FACTORS AFFECTING TEACHERS'

ACCEPTANCE OF SCHOOL PSYCHOLOGICAL SERVICES

BY

TRUDY L. KOTOWSKY

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MASTER OF EDUCATION

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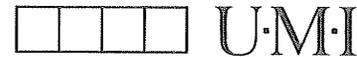
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Abstract

This study investigated the perception of teacher involvement as one important variable contributing to teachers' acceptance of psychological services. Specifically, preference for two types of models of service delivery were studied: the school-based consultation model and the referral/testing model. Subjects were 136 K-6 teachers, from three rural school divisions located in south central Manitoba. Teachers were presented with an instrument designed to modify teachers' sense of involvement in the process of psychological service delivery. This instrument consisted of two parallel forms including two scenarios describing interactions between classroom teachers and school psychologists within two settings: (a) the school-based consultation context, and (b) the referral/testing setting. It was hypothesized that a teacher's perception of involvement in the problem-solving process and their degree of acceptance of the corresponding service delivery model were positively related. A pilot study was conducted to test the effectiveness of the instrument in modifying teachers' perception of involvement on a subject pool composed of 13 K-6 teachers from a rural elementary school located in southern Manitoba. Results indicated that when presented with a scenario designed to increase their sense of involvement, teachers had a higher degree of acceptance of the service delivery model described in that scenario, as compared with the scenario designed to decrease their sense of involvement. The results supported the hypothesis. The limitations of this instrument were discussed and suggestions for further research were made.

Factors Affecting Teachers'
Acceptance of School Psychological Services

Introduction

School-based consultation and referral/testing are two types of psychological service delivery models that are presently being practised in the schools. School-based consultation can be defined as a collaborative problem-solving process involving the classroom teacher and the clinician where both professionals are actively and interdependently engaged in identifying the problem(s) affecting the students, analyzing the problem(s) and developing recommendations to ameliorate the problem(s), implementing the recommendations developed, and conducting follow-up and evaluation procedures. The referral/testing model can be defined as a process whereby the clinician acts as the expert involved in identifying the problem(s) affecting the student(s), assessing the problem situation(s), and developing recommendations for intervention. Inherent in the school-based consultation model is a greater degree of involvement for the classroom teacher throughout the various stages of the consultation process, from the problem-identification assessment procedure to the development and implementation of recommendations and follow-up, as compared with the referral/testing model where the control is in the hands of the school psychologist in charge of the process. The involvement of the teacher in the referral/testing model primarily is to provide assessment-related information and to implement the recommendations developed by the clinician.

Statement of the Problem

In recent years, school psychological services have received much critical attention both in the academic and the professional literature. Some of this attention has focused on issues concerning the effectiveness of program variables, and more specifically, on treatment acceptability by the classroom teachers (Elliott & Sheridan, 1992; Kutsick, Gutkin, & Witt, 1991; Martens, Peterson, Witt, & Cirone, 1986; Whinnery, Fuchs, & Fuchs, 1991; Witt, 1986). These investigations have provided important insights into teachers' evaluation of, and willingness to implement, psychological programs designed for classroom settings. There exists a great deal of evidence suggesting teachers' dissatisfaction with psychological services and concomitant resistance to the implementation of psychological recommendations (Friend & Bauwens, 1988; Martens, Peterson, Witt, & Cirone, 1986; Piersal & Gutkin, 1983; Whinnery, Fuchs, & Fuchs, 1991; Witt, 1986, 1986; Witt & Martens, 1988). Witt claimed that much of the teachers' resistance to psychological services can be better understood by focusing on the process used to develop the recommended intervention programs rather than by scrutinizing the programs themselves.

Previous investigations examining process variables of school psychologists' service delivery have focused on the characteristics of the consultants and consultees (Knoff, Mckenna, & Riser, 1991; Piersal & Gutkin, 1983), the skills and attitudes of consultants and consultees (Elliott & Sheridan, 1992; Gutkin & Ajchenbaum, 1984; Gutkin & Hickman, 1988), and environmental characteristics of this process (Pugach & Johnson, 1988; Witt & Martens, 1988). Although this research has provided insight into consultants' and consultees' personalities and ideologies, noticeably absent in the literature

is empirical research on teachers' perceived sense of involvement in the problem-solving process as related to their degree of acceptance of the corresponding psychological service delivery model.

Researchers argued that the referral/testing model provided classroom teachers with little opportunity for active participation and, consequent sense of involvement, which could possibly explain why classroom teachers are less likely to accept psychological services (Gutkin & Ajchenbaum, 1984; Gutkin & Hickman, 1988: Kutsick, Gutkin, & Witt, 1991). School-based consultation has been espoused by numerous researchers as an alternative service delivery model to the referral/testing model in that it offers a more collaborative approach to the assessment and recommendation process (Conoley & Conoley, 1988; Curtis & Meyers, 1988: Elliott & Sheridan, 1992; Idol et al., 1987).

In Manitoba, there appears to be a growing province-wide recognition among practising school psychologists that the use of collaborative models such as school-based consultation should be implemented within the school setting (Bartell, 1990). School-based consultation, unlike the referral/testing model, builds on teachers' active involvement in all phases of the problem-solving process, thereby, likely helping to develop in the participating teachers an increased sense of control over the problem situation. Furthermore, this model broadens the skills and knowledge base to be utilized in the problem-solving process by employing the knowledge and expertise of the classroom teacher in the assessment and intervention process. Consequently, some researchers have theorized that this model may be viewed as a preferable mode of service delivery in the educational setting than the traditional referral/testing model (Gutkin & Ajchenbaum, 1984; Gutkin & Hickman, 1988).

While there has been growing support for school-based consultation model, the empirical research in support of this model has been fairly limited. In particular, teachers' acceptance of school psychological services - an important component of the effectiveness of any school psychological service model - has been largely underinvestigated. Review of the literature had indicated that only a limited number of empirical investigations dealt with teachers' perceived sense of control and their preference for psychological service delivery models, notably, the research of Gutkin and Ajchenbaum (1984) and Gutkin and Hickman (1988). The researchers speculated that teachers preferred a model which would offer them an internal sense of control; however, significant limitations were identified in their research designs which, in turn, limited their ability to provide empirical findings to support this area of research. By addressing the flaws in the previous research, the focus of this investigation was to study whether or not the alterations of the teachers' sense of involvement in the problem-solving process had an effect on the teachers' acceptance of a particular psychological service delivery model.

Review of the Literature

History

The roots of consultation in the practice of school psychology can be traced to the mental health field. Gerald Caplan (1970), a psychiatrist who established consultation in the mental health profession, defined the term as a process of interaction between two professional persons - the consultant, who is the specialist, and the consultee, who invokes the consultant's help in relation to a current work problem with which he/she is having some difficulty and which he/she has decided is within the other's area of specialized competence. Caplan expanded the role of the mental health consultant beyond the boundaries of the mental health field by suggesting that mental health specialists may engage in many types of professional consultative activities including supervision, education, psychotherapy, counselling, administrative inspection, negotiation, liaison, collaboration, coordination, and mediation.

Initially, the practice of mental health consultation began in 1949 in Israel where Caplan (1970) and his associates were responsible for the supervision of the mental health of 16,000 new immigrant children. With a small team of psychologists and social workers, and with approximately 1000 referrals per day, Caplan and his team quickly realized that the traditional approach to mental health, that is, accepting referrals and carrying out diagnostic investigations on each individual child would be time consuming and ineffective. Because of the inability to provide psychotherapy to all the individual children, Caplan's team began to discuss informally possible management techniques with the staff of the institution in hope of reducing the pressures of case overload and providing support to the staff. According to

Caplan, this method of consulting was proven to be successful in the Israeli program and was quickly adopted by many institutions throughout North America.

The adoption of consultation within the school system has occurred because of the need to deal with not only outstanding caseloads, but also with the concerns of educators who felt that they did not receive meaningful help from psychologists and related professionals in schools (Meyers, 1981). For example, in analyzing the historical perspective of mental health consultation, Meyers found out through informal discussions with many teachers that they had never met their school psychologists. Meyers also reported that in a majority of cases where teachers did receive psychological assistance, critics noted that psychologists spent too much time diagnosing and report writing, and spending too little time, if any, providing meaningful help in the classroom. This criticism has stemmed from the fact that where direct psychological services are provided in the schools (i.e. psychoeducational diagnosis or psychotherapeutic treatments), children have waited 6-12 months for psychological evaluations because of the considerable amount of time required for diagnostic work. Furthermore, because the diagnostic procedure can be very time consuming, little of the psychologist's time, energy, or inclination was directed toward effective communication with children, parents, or teachers.

On the other hand, mental health consultation which provided a more indirect approach to psychological services allowed psychologists to reach many more children through consultation with teachers and other school personnel than did the traditional direct method. Rather than providing mental health services directly to children, the goal of consultation was to help the

consultee (teacher) provide these services in the schools. This approach is viewed by many to be more effective than the traditional medical model for two obvious reasons (Conoley & Conoley, 1982; Meyers, 1981). First, it did not require an excessive amount of the psychologist's limited time; secondly, it incorporated the role of the teacher who had daily contact with the child, thereby, maximizing the opportunities to make a positive impact on the child's development.

Models of Consultation

Caplan (1970) organized mental health consultation into the following four-part categorization system: (a) client-centered case consultation, (b) consultee-centered case consultation, (c) program-centered administrative consultation, and (d) consultee-centered administrative consultation. In relation to education, it is the consultee-centered case consultation category which has received the most attention (Conoley & Conoley, 1988; Meyers, 1981). In describing this category, Caplan indicated that the main focus of the consultant was to try and understand the nature of the consultee's difficulty with the case and to try and help the consultee remedy the problem. Caplan claimed that difficulties with cases may occur due to the consultee's lack of knowledge about the type of problem presented by the client, the consultee's lack of skills in dealing with the problem, the consultee's lack of self-confidence, which could hinder his/her use of available knowledge and skills, or the consultee's lack of professional objectivity. Because of these potential difficulties, Caplan advocated that the consultee would benefit from a relationship with a mental health expert which was based on the following components: (a) coordinate

rather than hierarchical, (b) voluntary rather than supervisory, (c) targets consultee's specific needs rather than didactic, and (d) supportive rather than evaluative.

Since Caplan (1970) considered losses in professional objectivity to be the most common cause of consultee difficulty, most of his work was focused on the techniques designed to reduce lack of objectivity. Consequently, the mental health consultation model focused primarily upon changing the underlying attitudes or perceptions of consultees which supposedly interfered with their abilities to work impartially with clients. Although the mental health consultation model was considered to be a significant improvement to the field of school psychological services, many practitioners indicated that it was too complex to implement in the school setting (Conoley & Conoley, 1982, 1988).

Despite the widespread popularity of Caplan's (1970) mental health consultation, other forms of consultation have emerged which are thought to be more applicable to the school environment (Conoley & Gutkin, 1986; Elliott & Sheridan, 1992; Gresham & Kendell, 1987; Meyers, 1981). Behavioral consultation is a form of consultation most widely used in the schools (Elliott & Sheridan, 1992). This model is similar to the mental health consultation in that it aims toward improving the performance of both the consultee (teacher) and the client (student). According to Elliott and Sheridan, behavioral consultation has two goals: (a) to provide methods for changing a child's learning or behaviour problem, and (b) to improve a consultee's skill so he/she can prevent or respond more effectively to future or similar problems in other children. Unlike mental health consultation, behavioral consultation is based on social learning theory and concentrates on changing the frequency, intensity, and duration of

the client's behaviour by developing and implementing specific intervention plans with the consultee. Conoley and Conoley (1988) indicated that this version of consultation is far more familiar to school-based consultants, therefore, it is likely to be more easily introduced into the school setting than the mental health consultation. Furthermore, the recommendations not only use terminology familiar to the classroom environment, but also focus directly on the occurring problematic behaviours.

A second variation of consultative models familiar to the school environment has been referred to as process consultation or organization development consultation (Conoley & Conoley, 1988; Conoley & Gutkin, 1986; Gresham & Kendell, 1987). The focus of this model, which was derived from the research concerning small groups, organizational effectiveness, and social psychology, is generally aimed at changing behaviour at a system level, making people aware of the events and processes in their environments which affect their work. Differentiating themselves from mental health consultation, process consultants are not concerned with the unconscious dynamics of the staff members (consultees); instead, their focus primarily revolves around improving communication and feedback from the staff. Unlike behavioral consultants who direct their energy to children's behaviours, process consultants aim to offer advice and suggestions to improve teacher skills in handling groups. Conoley and Conoley indicated that the ultimate goal of process consultation is to facilitate ongoing organizational diagnosis and renewal. One of the criticisms of using process consultation in the schools is that educators tended to be content-oriented rather than process-oriented, and therefore, were not immediately receptive to process consultants (Conoley and Conoley, 1988).

This criticism does not address the fact that education is much more a process than a product enterprise.

Consumer Perspective on Consultation

Regardless of the particular model of consultation chosen for implementation, consultation has rapidly been promoted as one of the most preferred job functions of school psychologists today (Elliott & Sheridan, 1992; Smith & Lyon, 1985; Witt, 1985; Witt & Martens, 1988). Smith and Lyon noted that the impetus for increased emphasis on consultation came not only from school psychologists themselves, but from the consumers of psychological services as well. Similarly, Elliott and Sheridan (1992) reported that teachers and administrators viewed consultation as one of the most important and desirable aspects of special services from school psychologists. Along with its practical popularity, consultation has also drawn considerable attention from the academic world as evident by the overwhelming amount of literature dedicated to the topic (e.g., Gresham & Kendell, 1989; Pryzwansky, 1986). In a review of the consultation literature from 1978 to 1985, Pryzwansky found 660 citations appearing in the Psychological Abstracts and 403 entries appearing in the ERIC depository. In addition to Pryzwansky's findings, Gresham and Kendell referred to eight literature reviews since 1987 regarding the efficacy, processes, training, and utilization of school-based consultation, including a large section of a journal (School Psychological Review, 15(4), 1986) devoted to an analysis of indirect service delivery consultation in schools.

Despite this growing popularity of research concerning both the theory and practice of consultation in schools, Pryzwansky (1986) found only a small

percentage (26%) of the published articles to be empirically based. Likewise, Gresham and Kendell (1989), in investigating the reviews of outcome research, process research, and practitioner utilization, found little evidence to support the congruence between what is believed to be effective consultation, as described by practitioners, and what has been shown to be effective consultation on the basis of empirical evidence. They concluded that most consultation research could be described as limited in scope, univariate in nature (providing only single case research designs), nonexperimental, and devoid of a strong theoretical base.

Definition

Paralleled with the unsophisticated conceptualization of consultation research is the ambiguous use of the term by practitioners (Friend, 1988; Gresham & Kendell, 1987; Pryzwansky, 1986). Friend (1988) commented that if consultation is to be a viable service delivery option available to schools, then conceptual clarity needs to be established. According to existing research, consultation means many things to different people. As a term, it may reflect many theoretical orientations, techniques, and target populations. Even when applied to one particular population, much confusion surrounds the meaning and the use of the term. Reschly (cited by Gresham & Kendell, 1987) indicated that many school psychologists tended to use the term consultation to refer to practically any form of contract or service in the schools. Similarly, Friend (1988) found that the term was used at least three ways when applied to the school setting. It could be used to refer to a general trend toward educating special-need learners, to describe the programs of service that local school

districts implement, and as a collective noun to describe the process whereby professionals interact with other professionals. Although none of these uses mentioned above are incorrect in themselves, the undifferentiated use of the term by school practitioners creates much confusion. In addition to the requirement to distinguish the various forms of consultation in the schools, it is necessary to differentiate the use of the term in the schools from its everyday situations (i.e., consulting one's attorney during a real estate transaction). Owing to the generic use of the term consultation, Pryzwansky (1986) warned that some of the most widely quoted research may be flawed as a result of inappropriate or inconsistent conceptual definitions and typologies.

In focusing on the research defining consultation as a collaborative effort between two or more professionals, it was found that many discrepancies existed in the literature. Medway (cited by Elliott & Witt, 1986) defined consultation as a process of collaborative problem-solving between a mental health specialist (consultant) and one or more persons (consultee(s)) who are responsible for providing some form of psychological assistance to another (client). Although this definition was more applicable to the mental health field than the school setting, one of the difficulties identified within this definition was the lack of attention towards a egalitarian status between the consultant and the consultee in regard to a co-ownership of the identified problem and the process of problem-solving. A power differential between the consultant and the consultee was a common characteristic among several definitions reviewed in the consultation literature. For example, Polsgrove and Mcneil (1989) defined consultation as a method and procedural sequence consultants may employ to help consultees ameliorate learning and behavioral problems in youngsters.

This definition is that it has created an image of an expert (consultant) delivering knowledge to a consultee who is portrayed as a novice requesting assistant.

Similar to Polsgrove and Mcneil (1989), Pugach and Johnson (1988) included a hierarchical aspect in their definition of consultation. They defined consultation as a collaborative endeavor, one that is meant to share expertise in developing new teaching skills on the part of general educators who, in turn, can become more self-sufficient and less dependent upon support from special educators. This definition not only implied the establishment of a hierarchical relationship between the consultant and the consultee, but also suggested a lack of reciprocity where classroom teachers rely heavily on special educators' information in order to improve their skills.

Unlike Medway (cited by Elliott & Witt, 1986), Polsgrove and Mcneil (1989), and Pugach and Johnson (1988), Conoley and Gutkin (1986) recognized the collegial relationship in their definition which stated that consultation occurs when consulting psychologists (consultants) interact with teachers, parents, and administrators (consultees) to develop psychoeducational programs for children (clients) that will be carried out by the consultee(s) rather than by the psychologist (consultant). Despite the inclusion of a reciprocal interaction between the consultant and the consultee during the problem-solving stages, the present author believed that there still remained some difficulties with this definition. One of the problems was that it implied that the responsibility for treatment implementation rested solely in the hands of the consultee. The lack of reference to co-ownership of the problem and of the implementation process, which has been reported in the literature as an

important and necessary requirement of consultation within the school environment, has made Conoley and Gutkin's definition a difficult one to accept.

Idol, Paolucci-Whitcomb, and Nevin (1987), in their book Collaborative Consultation, discussed several aspects of consultation. Included in their list of advantages of consultation was the sharing of expertise by both the consultant and the consultee, as well as the recognition that consultation was a student-centered approach that required both consultant and consultee to develop creative and effective programs. Idol et al. expanded the term consultation to collaborative consultation which they defined as an interactive process enabling the participants with diverse expertise to generate creative solutions to mutually defined problems. However, as with Conoley and Gutkin's (1986) definition, the present author found that Idol et al.'s definition excluded the concept of joint responsibility between the classroom teacher and the school psychologist at the treatment implementation stage. Further, although Idol et al. recognized the importance of consultation to be a student-centered approach, it was also found that this specific approach was excluded from their definition.

One definition which did include the student-centered dimension was offered by Curtis and Meyers (1988). They defined consultation as a collaborative problem-solving process in which two or more persons (consultant(s) and consultee(s)) engaged in efforts to benefit one or more other persons (client(s)) for whom they bore some level of responsibility, and this process occurred within a context of reciprocal interaction. Based on Curtis and Meyers' definition, the following elements identified by the present author made this definition appropriately applicable to the school setting:

1. It identified consultation as a collaborative rather than a hierarchical process where there was coordinated status between the consultant and the consultee.

2. It recognized that consultation is a student-centered approach.

3. It included the notion that within consultation both the consultant and the consultee were responsible for the problem identification, assessment process, and treatment implementation.

Consistent with the unsystematic use of definitions used to describe consultation, researchers have identified much confusion with the implementation of the consultation process in the school environment (Pugach & Johnson, 1989; Witt & Martens, 1988). Because of the confusion in the definition of the term and the lack of empirical data within the literature to support the effectiveness of consultation, both Witt and Martens (1988) and Pugach and Johnson (1988) concluded that the implementation of consultation in the school environment, and particularly, gaining the active support of teachers, continued to be problematic. While it was apparent in the literature that the problem of implementing consultation in the school setting is multifaceted, one of the most important and underinvestigated aspect has been teachers' acceptance of school-based consultation.

Teachers' Acceptance of Consultation

Throughout the literature, numerous researchers discussed explanations as to why teachers resisted participating in consultation (Elliott & Sheridan, 1992; Friend & Bauwens, 1988; Gutkin & Hickman, 1988; Martens, Peterson, Witt, & Cirone, 1986; Whinnery, Fuchs, & Fuchs, 1991; Witt, 1986; Witt &

Martens, 1988). Resistance as defined by Karp (cited by Friend & Bauwens, 1988) is an expression of power through which one conveyed the notion that success can sometimes be measured by one's skill at not obtaining what one does not want. In the context of the school, Friend and Bauwens (1988) used this definition to include all the active and passive behaviours that regular classroom teachers might have exhibited to avoid participating in a consultation interaction with service personnel (i.e., school psychologists, resource teachers, etc.). Based on the literature reviewed above, the following issues were identified as affecting the teacher-school psychologist relationship: (a) a fear of the unknown, (b) a perceived lack of energy and skills to participate in consultative process, (c) a threat of change to teachers' confidence in teaching, and d) resistance to recommendations that do not reflect mutually agreed-upon goals.

Although treatment-acceptability research (Elliott & Sheridan, 1992; Martens, Peterson, Witt & Cirone, 1986; Whinnery, Fuchs, & Fuchs, 1991; Witt, 1986) has provided important information about teachers' evaluation of and willingness to implement school psychologists' recommendations, a detailed analysis concerning the process used to develop and present the recommendations to teachers is still noticeably lacking in the literature. As noted by Witt (1986), "It is time to examine not only the content of what we do about classroom management (i.e., the development of new, more effective interventions) but also the process by which we do what we do" (p. 37). In responding to this void, Kutsick, Gutkin, and Witt (1991) conducted a study which investigated teachers' treatment acceptance according to the intervention-development process, the type of intervention, and the problem

severity. They compared three different processes by which an intervention was developed: (a) collaborative consultation between the teacher and school psychologist where both parties worked together to develop an intervention plan, (b) psychologist-developed intervention plans, and (c) teacher-developed intervention plans.

According to their hypothesis, Kutsick et al. (1991) expected that intervention recommendations developed via collaborative interactions between teachers and school psychologists would be judged more acceptable by teachers than those developed unilaterally by either school psychologists or teachers. Their results, which indicated teacher preference for intervention plans developed collaboratively, provided further support to the existing literature (Elliott & Sheridan, 1992; Gutkin & Conoley, 1990; Witt, 1986; Witt & Martens, 1988) claiming that collaborative strategies, such as school-based consultation, were effective and preferable means for delivering psychological services in the schools. Although the findings were supportive of the hypothesis, the present author found this study to be lacking in that it did not provide an understanding of the possible variables influencing teachers' preferences for consultative models. Instead of analyzing the reasons for teachers' preference for collaborative interaction, Kutsick et al.'s instrument, a rating scale measuring teachers' perceptions of treatment acceptability, limited their ability to provide a detailed analysis of the service delivery process. Although existing studies provided practical information concerning treatment methodology, most of the research to date can be regarded as fragmented, as most of it is not anchored in a theoretical framework. In particular, treatment-acceptability research, such as the studies discussed above, tend to focus only

on the outcome of consultation rather than providing a detailed theoretical analysis of its process. Without analyzing the dynamics of the consultative model, little insight can be gained as to why some teachers may resist participation in collaborative efforts, such as school-based collaborative consultation. For such an analysis to take place, the investigation needs to be theoretically grounded.

Theoretical Framework

Theoretical research concerning teachers' resistance to consultation has maintained that such resistance can be understood in terms of the reinforcement/punishment contingencies and specific events that have surrounded consultees' behaviour (Piersel & Gutkin, 1983). In other words, consultation, when viewed by consultees, was thought to include unpleasant/aversive conditions which may have arisen as a function of consulting. Many conditions such as demands on consultee energy, incongruence of consultant's and consultee's expectations, arousal of consultee anxiety, consultee responsibility for the problem, and consultee responsibility for unsuccessful treatments are analyzed at the individual level and are considered to be aversive to the consultee. However, it has also been suggested that much of the resistance could be understood by considering the consultant/consultee interactions at the social or administrative level (Witt & Martens, 1988).

In addressing the dynamics that occur at the administrative level, Witt and Martens (1988) applied an empowerment perspective to describe possible reasons for teachers' resistance to consultation. From this perspective, teachers

were viewed as already skilled individuals who demonstrated their capability in handling problems within their classroom. However, given that school psychologists are paid a higher salary than classroom teachers, are required to have more training at the entry level, and are given the responsibility of helping teachers, Witt and Martens considered that it was the social or administrative structure of the school that prevented teachers from functioning fully independently. Witt and Martens (1988) claimed that it is the social system of the school which has eschewed the notion of the school psychologist acting as the expert, helping teachers with deficits to improve their skills.

At the individual teacher level, consultation has carried an implicit assumption which led others to believe that consultees (teachers) lacked particular skills in solving problems (Piersel & Gutkin, 1983; Pugach & Johnson, 1988; Witt & Martens, 1988). This assumption may have contributed to resistance in consultation on the part of the teacher as it ignored the social or administrative issues that may be contributing to maintaining this resistance. From the empowerment perspective, which takes into consideration the administrative dynamics of the school setting, focusing on the system level as opposed to the individual teacher level, may be a more effective way to deal with teachers' resistance to consultation. In fact, focusing on the system instead of the teacher may be a more productive approach to encourage teachers in terms of their sense of self-efficacy which, in turn, affects their ability and willingness to change.

Perceived self-efficacy has been found to play an influential role in the exercise of personal control and motivation to change (Bandura, 1989). According to social cognitive theory, it is partly on the basis of self-beliefs of

efficacy that people choose what challenges to undertake, how much effort to expend in a given endeavour, and how long to persevere in the face of difficulties (Bandura, 1986).

Bandura (1982) described perceived self-efficacy as a concern with judgements of how well one can execute courses of action required to deal with prospective situations. According to social learning theory, judgements of self-efficacy, accurate or faulty, are based on the following sources of information: (a) performance attainments, (b) vicarious experiences of observing performances of others, (c) verbal persuasion and allied types of social influences indicating that one possesses certain capabilities, and (d) physiological states from which people partly judge their capability, strength, and vulnerability. Regarding teachers' beliefs of self-efficacy, Bandura suggested that verbal persuasion has been used widely as a tactic to get people to believe they possess capabilities that will enable them to achieve what they seek. In cases where individuals have felt that they lack the ability to exercise adequate control over the problem situation, verbal persuasion by others, especially those considered by the individual to have high status, competence, and power (Bandura, 1977) has been found to be a very influential tool for increasing an individual's sense of personal efficacy as well as sense of control.

Conversely, feelings of lack of control and inability to influence events and social conditions that significantly affect one's life have been identified to be powerful debilitating effects on one's sense of self-efficacy (Bandura, 1982). These feelings were found to be especially damaging in situations where people viewed themselves as possessing the skills but gave up trying because

they felt that their efforts were fruitless due to unresponsive, negative, or punitive environments. Teachers who are exposed to a referral/testing delivery model may feel a lack of control in such commonly low responsive environments. Although they may possess the skills necessary to contribute their efforts at all stages of the assessment, in referral/testing settings teachers are given minimal control over the problem situation which, consequently, may have profound effects on their perceptions of self-efficacy.

According to the social cognitive theory, efficacious individuals set higher goals, are committed to these goals, and are able to focus their attention on analyzing and figuring out solutions to problems (Bandura & Woods, 1989). Thus, it is speculated here that in order for teachers to function successfully within the consultative process, they need to feel empowered as well as possess some control in conducting the problem-solving process. Bandura and Woods (1988) claimed that when people believe the environment is controllable on matters that are important to them, they are motivated to exercise fully their personal efficacy, which enhances their likelihood of success. Furthermore, such experiences of success, in turn, provide validation of personal efficacy and environmental controllability. Thus, service delivery models like school-based consultation, which exercise teacher-control over the problem situation, are more likely to foster teacher success in accepting and participating in consultation, in contributing to problem-solving and goal development, and in committing themselves firmly to the established goals than are other delivery models (i.e., referral/testing) which do not inherently encourage teacher-control over the situation.

Prior investigations concerning teachers' sense of control over problem-solving processes and preferences for consultation over referral/testing services (Gutkin & Ajchenbaum, 1984; Gutkin & Hickman, 1988) yielded findings consistent with the research regarding social learning (Bandura, 1977) and self-efficacy theories (Bandura, 1982). Gutkin and Ajchenbaum (1984) interpreted their results within the internal/external locus of control framework. They hypothesized that teachers' preferences for consultation versus referral services would vary as a function of how much personal control teachers perceived they had in regard to presenting problems. In their study, Gutkin and Ajchenbaum (1984) presented subjects with a questionnaire consisting of two scales measuring the degree of teachers' sense of control and teachers' preferences for consultation. Each of these scales was further divided into three subscales (Acting Out, Withdrawal, and Academic) which contained items describing common problems found among elementary school students. Gutkin and Ajchenbaum found that teachers who reported an increased sense of control over the presenting problem due to situational determinants and subsequently, an internal locus of control, were more likely to choose to participate in a consultative service delivery model than subjects who reported a decreased sense of control. Gutkin and Ajchenbaum concluded that subjects' preferences for consultation over referral services were due to an increased sense of control over the problem situation.

Despite the strong support they claimed for their hypothesis, Gutkin and Ajchenbaum's (1984) results need to be viewed with much caution. For example, Gutkin and Ajchenbaum found a strong negative statistical correlation ($r=-.82$) between the total scores on the Degree of Control and Preferences for

Consultation Scales. Although they do warn their readers against over-interpreting these results, Gutkin and Ajchenbaum themselves have drawn conclusive statements suggesting that the statistically significant correlation between the two scales indicated a strong support for their hypothesis. This conclusion is questionable as their study was correlational and its variables were not experimentally controlled.

Gutkin and Hickman (1988) conducted a similar study which furthered the work of Gutkin and Ajchenbaum (1984), in which they introduced a manipulation of teachers' perceived control. In their study, Gutkin and Hickman presented randomly selected subjects with two sets of scenarios, one outlining the consultation process which was intended to increase teachers' perceived sense of control over the problem situation and another scenario describing a referral/testing process which was designed to decrease teachers' sense of control. They then measured how this alteration of control impacted on teachers' preferences for psychological service delivery models. Gutkin and Hickman reported that teachers who were induced to feel an increased sense of control were more likely to prefer consultation over referral services than teachers who experienced a decreased sense of control over the problem situation.

Although Gutkin and Hickman's (1988) results appeared to support their hypothesis, there were several flaws in this study which the authors cautioned their readers to keep in mind when interpreting the results. For example, despite the strong statistical relationship, Gutkin and Hickman stated that the correlation reported was not very large ($r=.24$, $p<.01$) and, therefore, advised readers to take precautions when analyzing the data. Another serious limitation

was the nature of the self-report survey used in the study. Because their study focused on teachers' stated preferences rather than teachers' actual behaviours, Gutkin and Hickman cautioned readers against assuming that these reported views by their subjects were necessarily congruent with their behaviours. Moreover, several methodological flaws were identified within the study which were not discussed by the researchers themselves. Gutkin and Hickman (1988) provided their subjects with definitions of Educational Specialist, Consultation, and Referral Services in order to help them distinguish between the provided scenarios. However, some parts of the definition of Consultation were inaccurate. More seriously, the provision of these definitions may have biased the participants' response to the scenarios in the direction of the hypothesis.

According to the survey, Gutkin and Hickman (1988) defined consultation as an approach whereby teachers receive assistance from the educational specialist while remaining actively involved in the analysis of the presenting problem and the development of treatment programs. Although parts of this definition accurately described a consultation process, part of the wording may not be appropriate. For example, the word "assistance" could have created images of an expert-novice relationship rather than one based on cooperation and equality. In fact, Gutkin and Hickman used the same wording to describe the term "referral" which suggested an establishment of a hierarchical relationship between the teacher and the specialist, thus potentially confounding the subjects' responses.

Additional problems were identified with the second part of the survey which consisted of scenarios describing the processes of consultation and

referral/testing services. The information provided in the scenarios outlined classroom problems discussing cases regarding student difficulty in completing homework assignments. Instead of providing a detailed description of the service delivery process, Gutkin and Hickman's (1988) scenarios concentrated on the treatment programs developed from the outcome of the process.

A further difficulty was the lack of balance in the success rate of the treatment programs. The scenario which related to the consultative service described two treatment programs that were successful in treating the problem, while the referral scenario consisted of only one case outlining an unsuccessful treatment program. Thus, success rate was confounded with treatment manipulations. Furthermore, Gutkin and Hickman (1988) did not check the effectiveness of their scenarios in implementing changes in perceived control. For example, instead of relating the increase or decrease of teachers' sense of control to the type of service delivery model, one could have argued that the scenarios actually provided a measurement of how the variable "successful/unsuccessful treatment plan" contributed to the increase or decrease of teachers' sense of control. These methodological flaws of the study by Gutkin and Hickman introduce questions about their findings regarding the relationship of teachers' sense of control and preferences for consultation. It must be acknowledged, though, that Gutkin and Hickman made an important effort to introduce an empirical manipulation of teacher's perceived control.

The current study was designed to modify the design of Gutkin and Ajchenbaum (1984) and Gutkin and Hickman (1988) and address the methodological flaws. The present study included scenarios that (a) operationalized the two service delivery models distinctly, and (b) involved

equal treatment success rates in order to eliminate the effect of a success rate variable from confounding the types of service delivery models described in the scenarios.

Similar to the previous research concerning teachers' sense of control over the problem-solving process and teachers' preference for consultation over referral services (Gutkin & Ajchenbaum, 1984; Gutkin & Hickman, 1988), the focus of this investigation was to study the extent to which the alteration of teachers' sense of involvement in the problem-solving process has an effect on the teachers' level of acceptance of service delivery models. It is recognized here that although expressed perceptions may not be consistent with actual behaviours, yet, they were still important elements to consider in understanding and predicting behaviours.

Hypothesis

The hypothesis stated that teachers' perceived sense of involvement in the problem-solving process was positively related to their degree of acceptance of the service delivery models. That is, when given a scenario, if a teacher perceives an increased sense of involvement in the situation, he/she will have a higher degree of acceptance of the service delivery model described in that scenario.

Method

Participants

Participants were 136 teachers who taught students in grades ranging from K-6. The sample was drawn from a total population of 220 teachers from

three rural school divisions located in south central Manitoba. From the 136 participants, 39 were males, 97 were females, 84 had more than ten years of teaching experience, and 45 indicated one to ten years of teaching experience. Because participation was voluntary, the subject sample for the study was based on the return rate of the completed instrument which was 62%. Although it was stressed to the teachers that their involvement in the study was strictly voluntary, teachers were encouraged to participate in the study. In order to test the validity of the instruments used in the study, a pilot study was conducted in a rural school division located in south central Manitoba. The participants for the pilot study were 13 K-6 teachers. As with the main study, teacher participation in the pilot study was voluntary.

Procedure

Since gender may have been a factor in responding, separate randomization of the versions A and B were done for males and females by using a table of random (Keppel and Saufley, 1980). In each case, an equal number of versions A and B were randomly distributed. A cover letter (see Appendix B) was included with the instrument introducing teachers to the purpose of the instrument and assuring them of confidentiality. The distribution and introduction of the instrument was carried out by the researcher during a staff meeting at each school. This type of distribution method was chosen because it ensured that all teachers would be given a standardized form of instructions in a similar setting, therefore, reducing the possibility of the impact of confounding extraneous variables. Secondly, it provided the opportunity for the researcher to answer questions that could have arisen in the responding to

the instrument. Furthermore, this form of distribution provided the opportunity for the researcher to explain to the teachers that the comments regarding question 6 should reflect information about the particular service delivery model described in the scenario rather than focusing on the treatment outcome (i.e., successful or unsuccessful treatments).

After the distribution of the instrument, the teachers were requested to complete the survey within one week, place it in the sealed envelope provided, and return it to the designated box located in the school office. It was estimated that the completion of the instrument required approximately 40-60 minutes of the teachers' time. The teachers were informed that the results would be used strictly for the purpose of the study, that is, no individual responses would be identified. In addition to assuring confidentiality, the teachers were also notified that general feedback about the results could be obtained upon their request. Any reporting of results would be based upon the aggregate result only.

Following section two of the instrument, the teachers were given the opportunity to participate in individual interviews with the researcher (see Appendix C). The teachers were informed that the purpose of the interview would be to acquire more information about the service delivery model that they were exposed to, to provide an opportunity to express any positive or negative feelings about the model, and to further probe information concerning the teachers' perceptions about the instrument itself. An interview request form was attached to the end of the instrument. Teachers who were interested in participating in the interview were instructed to fill out the form which requested their name, grade, and school, to tear off the form, and to return it to the designated box in the school office. The teachers were also informed that

because of time constraints a random selection process would be conducted when choosing the sample size to interview. Collection of both the instrument and the interview request forms were carried out by the researcher approximately one week after the distribution of the instrument.

Measures

The instrument (see Appendix A) generating the information for the study was a modified version of the instrument developed by Gutkin and Hickman (1988) and was divided into two sections. The first section of the instrument included demographical information which could be related to the variables under investigation. Thus, respondents were asked to indicate gender, grade, years of teaching experience, whether he/she has had experience with school psychological services, and if so, his/her sense of the degree of participation with the school psychologist in developing a solution to a problem.

The second part of the instrument included scenarios outlining the modality of interaction between school psychologists and classroom teachers. Each scenario described typical classroom difficulties and the particular approach to service delivery model adopted by the team in order to deal with the presenting problem, but unlike Gutkin and Hickman's (1988) study, no labelling nor definition of the various models of service delivery was provided as not to bias the respondents' reaction to the scenarios. Similar to Gutkin and Hickman's survey, this section of the instrument was divided into a version A and version B format. Both versions included two scenarios describing school-based consultation and referral/testing services; however, version A had the school-based consultation as its first scenario and the referral/testing as its

second scenario whereas version B had the referral/testing as its first scenario and the school-based consultation as its second. The two versions were used for the following reasons:

1. By using the two versions rather than one, there was an increased possibility of providing a representative sampling domain of the two service delivery models.

2. With the two versions, the researcher was able to use a counterbalancing technique in order to control for possible sequencing effects (i.e., order effects or carry-over effects) that may confound the results.

3. The random distribution of two versions gave the researcher two comparable groups. By creating the comparable groups, the researcher was able to use the two groups established as each others' own control which enabled the researcher to make the appropriate comparisons.

Following each scenario, the subjects, assuming the role of the teacher described in each scenario, responded to six questions in order to determine their sense of involvement in: (a) the identification of the problem, (b) the assessment procedure, (c) the development of recommendations, (d) the utilization of their knowledge and skills, (e) their overall involvement in the entire process, and (f) their overall acceptance of the particular approach used in resolving the problem. Each question was presented to the subjects in the form of a five point Likert scale. A "switchback" approach (see Appendix A, section 2) was used for the scales, that is, if in one question, "5" was corresponding to "high degree of involvement" and "1" to "low degree of

involvement", then in the next question, "5" would correspond to "low degree of involvement" and "1" to "high degree of involvement". This response format was a necessary component in order to avoid the possibility that a subject's tendency to respond with either a high or low response set may artificially produce data which supported the study's hypothesis. Following question 6, the teachers were requested to explain and/or elaborate on their response to the above question. The purpose of the elaboration was to gather more information concerning the reason(s) why teachers agreed or did not agree with the particular approach described in the scenario.

When redesigning the instrument, the scenarios were depicted in a way that addressed empowerment and locus of control (Bandura, 1982). It was also attempted to anchor the scenarios in real classroom situations and describe problems that were currently pertinent to classroom teachers. The scenarios were chosen as representatives of classroom situations for which teachers would frequently request school psychological services. The use of only two scenarios per survey took into consideration the classroom teachers' limited availability of time for this study.

Although there were actually four scenarios in total (i.e., two for version A and two for version B) it was decided that the problem situations presented in both version A and version B would be identical. This decision was based on the premise that, by providing identical problem situations for version A and B, the researcher would be ensured comparability during the data analysis stage. The two problem situations presented in version A and version B included descriptions of the following classroom problems: (a) a student exhibiting aggressive behaviours in the classroom and on the playground, and (b) a

student having difficulties attending to tasks in the classroom. These problem descriptions were outlined with as much consistency as possible in order to ensure that respondents receiving either version A or B would be presented with identical information. In addition to providing identical problem situations, it was also decided that the gender of the characters (teachers, students, and school psychologists) depicted in the descriptions would be consistent across the scenarios to reduce the confounding of the results by extraneous variables.

Pilot Study

A manipulation check was conducted concerning the relationship between the scenario methodology and the teachers' sense of involvement. That is, when the teachers read the scenarios depicting school-based consultation, they would experience a greater sense of involvement in the problem-solving process than when they read the scenarios describing referral/testing services. This manipulation check was assessed in a pilot study which confirmed that the scenarios depicting school-based consultation and referral/testing services were different with respect to teachers' perceived sense of involvement.

Procedures for the pilot study were similar to the procedures described in the main study; however, the pilot study did not include the interview section of the main study.

In examining the relationship between the scenarios and the degree of teachers' sense of involvement, the researcher applied a nonparametric or distribution-free test because of the nature of the response variable (i.e., ordinal scales). Means of subjects' responses to the first five questions following the

school-based consultation scenario and the referral/testing scenario were computed. Differences between the means were analyzed by use of the nonparametric method Wilcoxon matched-pairs signed rank test (Khazanie, 1986; Marascuilo & McSweeney, 1977; Meddis, 1984). According to the results, with each question, statistically significant differences (alpha=.05) were found between the subjects' responses following the school-based consultation scenario and the referral/testing scenario (refer to Table 1).

Table 1

Mean Differences of Subjects' Responses From Pilot Study To Questions 1-5 of School-Based Consultation and Referral/Testing Services

D1=C1-R1	D2=C2-R2	D3=C3-R3	D4=C4-R4	D5=C5-R5
n=13	n=13	n=13	n=13	n=13
s=17.5	s=23	s=34.5	s=23.5	s=18
p-value = .0430	p-value = .0420	p-value = .0210	p-value = .0156	p-value = .0078

Note: Dn=Cn-Rn refers to differences (Dn) between School based consultation questions (Cn) and the referral/testing questions (Rn).

The pilot study, which served as a manipulation check, supported the claim that when the teachers read and assume the role of the classroom teacher in the scenarios depicting school-based consultation, they will experience a greater sense of involvement in the problem situation than when they read the scenarios depicting referral/testing services. This finding from the

pilot study supported the contention that the depiction of school-based consultation or referral/testing services in the scenarios, respectively, affected the teachers' perceived sense of involvement in the problem-solving process, in the expected direction.

Technical Considerations

Most of the problems related to the instrument's scale were identified during the pilot study. For the pilot study, the scale shown in Figure 1 was used.

Figure 1

Scale Used in the Pilot Study

1	2	3	4	5
High degree of involvement		Moderate degree of involvement		Low degree of involvement
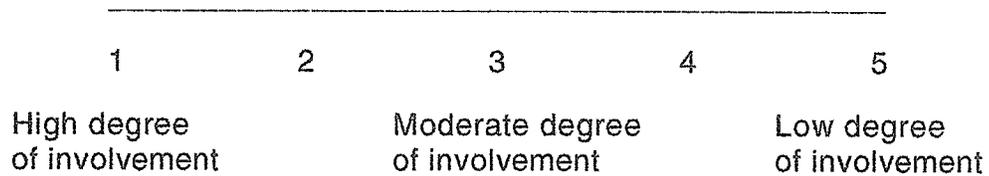
As it was unclear to the respondents whether to circle the numbers or to place a check on the scale, the original scale was replaced by the scale shown in Figure 2. (For the pilot study, the value that was closer to the check mark was taken as the answer).

Figure 2

Scale Used in the Main Study

1	2	3	4	5
high degree of involvement		moderate degree of involvement		low degree of involvement
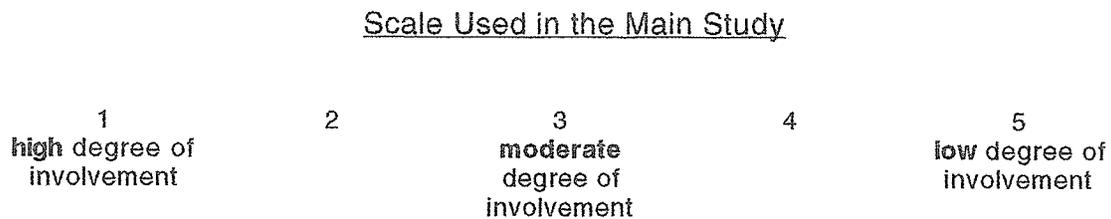
Responses from the pilot study indicated that the "switchback" approach for the Likert Scales had confused some respondents. However, in order to avoid the possibility that a subject's tendency to respond with either a high or low response set might produce biased data supporting the study's hypothesis, no changes were made in this regard. It was decided to highlight the description and put it directly below the score to reduce confusion caused by the switchback (see Figure 2).

Data Collection

The data set for the main study consisted of 136 observations (220 surveys were handed out, the response rate is slightly higher than 62%). Of the instruments returned, 73 are of version A, 63 version B; 22 males received version A; 17 received version B; 51 females received version A; 46 received version B.

The data set consists of a total of 18 variables.

VERSION - "a" or "b"

GENDER - "m" or "f"

GRADE - the grades which the teacher is currently teaching

LENGTH - the number of years of teaching experience the teacher has

EXPERIENCE -"I" if the teacher has had some experience in working with school psychological services; "O" otherwise

PARTICIPATION - sense of the degree of participation with the school psychologist in developing a solution to a problem

C1 C2 C3 C4 C5 C6 - scores for the questions (1) - (6) after the collaborative scenario (school-based consultation model)

R1 R2 R3 R4 R5 R6 - scores for the questions (1) - (6) after the referral scenario (referral/testing model)

Differences are calculated for the first 5 questions:

$$D1 = C1 - R1$$

$$D2 = C2 - R2$$

$$D3 = C3 - R3$$

$$D4 = C4 - R4$$

$$D5 = C5 = R5$$

The data for the main study were of good quality. Less than 1% of the cells were missing. There was some confusion over the variable "GRADE". About 15% of the teachers put down the ranges they had been teaching over the years instead of the grade they were currently teaching. Since this was only an "information" variable, and was not used directly in the analysis, this

confusion was not considered to be a serious matter affecting the results of the study.

Results

Due to the discrete and ordinal nature of the data, nonparametric procedures were utilized for the analysis. By using nonparametric statistical measures the researcher was free from making assumptions about some aspects of the distribution of the sampled population, for example, that X and Y were normally distributed (Khazanie, 1986; Marascuilo & McSweeney, 1977; Meddis, 1984). Although the researcher chose the non-parametric approach it should be noted that some statistical researchers state that the parametric approach to analyze these types of data would also be appropriate (Huck, Cormier & Bounds, 1974).

In analyzing the hypothesis, that there was a positive correlation between the teachers' perceived sense of involvement and their degree of acceptance of the service delivery model, separate Kendall - tau correlation coefficients for the variables C5 vs. C6, and R5 vs. R6 were calculated and tested for positivity. Scatter plots were used to illustrate the results.

Table 2 displays the results for the Kendall - tau correlation coefficient tests.

Table 2

Comparison of Correlation Coefficients Between Subjects' Responses to
Question 5 and 6 of School-Based Consultation (C5 vs. C6) and
Referral/Testing (R5 vs. R6) Services

C5 vs. C6	R5 vs. R6
p-hat = 0.47962	p-hat = 0.51061
Test: $H_O:p = 0$ vs. $H_a:p>0$	Test: $H_0:p = 0$ vs. $H_a:p>0$
Test Statistic: $Z^* = 9.45$	Test Statistic: $Z^* = 9.61$
p-value = 0.0001	p-value = 0.0001

Due to the large amount of ties present in the observations, the variances of the
Kendall statistics were adjusted by using the formula given in (11), on page 187
of Hollander & Wolfe (1973). According to the scatter plots of the above
variables given in Figures 3 and 4, the plots clearly showed a positive
correlation between the two variables involved.

Figure 3. Comparisons fo Correlational Coefficients between Question 5 and 6 following School-Based Consultation Scenario
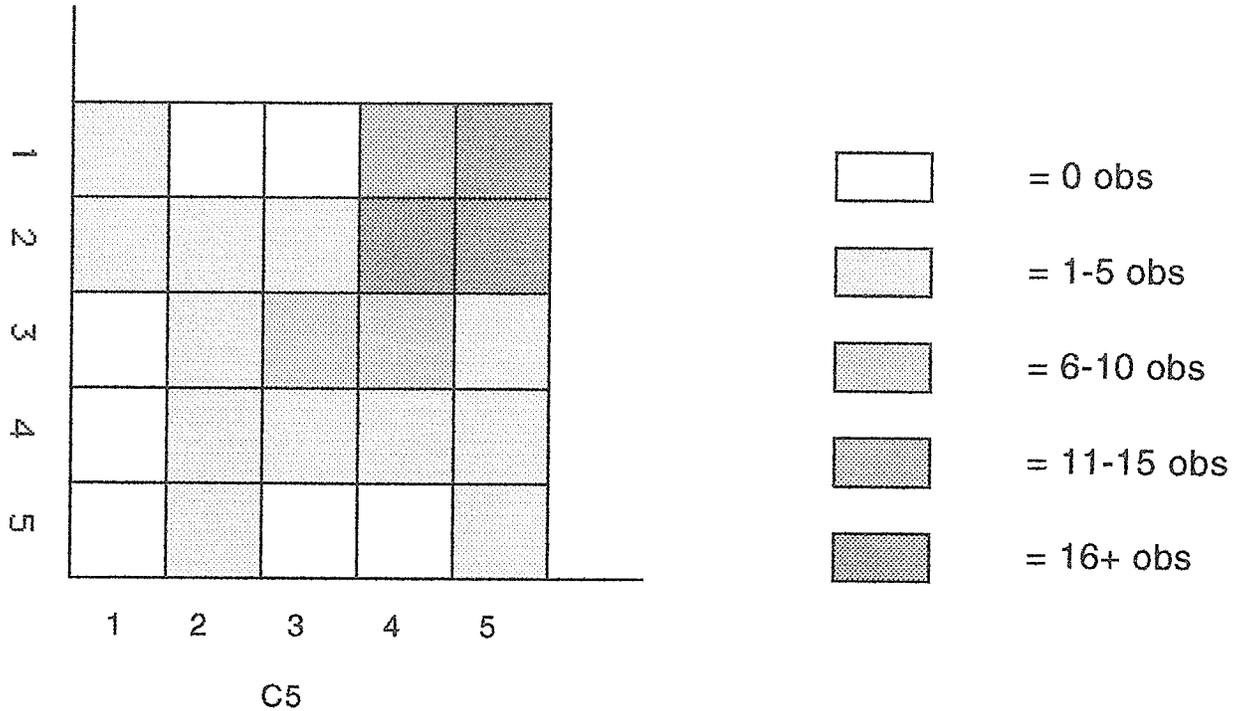
Figure 4. Comparisons of Correlational Coefficients Between Questions 5 and 6 following Referral/Testing Scenario
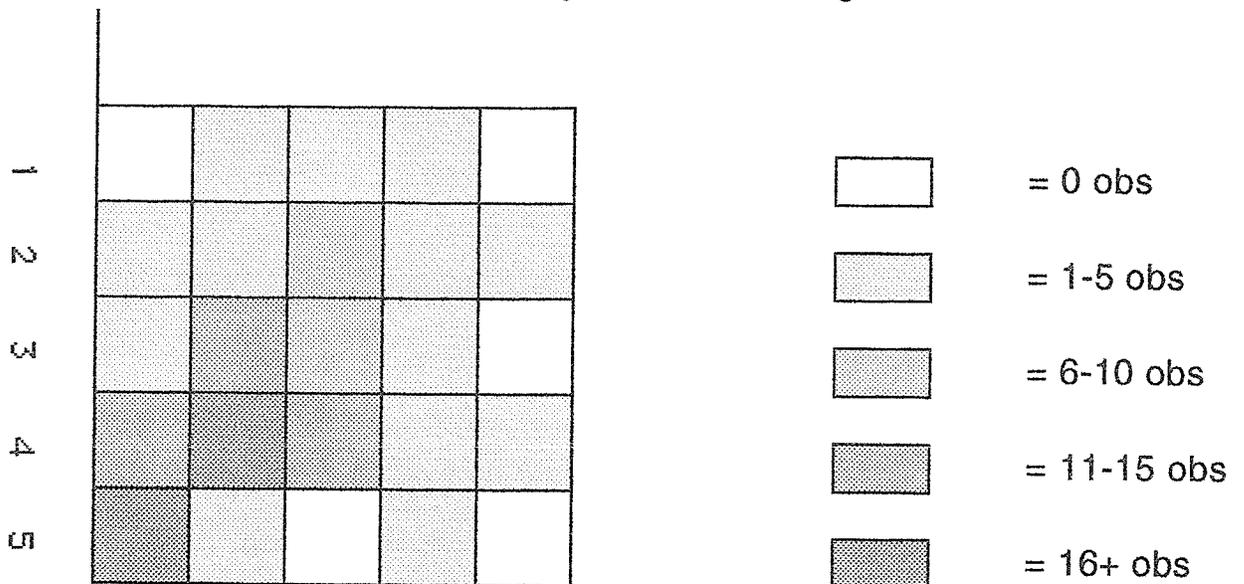
From the above analysis, there is strong evidence in the data to support the claim that there is a positive correlation between the teachers' perceived sense of involvement and his/her degree of acceptance of the respective service delivery models. That is, when given a scenario, if the teachers perceive an increased sense of involvement in the problem-solving process, they will accept the service delivery model described in that scenario. As shown in Figures 3 and 4, the scatter plot depicting the school-based consultation scenarios indicated a high sense of involvement in the problem-solving process along with a high degree of acceptance of the school-based consultation model. In contrast, the scatter plot depicting the referral/testing scenarios showed that the majority of the subjects had reported a low sense of involvement and a low degree of acceptance.

In addition to the correlation coefficients calculated for the main hypothesis, differences in correlation coefficients were also calculated on different subsets of the data. In particular, differences were calculated to determine whether the correlation coefficients for the variables C5 vs. C6 (and R5 vs. R6) differ from each other based on the responses from: (a) teachers who received version A and those who received version B, (b) teachers who had experience in working with school psychological services and those who did not, and (c) teachers with more than ten years of teaching experiences and those with one to ten years of teaching experiences. A standard normal - Z test (with separate variance estimates) were used to test for the difference between the two Kendall - tau correlation coefficients.

The analysis of the standard normal - 2 tests for the three bisection of the data set were summarized in Tables 3, 4, and 5.

Table 3

Comparisons of Correlation Coefficients Between Subjects'

Responses to Version A and Version B

C5 vs. C6	R5 vs. R6
Test	Test
$H_0:p_A= p_B$ vs. $H_a:p_A= p_B$	$H_0:p_A = p_B$ vs. $H_a:P_A = p_B$
test statistic:	test statistic:
$z = -1.4816$	$z = 0.9804$
p-value = 0.1388	p-value = 0.3270

Table 4

Comparisons of Correlation Coefficients Between Subjects

Who Had Experience in School Psychological Services

and Subjects Who Did Not Have Such Experience

C5 vs. C6	R5 vs. R6
Test:	Test
$H_0:p_{EXPI}=p_{EXPO}$ vs. $H_a:p_{EXPI}=p_{EXPO}$	$H_0:p_{EXPI}=p_{EXPO}$ vs. $H_a:p_{EXPI}=p_{EXPO}$
test statistic:	test statistic:
z = 0.09339	z = 0.1906
p-value = 0.9282	p-value = 0.8494

Table 5

Comparisons of Correlation Coefficients Between Subjects

With More than 10 years of Teaching Experience and

Those With 1 to 10 Years of Teaching Experience

C5 vs. C6	R5 vs. R6
Test:	Test:
$H_0:p_{more}=p_{less}$ vs. $H_a:p_{more}=p_{less}$	$H_0:p_{more}=p_{less}$ vs. $H_a:p_{more}=p_{less}$
test statistic:	test statistic:
z = 2.1589	z = 0.01133
p-value = 0.0308	p-value = 0.9920

The variances of the correlation coefficients were again adjusted for ties using the same formula referred to in the hypothesis analysis (Hollander & Wolfe, 1973).

According to the above analysis, the major findings were as follows:

1. There was no evidence to suggest that the correlation coefficient between the variables C5 and C6 based on the responses from teachers who had received version A is significantly different from that of teachers who had received version B. A similar result holds for the correlation coefficient between the variables R5 and R6.

2. There was no evidence to suggest that the correlation coefficient between the variables C5 and C6 based on the responses from teachers who had some previous experience with school psychological services was significantly different from that of teachers who did not have such experience. A similar result holds for the correlation coefficient between the variables R5 and R6.

3. There was evidence to suggest that the correlation coefficient between the variables C5 and C6 based on the responses from teachers with more than 10 years of teaching experience was significantly different from that of teachers with 1 to 10 years of teaching experience. However, since the variable "length of teaching experience" was not taken into consideration during the design stage, (it is only an observational variable), this result should be viewed with caution.

There was no evidence to suggest that the correlation coefficient between variables R5 and R6 based on the responses from teachers with more than 10 years of teaching experience was significantly different from that of teachers with 1 to 10 years of teaching experience.

As indicated in Appendix D, from the 136 instruments returned, 104 teachers (76%) responded to question #6. From these 104 respondents, there were 128 comments pertaining to the process of the service delivery models outlined in the scenarios, and 67 comments pertaining to the recommendations discussed in the scenarios. Because more than one response per teacher was possible, the number of comments (n=195) exceeds the number of teacher-participants (n=104).

Based on Carney (1972) and Krippendorf (1980), the researcher used the following procedure to analyze the qualitative information derived from the study: (a) identified common themes or issues present throughout the data, (b) condensed the themes in order to eliminate possible repetitions, and (c) related the information from the content analysis to other sources of data analysis.

At the initial stages, four possible themes were identified as follows, teacher-input, team approach, communication, and cooperation. However, after a closer analysis of the data, the areas of communication and cooperation were considered to be representative of the identified team-approach theme. Hence, it was decided to condense the thematic content into two themes: teacher input and team approach. Finally, the researcher related the findings of the content analysis to the quantitive findings to check for consistency and to provide additional insights about the data.

An analysis of the comments provided by the respondents indicated that the majority of these comments (97%) favored the school-based consultation over the referral/testing service delivery model. Two recurring themes emerged from the participants' comments: (a) the presence of a high degree of teacher input, and (b) the existence of a team approach. The teachers used these same two themes as the criteria to evaluate both school-based consultation and referral/testing models, wherein the thematic comments were found to reflect positively on the school-based consultation model and, contrastingly, were found to reflect negatively on the referral/testing model.

As demonstrated by the following participants' comments (n=61), the first theme, a high degree of teacher input, was considered to be a necessary component of a school psychological service delivery model:

1. "Teachers offer valuable sources of information."

2. "This approach (school-based consultation) made use of the teachers' knowledge of the student. The school psychologist cannot provide the same information on a few observations; therefore, the teachers' comments are necessary in order to gain maximum benefits."

3. "The teacher is integral in explaining the problem."

4. "The teacher had the opportunity to provide her input and agree or disagree with the recommendations suggested by the school psychologists. This approach (school-based consultation) is good because of the high involvement of the teacher."

In addition to the expressed need to acquire a high degree of teacher-input, two participants provided these comments to emphasize the importance of teacher involvement:

1. "(It) ensured ownership (of recommendations) and, therefore, raised the chances of success greatly."

2. "When he/she (teacher) has been involved in setting it (recommendations) up, the teacher is more likely to implement the recommendations."

Further, in the teachers' comments (n=67), the existence of a team approach was the other theme reflected as a necessary component of the school psychological service delivery models. From the analysis of the comments pertaining to the school-based consultation model, it was concluded that this model was preferable because it reflected the need for both professionals to respect each others' expertise and training. This need for mutual respect was evident in the following participants' comments:

1. "A good relationship exists here (in the school-based consultation scenario) where the professionals affirmed each others' observations, recommendations, and then added more to the solution."

2. "This approach (school-based consultation) was carried out on a more professional basis with both parties respecting each others' expertise and training."

3. "Both teacher and school psychologist are experts in their own domain. It is important for both to listen to each others' perceptions of the assessment and to work together to solve problems."

4. "This (school-based consultation) is a team approach. The professionals showed respect for each others' opinions, observations, and recommendations."

Cooperation and communication were other areas identified by the respondents as favourable components of the school-based consultation model. However, these two aspects were considered by the participants to be necessary components of the identified team-approach theme. For example, one participant commented, "It (school-based consultation) implemented a cooperative approach where both parties' expertise is put to use." Similarly, statements such as, "there was good cooperation between the teacher and school psychologist", "this is clearly a shared approach", and "good communication" further indicated that cooperation and communication were important aspects of this team approach.

Likewise, for the referral/testing model, the participants' comments could be categorized into the two themes: teacher input, team approach; however, the teachers' comments reflected negatively on this model. Although their responses identified the same two themes, the teachers felt that these themes were lacking in this model. In order for a service delivery model to be a preferable model, the respondents stated that more teacher input would be essential. This preference was strongly displayed by these teachers statements:

1. "This approach (referral/testing) needs to consider the expertise of the teacher."

2. "The teacher should have expressed her views and had more input in the plan."

3. "The teacher should be involved more because the teacher works with the child everyday."

4. "(In the referral/testing scenario) the school psychologist did not consider the expertise of the teacher. The teacher has a knowledge about the classroom as well as extensive observational information."

5. "The teacher spends the most time with the child and, therefore, has a lot of information to contribute at all stages of the assessment (procedure)."

Four of the participants surveyed said that without involving the teacher at the recommendations development stage, the teacher would not develop ownership for the recommendations and, thus, would not be committed to implement the recommendations.

In addition to teacher input, the teachers also commented that a team approach was lacking within the referral/testing model. One participant stated that the referral/testing model can be considered as a "top-down approach where an outsider (school psychologist) comes in and tells the teacher how to run the classroom." Other statements reflecting the absence of the previously identified team-approach theme were as follows:

1. "It (referral/testing) neglects the use of brainstorming for techniques between the two professionals."

2. "This is not a working-together relationship."

3. "More team work in problem-solving is required."

4. "This is not a team approach."

Furthermore, the teachers' comments indicated that the referral/testing model was not only lacking team approach, but also excluded the need for cooperation and communication amongst the team members. For example, the following comments showed that the cooperative and communicative aspects of

the team approach were necessary and needed to be incorporated in the referral/testing service delivery model:

1. "More contact between the teacher and school psychologist is needed. Conversation between the teacher and school psychologist is needed."

2. "There needs to be a sharing session between the teacher and school psychologist."

3. "Very little discussion exists here, more communication is needed."

4. "This is an outside approach with no cooperation."

As indicated in the above analysis, the data supported clearly the notion that, in a given situation, when teachers perceived an increased sense of involvement, they would have an increased acceptance of the particular service delivery model. This content analysis provided additional support for the hypothesis, indicating that there was a positive correlation between the teachers' perceived sense of involvement and their degree of acceptance of the service delivery model.

Twelve teachers volunteered interviews (refer to Appendix E) with the researcher. Since the researcher considered this number of interviews to be manageable, all 12 teachers were interviewed by the researcher. The subsequent discussion of the interview data was based on the aggregated interview data (refer to Appendix E, section 1). Although the interviews were limited in number and the interviewees were not necessarily representative of the larger group of participants in this study, their comments were nevertheless instructive. After reviewing the interview data, 58% (n=7) of the interviewees indicated they had experienced the referral/testing model more frequently in the

schools than the school-based consultation service delivery model. According to three interviewees (T4, T8, T12), because of the lack of psychological services in the rural areas, many school psychologists have practised the referral/testing model which was considered to be less time-consuming than the school-based consultation model. However, these interviewees stated that much of this referral/testing exposure was considered to be negative, ineffective, and frustrating. Although some of the teachers' responses reflected personality difficulties with the school psychologists, many of these negative comments were stated by all of the teachers interviewed (n=12). For example, one teacher (T8) commented that, in his opinion, the school psychologist practising the referral/testing model seemed to be uncomfortable observing in the classroom, was lacking in knowledge about the school system, and consequently offered ineffective information. Because of the lack of classroom contact allowed by the referral/testing model, two interviewees (T8, T9) felt that much salient information was not included in the school psychologists' assessments, which in their opinion, led to ineffective intervention.

All 12 of the interview participants indicated a preference for the school-based consultation model. Some of the positive aspects identified by the teachers in this model were the high level of teacher involvement, the use of a team approach, the close classroom contact by school psychologists, and the constant need for ongoing follow-up, that is, the need to monitor and adjust developed programs. As indicated by the following responses, most of the interviewees felt there was a need for some degree of teacher involvement over the entire assessment procedure:

1. "The teacher knows the student the best and therefore should be involved with recommendation development"(T1).
2. "The teacher can offer valuable information that can direct the assessment process" (T2).
3. "Teacher-input is important for the success in working through the situation" (T9).

The teachers stated that, through the pre- and post-assessment discussions, the school-based consultation model had provided the opportunity for teacher involvement and, consequently, had become a preferable choice of service delivery models.

Another strength of the collaborative model, as indicated by the teachers, was that school-based consultation services offered a team approach. As expressed by one teacher (T6), "With this model, teachers and school psychologists are able to share ideas with each other and, therefore, expand their knowledge about the particular case." According to six interviewees, working together and problem awareness by both professionals were considered to be important and beneficial aspects of the collaborative model since this led to more positive outcomes.

Throughout the interviews, the participants indicated that sharing information and developing an awareness of each others' view or understanding of the particular problem could not occur without the school psychologist's close contact with the classroom situation. According to one teacher (T8), the school psychologist was required to have some level of awareness of the classroom environment in order to develop a sense, not only of the students, but also of the teaching style. Specifically, the teacher (T8)

commented, "With this awareness, the school psychologist is better equipped to collaborate with the teacher." Classroom contact was also considered necessary in order for the school psychologist to provide effective consultation. One interviewee (T9) explained, "Teachers want information about methodology and teaching strategies, therefore, school psychologists must be knowledgeable in this area. By spending time in the classroom, they are able to offer some advice within this area."

The interview data indicated that the interviewees (n=4) believed that a system of constant monitoring and program adjusting was necessary for any program to be effective. Further, the interviewees expressed that they needed some assurance that this monitoring and review process would be continual, as well as an assurance of a continued commitment from all of the professionals. According to one teacher (T8), commitment and follow-up measures were important factors since "they provide a projection into the future. By looking ahead two to three weeks in time, the school psychologist conveys to the teacher that program monitoring and follow-up will be practised on a continual basis."

One aspect, repeatedly stressed, was the need for a high degree of teacher-input within the problem-solving process. By being involved at pre- and post-assessment discussions with the school psychologist, the teacher had an opportunity to provide observational and academic data gathered in the classroom environment. According to half of the interviewees (n=6), much of the program's interventions would be ineffective or nonapplicable in the classroom setting without the teacher-input at the recommendations development stage.

Despite the claim that the school-based consultation model required an excessive amount of teacher-time, five interviewees felt that the time spent collaborating with the other team members was not only necessary, but also unavoidable. In fact, one teacher (T10) claimed that this approach may actually be more time-saving in the long run than the referral/testing model by indicating that "initially the team members may spend a lot of time in collaborative meetings; however, this may be actually time-efficient since it guaranteed the establishment of effective programs." These teachers further commented that they valued the opportunity to share information and participate in the collaborative process. To them, this participation and input was an essential aspect of the assessment procedure, especially at the recommendation development stage. As commented frequently throughout the interviews (n=6), when teachers contribute to the development of recommendations they developed a sense of ownership to those recommendations and, thus, are committed to them at the implementation stage.

In comparing the content analysis of the interviews to that of the data analysis of the survey comments, it can be seen that both sets of data concurred in being congruent with the hypothesis of this study, that there was a positive correlation between the teachers' perceived sense of involvement and their degree of acceptance of the service delivery model. As indicated by both sets of qualitative data, the school-based consultation model was accepted by most of the teachers since, in their opinion, this model provided teachers more opportunities for involvement in the problem-solving process than the referral/testing model. Consistent with this finding, it was also concluded that throughout the data the lack of teacher-input and a team approach within the

referral/testing model contributed to the decreased interest of the participants in this study for that model. As stated so succinctly by one interviewee (T1), "It is important that teachers have a good sense of involvement. When I am told to do things that I have had no input in (developing) I am not comfortable with it (the situation) and probably would resist (at the implementation stage)."

Discussion

This investigation examined one variable of teachers' perceived sense of involvement as related to teachers' acceptance of school psychological service delivery models, specifically, the school-based consultation model and the referral/testing model. The results of this study demonstrated that, in a given situation, when teachers perceived a high sense of involvement in the problem-solving process they would have a higher degree of acceptance of the corresponding service delivery model. According to the results, there was a strong correlational relationship between teachers' perceptions of involvement regarding a particular problem and their acceptance of the school-based consultation service delivery model.

School-based consultation is regarded by many as promoting the enhancement of a professional relationship where sharing of responsibility in planning, assessment, decision-making, and problem solving are part of the process (Conoley & Gutkin, 1986; Curtis & Meyers, 1988; Elliott & Sheridan, 1992; Idol, Paolucci-Whitcomb & Nevin, 1987). According to the results, teachers were more likely to develop an internal sense of involvement when participating in this type of service delivery model than when they participated in a referral model context.

Within the team of professionals, classroom teachers must be equal partners in the problem-solving process. Further, such teaming must be predicated on collaborative relationships and not on formal bureaucratic procedures (Pugach & Johnson, 1989). As indicated by the subjects, teachers are prepared to participate in problem solving and are able to offer valuable information to this process. In fact, many teachers indicated that they are more likely to implement a recommendation which they assisted in developing rather than the one that was developed without their assistance. Because the referral/testing model has not provided teachers with the opportunity to have an adequate level of involvement over the problem-solving process, in particular the recommendations-development stage, teachers tended to have a low degree of acceptance of this model.

According to the teachers' evaluations, the school-based consultation scenarios provided teachers with a high degree of involvement in the entire assessment procedure. As stated by the social learning theory, beliefs regarding environmental controllability and self-efficacy tend to be products of a reciprocal relationship (Bandura & Wood, 1989). In other words, when people believed the environment is controllable, this led to increased perceptions of self-efficacy, and this enhanced their success. In turn, this experience of success provided further validation regarding perceptions of self-efficacy and beliefs of environmental controllability. Several teachers commented that when a service delivery model, like school-based consultation, incorporated a significant level of teacher-involvement, there was an increased chance of achieving success. For example, when teachers were considered to be viable

contributors in the design of an intervention plan, the outcome was the development of effective recommendations.

Similar to self-efficacy research (Bandura, 1982; Bandura & Wood, 1989), the results of the present study showed that when teachers were provided with the necessary level of involvement and, consequently, experienced increasing perceptions of self-efficacy, they were more willing to contribute their full capabilities as educators. In order for a collaborative model to be considered effective, all members must be fully active and willing participants within the decision-making team (Pugach & Johnson, 1989). This research showed that because the school-based consultation model promoted teacher-involvement, it could be regarded by teachers as a favourable and successful approach in dealing with classroom difficulties.

Limitations and Further Research

One limitation, which was also identified in the study conducted by Gutkin and Hickman (1988), pertained to the nature of the self-report survey. As this study investigated subjects' expressed perceptions and not their actual behaviours, the findings are limited to these self-reports. A second limitation was the restricted sampling of the problem scenarios of the service delivery models. Because the research was limited to teachers reaction to only two scenarios, these scenarios may not be adequately sampling the domain of problem scenarios representing the two service delivery models. Finally, since the sample consisted of only teachers from three rural Manitoba school divisions, it may have not been representative of all teachers in Manitoba or elsewhere. Any generalization of the results should be used with caution.

It would be worthwhile for further research contributions to concentrate on the relationship between the expressed attitudes and observed behaviours of teachers regarding acceptance of psychological services. By conducting a survey and then observing team meetings between teachers and school psychologists, future researchers would be able to investigate the extent to which teachers' reported attitudes actually reflected their behaviours. Another suggestion for further research concerns the systematic sampling of problem domains and of teacher population. Therefore, any generalization of the present results should be done with caution.

Conclusion

The school-based consultation approach was found as a more acceptable service to teachers than the referral/testing model. Two consistent themes identified by the teachers were (a) teacher-input, and (b) team approach. Teachers considered these themes to be necessary aspects of a preferable psychological service delivery model.

By offering teachers a significant degree of input, psychological service delivery models, like school-based consultation, provided teachers with a certain sense of satisfaction. In particular, teachers may feel that through contributing their expertise they become useful and necessary participants of the assessment team. According to the teacher-participants, through the contribution of their knowledge and skills, teachers will develop more commitment to the assessment outcome than they will if they are not offered this teacher-input. As evidenced by their statements, many teachers comment that this need for input and, consequently, commitment is especially important at the

recommendations-development stage. Because teachers are able to offer valuable information based on daily classroom observations, any recommendations developed through the use of this knowledge are viewed as applicable and effective.

The presence of a team approach is the second feature of a service delivery model that teachers consider to be essential. Effective team performance depends on each member's ability to show respect for, listen to, learn from, and give credit to each member's contributions. By communicating and cooperating, teachers and school psychologists are able to achieve effective results. Service delivery models that provide opportunities for a team approach are viewed by teachers as acceptable since they involve two components (a) parity and, (b) equality. According to research, parity is demonstrated when each team member's skills and knowledge are blended with the different skills and knowledge of other team members (Idol, Paolucci-Whitcomb, & Nevin, 1987); whereas, equality is considered to be demonstrated when each member listens, respects, and learns from the other member's input. The most desirable outcome of implementing collaborative models, like school-based consultation, is to provide comprehensive and effective programs. When sufficient attention is directed toward relationship variables such as parity and equality, the result is an effective service delivery model operating within a team framework.

Since the variables, teacher-input and team approach, are provided by the school-based consultation model, teachers indicate a higher acceptance of that model than of other models like referral/testing services. By offering teachers opportunities to have input in the assessment process and to

participate as team members, teachers experience a significantly high degree of involvement throughout the assessment procedure. As evident from the comments provided by the teacher-participants, it is this high degree of involvement that makes the school-based consultation model more acceptable than the referral/testing model.

Although there may be several explanations as to why individuals desire environmental controllability, social learning theory research states that such environmental controllability fosters individuals' personal efficacies which, in turn, enhances their likelihood of success (Bandura & Wood, 1989). Further, the stronger the perceived self-efficacy, the higher are the goals that individuals set for themselves and the firmer is their commitment to those goals. According to Bandura (1989), perceived self-efficacy can play a highly influential role on the individual's levels of motivation. As individuals exercise strong beliefs of self-efficacy, they are more motivated to undertake challenges, expend more effort in the endeavour, and persevere in the face of difficulties. This influential role of self-efficacy is especially notable in the teachers' comments and interviews. Several teachers state that unless they had some involvement over the problem-solving process, they are less willing to contribute at the implementation stage. As viewed by teachers, service delivery models, like school-based consultation which provide teachers with active participation, are more likely to achieve success since such models encourage teachers' motivation and commitment.

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APPENDIX

APPENDIX A

VERSION A

Section 1

For the purpose of this study, it would be helpful to have the following information. For reasons of confidentiality, please do not include your name on this form.

1. male _____   female _____
2. grade _____
3. years of teaching experience _____
4. Have you had any previous experience working with a school psychologist. Yes__ no__
5. If yes, indicate your sense of active participation with the school psychologist in developing a solution for a particular classroom problem referred by you. (Circle appropriate number)

1	2	3	4	5
high degree of participation		moderate degree of participation		low degree of participation

Section 2

Please read the following scenarios and respond to the questions following each scenario.

1. Mrs. Smith, a fourth grade teacher, was concerned about one of her students. John, who was showing some inappropriate behaviours (hitting and kicking) in the classroom and on the playground. Following the school psychologist's periodic visit to her classroom, Mrs. Smith notified the school psychologist regarding her concerns about John's behaviour. After briefly describing John's behaviour in the classroom, Mrs. Smith and the school psychologist decided to meet at a later date to discuss how they could help John reduce his aggression. During their discussion, Mrs. Smith explained to the school psychologist that John has frequently displayed anger towards his classmates and has had a difficult time controlling his temper. According to her observations, John can become easily agitated, especially when things do not go his way. It was agreed that the school psychologist would observe John in the classroom and on the playground, and later visit with him in order to obtain an understanding of his aggression. At the end of a two week period, Mrs. Smith and the school psychologist shared their information about John and concluded that he was having difficulties expressing his anger in a more socially acceptable way. During their discussion, they felt that John's lack of social skills may contribute to his

difficulties in judging which types of behaviours are acceptable and which types are not acceptable at school. When discussing possible recommendations, the school psychologist asked Mrs. Smith if she considered it advantageous for John to be introduced to some anger management techniques and whether or not this instruction would be conducive to her classroom environment. Although Mrs. Smith agreed that John needed to experience some anger management training, she felt that the instruction should occur in both a group setting (conducted by herself during class time) and in a one-on-one situation involving John and the school psychologist. During a follow-up meeting scheduled three weeks after instruction, Mrs. Smith and the school psychologist found that John's aggressive behaviour was not decreasing. They then decided that along with the continuation of anger management instruction, the development of further recommendations were necessary in order to help John deal with his anger.

When responding to the following questions, **suppose that you are the classroom teacher** described in the scenario. (Circle the appropriate number)

1. How much, if at all, does the information in the scenario provide you with a sense of involvement in the identification of the problem?

1	2	3	4	5
high degree of participation		moderate degree of participation		**low** degree of participation

2. How much, if at all, does the information in the scenario provide you with a sense of involvement during the assessment procedure?

1	2	3	4	5
low degree of participation		moderate degree of participation		**high** degree of participation

3. How much, if at all, does the information in the scenario provide you with a sense of involvement in developing the recommendations?

1	2	3	4	5
high degree of participation		moderate degree of participation		**low** degree of participation

4. How much, if at all, does the information in the scenario provide you with a sense of involvement by utilizing your knowledge and skills?

1	2	3	4	5

low degree		moderate		high degree
of participation		degree of		of participation
		participation		

5. Overall, to what degree did you feel involved in the entire process when resolving the classroom problem?

1	2	3	4	5
high degree		moderate		low degree
of participation		degree of		of participation
		participation		

6. Overall, to what extent do you agree with the approach used in resolving the classroom problem?

1	2	3	4	5
Strongly agree				Strongly
				disagree

In the following space, please explain and/or elaborate on your response to the above question:

2. David, one of the students in Mrs. Thompson's grade 2 classroom, was showing difficulties staying on task and completing his assignments. Because of her concerns for David's lack of attention, Mrs. Thompson notified the school psychologist. After an assessment was completed by the school psychologist, which included a battery of tests and a classroom observation, the school psychologist concluded that David did have attentional difficulties. According to the results from the classroom observation, David showed that he had difficulties staying on task and that was easily distracted. Since the cognitive assessment showed David as having average cognitive abilities, the recommendations that were developed by the school psychologist focused on reducing any possible classroom distractions which may have bee preventing David from completing his work. One of the recommendations presented was removing David from his usual work place to a more isolated and less distracting environment. According to the school psychologist's report, it would be advantageous for David to be seated at a table away from all of the distractions in the classroom so that he could concentrate on completing his school assignments. Three weeks after implementation, Mrs. Thompson reported to the school psychologist that David was showing rapid improvements in attending to task, especially in his ability to remain on task long enough to complete his work.

When responding to the following questions, **suppose that you are the classroom teacher** in the scenario. (Circle the appropriate number)

1. How much, if at all, does the information in the scenario provide you with a sense of involvement in the identification of the problem?

1	2	3	4	5
high degree of involvement		moderate degree of involvement		low degree of involvement

2. How much, if at all, does the information in the scenario provide you with a sense of involvement during the assessment procedure?

1	2	3	4	5
low degree of involvement		moderate degree of involvement		high degree of involvement

3. How much, if at all, does the information in the scenario provide you with a sense of involvement in developing the recommendations?

1	2	3	4	5
high degree of involvement		moderate degree of involvement		low degree of involvement

4. How much, if at all, does the information in the scenario provide you with a sense of involvement by utilizing your knowledge and skills?

1	2	3	4	5
low degree of involvement		moderate degree of involvement		high degree of involvement

5. Overall, to what degree did you feel involved in the entire process when resolving the classroom problem?

1	2	3	4	5
high degree of involvement		moderate degree of involvement		low degree of involvement

6. Overall, to what extent do you agree with the approach used in resolving the classroom problem?

1	2	3	4	5
Strongly agree				Strongly disagree

In the following space, please explain and/or elaborate on your response to the above question:

In addition to the survey, I am also providing you the opportunity to voluntarily participate in an individual interview with me. The interview will give me the opportunity to acquire more information about your perspective concerning school psychological services.

Although it would be an ideal opportunity to interview all teachers requesting an interview, owing to time constraints, I will only be interviewing a random sample of those who expressed interest in participating in an interview.

If you are interested in participating in the interview, please fill in the following information:

name _____

grade _____

school _____

Please tear off this form from the survey and place it in the designated box located in the school office.

THANK YOU FOR YOUR PARTICIPATION

APPENDIX A

VERSION B

Section 1

For the purpose of this study, it would be helpful to have the following information. For reasons of confidentiality, please do not include your name on this form.

1. male _____   female _____
2. grade _____
3. years of teaching experience _____
4. Have you had any previous experience working with a school psychologist. Yes__ no__
5. If yes, indicate your sense of active participation with the school psychologist in developing a solution for a particular classroom problem referred by you. (Circle appropriate number)

1	2	3	4	5
high degree of participation		moderate degree of participation		low degree of participation

Section 2

Please read the following scenarios and respond to the questions following each scenario.

1. Bobby, a grade four student in Mrs. Jones' class, was showing difficulties complying with the rules of the classroom. Mrs. Jones claimed that Bobby was often removed from the classroom because he had difficulties listening to others and often showed aggressive behaviours (i.e., hitting and punching) toward his classmates when working in group situations. After the school psychologist was notified about Bobby's behaviour, the school psychologist made several classroom visits, observing Bobby in group settings and during classroom instruction. From the school psychologist's observations, it was concluded that Bobby acted aggressively in the classroom because he showed a lack of understanding for more socially acceptable ways in dealing with his anger and frustration. The school psychologist recommended to Mrs. Jones that her approach to Bobby in the classroom must be supportive, that more structure and individualized direction should be provided, and that Bobby should receive one-on-one instruction regarding anger management techniques. Three weeks after implementing the recommendations, Mrs. Jones found no improvement in Bobby's classroom behaviour. After speaking with the school psychologist,

Mrs. Jones was informed that Bobby's file would remain open to psychology and that she would be notified about the implementation of further recommendations developed by the school psychologist.

When responding to the following questions, **suppose that you are the classroom teacher** described in the scenario. (Circle the appropriate number)

1. How much, if at all, does the information in the scenario provide you with a sense of involvement in the identification of the problem?

1	2	3	4	5
high degree of participation		moderate degree of participation		**low** degree of participation

2. How much, if at all, does the information in the scenario provide you with a sense of involvement during the assessment procedure?

1	2	3	4	5
low degree of participation		moderate degree of participation		**high** degree of participation

3. How much, if at all, does the information in the scenario provide you with a sense of involvement in developing the recommendations?

1	2	3	4	5
high degree of participation		moderate degree of participation		**low** degree of participation

4. How much, if at all, does the information in the scenario provide you with a sense of involvement by utilizing your knowledge and skills?

1	2	3	4	5
low degree of participation		moderate degree of participation		**high** degree of participation

5. Overall, to what degree did you feel involved in the entire process when resolving the classroom problem?

1	2	3	4	5
high degree of participation		moderate degree of participation		**low** degree of participation

6. Overall, to what extent do you agree with the approach used in resolving the classroom problem?

1	2	3	4	5
Strongly agree				Strongly disagree

In the following space, please explain and/or elaborate on your response to the above question:

2. In her grade 2 classroom, Mrs. Robinson noticed that one of her students, Scott, was having problems starting work, staying on task for any significant period of time, and remaining seated in his desk. According to her observations, Scott spent more time walking around the classroom, sharpening his pencils, and visiting with fellow classmates than working on class assignments. During a periodic visit to the classroom, the school psychologist also noticed that Scott was having difficulties attending to task and completing his work. After voicing their concerns to each other about Scott, the two professionals decided that an estimate of Scott's on-task behaviour was required in order to see how much time he actually devoted towards school work. Through the various observations made by Mrs. Robinson and the school psychologist, it was concluded that Scott's time-on-task behaviour was only 18%. According to their observational comparisons, Scott appeared to show difficulties attending to tasks requiring independent working skills (i.e., journal writing, silent reading). When discussing possible recommendations, Mrs. Robinson stated that she was unhappy with Scott's present seating arrangement in the classroom because it offered him too many opportunities to visit with his classmates. The school psychologist agreed with her that the seating arrangement was a disadvantage for Scott and also suggested that another difficulty may be that Scott's seat was next to the open doorway which may have presented him with many distractions. This observation further convinced Mrs. Robinson that the seating arrangement definitely had to be changed. In discussing several seating options, it was decided that Scott would be removed from his usual work station during independent tasks to a more isolated and less distracting environment, such as a table positioned away from the doorway. Three weeks after the new seating arrangement, the school psychologist visited the classroom and noticed that Scott was working well on his own and asked Mrs. Robinson if she found Scott's on-task behaviour to be improving. Consistent with the school psychologist's observation, Mrs. Robinson stated that the new seating arrangement was working very satisfactory since Scott has consistently shown an ability to stay on task long enough to complete his assignments.

When responding to the following questions, **suppose that you are the classroom teacher** in the scenario. (Circle the appropriate number)

1. How much, if at all, does the information in the scenario provide you with a sense of involvement in the identification of the problem?

1	2	3	4	5
high degree of involvement		moderate degree of involvement		low degree of involvement

2. How much, if at all, does the information in the scenario provide you with a sense of involvement during the assessment procedure?

1	2	3	4	5
low degree of involvement		moderate degree of involvement		high degree of involvement

3. How much, if at all, does the information in the scenario provide you with a sense of involvement in developing the recommendations?

1	2	3	4	5
high degree of involvement		moderate degree of involvement		low degree of involvement

4. How much, if at all, does the information in the scenario provide you with a sense of involvement by utilizing your knowledge and skills?

1	2	3	4	5
low degree of involvement		moderate degree of involvement		high degree of involvement

5. Overall, to what degree did you feel involved in the entire process when resolving the classroom problem?

1	2	3	4	5
high degree of involvement		moderate degree of involvement		low degree of involvement

6. Overall, to what extent do you agree with the approach used in resolving the classroom problem?

1	2	3	4	5
Strongly agree				Strongly disagree

In the following space, please explain and/or elaborate on your response to the above question:

In addition to the survey, I am also providing you the opportunity to voluntarily participate in an individual interview with me. The interview will give

me the opportunity to acquire more information about your perspective concerning school psychological services.

Although it would be an ideal opportunity to interview all teachers requesting an interview, owing to time constraints, I will only be interviewing a random sample of those who expressed interest in participating in an interview.

If you are interested in participating in the interview, please fill in the following information:

name _____

grade _____

school _____

Please tear off this form from the survey and place it in the designated box located in the school office.

THANK YOU FOR YOUR PARTICIPATION

APPENDIX B

Dear Teacher:

To satisfy the requirements for my Master of Education (school psychology) thesis, I am studying an aspect related to the effectiveness of school psychological services in the school setting. I am requesting approximately 40-60 minutes of your time to help me with this study.

School psychological services have undergone extensive changes over recent years in order to meet the changing demands of its consumers (i.e., students, school personnel, parents, etc.). Although extensive and rapid transformations have occurred in the service delivery there still remains evidence that such services require further modifications in order to satisfy the needs of its clientele.

This survey is totally anonymous and any information obtained and reported will be confidential and used only in the aggregate. At no time will any information based on individual responses be identified or referred to in the study. Only I and my adviser will have access to the raw data.

Your participation in this study is entirely voluntary, however, I would really appreciate your input. Your feedback is very important in helping me to complete an integral part of this study.

Please try to complete this survey by March 3rd, seal it in the envelope provided, and return it to the designated box in the school office.

If you have any questions about my research or would like to receive a summary report of the general results of the study after its completion, please feel free to contact me.

Trudy Kotowsky

Thank you for your cooperation

Yours truly,
Trudy Kotowsky

APPENDIX C

INTERVIEW QUESTIONS

1. Of the two approaches described in the scenarios (school-based consultation and referral/testing) which approach have you been exposed to when required to participate in a Teacher/School Psychologist relationship?

2. Of the two approaches, which one do you prefer to participate in?

3. What are your feelings about the particular approach you have chosen?

   - Do you see this type of approach to be effective?

   - Why or why not?

4. What are your feelings about the approach you do not support?

   - Do you see this approach as effective in certain situations?

   - Why or why not?

5. Of the approach that you prefer, do you feel comfortable with the degree of involvement you have in the approach?

   - if yes, why?

   - if no, would you prefer more or less involvement

6. In regards to the approach you did not choose, do you prefer more or less involvement?

   - why?

7. From your experience in dealing with School Psychological Services, do you prefer to talk about problems and become actively involved in developing solutions to problem situations?

   - Why or why not?

8. On the average, do you feel that School Psychologists prepare teachers adequately enough to participate in the assessment procedure?

- If yes, why?

- If no, what things would you feel needs to be addressed in order to prepare Teachers for the assessment process.

9. In regards to the survey, do you believe that the survey scenarios adequately depict the two different types of service delivery models?

- Why or why not?

10. Did the questions following each scenario adequately measure Teachers' degree of involvement?

- Why or why not?

11. Do you have any suggestions that could improve the instruments' ability to assess Teachers' involvement?

APPENDIX D

128
comments
pertaining to
process

136
surveys
returned

104
teachers
responded to
question #6

67
comments
pertaining to
recommendations

61
comments related
to the teacher-input
theme

128
comments
pertaining
to process

67
comments related
to the team
approach theme

APPENDIX E

SECTION 1

SUMMARY OF INTERVIEWEE COMMENTS

(T_n = teacher interviewee)

T_1 - Teachers need to be involved at the recommendations development stage

    - teachers develop ownership to recommendations they developed

T_2 - teachers need to be involved in recommendations development stage

    - teachers develop ownership to recommendations they developed

    - teacher and school psychologist work together on the collaborative model

T_3 - teachers need to be involved at the recommendations development stage

T_4 - teachers need to be involved at the recommendations development stage

    - teacher and school psychologists work together in the collaborative model

T_5 - teachers and school psychologists work together in the collaborative model

    - teachers need to be involved at recommendations development stage

    - teachers develop ownership to recommendations they develop

    - there needs to be continual follow-up measures

    - time spent collaborating is worth the effort

T_6 - sharing ideas with each other is important

    - there needs to be continual follow-up measures

T_7 - teachers need to be involved at the recommendations development stage

    - sharing ideas with each other is important

    - teachers and school psychologists work together in the collaborative model

T_8 - teachers need to be involved at the recommendations development stage.

    - teachers develop ownership to the recommendations they develop.

    - teachers and school psychologists need to share information

- school psychologists need to make the classroom contact more frequently

- there needs to be continual follow-up measures

T_9 - Teachers develop ownership to recommendations they develop

- the school psychologists need to make the classroom contact more frequently.

- teachers and school psychologists work together in the collaborative model

- time spent collaborating is worth the effort

T_{10} - teachers and school psychologists need to share information

- important that teachers and school psychologists develop an awareness of each other's view of the problem

- time spent collaborating is worth the effort

T_{11} - teachers develop ownership to the recommendations they develop

- teachers and school psychologists work together in the collaborative model

- time spent collaborating is worth the effort

T_{12} - teachers need to be involved at recommendations development stage

- there needs to be continual follow-up measures

- time spent collaborating is worth the effort.

APPENDIX E - SECTION 2

INTERVIEW #1

Female Teacher - Grade 4

1. I have only been involved briefly with school psychology and this involvement was a referral/testing approach. It really wasn't a positive experience. I contacted school psychological services in September but never got any type of response until June, when the school psychologist came in to the class and removed the student for testing. I never saw any report from the assessment.

2. I believe collaboration is very important. The teacher knows the student the best and therefore should be involved with recommendation development.

3. It's a very effective approach. Collaborating and exchanging information between the two professionals (teacher and school psychologist) is necessary.

4. Referral/testing tends to leave out information that teachers can bring into the assessment procedure. Teachers observations may be more applicable than testing.

5. It is important that a teacher has good sense of involvement. It's important that the teacher is involved in the brainstorming of recommendation development. Another thing that's important is the issue of ownership. When I am told to do things that I have no input in I am not comfortable with it and probably will resist implementing the recommendation. The teacher needs to be respected as a professional, in essence, we are all professionals in our own domains.

6. More involvement is necessary. As I said previously the teacher knows the child the best and knows what will work and what won't. It only makes sense for teachers to have input throughout assessment.

7. I prefer to talk about the problems and be an active member in developing a solution. When the teacher is involved then this guarantees that the recommendations are applicable.

8. I only had one experience and it was not positive. I believe teachers can participate in a collaborative model. Especially if they have taken further courses in the areas, like counselling and special education. Inservicing

also offers workshops which prepare teachers as collaborative participants (i.e., peer coaching).

Survey

9.. Do the scenarios depict two models?
   - Yes, they were very well spelled out.

10. Do the questions assess teacher involvement?
   - Yes, they covered all areas.

11. Any suggestions?
   - Not really, it was a well thought out survey.

INTERVIEW #2

Female Teacher - Grade 2

1. I participated in both school-based consultation and referral/testing models.

2. I prefer the collaborative model. I find it necessary that the school psychologist discuss the student with the teacher and that the school psychologist values the teacher's input. It is important that the teacher's information is used when making decisions. It is also important that the school psychologist observes the child in the classroom. It's more valuable if the school psychologist and the teacher work together. The teacher can tell the school psychologist a lot of information if the school psychologist listens and values the teacher's input.

3. The collaborative method includes everything. It involves testing if necessary. The important thing is that during the pre-assessment discussion the teacher can offer valuable information that will direct the assessment process. The teacher and the school psychologist choose which method(s) of assessment will occur. This saves time.

4. There are times when the referral/testing approach can be effective, like when there is a need for an intellectual assessment. Sometimes testing is important.

5. The school-based consultation model provides teachers with an adequate level of involvement. Sometimes time may play a factor which can hurt the process. However teachers' input is necessary.

6. The referral/testing model gives teachers little input. Some teachers may like less involvement because they might equate this to giving the problem away, but you don't really give it away, you eventually have to deal with it since you have to implement the recommendations. The school psychologist may take the child out for testing but eventually the child comes back. The school psychologist doesn't remove the child for good. Therefore the teacher still has to deal with the problem in the end.

7. I do prefer to talk about the problems and develop recommendations. Teachers know what methods (recommendations) work and which ones don't. There is also the fact that the teacher would probably be more positive about recommendations if they had developed them (ownership).

8. Time is a factor here. Although school-based consultation is a better approach sometimes there isn't enough time to be involved with the school

psychologist on an individual basis. I have been involved in some collaboration but time plays a major negative factor.

Survey

9. The scenarios were very straight forward and easy to understand.

10. The questions did their job. I think they adequately assessed the teacher's involvement. They covered all aspects of assessment procedure.

11. The response format was generally okay. I definitely re-read the questions and scenarios. They really made you think. I didn't feel that the survey consumed much of my time. I found it to be carefully crafted and organized.

INTERVIEW #3

Male Teacher - Grade 5

1. I have only been involved with the referral/testing model.

2. I prefer the collaborative model.

3. Through collaboration the teacher has more influence over decisions being made. The teacher works with the child daily and knows the child the best.

4. The referral/testing model could be effective in some situations. For example, if the child had a severe problem that the teacher was not able to deal with then an outside agency may be more effective.

5. Yes, I think the collaborative model offers an adequate degree of teacher-involvement.

6. The referral/testing model, I feel, should offer the teacher more involvement.

7. I prefer to be a part of identifying the problem and become an active participant in developing situations.

8. I feel that school psychologists do prepare teachers for collaborating, but I do think that time is a factor. There is not enough time in the school schedule to allow for ideal collaboration.

Survey

9. I found the scenarios were clearly different.

10. I think the questions adequately assessed the teacher's level of involvement.

11. No suggestions really. The response format was a little confusing but it keeps people on their toes. I think the response format made me more sensitive to the survey and more aware of what the questions were asking. I didn't feel that time was an inhibiting factor at all. I think the survey's length was reasonable.

INTERVIEW #4

Male Teacher - Grade 5

1. I never had any type of contact with school psychology but I believe that the type of services available in our school is the referral/testing model. Because of the limited time available for psychological services our school is in the referral/testing situation.

2. I prefer to participate in collaborative models. It is more beneficial for the teacher since there is an opportunity to deal with the problem right away and get more on track with the problem.

3. With the collaborative model the teacher can be very helpful. The teacher can offer valuable information. It is the teacher who observes the child in the classroom and therefore knows what the child is like which enables the teacher to offer some information that will help develop some type of solution.

4. The referral/testing model can be effective in certain situations such as when the student has a problem that the teacher has no idea how to handle. The school psychologist may have some constructive ideas after doing testing which the teacher had not considered. The testing may find a particular difficulty which may be causing the problem.

5. Yes, the collaborative model offers teachers a good degree of involvement. The more the better.

6. The referral/testing should offer teachers more involvement. There just isn't enough contact between the school psychologist and the teacher for this model to have some type of effect.

7. Yes, I prefer to identify the problem but only with the school psychologist's help. I don't think that the teacher should have the responsibility of identifying problems by him/herself. The teacher and the school psychologist should work together, brainstorm for ideas, develop recommendations and implement them.

8. No. I really don't think much collaboration is done in order for the teacher to develop the skills. But I do think that teachers can do it. They can learn skills through their education backgrounds, experiences they have had with teaching situations. I believe that teachers who are looking for a challenge (like me) can acquire the skills. Inservicing also may provide some opportunities to develop the skills. I would prefer to have informal discussions with the school psychologists to brainstorm for ideas, come up

with some strategies, try them out and if they don't work, then get back with the school psychologist and brainstorm again.

Survey

9. I think the scenarios described good and useful situations. They described the two models.

10. I think the questions did cover all aspects that an individual would be involved in.

11. I didn't mind the survey. I found it interesting. The scenarios were important. I appreciated reading the scenarios and getting ideas from them. Because I never have been involved in the collaborative model, I can get ideas on how it works. I found that the time wasn't a factor. I also thought that the comment section gave teachers opportunities to share anything that was missing in the scenarios. It is here where the teacher has a chance to put down any suggestions. I think this is good.

INTERVIEW #5

Female Teacher - Resource

1. I have been exposed to both the referral/testing model and the collaborative model. The basic format in our school is that after testing we usually collaborate. It's a combination of the two models.

2&3 I prefer a collaborative model. I think pre-meeting and sharing assessment information is important, also sharing observation ideas. The more the teacher and the school psychologist work together the better. It works best for both. It gives the school psychologist more information to direct the assessment. Talking with the teacher can give the school psychologist a feeling of what they are dealing with.

4. With the referral/testing model, the school psychologist comes in and does the testing and then gives a report. I'm really not happy with this. I feel that the teacher input is necessary.

5. I think the teacher needs to be involved but you also have to be careful not to waste their time. Sometimes meetings can get a little carried away and become off topic. But the teachers need to be involved or else they may not implement the recommendations. If they aren't part of developing recommendations they might resist the recommendations.

6. There are some situations where referral/testing may be effective. If the teacher is just looking for information from test results then the level of teacher involvement offered by the referral/testing model may be okay.

7. I like to be part of the problem identification and to develop solutions.

8. I think teachers are adequately prepared but sometimes they are not aware of the collaborative process. They do have the potential to be an active participant but the resource teacher and the school psychologist must ensure the teacher how things work in the collaborative model so they know how to participate. Its the "unknown" which may inhibit teachers to be active members.

Survey

9. I could tell there was a difference between the two models.

10. I found that the questions covered everything.

11. The survey was an adequate length. That's important because sometimes teachers hate to do lengthy surveys. The time required to do this one was good.

INTERVIEW #6

Female Teacher - Resource

1. I have been involved with the referral/testing model. This is what is presently occurring in our school. I also have participated in the school-based consultation model with the previous school psychologist.

2&3 I prefer the collaborative model. The results were so much more evident. With this model the teachers and the school psychologist are able to share ideas with each other, and therefore, expand their knowledge about a particular case. This model really is beneficial to the student.

4. I can't really see the referral/testing model being effective. Unless the teacher has involvement, it's hard to take ownership of recommendations and say that the teacher will see it through to the end. I guess, as a last resort, the referral/testing model could be effective if everything else has been done.

5. I think the level of involvement required by teachers in the collaborative model is adequate. If the teacher is concerned about the time element, the resource teacher can step in as a middle man between the teacher and the school psychologist. The resource teacher can relay messages between the teacher and the school psychologist. However, no matter what, it is essential for the teacher to be involved throughout.

6. There needs to be more teacher-involvement in the referral/testing model. There needs to be teacher-school psychologist discussions about recommendations to see if they are applicable in the classroom. There also should be follow-up which must be consistent.

7. Yes, I prefer to be actively involved. It's necessary for the teacher to offer some input of identifying the problem and coming up with possible solutions.

8. No, I don't believe the school psychological services, here anyways, prepares teachers to participate in collaborative models. I do believe the teachers can do this, but it is up to the school psychologist to set the stage. The school psychologist can draw so much effective and important information from the teachers and I believe in our school this doesn't occur.

Survey

9. Yes, the scenarios were very clear, there was a difference between them.

10. The questions adequately assessed teachers level of involvement.

11. I especially liked the response format. It made you think clearer. I thought it was a really neat idea.

INTERVIEW #7

Female Teacher - Grade 2

1. I have participated in the school-based consultative collaborative model. We discuss things before the assessment begins and share relevant information to develop possible remedies.

2&3 I prefer the collaborative model. The school psychologist needs all the information from the teacher in order for the assessment to be valuable. Each professional sees the child in a different way. The teacher has a part of the picture that the school psychologist needs in order to see the whole.

4. There may be a very limited situation where the referral/testing model may be effective. For example, if a child is extremely withdrawn and shy. Everyone sees the child in the same way when they observe the child in the classroom; however, once the school psychologist sees the child on a one-to-one basis the child may act differently. Then I guess in this case the school psychologist has a different piece of information.

5. Yes, it's vital that the teacher is involved. Time is an essence and can pose a problem. However, in my case I have been involved in a number of collaborative meetings. The extra meetings can be overwhelming, but my school provides me sub time. Without the sub time the collaborating may be a negative experience to me.

6. In regards to the referral/testing model, in some cases where the teacher writes a referral and outlines the problem thoroughly, then I think that the level of teacher-involvement is accurate.

7. Yes, I feel that it's important not only to be a part of developing recommendations but also to listen to what the school psychologist has suggested and to offer your ideas.

8. Yes, if there is an adequate amount of time where the school psychologist explains to the teacher what collaboration is. Teachers are exposed to the collaborative model through other encounters such as team teaching and peer coaching. I have observed in classrooms and offered suggestions to other teachers and I have also had observers come in and offer advice. As an observer you develop a keen sense and as the teacher being observed you get valuable information.

   With school psychologists, I think it is important that school psychologists are not judgmental, especially when they make suggestions to improve your classroom. This is difficult to take because school psychologists really only have one situation to draw from when making the classroom suggestions.

Survey

9. Yes, I could recognize the difference.

10. Yes, the questions were good.

11. Really no suggestions, I felt the survey was not time consuming at all and the response format was acceptable.

INTERVIEW #8

Male teacher - Resource

1. I had both experiences in the school. In the collaborative model, the school psychologist was involved with the classroom. She did a lot of observations and was very attuned to the collaborative model. She realized that observations were just as important as formal assessments (testing). She had a lot of knowledge about the school system and had a sense about how the teacher operates, since the teacher operates in a unique fashion. I found this approach to be more helpful. The suggestions, recommendations, and the amount of discussions with the staff were all important aspects which led to more detailed and practical solutions.

    We also have experienced the formal assessment approach (referral/testing mode). I found that the school psychologist was less comfortable with observing in the classroom, less knowledgeable with the school system, and therefore, the consequence was that the school psychologist was less helpful. With no background and understanding about the classroom, the school psychologist is unable to offer effective information.

2. I prefer the collaborative model. The attraction to this model is the openness. The school psychologist has an awareness of the teacher and the classroom environment.

3. The school psychologist spends time observing, getting a sense of the child and a sense of the teaching style. Then with this awareness the school psychologist is better equipped to collaborate with the teacher. The two professionals are attuned to one another. The school psychologist knows what is happening in the classroom and is able to discuss this aspect with the teacher.

4. The referral/testing approach confirms teacher's speculations. Teachers need confirmation that their hunches about a particular child is correct. Another useful aspect for this model is in the area of funding. In order to get funding you need evidence (facts and figures), you need more than just a feeling. Sometimes the fastest way to get this is through the referral/testing approach where testing is occurring for the purpose of funding.

5. The referral/testing approach is limited. You don't really know what it is telling the teacher. It really depends on how the results are presented. But, a major disadvantage is the lack of control in the classroom.

6.   Follow-up is important. In the school based consultation model there tends to be a commitment to the child. It provides a projection into the future. By looking ahead 2-3 weeks in time, the school psychologist conveys to the teacher that program monitoring and follow-up will be practiced on a continual basis.

7.   The teacher is more inclined to implement recommendations that they were involved in. There is the feeling that the teacher's voice has been heard. When teachers feel that their input has been appreciated they are more likely to implement. There is resistance from teachers when the school psychologist's services are lagged, especially when the reports come in months and months after the assessment. There is a feeling that the help will never come. It's a hopeless feeling.

8.   The attitude here is that there isn't much preparation for teachers to participate in collaborative processes. Some teachers view school psychologists as experts who should know what to do. This could be a reflection of not knowing what the role of school psychology is in the schools. But there still is that feeling that teachers only have part of the answers. With the previous school psychologist there was brainstorming. The teachers participated in this. The school psychologist knew how to draw out information from the teachers, that is important.
       No, not many teachers are prepared to collaborate. A lot of it is trial and error. There is no formal discussion about how to collaborate. By going through the collaborative process you learn it. I believe teachers have the potential. Here there is the expectation that the staff, parents and administration are involved in the assessment. When everyone is working together it really works. The problem is that it takes a while for this to occur. The child moves on to a different grade with different teachers and the process starts over again.
       Time constraints also pose problems. During meetings there is not enough time to cover all relevant areas. You also need a sense of commitment from the team to work.

Survey

9.   Yes I could tell a difference between the models. I related the scenarios to people I knew in actual situations. There was a strong sense of what's going on because I related the scenarios to real life experiences.

10. The questions were adequate. You could have broadened the area and asked some questions about the team approach. It is the best approach if the whole team is involved or else you may not be getting a good reflection of what's going on.

11. The scenarios were an excellent approach. They got you thinking. The response format wasn't confusing. You were made to read the questions

carefully and because there were few questions the response format never boggled your mind.

INTERVIEW #9

Male teacher - Resource

1. Here we have been exposed to the referral/testing model.

2&3 I prefer the school-based consultation approach. It is essential that the teacher and parents are involved. Their input is important for the success in working through the situation. The team approach is essential. In the collaborative model observation is important. The teacher wants information on methodology and teaching strategies; therefore, the school psychologist must be knowledgeable in this area. By spending time in the classroom they are able to offer some advice within this area.

4. There are some instances where the referral/testing model would be required if needed. For example, if a specific piece of information is needed that is relevant to the student's learning and behavioral program. Testing functions in specific areas, if you needed to see how the child performed on a certain subtest of WISC-R, like auditory or visual memory. But, the teacher should be able to offer this information through informal measures as well. The information ends up back to the teacher anyway.

5. The collaborative model offers the teacher the opportunity for input, this is essential. The teacher values the opportunity for offering information. They made the referral, and therefore, are prepared to participate and have input. If the teachers are part of the recommendations development then there is more of a chance that the recommendations will be relevant, and therefore, teachers will implement.
    Follow-up is important and the collaborative model offers this. One can follow any type of service delivery model which may look impressive but without the follow-up stage the whole thing falls apart in 2-3 months down the road.

6. Definitely, there needs to be more input from teachers and others involved with the child in the referral/testing approach. There definitely needs to be a team approach. Everyone needs to be involved, especially the teacher or else relevant information will be neglected.

7. Many teachers in this school are prepared to spend the time and effort collaborating. They are more comfortable identifying problems and brainstorming for ideas. Although the school psychologist may lead the team members through brainstorming, teachers' information and ideas are just as important as the other team members, if not more essential, and therefore, needs to be respected and appreciated.

8. In our school, the resource teacher actually is the one who serves as a mediator. Resource teachers can be the driving force in terms of retrieving information from the team members and making the members feel comfortable participating. In some cases the school psychologist has taken control over the meeting and was the chairperson. But the resource teacher is more likely to be the guide. Teachers are capable of participating in the collaborative model. Like I said previously, they made the referral; therefore, they want the extra help. They are willing to spend the time and effort. Commitment is important in order for this model to work. I believe teachers are prepared to make this commitment.

Survey

9. The scenarios were clearly described.

10. The questions were carefully crafted and covered the areas you wanted to seek information.

11. The completion time was appropriate, 15-20 minutes. The questions were applicable. The scenarios were an asset, they gave you visual pictures.

INTERVIEW #10

Female teacher - Resource

1. It varies, our school has been involved with the school-based consultation more, but this depended on the nature of the case. In some cases, the child needed to be pulled out, this is where the referral/testing model was more appropriate.

2&3 I prefer the collaborative model. It is ideal, but because of the classroom size, sometimes it is not possible. I particularly like the cooperation between the teacher and the school psychologist. The whole team approach is an asset of the collaborative school-based consultation approach. There is also an awareness of both professionals' understanding of the problem. The teacher has a heavy load in the classroom, as it is, and therefore, she might miss some things when she is observing that the school psychologist may pick up. Therefore, the collaborative process allows the two professionals to get together and discuss the observational data. The teacher sees the child every day. The teacher's input is necessary since the teacher can offer important information to share with the school psychologist. The collaborative process provides the teacher this opportunity.

4. The referral/testing model can be effective when you're dealing with behavioral problems in the classroom, especially when there is a personality clash between the student and the teacher. Also when there is a learning problem where the teacher needs input on the child's learning style or information on placement in the classroom.

5. There is a lot of time consumed which requires a high level of teacher involvement, like meetings scheduled during preps, lunch, early mornings. However in the long run, this approach saves time and gets down to the root of the problem. Initially the team members may spend a lot of time in collaborative meetings; however, this may actually be time-efficient since it guaranteed establishment of effective programs. The teacher wants concrete answers for ways of helping the child. The collaborative process allows concrete answers to surface through team involvement.

6. The referral/testing approach doesn't offer any type of teacher-involvement which is a negative aspect.

7. Our school is small, not many students are referred. However, when there is collaboration the staff is very cooperative and very dedicated. They are willing to sacrifice the time needed. There is no hostility or resistance from the staff. The staff is comfortable identifying and developing solutions to

problems. They are willing to carry through the plan developed especially when they were involved in developing the plan.

8. With the resource program changing from the Pull-Out to the Collaborative model, teachers are feeling more comfortable with collaboration. It is easy for school psychologists to move the collaborative model into the schools. When the collaborative model first came into the schools teachers felt threatened. The teachers felt they were being judged, especially when clinicians did classroom observations. But now teachers see clinicians as an extra pair of hands, another resource. Not establishing a power struggle is important. Teachers will feel more comfortable collaborating if they know the school psychologist. School psychologists who can easily establish a rapport and still stay on a professional level will more likely foster collaborative input from teachers. School psychologists must make teachers feel at ease, the more informal the meeting the better.

Survey

9. I could tell the difference between the scenarios; however, I think the teacher could have done some steps before contacting the school psychologist, like involving the resource teacher.

10. The questions were written out well. The response format was good and the descriptions were appropriate.

11. One suggestion, the scenarios could have included the resource teacher and other professionals. This would be a true team approach. Parental involvement, as well, is very important.

INTERVIEW #11

Female teacher - Grade 3

1. I have been exposed to both models. When I first came to the division it was a referral/testing approach. Lately I have been involved with the collaborative approach.

2&3 I prefer the school-based consultation approach. Having input and taking part in discussions are important. The information is going both ways (between the teacher and the school psychologist) which is not available in the referral/testing model. This is a team approach with a team effort. In this approach, the teacher is more likely to take ownership and implement recommendations. The school-based consultation model offers informal and formal assessments. Because there is a balance between the two, this model covers more ground than the referral model which is usually all formal testing.

4. The referral/testing model can be effective if it is used to confirm information from the classroom. If it is used to rule out any suspicions or back-up what is seen in the classroom, then it has a purpose.

5. Although the school-based consultation model requires the teacher to commit a lot of time, the time required is necessary if it will help the child. When there is positive results then the time dedicated to collaborating was worth the effort.

6. Teachers may feel that it is easier to pass the problem on to someone else in order to fix it, but, eventually the teacher has to deal with it. You can never give the problem away. Therefore, the teacher needs more input in the referral/testing model.

7. Yes, I believe discussion is important. I am quite comfortable identifying the problem and taking part in the decision-making process.

8. Teachers training provides teachers with collaborative skills. With more experience, the teacher gathers these skills. School psychologists may direct discussions, but teachers provide a lot of feedback. Teachers model collaboration all the time in the classroom and in the staff room. They are quite familiar with the process and are adequately prepared to participate in the model. The informal discussions are probably the most valuable. When school psychologists make teachers feel at ease and non-threatened by their (school psychologists) presence, school psychologists are then adequately preparing teachers for collaboration.

Survey

9. I could see a difference when I was reading the scenarios. I could identify which model they were depicting.

10. The questions were straight forward and covered all the important areas.

11. No suggestions. I think the response format keeps you alert. It keeps you on your toes so you can not take it for granted.

INTERVIEW #12

Female teacher - Grade 3

1. I only have been exposed to the referral/testing model.

2&3 I prefer the collaborative model. The referral model presents all the information at one time only. Sometimes things come up as you move along. The collaborative model provides constant monitoring of the case and adjusts programs appropriately. The collaborative model provides communication as well as informal and formal assessments.

4. The only situation where the referral/testing model may be effective is in a situation where there is a long-standing problem and a lot of history is already known, or when an intellectual assessment was required only, such as results from a WISC-R.

5. The collaborative model provides teachers with a great deal of involvement. This involvement is important. The time needed to collaborate is great, but it is worthwhile.

6. More teacher involvement is definitely needed in the referral/testing model. In order to make the assessment worth anything one needs information from the teacher.

7. Yes, I do prefer to talk about the problems and offer suggestions. The teacher needs to share information with school psychologist.

8. Teachers already have the skills. They have been involved with the resource model which has been practising the collaborative model for some time now. Teachers also are definitely prepared to take part in the collaborative setting. The school psychologist needs to be more accessible in the rural areas in order for the collaborative model to work. School psychologists have long waiting lists which make this model difficult to practice.

Survey

9. I could distinguish between the two approaches. For the collaborative scenario, the evaluation and follow-up was important.

10. It is difficult to say because I don't remember the specifics, but overall I think all the questions were adequate.

11. The response format kept you thinking. It made you alert. The time requirements were reasonable, no more than 20 minutes. I also liked the

fact that it was optional for teachers to do the survey. It wasn't forced upon the teachers.