.

The highest of the three correlations was selected as the preferred model for each S. These selections are shown in Table 9. Chi square tests of significance performed on the two measures of selection indicate that there was no significant difference between observed and expected frequencies for the global preferences. Differences between observed and expected frequencies for the preference determined from the Q sort correlations were significant. ($p < .01$) Examination of Tables 7 and 9 reveals a shift in selection from the global preference for interview model given by the Ss, and the preferences selected by Q sort correlation.

Data in Table 9 do support the hypothesis as the teachers shifted in the direction of phenomenology, and the psychologists moved to social learning.

In the third approach to identification of liking for each model, each of the Q sort correlations was transformed into a Z score. These scores were subjected to a 3 x 3 mixed model analysis of variance in which professional group and theoretical orientation represented by the three videotape models were the principal variables. This analysis is summarized by Table 10.

Table 10
Analysis of Variance of Correlations Between
Ideal Interview Q Sorts and Videotape Model A Sorts
By Three Professional Groups

Source	<u>df.</u>	<u>ms</u>	F
Within Groups	53		
Professional Group (A)	2	.123	1.16
Subjects (S) S(A)	51	.106	
Between Groups	108		
Theoretical Orientation (B)	2	.195	4.07*
A x B	4	.336	6.99**
SB(A)	102	.048	
Total	161		

* $p < .025$ ** $p < .001$

Data from this table indicate there was no significant main effect for professional group ($F = 1.16$; df. 2/51; ns), which was to be expected since mean differences were adjusted to zero at the start by the forced distribution of items in each of the Q sorts. There were significant F statistics associated with theoretical orientation ($F = 4.07$; df. 2/102; $p. < .025$), however, and the interaction between the two variables proved to be significant as well ($F = 6.99$; df. 4/102; $p. < .001$).

Cell means for the various combinations of professional groups and theoretical orientations are shown at the bottom of Table 8. These means were subsequently examined with the Newman-Keuls tests of significance, which indicated that the social learning mean for the psychologists was significantly higher than all other means. The teachers' mean for phenomenology significantly exceeded all other means. The teachers' mean for phenomenology significantly exceeded all other means except the significantly higher mean for social learning in the psychologists' group. The psychologists' clinical mean was significantly below all other means in the three groups. There were no significant differences among means for the principals.

The Q sort correlations whether analyzed via Chi Square for most preferred model, or subjected to analysis of variance, support the first hypothesis for teachers and

psychologists. Differences in preference for specific models was clear for these two groups. Since the principals showed no specific model preference, the hypothesis must be rejected for their group.

The second hypothesis stated that teachers and principals would find the clinical and phenomenological models relatively more impressive, while psychologists would prefer the social learning orientation. This hypothesis may be broken down into three statements which may then be examined on the basis of the data given.

The first statement, that the teachers and principals would find the clinical model relatively more impressive was rejected since there was no difference between the social learning and clinical Q sort correlations with ideal sorts among teachers and principals. They found the clinical model to be no more important than the social learning model. Dislike for the clinical model by psychologists was indicated by the significantly ($p < .01$) lower mean correlation of that model with their ideal sort, and by the significant difference between their clinical mean and all other means.

The second statement, that teachers and principals would find the phenomenological model relatively more impressive, was accepted in the case of the teachers, but rejected in the case of the principals. The teachers'

mean phenomenological Q sort correlation with their ideal sort differed significantly ($p. < .01$) from all other means. It was higher than the teachers' other two means, and significantly lower than the psychologists social learning mean. No significant most preferred model was given by the principals. Their phenomenological correlation with the ideal Q sort did not differ from that of the psychologists, but both differed significantly from the phenomenological model preference of the teachers.

The third statement, that school psychologists would find the social learning model relatively more impressive, was confirmed by the significantly high mean intercorrelation for that model with their ideal Q sort, and the significant difference between that mean and all other means.

The data clearly support the conclusion that the most preferred model among teachers was phenomenological, and the most preferred model among psychologists was social learning. There was no preferred model among the principal group. Principals and teachers were equally impressed with the clinical and social learning models and principals liked the phenomenological model as well as psychologists liked it, but both groups were less impressed with phenomenology than were the teachers. The psychologists clearly disliked the clinical model.

Interview Process Preferences

The third and fourth hypotheses concerned preferences for different processes within the ideal interview. For this analysis, only the scores from the ideal interview Q sort were used. First, individual sums of weights given the five items encompassing each process for each model were computed. The resulting sets of 12 sums for each S were subjected to a $3 \times 3 \times 4$ mixed model hierarchical analysis of variance in which professional group, theoretical orientation and interview process nested within theoretical orientation were the principal variables. Whereas a completely crossed design could be considered, the nested technique was selected as the more conservative approach. This analysis is summarized by Table 11.

The use of theoretical orientation as a repeated measures variable provided another means of examining differences in preference for theoretical orientation among the groups. There were significant F statistics associated with theoretical orientation as a main effect ($F = 65.11$; $df. 2/102$; $p. < .001$) and in interaction with professional group ($F = 65.11$; $df. 4/102$; $p. < .001$)

Means for theoretical orientation by professional group may be found in Table 12. Examination of these data indicate that means for clinical items were generally lower

Table 11

Analysis of Variance of Ideal Sort for
Professional Group, Theoretical Orientation and Interview Process

Source	<u>df.</u>	<u>ms</u>	F
Between Groups	53		
Professional Group (A)	2	.055	1.88
Subjects (S)/A	51	.029	
Within Groups	594		
Theoretical Orientation (C)	2	1715.893	65.11*
A x C	4	565.558	21.46*
SC(A)	102	26.349	
Interview Process (D)/C	9	86.275	6.78*
A x D/C	18	17.184	1.35
SD/AxC	459	12.717	
Total	647		

The slash marks "/" denote that the prior variable is nested within the variable following the mark.

* $p < .001$

Table 12

Mean Ratings of Theoretical Orientation Items by
Professional Groups
in the Ideal Q Sort

	Clinical	Phenomen- ological	Social Learning
Teachers	17.58	22.05	20.27
Principals	18.22	21.43	20.34
Psychologists	14.61	19.52	25.86
Mean	16.80	21.00	22.15

than means for phenomenological and social learning items. There was a marked difference between the two extreme means which were both from the psychologist group. Subsequent examination with the Newman-Keuls test confirmed the earlier finding of the psychologists' preference for social learning and dislike for the clinical orientation. Their mean for clinical items (14.61) proved to be significantly ($p. < .01$) lower than means for all items designated as phenomenological and social learning in the Q sort. Their mean for social learning items (25.86) proved to be significantly higher than all other means.

The third hypothesis stated that outcome and strategy items would be more important to teachers and principals, and the fourth that psychologists would prefer assessment items. Nesting of the interview process variable with the theoretical orientation variable provided an opportunity to investigate process preferences as related to theoretical orientation represented by items in the Q sort. Both hypotheses were rejected since the F statistic for the interaction of professional group and interview process did not reach significance. ($F = 1.35$; $df. 18/459$; ns). There was, however, a significant F statistic associated with interview process nested within theoretical orientation ($F = 6.78$; $df. 9/459$; $p. < .001$). This finding permitted the evaluation of interview process for the

entire group of Ss, and means associated with these two variables may be found in Table 13.

Examination of this table again confirms the generally lower rating assigned to clinical items. The means for the main effect of interview process nested within theoretical orientation were subsequently tested with the Newman-Keuls test which demonstrated that all four clinical process means were significantly lower ($p. < .01$) than those of the other two models. Rejection of the clinical items was particularly evident in the processes of structure and evaluation. The Ss as a group were as content with phenomenological structure as with social learning structure, and phenomenological strategies were as appealing as social learning ones. In assessment and outcome evaluation, however, significant preference ($p. < .01$) was shown for social learning.

The last three hypotheses were concerned with interview process preferences of Ss who could be identified with one of the three models. It was hypothesized that those who preferred the clinical model would find assessment items of greater importance, those who preferred the phenomenological model would find structural items of greater importance, and those who preferred the social learning model would find strategy and outcome evaluation items of greater importance.

Table 13

Mean Ratings of Ideal Interview Process Items
by Theoretical Orientation for Three Professional Groups

	Clinical	Phenomon- ological	Social Learning	Mean
Structure	14.11	21.74	21.46	14.32
Assessment	18.20	20.07	21.90	15.09
Strategy	18.29	21.53	22.42	15.56
Outcome Eval.	16.61	20.66	22.85	15.03
Mean	16.80	21.00	22.15	

Table 9 attests to the few Ss in each of the professional groups who could be identified with the clinical model by correlation with the ideal sort. The basis of judgments for these identifications was very narrow, and reliability is questionable. In view of the lack of support for differential evaluation of interview process by the different professional groups, it is unlikely that these hypotheses could be confirmed or rejected with any degree of accuracy.

It seems likely that the negative bias for professional group built into the study by the use of the forced choice distribution had an effect on subsequent interactions with that variable when subjected to the analysis of variance. Although it is not possible to further investigate process preferences with data available here, it is feasible to consider relative preferences for specific interview behaviors by the three groups.

Preference for Specific Interview Behaviors

In order to examine items from the Q sort one by one, mean placement of each item was obtained for all four Q sorts performed by the Ss. Tables 14, 15, and 16 display means and associated standard deviations for most and least preferred items for each group. High preference was defined as a mean rating of 5 or above, and low preference

Table 14
Means and Standard Deviations of Items
Weighted High and Low in Four Q Sorts
By Teachers

Ideal			Clinical			Phenomenological			Social Learning		
Item	M	SD	Item	M	SD	Item	M	SD	Item	M	SD
High Weighted Items											
9	5.00	1.23	7	5.05	2.36	21	6.11	1.93	21	5.05	1.76
21	6.22	1.35	21	6.05	1.30	23	5.38	1.57	38	5.55	1.85
23	5.44	0.92	23	5.05	1.39	25	5.27	1.96	39	5.44	2.06
25	5.00	2.02	32	5.22	1.76	27	5.05	1.51	41	5.00	2.24
27	5.05	0.99	36	5.27	1.48	30	5.61	1.88	52	5.22	1.95
29	5.22	1.35	38	5.38	1.64	31	5.83	1.68	53	5.66	1.32
30	5.72	1.40	39	5.83	1.82	38	5.94	1.83	57	5.66	1.32
31	5.77	1.43				39	5.61	1.75	58	5.00	1.71
38	5.83	1.50							60	5.77	1.92
51	5.00	1.49									
Low Weighted Items											
2	1.22	1.06	2	1.77	1.47	2	2.66	2.35	2	2.05	1.58
3	2.77	2.04	4	1.83	1.46	15	2.55	1.50	4	2.22	1.69
4	1.61	2.09	22	2.55	1.68	16	2.88	1.52	10	2.27	1.63
10	2.94	2.23				19	2.61	1.37	16	2.77	1.55
19	2.72	1.93				22	2.50	1.50	45	2.88	1.93
22	2.50	1.50				59	2.94	1.21			
28	1.66	1.68									
45	2.88	1.56									

Table 15

Means and Standard Deviations of Items
Weighted High and Low in Four Q Sorts
By Principals

Ideal			Clinical			Phenomenological			Social Learning		
Item	M	SD	Item	M	SD	Item	M	SD	Item	M	SD
High Weighted Items											
9	5.00	1.13	7	5.22	1.62	7	5.22	1.69	22	5.05	1.51
21	5.66	1.71	8	5.50	1.61	20	5.38	2.00	24	5.00	2.00
30	5.05	1.58	15	5.05	1.95	21	6.44	1.88	38	5.50	1.72
31	5.50	1.29	16	5.11	2.42	25	5.38	1.85	41	5.72	1.84
38	5.22	1.59				29	5.05	1.62	52	5.77	1.80
41	6.11	1.64				30	5.55	1.78	53	5.38	1.37
44	5.22	2.12				31	5.38	1.42	54	5.33	1.41
51	5.11	1.81				34	5.50	1.85	57	6.22	2.12
52	5.16	1.88				35	5.05	1.66	60	6.05	1.69
60	5.27	1.96				38	5.38	1.42			
						39	5.22	1.80			
						40	5.33	0.97			
						53	5.55	1.54			

Table 15 (continued)

Ideal			Clinical			Phenomenological			Social Learning		
Item	M	SD	Item	M	SD	Item	M	SD	Item	M	SD
Low Weighted Items											
2	1.83	1.75	4	2.61	2.17	2	2.88	1.87	2	2.94	2.04
4	1.22	1.62	28	2.61	1.68	3	2.72	1.70	4	2.44	2.12
17	2.77	1.06				4	2.22	2.14	6	2.94	1.39
28	2.55	1.72				16	2.50	1.38	12	2.77	1.62
37	2.72	1.40				19	2.55	1.14	15	2.44	1.42
45	2.77	2.21				46	2.66	1.71	16	2.83	2.00
54	2.88	1.07				47	2.88	1.64	19	2.94	1.47
						59	2.61	1.37	33	2.88	1.36

Table 16
Means and Standard Deviations of Items
Weighted High and Low in Four Q Sorts
By Psychologists

Ideal			Clinical			Phenomenological			Social Learning		
Item	M	SD	Item	M	SD	Item	M	SD	Item	M	SD
High Weighted Items											
24	5.05	1.47	16	5.22	2.55	21	6.11	1.56	41	6.27	1.48
41	6.22	1.30	21	5.66	2.00	23	5.55	1.33	43	5.05	1.76
43	5.33	1.60	23	5.44	1.61	24	5.50	1.54	46	5.22	1.80
46	5.72	1.22	27	5.16	1.42	27	5.44	1.65	47	5.22	1.11
47	5.44	1.29	29	5.16	1.15	31	6.00	1.32	50	5.33	2.32
49	5.05	1.05	31	5.38	1.61	32	5.72	1.80	52	6.16	1.65
50	5.16	1.42	34	5.16	1.15	35	6.00	1.60	53	5.66	1.18
51	5.50	1.33	38	5.77	1.11	38	5.66	1.81	54	5.27	2.02
52	7.00	1.28	39	5.72	1.31	52	5.22	1.55	55	5.50	1.09
53	5.27	1.31	56	5.00	1.57	53	5.66	1.64	56	5.27	1.63
55	5.55	1.24							57	6.33	1.45
57	6.00	1.13							58	5.66	1.57
58	5.38	1.37							59	5.00	1.60
60	5.77	1.89							60	6.61	1.50

Table 16 (continued)

Ideal			Clinical			Phenomenological			Social Learning		
Item	M	SD	Item	M	SD	Item	M	SD	Item	M	SD
Low Weighted Items											
2	1.27	1.12	2	1.88	2.44	2	1.94	1.47	2	2.16	1.58
4	0.88	1.49	4	2.77	2.07	3	2.33	1.37	3	2.27	1.52
6	2.94	1.21	8	2.55	2.33	4	2.50	1.29	4	2.55	1.42
8	2.61	1.42	10	1.88	1.71	5	2.94	1.51	5	2.83	1.50
10	2.16	1.97	15	2.33	2.49	8	2.83	1.29	7	2.55	1.38
15	1.61	1.57				10	2.61	1.97	8	2.33	1.49
16	1.77	1.30				15	2.00	1.60	10	2.61	1.61
17	1.61	1.09				19	2.83	1.24	12	2.66	1.45
19	2.88	1.27				46	2.88	1.49	15	2.55	1.42
26	2.94	1.25							16	2.44	1.65
28	2.38	1.28							17	2.72	1.40
37	2.22	2.22							37	2.94	1.05

as a mean rating of 2.9 or less. These points were selected as those at which the mean rating data seemed to "break." It allowed inclusion of 20% of items at the top of the distribution and 20% of items at the lower end.

One item was universally rejected by all three groups in the ideal and the three videotape Q sorts. This item, number 4, refers to the psychologist making decisions during the interview which the teacher need not know. No item was as universally acceptable to the three groups.

Clear preference or rejection of individual items across the four sorts should be an indication of consistently high or low value placed on them. Table 14 reveals a consistent high weighting given by teachers to items 21 and 38 in each of their sorts. These are phenomenological statements which concern focus of the interview on the child's self-concept and an outcome item recommending the building of self-confidence to help the child accept his limitations. Item 2, which was consistently rated low, refers to the "doctor-patient" relationship in the clinical model. This was the lowest rating given by the teachers and "focus on self-concept" the highest rating.

According to Table 15 there were no items rated consistently high or low across the four sorts by principals

except for the universally rejected item referring to the psychologist making decisions which the teacher need not know. This was given the lowest rating by principals. Their highest rating was awarded to the behavioral "focus on immediate problem behavior."

From Table 16 it can be seen that the psychologists agreed with the teachers and principals in rejecting items 2 and 4. They too do not want the psychologist to make decisions the teacher need not know, nor do they accept the clinical doctor-patient relationship. Consistent low weights were awarded to items 8, 10 and 12 by the psychologists across all four sorts. Numbers 8 and 10 were clinically oriented assessment statements. They were concerned with determination of the extent of illness, and with attempts to label or categorize the problem behavior. There were no consistently agreed on items across the four sorts which were awarded high weights.

Contrasting items across groups in the ideal sort only, item 51, "define the problem behavior in terms the teacher can understand" was given a mean weight of 5 by teachers and principals and 5.5 by psychologists. This item received the highest rating by the three groups in the ideal interview sort. The three groups agreed on low mean ratings in the ideal sort for "consideration of group testing scores."

Teachers and principals agreed in giving high weights in the ideal sort to five additional items, and principals and psychologists agreed on three. Low weights were assigned to one item by both teachers and principals, one by psychologists and principals, and teachers agreed with psychologists by rating two items low in the ideal sort. These findings are presented in Table 17. A complete listing of statements in the Q sort, together with the mean weights assigned to the items by the three groups in the ideal sort, may be found in Appendix B.

Perceptions of Videotaped Role Models

Preference for theoretical role model have been investigated in the following ways. The analysis of correlational data and mean weight analysis of videotape sorts were concerned with theoretical orientation as related to role models represented by the videotapes. The analysis of the ideal interview Q sort and mean weight computation of items from the ideal sort referred to theoretical orientation as related to items within the Q sort. It was then necessary to determine which theoretical orientations were seen as salient in the three videotape sorts by the three professions.

For this analysis, individual sums of weights given the five items encompassing each process for each model

Table 17

Ideal Role Item Agreement by Mean Weights
for High and Low Weighted Items

Item Statement		Teachers and Principals	Principals and Psychologists	Psychologists and Teachers
High Weights				
51	Define problem behavior in terms teacher and understand	x	x	x
9	Assessment of amount of insight child has into his behavior	x		
21	Focus on child's self concept	x		
30	Assess child's self understanding	x		
31	Effort to understand and accept child's feelings	x		
38	Build self confidence to help child accept his limitations	x		
41	Focus on immediate problem behavior		x	
52	Discuss specific plan to reduce maladaptive behavior		x	
60	Teacher and psychologist agree on specific behavior to be changed		x	

Table 17 (continued)

Ideal Role Item Agreement by Mean Weights
for High and Low Weighted Items

Item Statement		Teachers and Principals	Principals and Psychologists	Psychologists and Teachers
Low Weights				
4	Psychologist infers he is making important decisions which the teacher need not know	x	x	x
10	Attempt to label or categorize the problem behavior			x
19	Plan case study to report subjective evaluation of therapeutic outcomes			x
45	Discuss current behavior without regard for past history	x		
37	Recommend group guidance activity		x	

were computed as had been done for the analysis of variance of items from the ideal interview. The resulting sets of 12 sums for each of the three videotape sorts produced 36 scores for each S. These sums were subjected to a $3 \times 3 \times 3 \times 4$ mixed model hierarchical analysis of variance in which professional group, sort set, theoretical orientation and interview processes nested within theoretical orientation were the principal variables. The incorporation of sort set for each of the sorts performed by the Ss and the use of theoretical orientation and the nested interview processes as repeated measures variables provided an opportunity to examine potential differential effects of processes as related to theoretical orientation under each of the videotape role model conditions. This analysis is summarized by Table 18.

Data from this table demonstrate the expected finding of no significant main effects associated with professional group ($F = 2.36$; df. 2/51; ns) or sort set ($F = 0.36$; df. 2/102; ns). These variables and the interaction between them were negatively biased due to the limited number of items and equal N of available weights in the forced normal distribution. Significant F statistics were obtained for the theoretical orientation ($F = 62.94$; df. 2/102; $p. < .001$) and interview process ($F = 16.30$; df. 9/459; $p. < .001$) variables.

Table 18

Analysis of Variance of Professional Groups
by Sort Set, Theoretical Orientation and Interview Process

Source	df.	ms	F
Between Groups	161		
Professional Group (A)	2	.172	2.36
Sort Set (B)	2	.029	0.36
A x B	4	.044	0.56
Subjects (S)/A	51	.073	
SB/A	102	.079	
Within Groups	1782		
Theoretical Orientation (C)	2	3103.629	62.94*
A x C	4	169.136	3.43**
B x C	4	1589.616	39.75*
A x B x C	8	108.795	2.72**
SC/A	102	49.307	
SBC/A	204	39.989	
Interview Process (D)/C	9	286.981	16.30*
A x D/C	18	33.650	1.91
B x D/C	18	60.963	4.84*
A x B x D/C	36	17.827	1.41
SD/AxC	459	17.603	
SBD/AxC	918		
Total	1943		

Slash marks "/" denote the prior variable is nested within the variable following the mark.

*p.<.001

**p.<.01

The highly significant main effect for theoretical orientation and three significant interactions involving that variable demonstrate that at least one orientation was significantly different from the others. Subsequent Newman-Keuls tests revealed that relative to the other two groups, the psychologists' perception of importance of social learning items and rejection of clinical items accounted for most of the variation. As was true of the analysis of the ideal sort, when the significant second order interaction between professional group and theoretical orientation ($F = 3.43$; $df. 4/102$; $p. < .01$) was subjected to the Newman-Keuls test, significant differences were shown to exist between the psychologists' ratings of clinical items and their ratings of social learning items ($p. < .01$) across the three sorts. Psychologists awarded clinical items significantly lower weights and social learning items significantly higher weights than those awarded to phenomenological items of their own and both the other groups. Over all three sorts, the three professional groups significantly ($p. < .05$) rejected the clinical items and the social learning items were awarded significantly less support by teachers and principals than by psychologists.

The significant third order interaction between sort set, theoretical orientation and interview process nested

in theoretical orientation ($F = 4.84$; $df. 18/918$; $p. < .001$) and the highly significant F statistic associated with interview process attested to the validity of the Q sort instrument and the videotaped role models. Means for this interaction are displayed in Table 19, and these data are graphically presented in Figure 1. Examination of the data reveals that in each of the three videotape sorts, Ss actually saw as important those behaviors initially selected as definitive of the role model in question. In describing the clinical interview, all Ss gave clinical items higher mean weights than when they described the other two interviews. Similar results were observed in the phenomenological and social learning sorts. Different sort sets resulted in different combinations of theoretical orientation and interview process.

Summary

In this chapter data relative to the sample of Ss was discussed and data and hypothesis examined. Three kinds of analyses were carried out on the data. Overall role model preference was computed for each S by correlation of the ideal Q sort with each of the theoretical model sorts. An analysis of variance of the ideal Q sorts provided data on preferred interview model and interview process preference. Item analysis of mean weights assigned to the Q sort items by the S groups provided data on preferences for specific

Table 19

Means of Interview Process and Theoretical Orientation
for Three Q Sorts

INTERVIEW PROCESS	CLINICAL ITEMS			PHENOMENOLOGICAL ITEMS			SOCIAL LEARNING ITEMS		
	Sort 1	Sort 2	Sort 3	Sort 1	Sort 2	Sort 3	Sort 1	Sort 2	Sort 3
Structure	16.68	15.74	14.75	22.00	24.59	21.57	18.62	19.31	22.40
Assessment	19.72	18.00	15.68	20.20	21.96	18.35	17.74	17.22	20.57
Strategy	20.98	17.53	16.33	21.55	24.62	19.87	19.38	21.59	25.77
Outcome Evaluation	20.70	18.07	16.77	22.87	23.24	20.96	18.90	18.09	26.77

Sort 1 was performed in response to the clinical role model videotape

Sort 2 was performed in response to the phenomenological model videotape

Sort 3 was performed in response to the social learning role model videotape

Figure 1

Mean Scores of Interview Processes
By Theoretical Model and Sort Set

interview behaviors. Perceptions of the Ss in theoretical orientation under the three role model conditions was accomplished by analysis of variance which attested to the validity of the instrument and videotaped models.

CHAPTER V

DISCUSSION

Chapter V considers the following topics: 1) implications of preferences in theoretical role model; 2) implications of preferences in interview processes; a) contrasts among psychologists, b) contrasts among teachers and principals; and 3) implications for further research.

Preferences in Theoretical Role Model

The most striking finding in this study was the difference in preference for theoretical model shown by the professional groups. A distinct preference for the social learning model was shown by the psychologists as contrasted to the predilection of teachers for phenomenology.

The analysis of variance of the correlations between the ideal and videotape sorts indicated that the teachers liked phenomenology significantly less than the psychologists liked social learning, but the teachers' preference for phenomenology significantly exceeded their liking for the other two models. The principals did not select a most preferred model, but their relative dislike for the social

learning model was exceeded only by the psychologists' rejection of the clinical model. The three groups seem to work at cross purposes. The psychologists prefer social learning and dislike the clinical model. The teachers prefer phenomenology and are equally less impressed with clinical and social learning. The principals have no most preferred model, but find clinical and phenomenological equally helpful. They dislike social learning almost as much as the psychologists dislike clinical.

These data suggest that criticism of psychologists in schools may in part be accounted for by diverse approaches in psychology and education which lead educators to expect different roles from psychologists than the psychologists are prepared to employ.

The decided difference between professionals becomes more compelling when one considers the data presented in Tables 7 and 9. When Ss were asked their preference for one of the videotaped interviews, the majority selected the one based on social learning. When actually making value judgments on items involved in the three orientations, however, only the psychologists demonstrated an actual preference for social learning theory. Although Ss were not given titles for the videotaped interviews, and Q sort statements were recorded by random numbers, the social

learning model may have been identifiable to those who had participated in "behavior modification" workshops available in the area in the past two years. It is possible that the majority of Ss selected this approach initially because of its familiarity. It may have appeared to them to be the "fashionable" point of view.

If the global judgments were related to what the teachers and principals thought was fashionable and expected of them, then the fact that the teachers Q sort correlations showed a significant preference for phenomenology and the principals disliked social learning relative to the other two models implies that educators may verbally accept the social learning model while disagreeing with it on an operational level. Living within driving distance of Ohio State University, it is probable that these particular educators have had more exposure to behavioral theory and the social learning orientation than others. That they seem to be unconvinced and uncommitted seems salient.

The trend to the behavioral orientation noted in the psychological literature seems reflected in these results. Equally apparent is increasing rejection of the clinical model. The recent NASP survey which reported the psychometric and clinical roles the most common in use in the schools today may more nearly reflect what educators want

than has been realized. Increased conflict seems likely as newly trained or re-trained behaviorally oriented psychologists reach the schools.

Of the four historically recent movements which have affected the development of school psychology as described in Chapter II, the trend to learning theory appears to have an increasing impact on school psychologists. For the educator, however, the mental hygiene, counseling and guidance movement seems to have been more influential. It is possible that the daily presence of counselors in the schools has contributed more than the itinerant school psychologist to such teacher concerns as self-concept, adjustment, child insight and perception. It is also likely that these ideas and the humanistic philosophy from which they are derived are an inherent part of teacher training. The philosophy of Carl Rogers and the humanistic motivation characteristic of service oriented people quite likely has been a part of psychologist training as well, but the psychologists appear to be more concerned currently with the objectivity and behavioral measurement associated with social learning theory.

It seems evident that the influence of traditional clinical psychology and psychodynamic personality theory is on the wane for both psychologists and educators in this study, as rejection of the clinical model and clinical

items from the ideal interview Q sort was marked.

The testing movement as a fundamental influence on school psychology seems still important to teachers and psychologists particularly. Both these groups paid extra attention to assessment items although they disagreed on what should be tested and how the testing should be done.

Barclay's argument for social learning as an antidote for rejection of psychologists in schools, while logically persuasive, is not supported by these findings. In fact, adoption of doctrinaire social learning methods may confound rather than ease the tensions between some educators and school psychologists. His thesis that it is disparate models in training which must be called to account is not questioned by these results, but social learning as a unilateral solution appears likely to confuse the issue rather than clarify it. The model has a great deal to offer, but at this point in time it does not seem more apt to effect changes in the response of the consumer of school psychology to a point that recommendations by the psychologist would be more likely to be carried through than would recommendations framed in phenomenological language and theory.

Barclay's association with the social learning orientation seems to have emerged mainly from his 1968 and 1969 summer workshops and the 1971 publication of results from

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the first workshop on the characteristics of the sub-doctoral school psychologist. His years of work on a computerized instrument designed to measure peer sociometric and teacher-pupil relationships testifies to a more eclectic or phenomenological point of view than seems generally recognized by comments in the recent school psychology literature. Ironically, teachers and principals in this study appeared to be about halfway between the two facets of his approach.

The history of psychology and education demonstrates that shifts in philosophy and theory tend to run to extremes before they run their course. School psychology today seems to be on a behavioral path which is not as yet enthusiastically endorsed by teachers and principals. As an emergent discipline striving for independence from other applied fields, rapid shifts in attitude toward role models and contention concerning appropriate behaviors is hardly surprising either from educators or from the psychologists themselves.

Social learning with its delimited surplus constructs may be an appealing and pragmatically effective methodology for psychologists, but the danger of overselling its techniques may lead us to abandon alternative approaches which could be equally profitable in terms of intervention with children. When one considers that teachers and principals

often are the only effective mediators of intervention strategies, the need to convince them of the possible benefit of a recommendation takes on added urgency. When the educator prefers one model and the psychologist another, the psychologist will need to decide whether the educator should be trained and informed of his orientation, or whether the psychologist must learn to cope with the educators' viewpoint. Until or unless teachers and principals alter their point of view to conform to the prevailing climate of psychological opinion, some reconciliation of behaviorism and the humanism found in phenomenological theory will be persuasive.

It should be remembered that preferences are not static, and should psychologists and educators together find that social learning techniques are useful in schools and serve to increase knowledge about child development and classroom learning, their theory and philosophy may be expected to become more congruent. Until that time, trainers and the practicing school psychologist might well be warned that social learning imposed wholesale may not solve our identity crisis, but complicate it. The results of this study clearly indicate that our way should lie in the direction of adaptability and leavening of doctrinaire behaviorism with the humanistic and phenomenological concepts which more nearly approximate the conceptual frame of refer-

ence of teachers and principals.

It was evident from the item analysis, the correlational analysis and analysis of variance of the ideal Q sort that teachers and principals are more in agreement with one another than they are with the psychologists. Their preferences evidence greater variation within the groups than do those of the psychologists. Table 17 demonstrates that the center of agreement between teachers and principals lies mainly in phenomenological statements and that between principals and psychologists in a few behavioral items. The psychologist who works with a teacher today may therefore be confronted with any number of variations of expectation regarding his role function and a number of possible variations of theoretical preference. Aspects of psychologist behavior which particularly appeal to practitioner and consumer alike, and aspects of behavior which are rejected may serve as guidelines for the psychologist currently dealing with the variety of expectations of him present in the schools.

Preferences in Interview Processes

Preferred aspects of psychologist behavior in the interview demonstrated by the three professional groups was constructed from significant findings in the analysis of the ideal Q sort and item analysis of each statement in the Q sort. Only those items which received high or low ratings

were considered.

Interview Structure

The interview process designated as structure included statements relating to the focus of the interview, role of the psychologist, central theoretical concern and purpose of the relationship.

Rejection of the clinical model in general was particularly evident in these elements of interview structure. As a whole, the S groups showed no difference in preference for either phenomenological or social learning structure. All the professional groups agreed in rejecting the medical-clinical doctor-patient relationship and disliked the idea of the psychologist inferring that he was making decisions during the interview which the teacher need not know. Additionally, the teachers did not like the "concern with mental sickness or health" item.

The general distrust of clinical structure seems to lie in rejection of that relationship between the psychologist and the teacher which implies the medical authority role implicit in clinical psychodynamic theory. The teachers refused to accept even the phenomenological relationship item which described interaction as warm and soothing with the teacher seen as a client. The principals felt the relationship should be one in which the psychologist lets the teacher know what is happening and where the interview is

going, a social learning item, while the psychologists opted for the phenomenological role of the psychologist as interested and reassuring with empathy for the teacher.

Teachers and principals wanted the interview to focus on the self-concept of the child, and the teachers felt it was important to talk about human needs and the child's interpersonal relationships. Psychologists, on the other hand, preferred to discuss behavioral strategies and both they and the principals felt the focus should be on immediate problem behavior. The principals agreed with the teachers in finding it important to discuss current behavior in the light of past history.

Interview Assessment

Assessment as a process in the interview referred to those items concerned with assessment methods, historical or a-historical focus, and philosophy of assessment associated with the three theoretical orientations.

Emphasis on assessment during the interview was quite important to teachers and psychologists who awarded high or low ratings to six and nine items respectively from the fifteen assessment items across the three models. That it was not as important to principals is shown by the 3 items selected by them for agreement. As rather consistent agreement was required in order for items to appear at the extremes of the distribution in the item analysis, it is

interesting to contrast these preferences between the educators and the psychologists.

All three groups found consideration of group testing scores unimportant in an interview between a psychologist and a teacher. Apparently the psychologist as one who gives tests to individual children is still a viable description to these professionals. Just as they were disinterested in the matter of mental health or illness, the teachers were also uninterested in labelling or categorizing the behavior under discussion. The psychologists concurred in finding labelling unimportant and additionally rejected clinical consideration of intrapsychic personality conflict and defense techniques, and determination of the extent of illness represented by the behavior. The psychologists felt it was unimportant to assess the child's expression of aggression or anxiety through play situations and laid great preferential stress on social learning assessment in the following four ways: 1) establish baseline levels of behavior in frequency, duration and patterns through time; 2) secure concrete examples of problem behavior; 3) assess consequents of problem behavior, and 4) identify specific problem behaviors in operational terms.

The division between psychologists and teachers is nowhere more apparent than in what teachers think is important in assessment. Teachers and principals both

found assessment of the amount of insight the child has into his behavior of importance. Although this was designated a clinical item, it might as easily have been a phenomenological one theoretically. Its high weighting by the teachers and principals was echoed by both groups awarding high rating to the phenomenological equivalent, "assess child's self-understanding." Additionally, the teachers preferred to assess peer relationships and sociometric standing and the child's perception of the world. The contrast here suggests a view of the psychologist as a scientist-professional, the teacher, and to some extent, the principal, as strongly humanistic.

Interview Strategy

Strategy processes within the interview were represented by items related to definition of the problem behavior and statements describing type of strategy typically employed by each of the three theories.

Again the psychologists awarded high weights to four items of the five in the social learning statements associated with strategy. The three groups agreed that the psychologist must define the behavior in terms the teacher can understand, and the principals agreed with the psychologists in finding it important to discuss a specific plan to reduce maladaptive behavior. The psychologists alone found it important to clarify changes in classroom, environ-

ment or teacher-pupil contingencies, and to define behavioral criteria of success. The psychologists reiterated their previous stand that clinical labelling is unimportant by awarding low weights to the clinical interpretation of the category of illness represented by the problem behavior.

The teachers found it important to understand and accept the child's feelings in determining intervention strategy, and there was no strategy item given low weights by them. The principals rejected the social learning notion of role playing to demonstrate altered modes of response to the child.

Interview Outcome Evaluation

Statements representing outcome evaluation were related to recommendations for intervention supplied by the psychologist and characteristic methods of follow through employed by each of the theoretical models.

The teachers and principals agreed that the recommendation to build self-confidence in order to help the child accept his limitations was an important interview outcome. This was the only outcome item given high ratings by the teachers. The principals added the social learning item that teacher and psychologist agree on specific behavior to be changed, and the psychologists agreed in awarding this item high weight. The psychologists thought it

important that they reach agreement on goals for change in terms of time and behavior required, and wanted to arrange for followup interviews and observations as necessary. Both principals and psychologists devalued the phenomenological recommendation for group guidance activity and the clinical referral for analytic play therapy. Teachers and psychologists agreed that a case study report of subjective evaluation of therapeutic outcomes was unimportant, and the psychologists also rejected referral for psychotherapy.

In the analysis of variance of the ideal interview, social learning evaluation of outcome received highest mean weighting by the subject group as a whole. Clinical outcome evaluation was generally lower than other clinical interview processes already rated significantly below the other two models. Although not as high a mean was obtained as for outcome evaluation, social learning assessment was awarded significant superiority over the two other orientations by the S group as a whole. Analysis of the mean weights suggests that this was a spurious vote of confidence in social learning. The apparent agreement seems to come from the psychologists who elected three items from the five social learning outcome items in contrast to the teachers who selected only one phenomenological item. As the principals divided their two outcome items equally between

phenomenology and social learning, the result seemed to favor social learning. A similar situation existed with assessment items in which the psychologists again voted heavily for four items of the five in social learning, while the teachers selected three from phenomenology and one from clinical.

Psychologists contrasted

The preferred role model for the psychologists was social learning and 13 of 14 Q sort items given high ranking in the ideal sort were social learning items. For all their insistence on behavioral assessment, strategies, and evaluation of outcomes, however, they recognized the necessity to relate to the teacher in the interview and selected the phenomenological empathy and reassurance as the preferred relationship.

The teachers seem to be saying that they dislike being patronized. They rejected both the clinical, and the empathetic relationship favored by the psychologists. Since they did not offer a highly rated alternative, the psychologist seems to be left with the only single strong joint preference between them; that the psychologist define the problem in terms the teacher can understand. This preference on the teacher's part may be a plea to use clear common sense terminology rather than the psychological jargon we are often prone to use among ourselves. The psychologists

respect the point, but the problem facing each of us in consultation situations is to accurately assess what terms are indeed understandable to a teacher, and where each teacher might draw the line between being patronized and being given more credit for psychological expertise than she wants.

The principals suggest that psychologists should let the teacher know what is happening and where the interview is going. Perhaps their advice might help to establish a basis of communication with a teacher who prefers to talk about self-concept and human needs when per principal and the school psychologist are focusing instead on specific plans to reduce some immediate problem behavior. The psychologist who concentrates on behavioral strategies when the teacher's thoughts are involved with the child's perception of the world and his peer relationships may find himself working at something less than an optimal level.

Psychologists seem to agree with principals and teachers somewhat better on what not to do. All were agreed that the psychologist making decisions during the interview which the teacher need not know and behaving like a medical model authority figure was poor practice. Teachers and psychologists could also agree that categorizing and diagnostic labelling was unimportant and neither group

would be happy with group tests being the only tests available, nor would they find a subjective clinical case study a useful method of evaluating the results of their work with children.

Teachers and Principals Contrasted

The pronounced theoretical preference of teachers was phenomenological. Of ten items given high ratings, nine were phenomenological statements. Furthermore, the items selected were generally directed to genotypical statements about the child's self-concept, insight, needs or perceptions. Two related to his interpersonal relationships and sociometric standing. The only high ranking item on their list which did not involve children was the statement about the psychologist's use of terms the teacher could understand. The principals straddled the fence between the teachers and the psychologists and there was more agreement with the psychologists' high rated items than was found in the teacher group. They offer encouragement to both groups and seem to hold a place midway between them. Principals also seem concerned that the psychologist not be patronizing and in addition to suggesting the psychologist let the teacher know where the interview is going, they concur with the psychologists in recommending that teacher and psychologist agree on the behavior to

be changed. Principals were the only group who rejected the behavioral role-playing item. It is possible they felt that role-playing between a psychologist and teacher to demonstrate altered modes of response to a child was playing childish games or they may have rejected the item because they felt that classroom behaviors are the province of the teacher and should not be within the authority of the psychologist.

True to their middle role, the principals were willing to talk about immediate problem behavior and plan behavioral strategies, but they were unwilling to give up consideration of background factors in the discussion. Teachers also believed that regard for past history was important. In spite of his acceptance of a few behavioral items, the principal insisted on consideration of self-concept, the child's self-understanding and, like the teacher, thought it important to understand and accept the child's feelings and build self-confidence so that he can accept his limitations.

Like psychologists, the principals rejected the idea of a group guidance activity or play therapy as a useful treatment approach, but neither they nor the teachers offered alternative treatment suggestions other than understanding and acceptance while the psychologists were bursting with ideas for behavioral measurement and operational

strategies.

Implications for Further Research

The most significant finding from the analysis of variance of the three sorts performed in response to the videotapes was confirmation of the validity of the Q sort instrument. The significant interaction between the three sorts, theoretical orientation and the nested interview processes indicated that Ss were actually responding to the items as they related to theoretical models represented by the videotapes. Since the item content was supported by global judgments of Ss and was additionally confirmed by substantial correlations among expert judges doing the Q sort, its further use in research seems justified.

Preliminary findings of the research on theoretical orientation by Fine suggested no effect of theoretical orientation of the psychologist on teacher satisfaction with interviews with a psychologist. In view of the teacher preference for phenomenology shown in the present study, Fine's expectation of significant relationships between teacher satisfaction and perception of the psychologist as a facilitator may be related to teacher perception of the psychologist as a phenomenologist. As here defined, the phenomenological role model encompasses facilitative and empathetic attitudes on the part of the psychologist.

A question which may be asked of Fine's research is whether the psychologist's statement of his theoretical orientation is sufficient justification for classification of his actual professional practice. As has been shown in this study, the model selected, and the model revealed by analysis of the more penetrating data provided by the Q sort are not always identical. Additionally, the behavior of the psychologist as perceived by the teacher and by the psychologist himself may be entirely different. When the theoretical variable is more precisely controlled, and is related specifically to the role model including psychologist attitudes, Fine's results may be entirely different.

As a valid instrument for the identification of theoretical orientation, the Q sort device might be used to identify psychologists who are capable of functioning in specified situations requiring specialized role functions related to theoretical orientation.

It would be interesting to match teachers and psychologists with known theoretical preferences and investigate the quality of their interaction, or differences in relationship and communication on such matters as effect of their cooperative intervention on the child or children with whom they are mutually concerned.

The Q sort might also be used as a teaching device to aid psychologists and educators in training to identify their own theoretical preferences and biases as well as learning operational content of the three orientations.

The videotapes and the Q sort together might be used in situational response research with teachers and psychologists or in inservice training programs to enable these professionals to establish more harmonious and potentially helpful relationships. During data collection it was difficult for the investigator to prevent comparison and discussion of ideas among the Ss until after the experimental period. In one district, after data was collected, the set of materials was used as a learning situation for participants to explore the role of the psychologist and teacher in the school system.

The materials have already been incorporated as part of a simulation for the training of school psychologists currently under development by Dr. Ann Engin and the writer.

Summary

In this chapter discussion of the implications of differences in theoretical role model preference was attempted. Preference and differences among and between them was explored. Finally, suggestions for further research and alternative uses of the Q sort and videotapes were made.

CHAPTER VI

CONCLUSIONS

This study was designed to investigate preferences and perceptions of the consumers of school psychology, the teachers and principals, toward three theoretical models of school psychological role function, and to contrast them to those of the school psychologists. Its purpose was to illuminate areas of agreement or disagreement and to identify specific behaviors in an ideal interview between a teacher and a psychologist which particularly appeal to practitioner and consumer.

Three simulated interviews between a psychologist and a teacher were videotaped. Each of the interviews was made to represent one of the three theoretical role models: clinical, phenomenological and social learning. Evaluation of the role models was accomplished by use of a Q sort designed to represent aspects of theoretical orientation pertaining to each of the models.

Methodologically, simulation was shown to be useful in research. The validity of the Q sort instrument was demonstrated by statistical analysis of the ratings of expert judges and the ratings of subjects performing the Q sort.

Substantively, the following conclusions were made. The role model most preferred by psychologists was social learning. Psychologists significantly rejected the clinical model.

The role model most preferred by teachers was phenomenological. They valued the clinical and social learning models equally and significantly below the phenomenological model. Psychologists liked social learning significantly more than teachers liked phenomenology.

There was no model significantly preferred by principals. This group evaluated all three models as equal in importance to the teachers' evaluation of the clinical and social learning models, and equal to the psychologists' evaluation of phenomenology.

The data strongly supported the conclusion that school psychology is on a behavioral path which is not as yet shared by teachers and principals. When the educator prefers one model and the psychologist another, trainers and practitioners must decide whether the educator should be trained, or the psychologist learn to cope with the educator's viewpoint. Unless or until teachers and principals alter their point of view to conform to the prevailing climate of psychological opinion, adaptability and some reconciliation of behaviorism and the humanism found in phenomenology will be likely to be persuasive with many

teachers. It should be noted that psychologists did not reject phenomenology out of hand, they simply preferred social learning more. Perhaps a common ground of communication between teachers and psychologists should begin with phenomenology.

Detailed analysis of specific interview behaviors from the Q sort revealed areas of agreement and disagreement which may have significant implications for the school psychologist in practice.

1. Significant rejection of clinical items was found in the entire subject population. This was particularly evident in items concerning structure of the interview and evaluation of the outcomes of consultation. The traditional medical authority role implicit in clinical psychodynamic theory was emphatically rejected. None of the Ss wanted the psychologist to infer that he was making important decisions which the teacher need not know, nor were they interested in a doctor-patient relationship.

2. All three groups of professionals resisted the idea of consideration of group testing scores. This was seen as evidence that the role of the psychologist as one who tests individual children is still valid.

3. The only social learning item given a high rating by teachers and the single strong joint preference between them and the psychologists was the plea that the

psychologist define the behavior in terms the teacher can understand. The principals agreed with them both. The high rate of agreement of this item was seen as supporting the view that psychologists would be well advised to use common sense terminology to enhance communication with teachers.

4. The teachers seem to agree that they do not want to be patronized. Not only did they give low weights to the clinical "medical authority" items, they also felt the phenomenological warm and empathetic relationship preferred by the psychologists was of lesser importance. The principals felt it was important the psychologist let the teacher know what was happening and where the interview is going which seems to support the teacher's point of view, and they resisted the idea of the psychologist role playing new behaviors with her.

5. Division between the psychologists and the educators was most evident in what each thought was important in assessment. Teachers and principals gave high ratings to clinical assessment of insight and phenomenological assessment of self understanding on the part of the child. Teachers preferred assessment of peer relationships and sociometric standing. Psychologists, on the other hand, preferred to secure concrete examples of the problem behavior, establish baseline levels of behavior, identify

the problem in operational terms and assess the consequents of the behavior.

6. There were distinct disagreements on strategies and the measurement of outcomes of intervention. Principals and teachers preferred to understand and accept the child's feelings, and build his self-concept to help him accept his limitations. Psychologists thought it important to discuss a specific plan to reduce maladaptive behavior, clarify changes in environment or teacher-pupil contingencies, define behavioral criteria of successful outcome, agree on goals and specific behavior to be changed, and arrange for followup interviews as necessary.

7. The principals seem to be midway between the psychologists and the teachers and agree with each of them in some way. Like the teachers, principals thought emphasis on self-concept, self-understanding and acceptance of feelings was important. They agreed with the psychologists in wanting to focus on problem behavior, but stipulated with the teachers that regard for past history should be included in the discussion.

Principals were willing to concentrate on a specific plan to reduce maladaptive behavior with the psychologist, and felt it was important for the psychologist to agree with the teacher on the specific behavior to be changed. Then they agreed with the teachers that building self-concept

was a preferred treatment outcome.

Psychologists and teachers agree better on what not to do than they do on what should be done. Both agreed that diagnostic categorizing and labelling was less important, neither group was interested in group testing, nor were they interested in a clinical subjective case study.

Psychologists and principals agreed on the lesser value of group guidance or play therapy as a treatment approach.

In sum, the conclusion may be made that teachers and psychologists differ in preference for theoretical role models at least when asked to evaluate specific items of interview behavior. It was theorized that educators may verbally agree with psychologists while disagreeing with them on an operational level.

Teachers were more concerned about phenomenological constructs relating specifically to genotypical statements about children, and less concerned with the behavioral measurement and objective definition stressed by the psychologists. There were many specific disagreements between them, and the only point of mutual agreement was that the psychologist should use terms the teacher can understand.

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APPENDIX A

DATA COLLECTION INSTRUMENTS

S _____

PERSONAL DATA QUESTIONNAIRE

Name _____ Sex _____

School System _____

Profession: _____ Teacher
_____ Principal
_____ School Psychologist

Number of years of experience in your profession: _____

With what age or grade level children do you work?

Name of school to which you are assigned _____

How would you characterize the population served by the school or
schools in which you work?

_____ Inner City
_____ Suburban
_____ Rural

INSTRUCTIONS

This is a study of opinion of teachers, principals and school psychologists toward three methods of approach to the practice of school psychology. We want to know what you think is important about the way a psychologist functions.

Your task is to sort a set of cards containing statements about an interview between a psychologist and a teacher. The way you sort the cards shows your judgement of the relative importance of each statement.

First you will meet Mrs. Zimmerman, Timmy's teacher, on videotape. Then you are asked to sort the cards to show what you think would be important in an interview between a psychologist and the teacher after the psychologist has seen Timmy.

Next you will see three simulated interviews between Dr. Alpern and Mrs. Zimmerman. You are asked to respond to each of the interviews by sorting the cards the same method.

You will have 15 minutes for each sort.

SORTING PROCEDURE

1. Put the yellow board at the top of your workspace. Cards should be distributed according to the numbers on the board. When you have finished, there will be two cards in the first and last piles, four in the second and eighth, and so on until 14 cards fall in the center.
2. Lay the cards out on the table in columns corresponding to those drawn on the yellow sort board. Shift the statements around until you are satisfied that you have distributed them to show the degree of importance you feel each merits in regard to the interview of interest.
3. When you are finished sorting, make the cards into piles. Turn over each stack and record the identifying numbers on the back of the cards in the corresponding column of the response record in the booklet. The order of numbers within the stacks does not matter, but it is essential that you fill in the response records in the order in which they are stapled in the booklet. After the last sort, leave the stacks of cards on the board. This sort will be recorded for you.

NOTE: CARD NUMBERS WERE RANDOMLY ASSIGNED. THEY HAVE NO ORDER OR MEANING!!!

APPENDIX B

THE Q SORT STATEMENTS
MEANS AND STANDARD DEVIATIONS OF ITEMS
FROM THE IDEAL INTERVIEW
Q SORT

Table 20

Q SORT STATEMENTS

Means and Standard Deviations from the Ideal Interview
Sort by Three Professional Groups

Item Number	Statement	Teachers		Principals		Psychologists	
		M	SD	M	SD	M	SD
<u>Clinical Items A1</u>							
<u>Structure B1</u>							
1	Focus on behavior dynamics and underlying causal relationships	4.05	1.73	4.22	1.73	4.50	1.72
2	Relationship resembles that of doctor-patient	1.22	1.06	1.83	1.75	1.27	1.12
3	Concern with mental sickness or mental health	2.77	2.04	3.66	1.02	2.11	1.18
4	Psychologist infers he is making decisions which teacher need not know	1.61	2.09	1.22	1.62	0.88	1.49
5	Discuss history of the behavior presented	4.50	1.54	4.77	1.43	3.66	1.37
<u>Assessment B2</u>							
6	Consideration of intraphysic personality conflict and defense techniques	3.77	1.16	3.11	1.49	2.94	1.21
7	Exploration of familial and background factors	4.38	1.37	4.05	1.30	3.55	1.65

Item	Statement	Teachers		Principals		Psychologists	
		M	SD	M	SD	M	SD
8	Determine extent of illness represented by problem behavior	3.50	1.24	4.00	2.16	2.61	1.42
9	Assessment of amount of insight child has into his behavior	5.00	1.23	5.00	1.13	3.72	1.27
10	Attempt to label or categorize the problem behavior	2.94	2.23	3.83	2.30	2.16	1.97
<u>Strategy B3</u>							
11	Communication of psychodiagnostic information psychologist decides teacher needs to know	3.22	1.47	4.55	1.65	4.77	1.76
12	Exploration of therapeutic resources in community	3.16	1.61	3.50	1.29	3.22	1.00
13	Exploration of therapeutic help available in family	3.61	0.91	3.72	1.52	4.11	1.36
14	Clarify emotional reorganization required for healthy adjustment	4.50	1.58	3.55	1.38	3.50	1.33
15	Psychologist interprets category of illness demonstrated by the behavior	3.33	1.53	4.50	1.70	1.61	1.57
<u>Outcome Evaluation B4</u>							
16	Referral for psychotherapy	3.90	1.45	3.16	1.79	1.77	1.30

Item Number	Statement	Teachers		Principals		Psychologists	
		M	SD	M	SD	M	SD
17	Referral for analytic play therapy	3.38	1.14	2.77	1.06	1.61	1.09
18	Recommend removal of sources of emotional disorder to enhance developmental processes	4.83	1.58	3.55	1.19	3.22	1.26
19	Plan case study to report subjective evaluation of therapeutic outcomes	2.72	1.93	3.27	1.44	2.88	1.27
20	Teacher understands underlying dynamics of child's behavior	4.77	1.39	4.55	1.88	4.27	1.22

Phenomenological Items A2

Structure B1

21	Focus on child's self concept	6.22	1.35	5.66	1.71	4.16	1.38
22	Interaction is warm and soothing. Teacher seen as client	2.50	1.60	3.83	1.61	3.33	1.57
23	Psychologist is interested and reassuring Seems empathetic to teacher	2.94	2.09	4.11	1.81	5.05	1.47
24	Concern with child's interpersonal relationships	5.44	0.93	3.88	1.40	4.33	0.84
25	Discuss child's human needs	5.00	2.02	4.55	1.75	4.16	1.38

Item Number	Statement	Teachers		Principals		Psychologists	
		M	SD	M	SD	M	SD
<u>Assessment B2</u>							
26	Assess child's expression of aggression, anxiety etc., through play situation	4.38	1.42	3.88	1.23	2.94	1.25
27	Understand peer relations and sociometric standing	5.05	0.99	3.77	1.39	4.33	1.23
28	Consider group testing scores	1.66	1.68	2.55	1.72	2.38	1.28
29	Assess child's perception of the world	5.22	1.35	4.61	1.97	4.50	1.29
30	Assess child's self understanding	5.72	1.40	5.05	1.58	4.11	1.31
<u>Strategy B3</u>							
31	Effort to understand and accept child's feeling	5.77	1.43	5.50	1.29	4.50	1.29
32	Discuss effect of significant others in child's life	4.22	1.66	3.72	1.63	3.94	0.93
33	Exploration of child's cognitive structures or personal constructs	3.88	1.27	4.16	1.46	3.94	1.58
34	Psychologist endeavors to convey child's perceptions to teacher	4.11	0.75	4.83	1.42	4.16	1.50
35	Psychologist tries to enlist teacher's sympathy, empathy or understanding of child	3.50	1.46	4.77	0.94	3.55	1.09

Item Number	Statement	Teachers		Principals		Psychologists	
		M	SD	M	SD	M	SD
<u>Outcome Evaluation B4</u>							
36	Referral for counseling to aid interpersonal adjustment	3.94	1.55	4.00	1.49	3.00	1.13
37	Recommend group guidance activity	3.11	1.02	2.72	1.40	2.22	1.26
38	Build self confidence to help child accept his limitations	5.83	1.50	5.22	1.59	4.55	1.14
39	Place child in group with which he can positively identify	4.83	1.94	4.11	1.40	4.11	1.13
40	Teacher perceives child in new ways	4.83	1.50	4.72	1.70	4.77	1.55
<u>Social Learning Items A3</u>							
41	Focus on immediate problem behavior	4.88	2.34	6.11	1.64	6.22	1.30
42	Problem Solving relationship	3.94	2.15	3.33	1.49	4.44	1.58
43	Concern with behavioral strategies	3.00	1.57	3.33	1.60	5.33	1.60
44	Psychologist lets teacher know what is happening and where interview is going	4.77	1.89	5.22	2.12	4.16	1.72
45	Discuss current behavior without much regard for past history	2.88	1.56	2.77	2.21	3.94	1.34

Item Number	Statement	Teachers		Principals		Psychologists	
		M	SD	M	SD	M	SD
<u>Assessment B2</u>							
46	Establish baseline levels of behavior in frequency, duration and patterns through time	4.16	1.29	3.61	1.53	5.72	1.22
47	Secure concrete examples of problem behavior	4.05	2.04	4.05	2.12	5.44	1.29
48	Establish antecedants of problem behavior	3.94	0.99	3.61	1.75	4.50	1.33
49	Assess consequents of problem behavior	3.55	1.54	3.94	1.89	5.05	1.05
50	Identify specific problem behaviors in operational terms	4.16	2.09	4.72	2.29	5.16	1.43
<u>Strategy B3</u>							
51	Define problem behavior in terms teacher can understand	5.00	1.49	5.11	1.81	5.50	1.33
52	Discuss specific plan to reduce maladaptive behavior	4.33	1.13	5.16	1.88	7.00	1.28
53	Clarify changes in classroom, environment or teacher-pupil contingencies	4.55	1.65	3.66	1.68	5.27	1.31
54	Role play to demonstrate altered modes of response to child	3.00	1.60	2.88	1.07	3.44	1.24
55	Define behavioral criteria of success	3.66	1.97	3.11	1.93	5.55	1.24

Item Number	Statement	Teachers		Principals		Psychologists	
		M	SD	M	SD	M	SD
<u>Outcome Evaluation B4</u>							
56	Decide who will carry out plan and apportion responsibility	4.27	1.87	4.00	1.37	4.72	1.84
57	Agree on goals for change in terms of time and behavior required	3.94	2.15	4.22	2.15	6.00	1.13
58	Arrange for follow up interviews and observations as necessary	4.44	1.33	4.00	2.02	5.38	1.37
59	Plan baseline pre-post measure of behavior change	3.61	1.14	3.22	1.59	4.77	1.39
60	Teacher and psychologist agree on specific behavior to be changed	4.88	1.60	5.27	1.96	5.77	1.89

APPENDIX C
INSTRUCTIONS TO JUDGES

Instructions to Judges:

1. Please sort the Q cards three times. Each sort should reflect one of the three theoretical models defined below.
2. Role Models are represented by items in the Q sort intended to represent specific behaviors of a psychologist in a consultation interview with a teacher.
3. Sort the cards to show the degree of importance each of the statements has for you under each of the theoretical conditions.
4. The yellow sort board gives the number of cards which should be placed in each pile in the distribution.
5. Please record the number of the statement on the enclosed response record. NOTE NUMBERS WERE RANDOMLY ASSIGNED. THEY HAVE NO ORDER OR MEANING.

Definition of the models

The clinical model is associated with traditional psychological theory concerned with a model of personality and dynamics which undergird and motivate behavior. The model regards patient history and is based on hypothetical principles related to dynamic entities which are causatively related to behavior. The psychologist is considered a psychodiagnostician who observes, interviews and analyzes test results. His focus is on clinical symptoms, pathology, and labelling the behavior nosologically.

Behavior is changed through individual or group psychotherapy during which the patient achieves intellectual insights into the blocked, repressed or emotionally laden processes which have been identified by the psychologist. These processes are considered to be primitive, autistic and amoral.

The phenomenological model derives from ego psychology and self concept theory. It may be typified by the non-directive counseling approach of Carl Rogers. This model employs global constructs such as adjustment, perception, feeling states and the like, to explain behavior. The model is based on existential philosophy and phenomenological theory which generally does not support testing procedures, but instead employs subjective judgement to evaluate behavior.

Behavior change is effected by a long course of counseling treatment characterized by client insight and mobilization of self understanding or intellectual insight on the part of the client.

The social learning model is rooted in cultural anthropology and experimental and social psychology. Behavior is a product of coping with environment and self imposed demands, and all behavior is acquired and maintained by regulatory systems involved in the reciprocal interaction between behavior and its controlling environment. This is a highly systematic approach to assessment, strategy planning, intervention and setting of performance criteria. In this model behavior change is effected through a sequential shaping procedure utilizing applied learning principles, baseline pre-post behavioral measurements, and manipulation of contingent relationships.

Social learning theory stems from Watson and the early behaviorists. The best known contemporary proponents are B. F. Skinner and Albert Bandura. Therapeutic techniques like Wolpe's desensitization would be included in this model.

APPENDIX D
PROTOCOLS FROM THE VIDEOTAPED
INTERVIEWS

. INTRODUCTION OF PROBLEM: MRS Zimmerman

"My name is Mrs. Zimmerman, I'm a fourth grade teacher at the Abraham Lincoln School in Monroe City. I asked our school psychologist to see Timmy, and to talk to his parents, because at this point in the semester, I don't know what to do with him. His third grade teacher also had difficulty with him. I thought I could handle him, but it's November now, and if anything, he's worse, and I'm at my wits end."

"Mr. Pat Wilson, our school Principal, described Timmy as 'odd,' a child who is different, and doesn't get along well in a classroom situation. I was willing to have him in my class, but now I'm not so sure. I wanted to help him, but he daydreams, he doesn't listen, and I have to supervise every bit of his seat work, even at that, it's only "D" work. Timmy seems rather immature to me, he has little understanding of the work he does. He can read orally, but with little or no comprehension."

"The best thing I can say about him, is that he can memorize spelling words, but his co-ordination and writing are poor, he doesn't have an attention span. He fidgets, he seems nervous, and sometimes frightened. He seemed too frightened to give his oral report in front

of the class. He was nearly at the point of tears."

"The rest of the kids don't like him. Oh, he plays with one or two of them, but mostly they tease him, and pick on him. They usually try to avoid him, even on the playground."

"If Timmy could stay in his seat, and pay attention, listen, I think I could get to him, I think he could handle the work, but I'm not sure. I just don't know at this point. Maybe there's something basically wrong with Timmy. Maybe it's my class. Maybe it's me. I hope Dr. Alpern can help us both."

CLINICAL INTERVIEW

Dr. A.: "Well, I finished my evaluation of Timmy, Mrs. Zimmerman, and I wanted to share with you the findings of the diagnostic study. I've got a lot of data here, and I don't know how much of it you'll be able to work with that will be meaningful to you, yet I want to share with you really the major conclusions that I've come to. It's a good thing, I'm glad you referred Timmy. He is a very sick boy, he is a boy who is going to need extensive help. And your spotting him was very nice, I'm sure that a teacher might have spotted him earlier if she'd have been on her toes, as a child who needs referral."

Mrs. Z.: "Is he normal in intelligence?"

Dr. A.: "Well, I guess I can answer that question, he probably is within the normal range of intelligence, I don't consider that the important thing about Timmy. But, I know that when you referred there was a question about his intelligence, and I gave him an intelligence test. A pretty comprehensive one, as a matter of fact. But I was looking for, what his functioning was like, whether he was able, how incapacitated he was, from functioning at his potential level, and that's when I found from his intelligence, this boy has an incapacitating amount of anxiety that when he deals with people, he freezes, he cannot function at his level. As a matter of fact, from the verbal part of the WISC, which I gave him, he functioned like a mentally retarded child. But that is not an evaluation of his intelligence, that's an evaluation of how incapacitated he is by anxiety. On the performance test, on the other hand, where he just had to do puzzles and things, I guess you're familiar with the work, here he was able to function in a high normal range. So potentially, he's probably closer to his performance IQ. I, of course made sure that this wasn't an organic problem, by the screening with some Bender tests. But, he is bright enough to be doing fourth grade work. The problem is, he can't; he is incapacitated by the severe neurosis."

Mrs. Z.: "So the prognosis is that he will not be able to function in a normal classroom?"

Dr. A.: "Well, I hope that he will be able to with psychotherapy, I mean to say, that he is going to need extensive psychotherapy and that's what I want to talk with you about, I want to explain to you the severity of his neurosis so that you don't figure that this child is dull. I don't want you to figure him as organically damaged, and I'm going to need your co-operation in making a very difficult recommendation to parents who don't understand. I saw the parents, and they think we're making too much of this whole thing. It is their view that he is normal, in their terms, normal at home, and they think that all of their children have difficulties, which I don't doubt at all. But,

they think they all grow out of it. It is my professional opinion that this boy, unless he gets help, will not grow out of these problems but they're going to get worse, and worse, and worse. So what we have to do is to get him to a child guidance clinic as fast as possible. But the parents don't understand that. Let me tell you about that."

Mrs. Z.: "What about your recommendation to me as his classroom teacher so that if he is to stay in my classroom, what I can do to facilitate academic achievement, or at least some personal growth on his part."

Dr. A.: "Okay, I know that you want to do that. I'm really aware of that. What I want you to do is listen to me for awhile, so that I can tell you what we're going to be doing with the parents. And what your follow up responsibilities are going to be, you know, about, about, working with the Child Guidance Clinic, at the Child Guidance Clinic. Okay? Let me explain that. I'm going to talk to the parents and I'm going to tell them that their child may have a severe emotional disturbance. Okay. That this is hampering the way he's functioning in school. I'm further going to tell them that you are going to attempt to do some things, with him in the classroom, and that we're going to try for the next six weeks period, now the reason that I do this, is that I don't think he's going to change in the next six weeks but the parents have to have time to get through their heads the idea of taking him to the Childrens Center. If I just said take your kid to the Childrens Center, I, my experience is that they won't do this. But, if over a six week period of time, we'll say we're trying and if things don't get better, then you have to go to the Childs Center, it works out much better. So, thats what I'm going to do, that's what I'm going to tell them. Okay? Then, he's going to the Child Center, and they will do a complete comprehensive diagnostic study. I gave him a Rorschach test, and I did a mental status, but I only have you know, a couple of hours to see the child. But they will interview the mother, they will interview the father, they will talk about their marriage, they will talk about the other three children. They'll do a comprehensive diagnostic study. I can only point the direction here, in this brief time, and say yes, this boy has a severe neurosis, and yes he needs help. After they do the comprehensive diagnostic study, then you can get in touch with them, and say he, I'm working with this boy in the classroom, do you have any recommendations, because you don't want to be working at odds with them. They may have, they may be doing family group therapy, they may decide on that. They may do play therapy, and certainly they will. They may take the child into a room, and by watching him play, help him gain insight into his problem. His insight about his inadequate ego structure. And they really, he needs his insight. That's what will happen, at that time, you can contact the Child Center, find out who his psychotherapist is, and say what specifically might I do that might harm the child in the classroom, or might help him in the classroom, but it's up to them. Our responsibility is to get those parents to accept the recommendation to the Childrens Center. The boy is completely incapacitated by anxiety. I have lots of details in my testing and what I found out is in my mental status, about his peer relationships, about his relationships about his sibs, about his ego, and I

want to answer your questions. I want you to gain as much understanding of this, as you are capable of doing, so that you can work with him in the classroom. Tell me what you're interested in."

Mrs. Z.: "I'm interested in, if in fact he is severely neurotic, or he has a severe neurosis, I'm wondering why you aren't recommending him to be placed in a classroom for mentally disturbed children. He's taking up a lot of my time, he's very disruptive, he's hyperactive, he's running around the room, he's disturbing the other children, he's disturbing me."

Dr. A.: "Yes, let me answer that question. You cannot place a child anywhere without the parents agreeing to it. Now, it may be that the Child Center decides after their comprehensive diagnostic study, after understanding the mother, father relationship, that he is in fact, not functioning in a normal classroom; but that has got to be their decision. It's going to take hours of interviewing, and having a social worker talking, I do know it's hard to understand, how the parents marital relationship would indicate what they're doing to the kid in the classroom, but it has to be somebody who understands the dynamics within the entire family, so our job is to get them to go there for that diagnostic study. We cannot make, you know, I might believe that that child should be in that classroom now in our school for emotionally disturbed children, I want that to come from a more comprehensive diagnostic study, then your school psychologist can do in a couple of hours. I visited with the parents, I didn't ask them, the kind of questions I'd have to ask to make that kind of determination. Their acceptance of his sickness is very important."

Mrs. Z.: "What can I do in the meantime? In the classroom. Should I contact the Childrens Center? And make the necessary arrangements to see that he is moved in that direction?"

Dr. A.: "Well, don't contact them, I want the parents to take that responsibility. I want, if the parents contact you, and say 'how are things going?' Your job is 'he's not better, it looks more and more like you'll have to contact the Child Center,' they've got to initiate it. We suggest, that it is our recommendation, based on our diagnostic study, that this is what happens. Let us not call the boy ill, that might frighten the parents, let's say he seems emotionally disturbed, and our school psychologist recommends on the basis of his diagnostic study, that if things cannot change by what we are doing, then in six weeks, the time of the next grading period, that a referral be made to the child's center. Now in the mean time, what you can do, this boy is, you know, has a very inadequate ego. He does not believe that he can cope with either academic tasks, or with getting along with the other children, he doesn't believe that, and we need to get him to believe that. Now, anything you can do to make him feel more adequate will help. If you can, put him in with children who are liable to make less fun of him, but perhaps help his ego development, fine. But you can give him academic tasks that do not again teach him that he is incapable, I can only give you a clue about this, and the clue is anxiety seems to be inter-personal anxiety. But he does better working by himself,

than he does with a group, you know, or ask him in a face to face relationship so what you might try, and I say try, because I think the boy is too sick to be treated in a classroom, he has to be treated by the Childs Center. What you have to do is just not hurt him any worse. So that you can try to allow him to do seat work, as much as he can by himself, and say 'good.' Don't put him in the situation that further shatters his ego. Let's see if there's anything else, that I have in my own notes. Of course, you'll be getting a written report about my evaluation, and about my mental status evaluation of him, but I wanted to give you a chance to know. I don't think that what's happening to that boy is the teachers fault. The school system did not do it to this child. This boy had three younger siblings, all of whom preferred, at least he saw them preferred to him, it's the family dynamics that's important here, the etiology of his problems rest in where he sees himself in his family. I don't know whether he was an unwanted child or not, you know, that's the kind of information they get."

Mrs. Z.: "I hear you saying the only thing I can do is to keep him as comfortable as possible. . ."

Dr. A.: "And support the recommendation. You know, realize that this boy is, in fact, suffering. You know, it's not fun to walk around with feelings that he can't function, that he is incapable. He's a castrated boy, a boy who believes that he cannot function, that he has nothing to offer. And that's why he can't look people in the eyeball. If, you know, if he was homicidal or suicidal, or was showing those kind of desperate symptoms, I wouldn't have any trouble recommending to the parents, right now, psychiatric treatment. But they don't see a problem and what we have to do is make them realize how severe his problem is, and I'll be meeting with them, and I'll say, he looks like an emotionally disturbed child, we're going to try everything, but if we can't then we have to recommend him for further therapy, or I'll probably just tell them an evaluation at the Childrens Center."

Mrs. Z.: "Has he had a neurological examination?"

Dr. A.: "Well, I looked at some things briefly, of course in my examination, when I do the Rorschach, when I do the Bender, even when I do intelligence testing, I'm able to evaluate whether there's strong organic factors possible, I don't think there's any indication of any hard neurological signs, or even soft, to recommend a more comprehensive neurological evaluation."

Mrs. Z.: "There are times when I question whether he is hearing."

Dr. A.: "When a person is really suffering from a high degree of anxiety, he is incapacitated, he can look like a mental defective, he can look like an organic, but what is wrong with him, is his neurosis. Not organic, nor mental deficiency, a severe neurosis. And if you want to emphasize it, put him in a competitive situation in front of the class, like you did with your reading. Ask him to read in front of the class. That's where he is going to crumble worse,

because that's where it takes a strong ego to get in front of a class and in essence perform. That's going to be the hardest, that's where he's going to stumble. Now, you said that he was crying, now I'm sure, that if you would have forced him to go on he would have crumbled into and seemed very dull, or a very whatever. The easiest thing, is going to be where no demands are made on him, or the only demands that are made are those which his weakened ego can meet. Like maybe second grade work, or first grade work. But as I'm telling you, I don't think that much of anything you're going to do is basically going to change him. You can't cure his neurosis. You can get the parents to get him the help that he needs."

Mrs. Z. "Tell me, on what basis are you so sure that his IQ is within the normal range?"

Dr. A.: "Well, I explained that, and I'll try again. Now, if I was going by his verbal IQ, you know, when I asked him questions on the informations sub-test, you know, oh, like what is. . . , and he has to give me a sentence answer, or ask him to define a word, he has to look at me, and he has to say, well this is. . . , and see that's where he's incapacitated, and his scores, his quantitative scores are, I think I can look them up, but they're roughly in the high 70's low 80's something like that. If I'd score them. That looks like a mentally deficient child, but when I had him performing tasks which never required eyeball to eyeball, he worked for me well. When he could turn his back on me working puzzles cutting out you know, the personal anxieties, then he performed at the IQ level around 110. I think that that is his potential, what he can perform, it's kind of like absenting his anxiety from his functioning. That's what happens, it's on that basis. Also we can make estimations from Rorschach performance, even though he rejected four of the cards which again to me teaches me something about the manner in which he's constricted emotionally. Okay, but even in terms of the responses on the Rorschach there's a way that we can see how he integrates different aspects of the cards, and it takes a certain amount of intelligence. In other words, there are other ways that I can estimate intelligence, beyond just the intelligence test."

Mrs. Z.: "Can you eliminate the possibility that he is a perceptually handicapped child? He reverses letters."

Dr. A.: "He may have minor neurological or perceptual problems, but of course again, let me explain this to you, if you're anxious enough, remember what I said before, you can appear as a mentally deficient child. It can reduce you to functioning you at a level where in fact, you reverse letters, you know, so that it is my feeling again Mrs. Zimmerman, that what it is, is the neurosis. He has a lot of low level functioning, that looks like a lot of other things, what it in fact is, is anxiety which incapacitates him. Which makes him function way below his potential, and I'm saying the way that we have to deal with this boy, is that we've got to get parents who don't see any problem, or the problem they see, they expect him to outgrow. Our professional skills are going to come in to get those parents who

don't see a problem, to make the time and effort investment that is necessary to get him to the Child Center."

Mrs. Z.: "And hope that in the interim, that no further damage is done by me in the classroom."

Dr. A.: "Yes, you know, well you've got a tough job. It's tough working with a neurotic, and maybe eventually he will be taken out of your class, and put in a classroom for the emotionally disturbed, but we can't make that determination, until we have a more comprehensive diagnostic study."

Mrs. Z.: "Thank you."

Dr. A.: "Sure."

PHENOMONOLOGICAL INTERVIEW

Dr. A.: "Well, I'm glad we had a chance to get together, he's an interesting boy to work with. I know you have a tough time, listen, is there anything that came up since I have been in the classroom, since you wrote the referral on him, that you want to tell me about, anything new happening with Timmy?"

Mrs. Z.: "Well, he's getting more and more bizarre, his behavior is becoming more and more bizarre. Instead of just jumping out of his seat and running around the room, he's now annoying other children."

Dr. A.: "Yeah, boy that's a dangerous sign. It tells us what he's thinking about himself, what he has to do."

Mrs. Z.: "I don't know what it tells you, but it tells me that not only do I have to deal with Timmy, but I have to deal with Timmy and the child that he's disturbing. So, that the time in the classroom for teaching is narrowing down, and I, I just can't continue this way, I've got to have the recommendations from you about what I can do to help this child achieve some degree of success."

Dr. A.: "Listen, I've watched you in the classroom with him, and I did a quick estimate, you've got twenty-five, thirty other kids, I don't know how many were absent. And you were spending, even when I saw you, which was, you know, a little while ago, I think about 1/5 of your time on Timmy, in calming him down, and trying to get him to dosomething. I know, I know, I've been there, I've watched."

Mrs. Z.: "Listen, I've got thirty-one kids in that class."

Dr. A.: "Yes, I know."

Mrs. Z.: "And I've been counting the number of times that he's disrupted that classroom. The next thing I'm going to count is the number of times he drives me up the wall. I really need some, some help. I . . ."

Dr. A.: "Okay, what I'm going to try to do is give you some understanding of how he sees himself, how he sees you, what his life is like you know, who he is in relation to all the significant people in his life. And through that understanding, come up with some kind of things, that you and others can do, to kind of help this kid, because, I, he's just so alienated from everyone, his inter-personal relationship, not only with you, but with his classmates, and at home with his mother, his father, his sibs, they're all distorted. And we're going to have to work on all of them, try to figure out the . . . Let me try to give you some understanding of what I did, of what I attempted to do to

understand him, where I'm at in the understanding of his world, his perceptions, and then we'll share some ideas about what might happen in the classroom."

Mrs. Z.: "Let me just ask you, did you observe his, his, nose picking behavior? This kid is picking his nose now, constantly. On top of everything else."

Dr. A.: "It doesn't make him seem very appealing to the other kids."

Mrs. Z.: "Hardly!"

Dr. A.: "You don't see him as appealing, the other kids don't see him as appealing, and that's his view of himself. 'I am not an appealing child.' And, when you describe to me how your observations indicate that he's acting more bizarre. I think he's switching roles. He's tried before, he was a withdrawn kid who couldn't pay attention, now it sounds like he's becoming the class clown. I think that shows how desperately this boy is trying to find a role for himself. We've got to understand who he is, where he is, and how he perceives things. Let me tell you what I did. I not only watched him in your classroom, I also watched to see how he gets along with the kids out on the playground in a less structured situation. I, I took him into my room, and I set up dolls and had him interact in a play therapy kind of thing, with his mother and his father, and I think I do have some kind of idea of how he perceives these people, as well as the brothers and sisters. I'm going to give this to you, it's my belief that the more you understand even the home situation, the better you'll be able to deal with what happens in the classroom. Because, I think that how he feels about his brothers and sisters spills over to how he feels about the other kids in the class. The one thing that I have, is that I'm sure the way he feels about his mother, is influencing how he feels about you."

Mrs. Z.: "Do you think it's going to help me to deal with him in the classroom, if I understand how he feels about his mother?"

Dr. A.: "It is my belief that the more you understand what is going on inside his head, how he views you, the better you understand him, the better you'll be able to design some way to, or will be able to design some way, to help him get a better self-concept. If he feels better about himself, he's going to be able to settle down and do his schoolwork, and that's what I want to aim at. You know, its interesting, to just think of this thing, you know, I looked over your sociometric data that pertains to the whole class. Think of this situation, here's a boy who nobody chose, who was the only child in your entire class that nobody chose to sit next to, or go to a party with. Now think for just a second what does it feel like to be in a a second or third choice. You know, if he's acting a clown, he's acting a very sad clown, trying so hard to feel better about himself. Well, let me go on here, with this stuff. Let me tell you what I found out about how he feels about his mother. Now most kids, you

know, it's always the father whose the distant one, who doesn't spend enough time, this kind of thing. This boy feels his mother is very distant, too busy for him and all the children. She is a distant person who doesn't care, he doesn't see her as capable of warmth. But his father who he sees as capable of warmth, he sees as preferring his seven year old brother. See, there's four kids in the family, he's the oldest and there's two younger girls. But it's the seven year old brother, and this is what it does to his self concept, he feels he can't meet peoples' expectations, he's not an appealing child, that's how he seems to see himself, and he's got to see himself as more appealing as being, worth something, but he's got a strength too. Let me tell you about his strength. At least until you told me the story this morning, he was still trying to please, he tried to please me, he was, he was in someway, he wanted people to care for him. You know, kids who give up on this kind of thing, you say its not worth it anymore, they start acting out against other members of the group. He was still, at the time I was seeing him, he wanted other kids to accept him. He wanted his father to prefer him, and that's, I mean it's not great, but it's better than acting out. That's a strength. Now, I think that what happened with you, my view is that he perceives you as a mother. A distant person who's expecting, you know, like the oldest child, 'Do this, I expect you to clean your room.' How do you think he perceives you? How do you think Timmy looks at you?"

Mrs.Z.: "As a thorn in his side, I'm sure. I started out being very accepting and very mild, and I'm having some difficulty controlling my own bad feelings toward him."

Dr. A.: "He's forced you to be kind of an authoritarian kind. . ."

Mrs. Z.: "I'm not comfortable around him. Last Thursday he picked his nose until he started having a nose bleed in the middle of the class. I mean , it's just getting bizarre, I can't possibly muster up good feelings for the child at this point. I need some specific things to do."

Dr. A.: "So, what happened was you tried to be, you tried to fit a role that he wasn't used to. At least in terms of his mother, you tried to be, kind of giving and understanding, and he almost forced you into saying, see because his self concept is that of another type of child. He's now got you thinking of him, and acting like an un-attractive child. That's the problem that we're at, you're reacting exactly as he perceives womans' role as. Let me tell you what I'm going to recommend for, for all of this, you know, in an attempt to try to change his self concept, for him to not see all the significant others in his life as seeing him as an unattractive person. First, at home, I'm going to talk to his parents, and I'm just going to deal with one problem, that is his over-eating, because just like his nose picking, he can alienate himself from all the other kids by becoming an obese blimp, which will further alienate him from the group; so I'm going to try to make the parents understand, 1) that he feels alienated, from the rest of the world, and 2) he doesn't really want to. And if they can help him with his over eating, then they, he may say, 'Heh! They think I'm important enough to watch my diet.' Because the mother isn't too busy, and it's easy for her to, I hope.

My main recommendation"

Mrs. Z.: "Yor're saying more love less food?"

Dr. A.: "From the mother, yes, I'm going to try to get that point across to her in terms of how he's over weight is only going to over-emphasize his bad feelings about himself. I'm going to talk to Mr. Lipp, you know, Thompsons' Recreation Center? And let me tell you, I want you to understand that this recommendation is about. I want him to be in a recreation activities group with a female therapist. See, you have expectations, the school wants you to raise his reading level, his math level, and all this. So you do have expectations for him, that he's having a hard time meeting. I want him to be in a group where his self concept can change. Where the person who is a female leading the group, only wants him to have a good time, who can give to him. So it's kind of like a pseudo-mothering role, without the requirements. Yor're loaded, you're really loaded down with thirty other kids and goals that you have to meet. This woman will be able to give to him. I'm also going to suggest to Mr. Lipp, that he be in a group with all boys, so that he can be more comfortable like with his seven year old brother, and feel that he can compete with attention. Okay, we're around to what to do in school. I want this boy to feel more attractive, more acceptable. The only way I see that you can do that is if you give up on the academics for him. If you say I don't care whether he's reading better, I don't care about his math"

Mrs. Z.: "I wish I could afford to be in that position, but I have to be held accountable for these children. First of all, I need to know from you, whether his IQ is in the range of a normal child's normal IQ, so that I can assume too, he can work."

Dr. A.: "Good question, I looked it up on the group IQ test, I also did a little testing with a couple of WISC sub-test, you know, actually just, to back it up. He's at least average in intelligence. The group IQ test said 87, you know, which is below your class average. That's why I tested him with the individual. On things where he didn't have to have to interact with me, you know, like the performance items the things like that, he did fine, he did somewhere about, would be comparable to about 105, I think. I don't know, I can look it up. My guess is that he's probably capable potentially a little, about your class average. But that I know, I know he's so disturbed he feels so bad about himself, he's so sure that he can't perform, that you even, you consider that he's a dull child. But he isn't."

Mrs. Z.: "If he's that emotionally disturbed, why not recommend that he be placed in the classroom for emotionally disturbed children."

Dr. A.: "I don't think this boy is emotionally disturbed in a way that he requires some kind of exhaustive kind of thereaputic work. I think that would be wrong, we would hang another label, 'he's sick' again inadequate. I want him to change his self concept, to make him feel sick would make him feel again inadequate. I want everything

we do to enhance his self-concept. To say 'I can compete with my brothers, I can compete with my classmates. My teacher doesn't hate me, my recreation therapist kind of thinks, she thinks I'm all right.' I want him to feel better about himself. And labeling himself as sick would only make him feel worse. Again, it's another way of feeling odd. Let me help you with this thing. What if we let the principal know that we were involved with this kind of work, with this boy. I'll of course give him a copy of the report, but I think, write on it that academics should be kind of non-emphasized, during this next, I don't know, during this next year, so that you wouldn't feel so guilty if his reading didn't go"

Mrs. Z.: "Then what do I do about report cards, and promoting him to the next grade, or holding him back?"

Dr. A.: "What do you think we ought to do? How do you think we ought to handle it?"

Mrs. Z.: "My point of view, my orientation is such that I wish there were no report cards, and I wish the school was a non graded one, but it is not a non-graded school, and we do send report cards. And I do also have to, in some way, tell the class, or indicate to the rest of the children, that this child is going to be handled differently from the rest of them. There are any number of problems."

Dr. A.: "Yes, there are. And I really sympathize, of course, from my point of view, I wish that you would give him good grades, depending on his effort and not depending on what he does, you know, just grading him, so that he feels better about himself."

Mrs. Z.: "His mother told me that she had expectations for him, in terms of College."

Dr. A.: "Yes, well I'll talk to the parents, I'm going to try to help her understand, because she's in a bind too. She feels that she had this child, who is obnoxious, you know, and who is not able to live up to her expectations, she's a human being too. But I'm going to try to get to understand, why she expects so much from this child. Maybe she's over loaded with her own work, I want to understand why she expects so much. I feel that when I understand why that woman expects so much from this fourth grade boy, then I may be able to help her. But you have expectations for him, and I can see the bind that you're in."

Mrs. Z.: "What do I do?"

Dr. A.: "Why don't we ask the principal's help about a different grading system for him? Lets see, if we can get you off the point of the dilemma, of having to follow the restrictive school rules, and still meet this kid's individual needs."

Mrs. Z.: "But from 8:30 till 3:00, he's to do no academic work at all?"

Dr. A.: "From 8:30 till 3:00, he's supposed to do anything in terms of what would raise his self concept. Now let me give you an example of that. You can have him read, and be successful with second grade material, or math material, he's doing academic work, and he may be building up, 'I can, I can, I can.' If you want to group him, group him with children in your classroom who are you know, you do have some low functioning children in your classroom. Don't group him with the brighter, don't group him with the middle, but try to group him with children where the competition will emphasize he is, his relative position is being better, or as good as. Those kind of groupings might help that boy."

Mrs. Z.: "Can I give him directions, can I simply give him instructions, as I would with the other members of the class, or should I ask him, I really don't know how to relate to this child, on the basis of what you said."

Dr. A.: "I'll bet you do. Now, let's say"

Mrs. Z.: "If I were his Therapist I would, but as his teacher, it's a whole different ballgame."

Dr. A.: "Let's see in terms of understanding what it was, you know, how he feels about you, you have expectations for him that he won't be able to meet. How would you give him directions, you know, about let's say you had some map drawing assignments, could you think of a way, do you understand him any better now? Before you wondered whether he was dull, couldn't do it, he couldn't do even over simplified instructions. Or, he's forced you to be an authoratarian, like to say, this is the way you're going to do it, kind of like what I saw. Now, my question to you now, understanding how he feels about himself how might you give him instructions now? Structuring that map drawing thing."

Mrs. Z.: "Well, I guess I might ask him to pass out the maps for me."

Dr. A.: "That's very good, indicating that you know he's capable of doing that, and you chose him, and you know, trying to start there. That's a good start."

Mrs. Z.: "And, I'd suggest that he try to do one."

Dr. A.: "Then you feel that by asking him to try, that that will lower his feeling about your expectations."

Mrs. Z.: "I'll try it and see what I can do, I guess that's the way I'd put it."

Dr. A.: "I think that's very good. You know, I think you have a dilemma, and I think that there is no way you realize that we're going to be able to wave a magic wand, and have him a normal performing child but, perhaps this kind of understanding is going to help you more to deal with him."

Mrs. Z.: "I may even ask him to help one of the lower functioning children, to work with them."

Dr. A.: "You feel that by asking him that he'll be able to again get a better self-concept. That's very good, your creativity is what is going to help this boy. And don't forget we will have him at this recreation center, and it's my hope, that you, know I'm going to be asking the parents to do some things. I'm going to be asking Mr. Lipp to put him in a situation, and that all these things will ease your burden somewhat. Okay?"

Mrs. Z.: "Okay."

Dr. A.: "Okay, we'll try."

SOCIAL LEARNING INTERVIEW

Dr. A.: "Well, I've finished seeing and doing some work with Timmy, Mrs. Zimmerman, and I'm really glad you referred him. He's a, he's pretty much of a trial for you, I'm sure."

Mrs. Z.: "Yes, he is."

Dr. A.: "What I've done, I've come up with some ideas about what we might be able to do, to try to begin to work with this boy, because you know, his whole school experience, for a long time now, has been bad. I'd like to present to you at least a beginning to the idea. See whether they make sense to you, and then see whether this plan is going to work out, or is helping Timmy. He's going to take a lot of time on both of our parts, and I think both of us are going to have to say, 'Look, this boy is in trouble.' We're going to have to give him more time than the other kids in the classroom. I, from my point of view, am going to have to specialize on Timmy for a while, at least in watching him. You're going to have to spend more time with him and if I suggest something, that is taking up too much class-time, or is too much that you can not fit into your regular class, then you let me know, and we'll revise it in some way. Okay?"

Mrs. Z.: "I will."

Dr. A.: "Okay, now of all the things that you reported to me and that I saw then I saw him, that fidgetiness that you reported, the inability to concentrate seemed one major thing. The other major thing was, that oral book report that he just couldn't give, and whenever you have to do anything in front of the other kids, you know, he would just freeze with terror of some kind, or sadness, or depression. I'd like to try some kind of system that attacks both those problems to see whether we can help him concentrate more, and be more comfortable in front of the class. Do those seem like reasonable things to work on?"

Mrs. Z.: "Yes."

Dr. A.: "Let me tell you what I have in mind, I'm just going to outline it now. If I can get your agreement to do these things, then I'll take the responsibility of writing it up formal, so we'll have something for the school records. But, it's important that you agree with what we're going to do, and we'll put some meat on the bones of these plans later. I'm just going to give you an outline. Okay? Okay. Now, the first thing, let's talk about the fidgetiness. Now, you've already tried this great system of having him sit beside you, you know, right beside you in your desk. Did he like that, or not like that, sitting right there beside you?"

Mrs. Z.: "I'm not sure. I did it originally because the kids are

very mean to him. They pick on him even during seat work, and class-work."

Dr. A.: "So you thought it was kind of a rescue for him."

Mrs. Z.: "It was a protective thing, as much as anything else, I don't know, I don't get the feeling it's a good thing in terms of something that makes him comfortable. I don't know, I can't tell. Perhaps I should ask him."

Dr. A.: "Yes, we could do that. What I'd like to do is to have him be able to focus his attention. You see, here was my idea, you modify it the way it would work out in your classroom. I thought he might feel even more embarrassed, or that you might have to do more structured work, 'you've got to sit here and finish your...whatever' you know, in attempt to get him to do seat work that he wouldn't do independantly and I thought that he would find out that we could work out a system where he sits by you, and has to work harder than he usually does, and when he gets the work done, then he goes in any part of the classroom that he likes, maybe your exploratory table, you know, or the library section or someplace he likes too. Then, if he gets his work done in five minutes, then he gets alot of time back at the exploratory table, or library in the back of the room, or sits with whatever kids he might find, you know. But if he doesn't get it done, then he has to sit here longer, and this is very carefully explained to him. What do you think about it?"

Mrs. Z.: "A couple of things occur to me. First of all, I'm concerned with whether or not he is capable of doing the work to begin with. I mean, I see no point in insisting he sit for long periods of time, doing something outside his capability."

Dr. A.: "Right. What I think I want you to do, we would start off, because what we're fighting is the fidgetiness, not paying attention, so we pick work that is easy for him to do, that you know he can do, doing second grade work. The idea is to have him focus attention, so that I'll write that into the report that the work he does beside the seat should be easy enough for him to accomplish. Okay. Good. Anything else about"

Mrs. Z.: "What do you think about the idea of building up the time, rather than starting out with some large period of time, where he has to sit and work. Perhaps I could require him to work at some task he can succeed at for about five minutes, or ten minutes, and then provide, him you know, reinforce that with a free time."

Dr. A.: "I'll tell you what. I think thats what I have, more for the second thing, we're going to get, for his ability to perform, that kind of a successive approximation to what you want him to do."

Mrs. Z.: "Right."

Dr. A.: "But, what I thought for this was, I wanted him to control his

own behavior to learn that if he got the work done in five minutes, then he had ten minutes to play. If it took him fifteen minutes to do, then he had no time to go, you know, back to that part of the room that he likes to go back to. Where he has no responsibility and he can fidget all he wants. So, I'd like it task oriented, rather than five minutes on something easy, for when he finished this, then he can go back there."

Mrs. Z.: "Okay. So then I need to, I need to establish for him a base line of how long it would take him, under normal circumstances, to do the work, and then apply the contingency."

Dr. A.: "What we'll do, is we'll start and you'll do it without having you know, his ability to go back to the end of the classroom on the base line period, whereas, you understand, that you'll just give him easy tasks to do. Then you'll change it, and find out if you let him go back to the back of the room where he seems to be comfortable, whether that shortens the amount of time, and see whether he can focus. Something like that. I'll write it out in some kind of report that I'll submit to you, in a more formal way."

Okay, this business about being at ease with other kids, now, I observed that he told me that he can do oral reading, it's his comprehension which is so bad. My looking at the child, having him reading for me, makes me feel that it's his fear that doesn't allow him to learn what he's reading. He's so scared that he can't possibly keep it in his mind. But he can oral read, and I was thinking of a system, like this: At first you would ask him to just do some oral reading for you. Okay? Just by no questions. Then, find out whether he can answer questions, when he's really comfortable reading for you out loud. Tell him ahead of time, don't surprise him. Say, 'this time we're going to do something new, this time I'm going to ask you one question, or two questions.' And make them easy questions, okay? And then after he gets to the point where he's comfortable by reading and answering questions, then you bring in two quiet kids, non threatening type kids, and see whether he can perform still at that level with two quiet kids. And then what I'm suggesting is that gradually we expand his ability to perform in front of other people, going in that way. Does that make sense to you?"

Mrs. Z.: "Yes, it does."

Dr. A.: "Do you think you'll have the time to do that, to get him alone, in the classroom and"

Mrs. Z.: "I'll find the time to do it."

Dr. A.: "Well, you know this business, I'm thinking now about this idea of reading, having him read to you, we might practice that a little bit. It will give me a chance to know better how to set up this schedule, and if you can role play him, I'll show you what I want to do. And see if that makes sense to you. Okay. Why don't we use part of the Durrell Reading Test, and we know

that he's reading about third grade level, so let's pretend that you're him now alone and you're going to have to read him that third grade selection. Okay. Do it your way, and I'll pretend to be you."

Mrs. Z.: "And I'll pretend to be Timmy."

Dr. A.: "Right." 'Okay Timmy, just read as best you can, anyway you want, I'd like to hear how you're reading today.'

Mrs. Z.: "Six boys put up a tent by the side of the river, they took things to eat with them, when the sun went down they went into the tent to sleep, in the night a cow came and began to eat grass around the tent, the boys were afraid, they thought it was a bear."

Dr. A.: "Look at me, that was very good! You did a good job with that! I really think you really have the makings of a good reader. Lets just try one thing Timmy, let's try one thing. Do you remember uh, how many boys there were in that story? Thats a hard one. Tell me anything you do remember about that story."

Mrs. Z.: "There was a bear."

Dr. A.: "That's right! There was a bear in that story. Okay, lets see, uh, is there a second thing you can remember about that, anything at all, about the story."

Mrs. Z.: "There was a tent."

Dr. A.: "Yeah! See, you're getting it. I'm going to have you do it again, I'm going to have you read the story again, and this time, I'm going to see if you can remember how many boys there were. Okay? Read the whole thing again. That's kind of a nice thing. And this time I'm going to ask you how many boys there were."

Mrs. Z.: "Six boys."

Dr. A.: "Right, read the whole thing."

Mrs. Z.: "Six boys put up a tent by the side of the river, they took things to eat with them, when the sun went down they went into the tent to sleep, in the night a cow came and began to eat grass around the tent, the boys were afraid, they thought it was a bear."

Dr. A.: "Okay, now what's the question I'm going to ask you?"

Mrs. Z.: "Six boys."

Dr. A.: "You did it, now thats really very good." 'Okay, Mrs. Zimmerman, if Timmy is as good as you are, you know, I don't know, I think you have more difficulty with him. But if he's as good as you, no matter what he gives you, the idea is that you reward him. He can't

do anything wrong. If he couldn't remember anything, then you'd say "Well maybe if you read it again, you could remember something." 'That you don't have any expectations of performance, what you're trying to get across is that what he does is what is right. So that, it's a situation, where there's no failure for Timmy. And that's what I think he needs. And slowly you pick him up, when he learns to read. Hopefully, that will work, we'll see.'

Mrs. Z.: "Provide success experience."

Dr. A.: "That's right, and that's all. And then when he can do it with you, and he can do it fairly good, with two other kids, and when you introduce those other kids, don't have them a hell of a lot better than him. You've got to wait till the point where you're working him with two kids who won't giggle at him, laugh at him, or"

Mrs. Z.: "I'll, I'll take those kids that he plays well with. There are two boys that he plays reasonably with. I'll choose those."

Dr. A.: "As long as they're not reading a billion times better than he is. They're not the kind of kids that laugh at him, or"

Mrs. Z.: "No, they seem to be patient with him."

Dr. A.: "And I hope it works, we'll find out, you know this stuff that we're working on may not work out, and we have to really do a kind of follow up, to make sure that it will work, and I would suggest about a six week period, a grading period, something like that. I'll be checking with you, and coming into your classroom, but at the time of the next grading period, we ought to expect at least two things: First he ought to be able to do, what do you think is a fair amount of time for a fourth grader to sit at his seat, would you be satisfied if he could be task oriented, going into ten minutes or fifteen minutes, or, what would you think would be a reasonable goal?"

Mrs. Z.: "I, I expect the other kids to work at their seats for a period of a half hour."

Dr. A.: "What do you think for Timmy? After six weeks, pick a reasonable goal, we can change it."

Mrs. Z.: "Fifteen minutes?"

Dr. A.: "Okay, that will be our goal then. In terms of doing consistent work, fifteen minutes, and we ought to get that in six weeks, one grading period kind of time. We'll plan it the day of the follow up, sometime after the grading period, so that it doesn't interfere with all the teacher-parent conferences I know you'll have at that time."

Mrs. Z.: "Should I assume that at least you're convinced that intellectually he is capable of fourth grade work, and that he has a normal IQ?"

Dr. A.: "Yes, well, here's what I know, and here's what I don't know. I did give him an IQ test, and his fearfulness again, you know, just like he couldn't answer questions from his reading. There were plenty of times he couldn't answer questions for me. You know especially when it was a face to face, you know, 'what are the colors in the American Flag?' Okay, but when I had him just work puzzles, by himself, his level of performance there where there was less anxiety, you know when he was less frightened, there was just him and a puzzle, uh, it looked like he was at least average. So my guess at this point, is that this boy is at least average. I don't know what his academic performance is, though he may be academically retarded, again you know, his reading is so hard to measure his comprehension, but at least for now, I think that we can assume that he is probably normal in intelligence, and we don't know how academically retarded he is. Okay, listen, the time that we pause, I'm going to talk to the parents, and I'm going to tell them what we're going to do. I'll be checking with you, we'll be trying some things in the classroom, and I'll see whether I can get the parents to help us on anything about his nervousness at home. If I find out anything, I'll sure let you know. I'll talk to you, and I'll tell the parents about our follow up, and plan another conference with them, because it may be that we're going to have to get them more involved. So, try it this way. I'll tell them that we'll have our follow up at the time of the next grading period, and then we'll have another, you and I, or maybe just you, or maybe just I, whichever we decide is best, uh, we'll have another conference then."

Mrs. Z.: "I'd also appreciate it if you let the school principal know that we're working with Timmy in this way, and that at some point, we might be establishing a program for him, so that if something different is happening with him, I don't get any flack from the administration."

Dr. A.: "Listen, would it be a good, I usually fix up this report, and put it in the files, do you want something beyond that? Do you want me to send a special copy to him, or attach a note to the copy that goes to the office, and saying attention to the principal, letting him know that this special program is going on?"

Mrs. Z.: "That would help me a great deal."

Dr. A.: "Glad to do it."