

DOCUMENT RESUME

ED 381 716

CG 026 193

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TITLE Psychological Consulting in Schools: Role of the Counselor.
PUB DATE [95]
NOTE 10p.
PUB TYPE Viewpoints (Opinion/Position Papers, Essays, etc.) (120)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adolescents; Ancillary School Services; Children; *Consultants; Consultation Programs; *Counseling Services; *Counselor Role; *Educational Environment; Elementary Secondary Education; *Professional Services; Students
IDENTIFIERS School Based Services

ABSTRACT

The school is fast becoming the primary place of belonging and recognition for many students. This article addresses the need for psychological consultation in the educational setting and argues that the primary focus of any mental health intervention in schools should include the prevention of the development of emotional disorders, as well as making a positive contribution toward a student's development and personal growth. It lists some of the methods of psychological consultation, such as direct services to the student and indirect models, where the consultant assists the educator in gathering data and implementing programs. Which method the consultant uses depends on his or her cautious assessment of the environment, the conditions, and the individual features of the case. Discussed next are levels of intervention, primary prevention goals, and characteristics of joint interventions. Consultants, it concludes, must possess insight into personal values, self-awareness, specific knowledge, particular practice, and an openness to change. Contains eight references. (RJM)

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Running head: CONSULTING IN SCHOOLS

Psychological Consulting in Schools: Role of the Counselor

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Abstract

This article addresses the need for psychological consultation in the educational setting. It examines methods of consultation to schools, and reviews issues related to primary prevention. The implications for counselors are identified.

Author Note

In this paper the term 'consultant' refers to the role taken by a mental health professional in an educational context. This function is typically carried out by a counselor or psychologist, depending upon role, school philosophy, state regulations, and specific needs. Also the term 'educator' should be seen as encompassing class teachers, school administrators, specialist teachers, and other educational professionals in the school environment.

Introduction

Changing face of schools

The school is fast becoming the primary place of belonging and recognition for many students. With the increasing number of family pressures, coupled with shifting values within society, it is often those with poorly developed coping strategies, including the young, who are least able to adjust to such changes. This situation has created a new responsibility for the school system of the 90's. It has often placed educators in a primary caregiver role and nurturing position. These roles are ones which many educators do not wish to take on, or are poorly equipped to carry out properly. Few would argue that in this time of need, the education system in general and mental health professionals in particular, have little option but to address these issues. A well thought approach is imperative to ensure success and to maintain professional credibility.

The primary role of school is to address the varying growth and development issues of children. Over the past 30 years, schools have cemented their role as a facility to also address mental health issues. Whether or not the general public or educators are comfortable with this trend, the fact that an increasing need for psychological services is an undeniable reality. As the number of counselors and psychologists increase in the schools, the focus becomes how to identify the most appropriate method of operation for maximum effectiveness.

The issue also arises as to what function the educator and family can play in this critical area. Often the collaborative approach is given nothing more than lip-service. The professionals who are genuine about forging partnerships with parents must structure processes whereby all stakeholders take joint responsibility for goal setting and decision making . It is only

through shared ownership of goals, that a consistent attempt can be made to address critical issues. It is essential that the approach used addresses the dual contexts of school and home, and both are granted an equal focus of attention.

Methods of psychological consultation

The primary focus of any mental health intervention in schools should be on the prevention of the development of emotional disorders, as well as making a positive contribution toward a student's development of personal growth (Dorr, 1979). This can be carried out using various consultative approaches, each of which can be described by the degree to which services are provided directly to the student.

The first method of consultation is direct services to the student. This is the traditional model whereby testing, instructing, interviewing, or counseling occurs, usually on an individual basis. Although this sometimes yields positive results, it is a time consuming process, often clouded in the mystery of psychobabble. Secondly, services may be provided via an indirect model, whereby the consultant assists the educator to gather data and implement programs. The third method is direct services to educators. By assisting educators to gain greater skills and understanding, there is an expected positive flow-on effect in the classroom as a result. Finally, direct consultative services to the school organization can improve the school climate or be instrumental in the development of some therapeutic innovations (Meyers, 1981).

These four methods of intervention are equally applicable to a remedial and preventive focus. The appropriate process would be chosen by the consultant after a cautious assessment of the environment, the conditions, and the individual features of the case. In reality, a combination of methods would be employed to effect change.

Levels of intervention

The traditional model of mental health intervention, which is often still being used, focused on alleviating educator stress or student problems, as the issues surfaced. This reactivity model, is energy consuming, and frustrating work for the professional. In this crisis remediation approach, the consultant can only deal with the existing issues, and is often unable to resolve the problem altogether (Kurpius & Rozecki, 1992). This approach can also be quite costly, for a number of reasons. Consultant stress can take a toll, educator enthusiasm often dwindles, students do not feel supported, and the school itself may not be viewed by the public as being very pastoral.

Primary prevention

In an attempt for mental health professionals to minimize student emotional stress for the long term, an early prevention approach can be useful. This approach requires the consultant to make educated assumptions about future trends by examining current issues, and facilitate a process that targets these issues, so that adverse consequences may be averted. This crystal-ball gazing is obviously speculative, yet current trends can provide valuable data on which tentative hypotheses may be based.

Through the joint development of programs, educators and parents can help by increasing the children's skills, knowledge and attitudes. This type of collaborative process will enable the children to adjust and cope with the future demands they experience. These coping skills, understandings and positive attitudes, would be closely related to developmental guidance programs such as social skills training, self-esteem enhancement, interpersonal skill development, and human relationships education. The goals of these preventive programs should be the development of an

adaptable approach to life, strengthening of the ego, as well as an ability to empathize with others.

Another aspect of primary prevention is that of late prevention (Kurpius & Rozecki, 1992). In this model the focus is aimed at emerging problems and at-risk individuals, rather than only tentative future problems. This approach is less speculative, as hypotheses are based on present circumstances and accumulated data. The target for intervention in this case would be more specific, with the likelihood of success being greater. Once again, a collaborative approach between educators and parents would ensure a better chance of support for the child, and success for the intervention.

Joint interventions

Ideally, children will experience the co-operative support of educators and parents working together as issues arise. This conveys the clear message to the child that they are considered important by significant people. Children need to see educators and parents engaged in meaningful and co-operative dialogue and activities on their behalf (Dowling & Pound, 1985). This process can serve as a positive interpersonal model for children to replicate in their own relationships.

Via a well developed understanding between home and school, both prevention and effective crisis remediation is possible. It is through a relationship of confidence and mutual respect that both parties are able to discuss issues openly and support each other genuinely. This process ensures that defensiveness and educational distance are not characteristics of the home-school partnership. Educators and parents need to believe that schools work better and everyone is happier when an effort is made to establish positive relationships.

It should never be the case that the child is the only communicator between home and school. Unfortunately though, experience has shown that this is often the reality, particularly as the student becomes older and progresses to higher grade levels in school. This places a strain on all concerned, and does little to build relationships of trust.

A task for the consultant would be to structure activities so that stakeholders do not only come together as a start, but to work successfully together for the growth of the child. This has been part of the focus of parent-teacher sessions, the professional development of educators, and parent training programs. Barriers must continue to be removed to allow open communication between both parties. Positive relationships allow the consultant to save time later, by working through the already established affiliation, between parent and educator. Properly trained consultants can contribute significantly to this process (Dougherty, 1990).

Discussion

Counselors in the educational setting perform counseling, coordination, and consultation as part of their role (ASCA, 1990; Campbell, 1992). Often it is this latter role in which they receive minimal formal training. There is usually an expectation from the school community, that this consultative function, which is valued so highly, should be second nature to the professional. This is often not the case. Consultants have an ethical responsibility to operate only within the boundaries of their competence (ACA, 1994). This is but one reason that a realistic awareness of personal and professional competence is crucial for the consultant. There are obvious legal implications for inadequately trained consultants.

Consultation is an established method for serving the needs within the school context. With an increasing number of issues being faced by schools,

and a growing level of accountability for educators and mental health professionals, it is imperative counselors address the emotional needs of students, in a cost and time effective manner. Consultation also has an advantage over the direct service approach in that the consultees gain valuable learnings through the course of consultation. These newly acquired skills and understandings can then be applied to novel situations, as well as being shared with colleagues.

The possible flow-on effects of one effective consultation can be far-reaching. Many educators crave fresh ideas and innovative approaches. It can be the consultant within the school setting who can support, teach, encourage, and guide students, parents and educators to new and greater levels of understanding.

The role of consultant is easier to explain than it is to perform. It requires insight into personal values, self-awareness, specific knowledge, particular practice, and an openness to change. With these issues in mind, consultants can help others become aware that they do have the ability to control their lives, and determine their own destiny. This can help contribute to generations of confident and optimistic individuals.

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