Effective Consultation in School Psychology

Ester Cole & Jane A. Siegel (Editors)
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Effective Consultation in
School Psychology

2nd revised and expanded edition

Hogrefe & Huber
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Preface

When we published the first edition of *Effective Consultation in School Psychology* in 1990, it was the result of collaborative synergy between practitioners and academics committed to the field of school psychology. Dr. Jane Siegel and I developed our model and conceptual framework with the belief that it would facilitate equitable and inclusive services in education. We also hoped that it would aid service providers to broaden their roles in school communities and highlight the central role psychologists have in promoting multi-disciplinary consultation. Since that time, our model has been taught at universities, discussed in many education systems, and lectured about on several continents. The book was reprinted in 1992, and continued to be sought after.

When Dr. Christine Hogrefe had the vision to approach us to write a second edition, Jane was gravely ill. Shortly before her untimely death in 1999, I broached the subject with her. Near the end of her life, she noted that our model was “ahead of its time.” As I facilitated the development of the second edition, I kept her words in mind. This second edition of *Effective Consultation in School Psychology* contains seven updated chapters from the original publication, as well as twelve new chapters. Once again, the work reflects the evolution of research, advocacy, creativity, and the culture of school psychology and consultation.

Finally, this book is dedicated to the memory of the late Dr. Jane Siegel, whose contributions to this publication and to the field of psychology are sadly missed. The second edition is published with the original trust she and I hoped would promote partnerships and services for the benefit of students, educators, and parents.

Dr. Ester Cole
Toronto, 2002
Dedication

David, Mihael, and Anat
COLE

Bill, Hallie, and Kathryn
SIEGEL
And in memory of Jane Siegel

ALL THE RAINBOW COLORS
About the Editors

**Dr. Ester Cole** is currently a psychologist in private practice. Previously, she was a supervising psychologist at the Toronto Board of Education from 1984–2000. Her work has focussed extensively on the development of multicultural consultation, clinical and school psychology services. She has taught at the Ontario Institute for Studies in Education/University of Toronto for over two decades, and for the past two years at York University. Following a teaching career and undergraduate studies in Israel, she received her PhD from the University of Toronto in 1979. She is a registered psychologist with the Ontario College of Psychologists and the Canadian Register of Health Service Providers in Psychology.

Dr. Cole has written and co-authored numerous research and advocacy articles in recognized journals and professional publications, and has contributed to several manuals and books. She previously co-edited two books – *Effective Consultation in School Psychology* (1990) and *Dynamic Assessment for Instruction* (1996). In addition to the provision of direct services in a variety of educational and clinical settings, Dr. Cole has developed psychological service models for school settings and consultation modalities which focus on the adaptation of immigrant and refugee children and their families. Her lectures and workshops to mental health professionals and educators in Canada, the United States, Portugal, Sweden, and Israel include topics such as multiculturalism, special education, depression and suicide prevention, and system consultation services.

Over the years, Dr. Cole has been a member of various committees and task forces focussing on program development in school systems. She was the 1993 President of the Canadian Association of School Psychologists and the Chair of the Psychology Foundation of Canada from 1996–2000. She is the current President of the Ontario Psychological Association.

**Dr. Jane Siegel** (Oct 6, 1944–March 25, 1999). Prior to her untimely death, Dr. Siegel was a part of Longwoods International, a marketing research firm, for close to a decade. She became renowned for the research methodology she developed. Her “Return on Investments” model, which measures advertising effectiveness, has since impacted marketing budgets throughout Canada and the United States.

Dr. Siegel completed her undergraduate degree at Purdue University, and ob-
tained her PhD from the University of Michigan in 1971. She taught psychology at the University of Michigan and the University of Western Ontario before joining the field of school psychology.

Dr. Siegel’s background was in cognitive psychology, learning and memory, and her research in these areas was published in internationally recognized journals – including the *Psychological Review*. She was the co-editor of the first edition of *Effective Consultation in School Psychology*. She joined the Toronto Board of Education in 1977, and was promoted to Senior Psychologist in 1980. She was responsible for supervision of psychological staff and took a special interest in staff and program development. She gave numerous workshops to teachers, school administrators, and psychologists in the United States, Canada, and Europe.
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Part 1

Perspectives on Consultation and Training
Chapter 1
Role Expansion for School Psychologists: Challenges and Future Directions

Jane A. Siegel and Ester Cole

“School psychology was born in the prison of a test, and although the cell has been enlarged somewhat, it is still a prison.” [Seymour Sarason, 1977]

School psychology in North America continues to be at a crossroads. While nearly every school board employs psychologists, there is little consensus regarding their role: traditionalists view them as technocrats whose purpose is to provide mental testing services to teachers, while a more encompassing perception views them as consultants who are able to draw on a wide body of knowledge for the benefit of students, parents, and educators. Although most psychologists seem to prefer this more innovative approach, to date it has not been widely or consistently implemented and remains underused in school systems.

Our aim in preparing both editions of this book has been to provide practical help to those school psychologists who wish to free themselves from the constraints of testing, as a sole rule; to assist them in identifying the skills and tools they need for fostering a consultative approach; and to provide them with useful information for implementation.

This first chapter is intended as an organizer in which we present an overall service delivery model that we ourselves found useful over the years in expanding the role of consultation in school psychology. The goal of this model is to provide a framework that encourages increased use of consultation, while at the same time recognizing educators’ legitimate need for traditional psychological assessment services. As well, the model will help readers understand how information presented in the rest of the book can contribute to an expansion of their roles.

As background to the introduction of our service model, in Part I we briefly discuss the current state of school psychology from an historical and cultural perspec-
tive, and consider why, in spite of a stated wish to do so, school psychologists have been only partially successful in expanding upon the traditional testing role. The model itself is presented in Part II, along with a review of its chief benefits and operating principles. Part III discusses the implications of the model for school psychologists’ training and continuing education, as well as for the use of this book. Finally, an overview of the book in terms of our service model is presented and the content of each chapter briefly discussed.

Section I: Historical and Cultural Perspectives

In considering options for change, school psychologists should be aware of the historical and cultural forces that have influenced the development of their current role. In North America, school psychology and mental testing have been closely linked in the thinking of both educators and the public at large. Yet in a historical review, French (1984) documents that the involvement of early mainstream psychologists in educational issues went far beyond the testing role. No fewer than eight of the first ten presidents of the American Psychological Association were school psychologists, in interest if not in title. That these early psychologists wished to provide educators with information about the implications of their new science for teaching and learning is illustrated by William James’ Talks to Teachers on Psychology (James, cited by French, 1984).

In spite of these promising beginnings, however, the idea of the school psychologist as problem solver rather than merely “tester” has rarely caught on with educators. Although many practitioners with psychological training worked in the schools, their titles of “Binet-testers” or “examiners” reflected their narrowly defined roles. Gesell, the first practitioner with the title of “school psychologist,” spent most of his time in a diagnosis-for-placement-in-special-education role (Fagan, 1987). The focus on assessment and testing continues to the present day, with recent surveys showing that many school psychologists spend extensive amounts of their time in these activities (Canter, 1997; Huberty & Huebner, 1988; Reschly & Wilson, 1995; Stewart, 1986; Wilson & Reschly, 1996).

Testing services do not seem to have played as important a role in school psychology outside North America. In their review, Oakland and Saigh (1987) note that both national priorities and cultural factors help to determine the nature and scope of school psychological services. In the former Soviet Union, for example, the use of tests was banned in 1936 as being ideologically incompatible with Marxist philosophy (Pambockian & Holowinsky, 1987). Psychological services in education in that country were not oriented toward individual student needs; instead, they focused on research into the nature of learning and its implications for curricular and teaching practices. In general, in school psychology outside of North America, testing is seen as but one part of a broad range of services, including both direct and indirect services, consultation and research.
In North America as well, cultural values appear to have had an impact on school psychologists’ roles. Kaplan and Kaplan (1985) suggested that the rapid growth of both special education and the mental testing movement can be traced to the pervasive influence of the North American commitment to individualism. Concern for the individual learner, combined with a commitment to compulsory education for all children in increasingly diverse multicultural populations, led to graded classrooms that would allow teachers to plan instructional programs according to developmental needs. Such classrooms, however, also made more obvious the problems of children whose rates of learning departed from the norm, thus fostering the growth of special education programs.

In psychology, a focus on the individual led to an emphasis on individual differences and a tendency to ignore the role of social and environmental variables in development (Cole, 1996; Cole & Siegel, 1990; Sarason, 1988, 1997). These biases allowed school psychologists to adjust comfortably to an educational system that focused on factors within the child as responsible for learning problems. They also provided a rationale for removing underachieving children from classrooms rather than altering learning environments.

Today, in spite of the lack of sufficient documentation regarding its efficacy, special education continues to be a dominant force in North America (Cole & Siegel, 1990; Johnson, 1969; Shinn, 1986). Attitudes that are fundamental to the thinking of both school psychologists and educators perpetuate the importance of the assessment-for-placement model (Braden, 1997; Cole & Siegel, 1990; Kovaleski, 1988). In many jurisdictions, psychological assessment is a legislated requirement for placement decisions, and educators see this as the most needed psychological service (Abel & Burke, 1985; Cole, 1996; Hartshorne & Johnson, 1985; Kamphaus, 1996). They recognize that psychologists possess a wide range of knowledge and skills and seem to appreciate the benefits of such services; however, with few exceptions, they are not accepting of such modes of service as appropriate alternatives to assessment (Genshaft, 1984; Stewart, 1986). Very few school systems seem prepared to devote sufficient monetary resources to provide for a wide range of services in addition to psychological assessments. For that matter, many jurisdictions fail to provide the minimal funds necessary for adequate support of even that function (Kicklighter & Bailey-Richardson, 1984).

Reacting to service needs identified by educators, many school psychologists themselves view assessment skills, especially the evaluation of cognitive functioning and information processing skills, as among the most important for their work and the area for which most feel they have been best prepared in graduate school (Braden, 1997; Mckee, Witt, Elliott, Pardue, & Judycki, 1987; Sarason, 1988). Testing is seen as the skill shared by all psychologists (Page, 1982) and as the most essential component of school psychologists’ training, both now and in the future (Cole, 1996; Cole & Siegel, 1990; Copeland & Miller, 1985). Curriculum in university level training programs reflects this judgment (Brown, 1994; Brown & Minke,
Even scholarly research within school psychology, which presumably reflects the thinking of those at the leading edge of the field, continues to emphasize problems associated with test development and assessment, according to published data (Canter, 1997; Fagan, 1986b, 1994; Hutton, Dubes, & Muir, 1992; Kamphaus, 1996; Reynolds & Clark, 1984; Sattler, 2001).

There is some evidence, however, that attitudes are changing. Forward-looking educators have questioned whether special education classes are the most effective way of dealing with academic underachievement (Reschly, 1988; Will, 1988) and there is an increasing skepticism of the diagnostic powers of traditional psychological assessment (Kamphaus, 1996; Luther, Cole, & Gamlin, 1996; Reschly, 1988; Shapiro, 1990). School psychologists themselves began to consider a wider range of skills as important to practice and would like ongoing information about and better training in a variety of areas (Brown, 1994; French, 1996; Graden et al., 1984; Mckee et al., 1987; Sandoval, 1996). Over the past two decades, journal articles and other publications, both scholarly and practical, have led practitioners in the direction of expanded services. Organizations such as the National Association of School Psychologists (NASP) are playing a crucial role in identifying and improving upon training standards (Fagan, 1986a) and in providing information to practitioners. The publications *Best Practices in School Psychology* (Thomas & Grimes, 1985, 1990), *Children’s Needs: Psychological Perspectives* (Thomas & Grimes, 1987), *Children at Risk: Poverty, Minority Status and Other Issues in Educational Equity* (Barona & Garcia, 1990) and *NASP Blueprints* (Ysseldyke, Dawson et al., 1997; Ysseldyke, Reynolds, & Weinberg, 1984) are examples.

In spite of these promising developments, the fundamental pace of change has been and will likely continue to be slow (Cole, 1996; Fagan & Wise, 1994; Stewart, 1986). Assessment-for-placement work will continue to be a major part of the school psychologist’s role as long as there are children whose learning needs sufficiently depart from the norm to require special services. We support the profession’s involvement in this activity, since we believe that individuals with psychological training have expertise that can contribute to fairer, more balanced decision-making in the best interests of children. However, as discussed in Chapter 11, we advocate an approach to assessment that is less test-dependent than is typical of many practices (Cole, 1991, 1992, 1996, 1998; Kicklighter & Bailey-Richardson, 1984; Sandoval, 1996). This approach includes an evaluation of the impact of factors affecting learning that are external to the child, and is oriented toward suggesting a variety of recommendations, not just special education solutions.

What can school psychologists do to overcome longstanding ingrained biases to broader, more problem-solving oriented services? As both educators and psychologists themselves see legislated requirements as the dominant factor influencing the provision of service in schools (Benson & Hughes, 1985; Fagan, 1990; Fagan & Wise, 1994), it is important that our professional organizations have input into such legislation so that established structures and regulations will more adequately meet the
needs of children (Cole, 1992, 1996; Stewart, 1986). Training is another obvious area of concern, since the current focus on assessment skills as the core competencies helps to perpetuate the diagnostically oriented model (Brown, 1994; French, 1996; Reschly, 1984; Thomas & Grimes, 1990; Sattler, 2001; Shapiro & Kratochwill, 2000).

However, focusing on changes in legislation and training only takes responsibility for effecting change out of the hands of individual practitioners and provides them with a convenient rationale for inaction. We feel that in adopting such an approach, school psychologists not only abrogate their responsibilities to children but fail to act in their own best interests: job-related stresses are reduced when one engages in innovative services and can benefit from the advantages of personal and professional growth (Huberty & Huebner, 1988; McMahon, 1993; Siegel & Cole, 1990). Our assumptions that practitioners themselves can do much to implement change - and that they desire to do so - have been the main motivations for preparing this book.

The following key avenues for change have been suggested by the literature, and are supported by our own experience. Specifically, we suggest to you, our readers, that as advocates of school psychology you should:

1. Ask different questions about children. Focus on “What can be done to help the child?,” not “What is wrong with the child?”
2. Be realistic about setting goals. Determine what is both acceptable and possible for educators, parents, children, and yourself.
3. Understand educators’ needs and attitudes. Evaluate possible areas for change, and be assertive about what you can do to help.
4. Encourage mechanisms such as School Teams and Assessment Consultation to cut down on assessment time (see Chapters 2 and 5).
5. Consider responding to children’s needs in a variety of ways, including preventative programs. That is, consider yourself a member of the system and ask how you can use your skills to help change it.
6. Develop the habit of self-evaluation: “What skills do I have? What skills do I need? How can I learn?”
7. Be patient. Set realistic, short-term goals and do your best to achieve them.

These steps are critical to successful implementation of our model for service delivery, which we will now discuss.

Section II: An Effective Service Model

Models of service tend to provide common directions for school psychologists. Yet, many psychologists employed by school systems tend to be reactive in their provision of supports, often citing lack of time for planning in view of service demands. However, unless the principles on which a service delivery model is based are made explicit, staff and schools are less likely to prioritize service needs and are more likely to underutilize valuable psychological knowledge and skills.
In general, psychological services are governed by three interrelated factors. First, school psychologists are often employed by school systems because of legislative requirements (such as assessment needs concerning special education identification and placement). Second, school systems may create internal mechanisms for services that identify specific roles for psychological staff. In many school systems, for example, psychologists are members of multidisciplinary school teams that provide consultation and monitor interventions. Also, psychologists are often members of centralized tragic-events response teams. These roles are not part of a legislative requirement, but are tied to school policies and organizational goals. Finally, local school needs in part dictate the third level of service. Schools facing a rapid transformation of the community may require an emphasis on specific services. In other instances, valued projects or early intervention programs have become part of a school’s culture and provide an avenue for valued services to be made available to the community. It is thus common for psychologists to note that each of the schools they are assigned to may tend to utilize different types of services, allowing either for expanded roles or for unidimensional functions (Cole, 1996).

These three levels of service can all be coordinated within a coherent conceptual framework. The advantages of developing a service model are numerous as they foster a broader understanding of the role psychology has in education and guides service delivery practices. It is likely to help consciousness raising during periods of downsizing and to assist in explaining to educators and parents the importance of the role psychology has in enhancing children’s learning and development. In addition, an integrated model is more likely to facilitate the coordination of prevention and intervention functions and to generate possibilities for alternative services.

Models are abstractions and are therefore inadequate descriptions of everyday life. For many busy school psychologists the idea of having a service delivery model may seem of relatively little value. Yet most of us do have an underlying set of beliefs that govern our behavior, and it is important to take the time to make these beliefs explicit. We therefore will here describe the service delivery model that has guided our practice for years and has served as the inspiration for this book. We have found that having such a model has helped us gain a better understanding of our role and assisted us in explaining that role to educators, parents, and other psychologists. The model has provided us with insight into the significance of our day-to-day activities and helped to establish priorities. Finally, it has provided us with a framework for generating and evaluating alternate methods of service delivery.

Our model assumes that the ultimate goal of school psychologists’ services is to enhance children’s learning and adjustment; that services are available to all students; and that multiple approaches to service delivery are desirable (see Thomas & Grimes, 1990; Ysseldyke, 1986; Ysseldyke et al., 1997). The model consists of the simple two-dimensional grid illustrated in Figure 1. The horizontal dimension of the grid elaborates the goals of service delivery as primary, secondary, and tertiary prevention. These concepts are borrowed from the work of Caplan (1970), a pioneer in the area
of preventative mental health. Primary prevention services are provided for the benefit of all students; secondary prevention services for the benefit of students who are at risk; and tertiary prevention services for those who are experiencing significant difficulties with school adjustment.

The vertical dimension of the grid was suggested by the work of Parsons and Meyers (1984) and illustrates that, although the goal of a service is ultimately to benefit students, their needs may sometimes best be met indirectly through services to teachers, principals, or the entire school system. That is, rather than services always being provided directly to students or their parents by the school psychologist, they may also be carried out by someone else, such as a teacher, with consultation from the psychologist, or through their impact on school personnel or the school system at large.

<table>
<thead>
<tr>
<th>Goals of Service</th>
<th>Recipients of Service</th>
<th>Primary Prevention</th>
<th>Secondary Prevention</th>
<th>Tertiary Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Organization</td>
<td>School system or school</td>
<td>Identify resources, provide and analyze information; Program for all students</td>
<td>Program for students “at risk”</td>
<td>Program for students whose problems significantly interfere with their adaptation to school</td>
</tr>
<tr>
<td>School Staff</td>
<td>Teachers or administra tors</td>
<td>Provide information, consult, advise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students/Parents (Mediated)</td>
<td>Provide information, consult, advise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students/Parents (Direct)</td>
<td>Group and individual counseling, Assessment, Consultation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figure 1** A Model for Psychological Service in Schools
The model shown in Figure 1 is a bare-bones skeleton into which most, if not all, activities of school psychologists may be incorporated. Traditional roles, such as student assessments and counseling, fall in the lower right-hand corner of the grid; such roles have the advantage of providing practitioners with firsthand knowledge of student needs, but are limiting in terms of the number of individuals served. Moving upwards and to the left, service becomes more indirect and systems-oriented. Innovative services are possible in all roles suggested by the model, and many illustrative examples that fit into each of the cells of the grid will be presented later throughout the book. For now we have left the cells blank and invite readers to fill them in on the basis of their own experiences.

As discussed thus far, the model describes alternative roles for school psychologists but does not show how one goes about expanding services. The acceptance of several key assumptions is necessary if one wishes to achieve this goal. These will now be discussed in turn.

(1) Consultation Is a Key Skill

With its emphasis on preventative services, the model is explicit in identifying the proper role of the school psychologist as change agent and problem solver. Central to the successful execution of this role, we believe, is the effective use of consultation. In school systems, the important decisions are usually made by educators and parents, sometimes by students, and almost never by psychologists. Therefore, psychologists can effect change only through influencing and/or facilitating the decisions of others.

In our view, the most effective method of accomplishing this goal is through collaborative consultation (Caplan, 1970; Parsons & Meyers, 1984). By this we mean a process through which psychologists and educators work coordinate to resolve educational problems from positions of mutual respect for one another as professionals. The key assumptions of collaborative consultation are summarized in Chapters 3 and 4, and suggestions for implementing it have been discussed by such writers as Parsons and Meyers (1984).

In our view, if psychologists are to function effectively as consultants they must avoid presenting themselves as “experts” or being cast into such a role by educators. Chapter 5 details an explicit model for avoiding this trap in the face of the many forces that propel psychologists toward it (see Anserello & Sweet, 1990; Cole, 1996; Davison, 1990; Stewart, 1986; Witt & Martens, 1988). In our experience, when psychologists adopt an “expert” role their input is rejected by educators, who quite rightly resent the advice preferred by members of another professional group in areas about which they themselves should be most knowledgeable and for which they have ultimate responsibility. These impressions are supported by literature that documents the preference of educators for collaborative approaches (Cole & Brown, 1996; Fullan, 1991, 2000, 2001; Pryzwansky & White, 1983; Wenger, 1986).
In common with Curtis and Meyers (1985) and Reschly and Ysseldyke (1995), we see consultation not only as an alternative to direct services but as a key component of them, in such activities as student assessment or counseling (see Chapters 9 and 11). Minimally, consultation will lead to more systematic decisions as to which and how many students should receive direct services. However, once initiated, direct service contacts inevitably result in ideas about what actions could be taken. Collaborative consultation then facilitates the implementation of these interventions.

(2) **Approach Traditional Services From a Perspective That Acknowledges Multiple Causes Of Children’s Learning Difficulties, and Be Open To a Variety Of Interventions**

If consultation is seen as an important component of direct services, then the traditional referral can become a vehicle for role expansion. For this to occur, the psychologist must go beyond asking “What is wrong with the child?” to consider “What can be done to help the child?” One should adopt a model that acknowledges multiple and interacting influences on children’s learning, and be prepared to evaluate them using a variety of methods. Interactions between a student and his or her teacher, peers, family, school environment, and community, should all be examined as positive or negative interrelated influences. The developmental model proposed by Christenson and colleagues (Christenson, Abery, & Weinberg, 1986) has served as the basis for our own assessment model discussed in Chapter 11. Traditional testing may be undertaken, but only when it will contribute significant information (Carner, 1982; Cole, 1991, 1996).

Consideration of the multiple influences on children’s learning leads automatically to an evaluation of avenues for change. The key to success is a consideration of all the options and the adoption of those strategies that have the greatest likelihood of success. Of particular importance is an evaluation of the ability of significant others in a child’s life (parents, siblings, classmates, teachers) to make changes in their own attitudes and behaviors. As well, the possibility of altering the instructional program or the classroom or home environments should be considered, and the positive or negative contribution of special education services evaluated. In real-life consultation cases, a number of intervention strategies must often be tried (see Cole, 1992, 1996; Reschly & Ysseldyke, 1995; Wenger, 1986).

As the person who interacts most frequently with the student at school, the classroom teacher is often seen as a potential change agent. However, if change is to come about as a result of collaborative effort, it is important to gain an understanding of what and how many changes teachers feel are possible to make. Changes in classroom management tactics or curriculum that make a great deal of sense to the psychologist may be rejected by teachers as too time-consuming, intrusive, or incompatible with their educational approach (Borghese & Cole, 1994; Fullan, 2000, 2001; Fullan &
Sometimes teachers may be opposed to the idea of any change, feeling they have already done all they can and that putting a problem child in a special education program is a more sensible alternative. As well, they may lack confidence in their ability to implement the changes effectively, or may simply be too stressed due to factors beyond the particular child or classroom to even try.

The psychologist who is insensitive to a teacher’s beliefs regarding change may be frustrated in any efforts to help students, as teachers who sense that it is unacceptable to express their opinions are likely to passively resist interventions, thus dooming them to failure. The psychologist should be prepared to listen to the teacher’s concerns, to respect them, and to avoid judging their legitimacy. Often, such an approach will open the door to collaboration or problem-solving that will generate solutions acceptable to all concerned.

Teachers may be more open to change themselves if they feel that other avenues are being explored as well. When the focus is solely on them, they may feel inadequate and blamed for a child’s problems. Such beliefs are likely to reduce trust and induce guilt and defensiveness. Thus, focusing solely on the teacher for the solution is no better an alternative than relying only on special education. All options need to be considered.

In evaluating possible solutions for a child’s learning difficulties, it is important to provide those who have an influence on the child’s life with a sense that they have both the competency and the strength to make things better. This philosophy of “empowerment” has been discussed by several writers in relation to helping teachers become better classroom managers (Fullan, 1991, 2001; Newberry, 1992; Royal Commission on Learning, 1994; Speck, 1996; Witt & Martens, 1988). However, the principles they articulate apply equally well to the solution of almost any problem. These are: i) Build on existing strengths; ii) Use existing resources, if possible; iii) Be aware of seemingly unrelated environmental variables that may be producing additional stress; iv) Help is more often accepted if it is provided proactively; v) The process of change should leave those directly involved with a feeling of empowerment, not dependency.

(3) Develop a Preventative Mindset. Allow Bottom-up As Well As Top-down Information To Identify Service Needs

The model presented in Figure 1 provides for many preventative activities. In most school systems, however, primary prevention is not an explicit part of the psychologist’s role (Cole, 1992, 1996; Cole & Siegel, 1990; Genshaft, 1984). Faced with a high case load and too many referrals, psychologists often feel that they simply do not have the time for preventative work or the sanction of educators to become involved in it.

Occasionally, preventative programs are implemented because a high-level ad-