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ABSTRACT

A school psychologist becomes indispensable to a school by responding to school needs and becoming an instrumental part of the solution. An essential prerequisite to responding to a need is first identifying it. However, the need identification process is fraught with pitfalls. Immersion into the culture of the school is critical to establishing rapport with those individuals who inhabit the unique behavior settings called schools. Properly targeted solutions, levels of preventive solutions, fair solutions, and resource availability are essential. The psychologist's role in the school is relatively unique. Unlike teachers, the psychologist does not have a focus tied to the classroom level. Teachers have a primary obligation to promote the academic skills, whereas the psychologist has responsibility for seeing that the social and emotional dimensions of the child are developed. Unlike the principal, the psychologist is not in a hierarchical or supervisory position relative to teachers. These structural and substantive differences place the psychologist in an opportune position. The psychologist must respond to the genuine needs of the school, define need broadly by breaking the coercive force of codified models of responding to each case as in the traditional referral model, and finally recognize the importance of finding resources to facilitate solutions. (JBJ)

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How does a psychologist become indispensable to a school? It is as simple as responding to school needs by becoming an instrumental part of solution. An essential prerequisite to responding to a need is first identifying it. The need identification process is fraught with pitfalls. We must exercise caution to avoid professional vertigo. This is where school psychologists talk to each other, become excited about solutions that are discussed at conferences, and then mechanically impose so-called best practices on the school. Our goal should be to focus on school needs, not psychologists' needs.

Identifying School Needs

Within the past week I was part of a meeting with the practicing psychologists and practicum students working in a local special education cooperative. The discussion ranged from the district's use of suspension and expulsion as disciplinary tools to questions of the organizational structure of the special education cooperative. This was a meeting that occurred at the end of the school year and was in part focused on how psychological services should evolve the following year. There was good news in that the director of special education had secured approval of an additional school psychologist position. Since it was a small cooperative, this would have a beneficial impact

on the overwhelming assessment demands placed on the psychologists' time. In the meeting, a great deal of enthusiasm was generated for implementation of a series of curriculum based assessment (CBM) in-service presentations for teachers. My fear is that CBM is a school psychology agenda. Does CBM respond to the most pressing needs felt by teachers, parents and/or students in that specific special education cooperative? My intent is not to devalue CBM, to the contrary, I believe the approach has substantial merit. My point is to raise the question of whether we would have been guilty of promoting a solution seeking a problem. Fortunately, this was a preliminary planning meeting; more extensive discussions were planned for the week prior to the start of school the following year.

Discovering Real School Needs

If meeting with school psychologists, attending school psychology conferences, and reading the professional school psychology literature are not the proper venues to discover the needs of a school, how should the psychologist in the schools identify needs? Immersion into the culture of the school is critical to establishing rapport with those individuals who inhabit the unique behavior settings we call schools. The goal is to see the school from the view of teachers,

parents, administrators, and students. By reflecting on recurring themes, the psychologist gives voice to their needs. It is not unlike the therapist who attempts to synthesize, restate, and convey the client's thoughts and feelings. Documentation of needs in written and oral forms provides a vehicle to communicate the needs to decision makers.

Where Do We Start?

The struggle begins by wading into the quagmire, "Who is the client?" Over time, I have read and listened to many discussions of this question. Is it the child? Teacher? Parent? Defining the client is critically important. In the past, I have found it interesting to watch how my orientation changes depending on whom makes the referral. When operating within the context of a school and the referring individual is the teacher, I noticed my proposed interventions tended to focus on what the teacher could do. In contrast, when the parents initiated a referral to a clinic external to the school, as an agent of the clinic my interventions were parent directed. Depending on whom brought the child to my attention, my frame of reference and perspective on the child's needs changed. When the parents bring a child to a clinic, my natural tendency was to see the problem through the eyes of the parents. Once I made this realization my definition of client changed. My conclusion is that a rigid definition of client is inappropriate. In fact, the client is and should be considered a moving target. At times it is the child, sometimes it is the teacher, and other times it is the parent. More often than not the client is not one, but a combination of these.

We cannot stop with parents and teachers. What about administrators as clients? Or possibly more broadly construed at a systems level, can the client be the school or community? Is the client the legislators who pass laws and allocate funds that influence the provision of educational services within schools? Would it be an error to omit

government officials at the local, state and federal levels, i.e, those who write the regulations that proscribe the rules under which schools must function?

Crisis As Opportunity

A crisis may serve as an opportunity to focus teachers' and administrators' attention on a need. An actual example is illustrated by the evolution of psychological services in a midwestern school district. The crisis was precipitated by a cluster suicide in the high school. Media contacted school board members and administrators to ask how the school was reacting to the tragedy. The truth was that immediately following the initial suicide there had been no response other than releasing students from school to attend the funeral. Less than 24 hours after the funeral another student had died and left a note which made reference to the first suicide. After the second suicide, school personnel realized that school could have intervened. As a consequence, the psychologists working in concert with counselors and social workers devised a strategy to respond to the situation. They went out to classrooms to talk about grief and let students know that they were available for meetings with individuals or small groups. They took along a one page questionnaire that dealt with sensitive topics: depression, suicide thoughts/ attempts, substance abuse, and sexual activity. All school personnel were surprised by the prevalence and severity of problems indicated in the students' surveys. Somehow it was thought that the data from national surveys did not apply to their school. When the data were shared with the school board, they willingly put money into extra psychologist positions because concrete preventive efforts were outlined to respond to the needs expressed by the students. The opportunity for change existed because everyone, from the school board to the classroom teacher, felt the urgency and shared the sense of importance of the need.

Responding to Needs with Solutions: Science and Post-Modernism

If I were to have written this position statement five years ago, I likely would have extolled the virtues of scientific method. My reasoning would have been that the preparation of psychologists is unique among professions. Physicians, teachers, optometrists, social workers, and school counselors are trained to be practitioners. Researchers in those disciplines receive separate specialized training. In contrast, psychologists are prepared as scientist-practitioners. The Boulder model of integrally linking science and practice is the foundation for most clinical, counseling, and school psychology programs. The logic is that given the relative infancy of psychology, the profession will develop quicker and have more to offer if all its practitioners are simultaneously collecting data to contribute to the knowledge base (Barlow, Hayes, & Nelson, 1984).

Personally I am in a stage of existential crisis, caught in a limbo between quantitative and qualitative approaches. I see problems with statistical tools, especially with outcomes that result from aggregating data. Does a mean actually represent the distribution of scores? Probably, yes. Can a mean represent a distribution of people? I don't think so. When we factor analyze the cognitive subtest scores of a group of children, do the resulting factors represent individual's patterns of cognitive ability? Epistemologically, I am not ready to enter the post-modern world of multiple realities and total constructivism. I continue to see substantial value in the positivist's reliance on scientific method, especially for examining the merits of competing interventions and single subject design approaches (Kratochwill & Levin, 1992). The next decade will be a vexing time when we all struggle with paradigms of inquiry. Even recognizing the limitations of our psychological knowledge, the rapid pace of researchers is impressive.

Empirical Research as a Base for Solutions

Inclusion is a movement which has seen large scale adoption. The appealing philosophical tenets of the movement have propelled the initiative forward at a rapid pace. Large numbers of children with disabilities have been moved to regular classes. There has been tremendous change in the educational landscape for children with disabilities. It is clear that the inclusion movement has drawn educators' attention to the needs of children with disabilities. In that sense, the time is ripe to take a fresh look at the body of literature relevant to inclusion.

Being able to critically analyze research is an essential contribution. This means understanding the basic tenets of research design, being familiar with the assumptions underlying the procedures, and recognizing the limitations of the findings. Making informed contributions is more than being able to conduct a critical analysis of a single research study. Competence implies placing a given investigation in a historical context and recognizing that the interpretation of research findings takes place in a socio-cultural perspective. Unfortunately, the shelf life of knowledge is limited. What we treat as an absolute truth today may be tomorrow's folly. We must be vigilant and question current practices. It is tempting to ease into a sense of comfort about what we think we know. It is more appropriate to remain skeptical. The rich context of empirical research should inform school practices.

Flexible Solutions

Solutions must remain flexible. Our tendency in schools has been to observe an effective approach and then codify it with federal/state regulations. In this manner, the multidisciplinary team was mandated by P.L. 94-142. Years later, when insightful researchers/practitioners recognized the limitations of what had become the

traditional multidisciplinary model, pre-referral teams were devised and implemented. The concept of pre-referral teams subsequently emerged in regulations as teacher assistance teams. These teams became another step in the context of relatively elaborate and rigid procedures. We spend an inordinate amount of time constructing scaffolding when some attention and effort should be spent on the foundation at the start.

Solutions Properly Targeted

Needs tend not to occur in isolation, but rather in clusters. Disjointed incrementalism is a term coined to describe discrete well-intentioned programs each designed to independently ameliorate one problem after another in the schools. To combat reading difficulties, Chapter 1 funds are appropriated and administered for the purpose of improving children's reading skills. Special education funds are appropriated and administered via a separate, independent and rather large bureaucracy. Other funds are appropriated to help those who are not special education students, but who fail the state mandated basic skills tests. Monies are targeted for substance abuse, teenage pregnancy, delinquency, drop outs, etc. Clearly, commonality exists among these various conditions. Targeting a narrow solution so as not to step on others' professional turf results in a single frame approach and neglects the intertwined nature of children's difficulties. Narrow programs fail to address the larger picture. Another problem is that the programs aimed at children with various problems are remedial rather than preventive.

Three Levels of Preventive Solutions

Cummings, Willick, and Skiba (1991) applied Caplan's (1964) three levels of prevention to the classroom. Primary prevention was defined as creating conditions for positive classroom behaviors and thereby reducing the likelihood of academic, discipline, and social problems. Thus,

primary prevention is targeted to the whole group. Establishing rules at the beginning of the school year, clearly communicating instructional assignments, and varying assignments based on student's entry skills are examples of primary prevention.

Secondary prevention is an intervention instigated at the incipient stage of problem behavior. It is designed to shorten the duration and ameliorate the intensity of a problem before it interrupts the instructional flow of the classroom. Secondary prevention is an active process of monitoring students to determine who is at risk for failure. Without the intervention, the problem behavior would likely escalate and have ripple effects for the class at large. Tertiary prevention is necessary when despite the best efforts of primary and secondary prevention, an individual continues to exhibit difficulties. Whereas secondary prevention is targeted for small groups of children who are at risk for developing more serious difficulties, tertiary efforts are directed at individuals.

Once needs have been established, each of the three levels of prevention should be part of the consideration of proposed solutions. What efforts may be directed at the entire population with the goal being to promote conditions that foster healthy behaviors, i.e., behaviors that are mutually exclusive with those that lead to the problem behaviors? Given the large individual differences within a classroom it is predictable that despite the best instructional management efforts of the teacher, some of the students will experience difficulty. How will active monitoring take place to identify those who are at risk for academic failure? What accommodations will be made for those who continue to experience problems? Prevention is a powerful framework from which to conceptualize various levels of response to a school need.

Fair Solutions

Mental tests reveal startling individual differences among children. With all my soul I wish abolishing the use of mental testing would result in eliminating problems some children experience with the acquisition of academic material. Some children learn to read with little conscious effort, while others struggle despite intensive direct instruction. Is it fair? No.

Treating everyone as though they were the same compounds the injustice. Fair is not equal treatment. At the state and local levels teams of teachers and administrators ponder the question of what skills should be attained at various grade levels. The consequence is that a set of skills are identified that represent what the average student should accomplish at given grade.

Resources and Solutions

Something that psychologists must not overlook is the link between resources and solutions. The time and attention of professionals are precious commodities. Well conceived preventive approaches may remain as goals if resources are not secured to implement them. Securing resources is essentially a problem of communication. Decision-makers who have budgets must share the sense of immediacy for the problem. A primary function of the documentation and communication is the need to spread the ownership of the problem. When the problem is viewed as having more priority than others competing for the attention of the decision-maker, than it will receive attention in the form of resources.

It is essential that the director of special education, principal, superintendent, or school board not be considered as the only source of funding. Private foundations, state departments of education, and at the federal level the U.S. Department of Education all fund innovative approaches to solving various educational problems.

Conclusion

The psychologist's role in the school is relatively unique. Unlike teachers, the psychologist does not have a focus tied to the classroom level. Teachers have a primary obligation to promote the academic skills, whereas the psychologist has responsibility for seeing that the social and emotional dimensions of the child are developed. Unlike the principal, the psychologist is not in a hierarchical or supervisory position relative to teachers. These structural and substantive differences place the psychologist in an opportune position. The psychologist must respond to the genuine needs of the school, define needs broadly by breaking the coercive force of codified models of responding to each case as in the traditional referral model, and finally recognize the importance of finding resources to facilitate solutions.

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