The Effects Of Parental Burden, Teacher Burden And The Student's Request For Counseling On School Psychologists' Decisions To Recommend Counseling

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Abstract

The purpose of the present study was to test the hypothesis that selected variables might have an impact on school psychologists' decisions to recommend counseling. Three independent variables were embedded in an otherwise identical case study scenario and mailed to 360 New Jersey Association of School Psychologists (NJASP) members. The case scenario included referral information, background information, behavior at home, information from a psychological evaluation, observations, and a teacher report. The three independent variables were the student requests counseling, parent parent's perception of her child's behavior as burdensome, and the teacher's perception of her student's behavior as burdensome. The fourth version of the case scenario did not include any of the three independent variables and those results were used as the control group. NJASP members were asked, on a 10-point Likert-type scale, if the child in their case scenario would benefit from counseling and if counseling would be an appropriate related service. 168 (46.7%) responses were valid and were used in this study. The results of the MANOVA indicated no significant effect, $F(6,326)=1.246$, $p=.282$. Not one of the three independent variables was found to have a significant effect on the school psychologist decisions about counseling. A $t$ test for paired samples was used to examine the relationship between the two dependent variables. The results of this analysis indicated statistical significance, $t(168)=6.055$, $p<.01$. School psychologists were significantly more likely to think counseling would be beneficial than they were to recommend counseling as a related service.
THE EFFECTS OF PARENTAL BURDEN, TEACHER BURDEN AND
THE STUDENT'S REQUEST FOR COUNSELING ON SCHOOL
PSYCHOLOGISTS' DECISIONS TO RECOMMEND COUNSELING

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INTRODUCTION

Help Seeking

How do people respond to the experience of emotional pain? Some individuals try to alleviate their distress by approaching someone whom they believe will be of help to them. They may do this formally and approach a member of the helping profession or informally by approaching a family member or a friend. These attempts to cope with emotional pain are called ‘help seeking’ behaviors (Offer, Howard, Schonert, & Ostrov, 1991).

Individuals are more likely to seek counseling when personal difficulties exceed their capacity to cope (Cepeda-Benito & Short, 1998; Ingham & Miller, 1986; Kelly & Achter, 1995; Rickwood & Braithwaite, 1994). This is the point at which distress reaches motivating levels. It has been suggested that when a person has a stressful event in his or her life, the act of seeking help shields that person from the effects of stress, giving them a feeling of safety and support (Cauce, Mason, Gonzales, Hiraga, & Liu, 1994).

Bergin and Garfield, (1994), authors of the Handbook of Psychotherapy and Behavior Change, noted that receiving treatment from mental health professionals helps reduce distressing psychological symptoms. Surgeon General Satcher (2000) recently reviewed mental health research and noted that the efficacy of mental health treatment was well documented. On the strength of the review that he conducted, he made a single recommendation “seek help if you have a mental health problem or think you have symptoms of a mental disorder” (Satcher, D., 2000, p. 5).
Help Seeking Models

Children and adolescents do not seek help in the same way that adults do. Logan and King (2001), in their article describing help seeking models, made a case for the important role that parents play in seeking help for their children. They observed that the attention and assistance of adults is usually required by children and adolescents to facilitate the process of seeking and obtaining mental health services. They suggested that facilitating mental health service use, for those adolescents who need mental health services, could be accomplished by increasing parents’ ability to recognize adolescent distress and to respond in ways that successfully obtain help for their child’s difficulties.

The models of child/adolescent service seeking outline the pathway that the family takes in obtaining counseling for children and adolescents. These models of pathways have mental health clinics or private practice offices as their end point. The same pathway models may apply when school personnel initiate a Child Study Team referral for a student, whom they feel may be in need of counseling. If the student is found to be eligible for special education and the recommendation for counseling is made it becomes part of the student’s Individual Education Program (IEP).

Special education classification has not received attention in the literature as a significant pathway to counseling. This is so despite the fact that great numbers of children and adolescents receive counseling through this pathway. According to New Jersey State Department of Education, Office of Special Education Programs as of December 1, 2001, a total of 31,967 students were receiving counseling as a related service. That represented 15.02 percent of the special education public school population. These students are classified as special education eligible and receive
counseling as a related service. It is built into their special education IEP. This plan delineates the student’s educational goals and objectives, instructional activities, and related services necessary to meet those goals and objectives.

Special Education

A child, aged three through 21, is determined to be eligible for special education and related services when he or she has one or more of the thirteen disabilities listed below; the disability adversely affects the student’s educational performance and the student is in need of special education and related services. The disability categories are: auditorily impaired (deafness or hearing impairment), autistic, cognitively impaired (mild, moderate or severe), communication impaired, emotionally disturbed, multiply disabled (multiple disabilities or deaf/blindness), orthopedically impaired, other health impaired, preschool disabled, social maladjustment, specific learning disability, traumatic brain injury, and visually impaired. The disability category of eligible for speech-language services includes speech disorders in articulation or phonology, fluency, voice, or any combination of these. It also includes a language disorder in which the student requires speech-language services only. If other services were being considered, the student would be referred to the Child Study Team for further evaluation and possible classification as eligible for special education and related services (New Jersey Administrative Code, 2000).

It should be noted that during the course of this research project the Special Education Code underwent minor revisions, however, the new code did not change in regard to the information examined in the current project (New Jersey Administrative Code, 2003).
Students with disabilities are entitled to receive a free and appropriate education (FAPE) in the least restrictive environment (LRE). Special education and related services may begin on the child's third birthday, and eligibility continues until the receipt of a high school diploma or until the student's twenty-first birthday, whichever is earlier. Eligibility can also end if a child is found to no longer have a disability, upon a re-evaluation by the local school district (New Jersey Administrative Code, 2000).

The IEP Process

An Individualized Education Program (IEP) is a written plan that delineates the student's present levels of performance, measurable annual goals and short-term objectives or benchmarks for special education youngsters. It describes an integrated, sequential program of individually designed instructional activities and related services necessary to achieve the stated goals and objectives. The IEP complies with New Jersey State mandates to establish the rationale for the student's educational placement, and serve as the basis for special education program implementation. The IEP team makes the determination as to whether or not the student is eligible for special education and/or related services. If so, the student is classified (New Jersey Administrative Code, 2000).

Counseling as a Related Service

Counseling is considered to be a related service. A classified student receives counseling when it is included in his or her IEP. Not all classified students are eligible for counseling. A student is considered eligible for counseling when the IEP team decides that the student requires counseling to be able to benefit from the educational program. If the student is eligible for counseling, the student is entitled to receive it and it is then provided by the school district (New Jersey Administrative Code, 2000).
Psychologists, social workers, behavioral specialists and guidance counselors, who are employed by the school district, and are appropriately certified, may provide counseling. The school district may also contract for the provision of services. Counseling may be provided by certified or licensed professionals, in private schools, clinics or private practices outside of the school. The IEP will state who is doing the counseling for the student (New Jersey Administrative Code, 2000).

_Benefitting from Counseling_

There is a unique distinction between a student whom the IEP team considers eligible to receive counseling as a related service and a student whom may benefit from counseling. Many classified students may benefit from counseling but not be eligible to receive it. Counseling as a related service, is an entitlement service, only those who have counseling as a related service written in to their IEP may receive the service. To receive counseling as a related service, the student must be classified and require counseling to benefit from their educational program. Therefore, there may be some classified students who would be able to benefit from counseling but not be entitled to receive it because they do not meet the guidelines of requiring counseling to benefit from their educational program. For example, a student may be making progress in school despite the fact that he or she has an obvious emotional problem.

In Perlman’s 1994 study, school psychologists were asked to identify themselves as being from a psychodynamic or a cognitive-behavioral theoretical orientation and were asked to differentiate between students who would benefit from counseling and those who are eligible for counseling as a related service. Perlman (1994) gave school psychologists the description of a child in a hypothetical case scenario. They were asked
to judge (1) the degree to which counseling would be generally beneficial and, (2) the
degree to which counseling would be an appropriate recommendation as a related service.
School psychologists were required to differentiate between students who have emotional
or social issues that appear to interfere with that student’s ability to benefit from their
educational program and students for whom benefit from their educational programs did
not depend on receiving counseling. Perlman (1994) used a t-test to determine the
significance of the difference between the paired samples. Results indicated that school
psychologists tended to judge differentially the general benefit of counseling from the
benefit of counseling as a related service. The respondents reported that counseling
would be beneficial to the student more often than they recommended the student should
have counseling as a related service. Therefore, not all students who were seen as
potentially benefiting from counseling were recommended for counseling as a related
service.

Commenting on the results, Perlman (1994) noted that although school
psychologists saw counseling as worthwhile, they did not necessarily see it as an
appropriate intervention within the school setting. He speculated that the results reflected
awareness among the respondents that the intent of providing counseling within the
parameters of special education is to help maintain the child in their least restrictive
environment. Perlman also found that psychologists who identified themselves as having
a psychodynamic rather than a cognitive-behavioral theoretical orientation were more
likely to state that students would benefit from counseling in general, as well as, benefit
from counseling as a related service.
In that same study Perlman (1994) tested whether or not there would be a significant difference in the degree to which school psychologists report that counseling would benefit the child based on whether the student was male or female, African-American or White, or from a low or middle SES background. He used a three-way ANOVA for the independent variables of gender, race, and SES and the dependent variables of counseling in general and counseling as a related service. No significant findings were demonstrated. He concluded that decision as to whether or not a student is entitled to receive counseling as a related service does not rest in student’s gender, race, or socio-economic status but in the theoretical orientation of the school psychologist, specifically a psychodynamic rather than a cognitive-behavioral theoretical orientation.

Student’s Request for Counseling

Would any particular student be likely to benefit from counseling? This is a decision that is typically made by adults who work with children. Not all students would benefit from counseling. Counselors and psychotherapists recognize that the opinions and attitudes of the people that they serve affect both the utilization and successfullness of their services (Greencavage & Norcross, 1990).

A need for and a belief in the possibility of life improvement is the reason that many people seek counseling and psychotherapy. Other people with life problems do not seek help or are seen involuntarily. When clients are seen involuntarily the counseling service often has limited value due to the client’s lack of motivation (Lelong and Zachar, 1999). Research indicates that clients tend to be reluctant and dissatisfied if they are coerced into treatment (Taylor, Adleman, & Kaser-Boyd, 1985).
Treatment was found to be more effective when youngsters were involved in the planning and decision-making process (Melton, 1981). This may be the reason that students are included in the IEP meeting when they are sufficiently competent to participate. Their involvement in the planning and decision-making of the IEP increases the likelihood of constructing a program that they would be motivated to carry out.

Students are not usually the initiators of the recommendation that they receive counseling as a special education related service. Most students are unaware of what counseling entails. They may not know that it is an option available to them or that they may advocate to have it included in their IEP. They may not know how to advocate for themselves.

Being a self-advocate is one of the goals that educators have for special education students (Council for Exceptional Children, 2001). However, it is rare for students to self-advocate (Lynch & Gussell, 1996). If a student requests counseling, the school psychologist would see that person as a good candidate for counseling because he or she would be a motivated counselee.

*Parental Burden*

Logan and King’s (2001) review of the literature reported that it is the adult who is usually the source of the suggestion of counseling for children. When parents are well motivated to seek help for their youngsters, their children receive care. Logan and King noted that children and adolescents who evidenced psychiatric disorders present behavior that was considered ‘burdensome’ from the parental point of view. Angold, Messer, Stangl, Farmer, Costello, & Burns (1998) concluded that substantial levels of parental burden were a major reason for propelling parents to seek help for their children’s
disorders. Parental burden was viewed as representing the impact that the adolescent’s problems have on the family.

Angold, Messer, Stangl, Farmer, Costello, & Burns (1998) investigated the predictors of perceived parental burden and its impact on the use of specialty mental health and school services. The study concluded that the presence of perceived parental burden was a very strong predictor of mental health service.

Farmer, Burns, Angold and Costello (1997) found that the types of impact that distinguished youths who entered services from those who did not were most pronounced in the areas of parental well being and feelings of competence. Parents whose children were seen for mental health services were significantly more likely to report that they were depressed, worried or tired because of their children’s problems and that they felt incompetent to handle their children’s problems.

Children’s depressive and anxiety disorders were associated with less of a burden for propelling parents to seek help for their children than were other diagnoses (Angold et. al., 1998). Cohen, Kasen, Brook & Struening (1991) also noted that parents of adolescents with externalizing (acting out behaviors) disorders sought treatment for their children more often than parents of adolescents with internalizing disorders (depression and anxiety disorders). Parents may not be able to discern that children with internalizing disorders are suffering from emotional disturbance but, they are able to discern emotional disturbances that are causing themselves a great deal of discomfort.

This is not a new idea. Garland and Zigler (1994) have pointed out that depressed, or potentially depressed, youngsters feel helpless and pessimistic and are unlikely to seek help from adults. These children and adolescents are also unlikely to be
identified as in need of mental health services by adults (Angold et. al., 1998). Depressed youngsters may not exhibit the disruptive behavior that most frequently captures the attention of adults (Maag, Rutherford, & Parks, 1988).

Angold et. al. (1998) found that the strong relationship between perceived parental burden and referral for specialty mental health services did not hold in the school services setting. School personnel were not seen as overly influenced by parental perception of burden. The authors went on to assert that if they had measured teacher perception of burden their paradigm of 'adult burden as a motivator to obtain services for children' might have proved to be more highly related to school mental health service use. This variable was not investigated at all in their study.

*Statement of the Problem.*

According to the New Jersey Administrative Code (2000), counseling is a related service that shall be provided to a student with a disability when it is required for the student to benefit from the educational program. The state gives no other guidelines in determining who should receive counseling and who should not. The IEP team does not give the student a DSM-IV (American Psychiatric Association, 1994) classification. The child's special education disability category is not the determinant for the recommendation of counseling as a related service. Not all students who are classified as emotionally disturbed receive counseling.

As of December 1, 2001, only 65.71 percent of all students aged six through twenty-one who were classified as emotionally disturbed received counseling as a related service. Emotionally disturbed students aged six through twenty-one represented only 27.21 percent of the students who received counseling as a related service (New Jersey
State Department of Education, 2003). Students from other classification categories who are not classified as emotionally disturbed receive counseling when it is included in their IEPs. For the following statistics, students who are preschool disabled are aged three through five; all other students are aged six through twenty-one. That same report indicated that 2.8 percent of all preschool disabled youngsters receive counseling, as does 4.3 percent of the students who are classified as Autistic, 12 percent of the students who are deaf-blind, 8.5 percent of the students who are hearing impaired, 7.8 percent of the students who are language impaired, 19.4 percent of the students who are multiply disabled, 9.3 percent of the students with mental retardation, 26.5 percent of the students who are classified as other health impaired, 5.7 percent of the students with orthopedic impairments, 28.6 percent of the students with specific learning disabilities, 22.3 percent of the students with traumatic brain injury, and 7.7 percent of the students with visual impairments.

In a study based on the responses of school psychologists to vignettes, Perlman (1994) found that race, gender, and socio-economic status of the student did not play a part in the decision-making process as to who should receive counseling and who should not. He also found that school psychologists differentiated between counseling that would be of benefit to a student and counseling that was an appropriate related service. The latter being recommended when the student requires this service to benefit from the educational program. Counseling as an appropriate related service was recommended less often than counseling in general. Therefore, students who may have benefited from counseling were not recommended for counseling because they did not meet the criteria of needing counseling to benefit from their educational program.
Attitudes and opinions about counseling affect both the utilization and
successfulness of that service. Counseling is of limited value to a person who does not
want to be there. This is due to a lack of motivation to change (Lelong & Zachar, 1999).
School psychologists are very likely to recognize that a student who wants to be in
counseling would benefit from it. However, as described above, they may not see it as an
appropriate related service. While the student’s positive attitude toward counseling
would be a positive factor in assessing whether or not a student would benefit from
counseling, would it affect the decision as to whether or not a student requires counseling
to profit from his or her educational program? This idea is worthy of further research and
is one of the topics of investigation. Specifically, does the school psychologist’s
knowledge that the student would like to receive counseling affect his or her opinion
about the benefit of counseling in general and counseling as a related service?

Angold et. al., (1998) observed that substantial levels of parental burden were a
reason for propelling parents to seek help for their children’s disorders. They also found
that the strong relationship between perceived parental burden and referral for specialty
mental health services did not hold in the school services setting. In some cases, children
may be able to access school counseling with little assistance from parents on a walk-in
basis. It was concluded that school personnel were not seen as overly influenced by
parental perception of burden.

Perhaps, school personnel were not as overly influenced by parental perception of
burden in Angold et. al.’s (1998) study because they were not aware of the parents’
perceptions. School personnel who see students on a walk-in basis would not be aware of
parental perception of burden. Their study did not differentiate between self-referrals to
school counselors and counseling as a special education related service in which parents are part of the IEP team who make the decisions. Additionally, the data regarding parental burden was collected after the fact of acceptance into counseling.

Angold et al.’s study (1998) was in situ. They did not define their terms but interpreted information that was not uniform from source to source. Results may be very different if the study had focused on counseling as a special education related service. This is so for two reasons. First, it has an agreed upon definition. Second, because the State of New Jersey charges the IEP team with taking into account the concerns of the parents for enhancing the educational program of their child when they construct an IEP. If school personnel are aware of parents’ concerns, the results may be different. This idea is worthy of further research and was one of the topics of investigation. Specifically, does the school psychologist’s knowledge that the student’s behavior is burdensome to the parent affect their opinions about the benefit of counseling in general and/or counseling as a related service?

Angold et al. (1998) noted in their discussion, that if they had measured teacher burden, their paradigm of ‘adult burden as a motivator to obtain services for children’ might have proven to be more highly related to school mental health service use. Parents are not burdened by their children’s behavior during school hours. It is the teachers and the other school staff who are. Additionally, teachers can have an understanding of all of the services that are offered in the schools. Teacher burden may play a role in the decision making process. This idea is worthy of further research and was one of the topics of investigation. Specifically, does the school psychologist’s knowledge that the
student's behavior is burdensome to the teacher affect their opinions about the benefit of
counseling in general and counseling as a related service?

This study investigated judgments of school psychologists regarding the benefit of
counseling as a related service in different scenarios for students classified as eligible for
special education. It examined this pathway to counseling for youngsters. It assesses the
role that teachers, parents and the students themselves play in obtaining counseling as a
related service.

Research Questions

1. Are school psychologists' opinions that counseling would benefit a classified
   student affected by whether or not the student requested counseling?

2. Are school psychologists' opinions that counseling would benefit the
classified student based on the presence or absence of expressed parental
burden?

3. Are school psychologists' opinions that counseling would benefit the
classified student based on the presence or absence of expressed teacher
burden?

4. Are school psychologists' opinions that counseling would be an appropriate
related service based on whether or not the classified student requested
   counseling?

5. Are school psychologists' opinions that counseling would be an appropriate
related service for the classified student based on the presence or absence of
expressed parental burden?
6. Are school psychologists' opinions that counseling would be an appropriate related service for the classified student based on the presence or absence of expressed teacher burden.

Research Hypotheses

Perlman (1994) found that school psychologists differentiated between seeing counseling as a benefit for students and seeing it as an appropriate related service. The school psychologists tended to believe that counseling was generally beneficial. Therefore, it was hypothesized that school psychologists will see counseling as beneficial significantly more often for a student in all three scenarios, that is, if that student: (1) requests it, (2) has a parent who perceives his or her child's behavior as burdensome, (3) has a teacher who perceives his or her student's behavior as burdensome than for a student in a control situation without those issues.

Students are now part of the IEP team meeting when it is appropriate. Even though students usually do not advocate for themselves by requesting counseling, if a student does, it is likely that the school psychologist will provide it. The student's act of requesting counseling would be an overriding deciding factor because he or she would be likely to benefit from the process. School psychologists will see the benefit of counseling as a related service in the scenario in which the student requests it even though the student's request is not a measure of the student's ability to profit from the educational program.

School psychologists will see the benefit of counseling as a related service in the scenario in which the parent perceives the child's behavior as burdensome. The State of New Jersey charges members of the IEP team with taking the concerns of the parents for
enhancing the education of their child into consideration when they construct an IEP. If school psychologists, were aware of parents’ feelings of being burdened, they would see the benefit of counseling as a related service even though the parent’s expression of feeling burdened is not a measure of the student’s ability to profit from the educational program.

School psychologists will see the benefit of counseling as a related service in the scenarios in which the teacher perceives the behavior as burdensome. In that case, the school psychologist will see the student’s behavior as more out of the ordinary if the teacher feels burdened. The school psychologist may believe that there are skills that the student should be taught so that he or she could get through school without burdening the teacher. The school psychologist may also believe that the student may need an ally because the teacher is over reacting to his or her behavior. In any event, it is likely that the school psychologist will see counseling as a related service as appropriate even though the teacher’s expression of feeling burdened is not a measure of the student’s ability to profit from the educational program.

To summarize the hypotheses regarding counseling a being beneficial as well as counseling being an appropriate related service:

1. School psychologists will be significantly more likely to report that counseling will benefit the classified student when the student has requested counseling as opposed to a control situation when the student has not requested counseling.

2. School psychologists will be significantly more likely to report that counseling will benefit the classified student when parental burden has been
expressed as opposed to a control situation when parental burden has not been expressed.

3. School psychologists will be significantly more likely to report that counseling will benefit the classified student when teacher burden has been expressed as opposed to a control situation when teacher burden has not been expressed.

4. School psychologists will be significantly more likely to report that counseling will be an appropriate related service when the classified student has requested counseling as opposed to a control situation when the student has not requested counseling.

5. School psychologists will be significantly more likely to report that counseling will be an appropriate related service for the classified student when parental burden has been expressed as opposed to a control situation when parental burden has not been expressed.

6. School psychologists will be significantly more likely to report that counseling will be an appropriate related service for the classified student when teacher burden has been expressed as opposed to a control situation when teacher burden has not been expressed.

Significance of the Research

Angold et. al. (1998) observed that substantial levels of parental burden were a reason for motivating parents to seek help for their children’s disorders. They also found that the strong relationship between perceived parental burden and referral for specialty mental health services did not hold in the school services setting. School personnel were
not seen as overly influenced by parental perception of burden. This may have been so because their investigation focused on undifferentiated school based services, which may have been provided on a self-referral basis. Whether or not school personnel would be influenced by parental perception of burden was never investigated in the specific situation of counseling as a related service. This research would clarify that point.

Angold et. al. (1998) noted in their discussion, that if they had measured teacher burden, their paradigm of ‘adult burden as a motivator to obtain services for children’ might have proven to be more highly related to school mental health service use. Parents are not burdened by their children’s behavior during school hours. Rather, it is the teachers and the other school staff who are. Additionally, teachers, more than parents, are aware of services that are offered in the schools and they are therefore in a position to press for services for students. This research would provide additional insight that may clarify the findings of Angold and colleagues (Angold, et. al., 1998).

As discussed previously, the New Jersey Administrative Code, (2000), mandates counseling to be a related service that shall be provided to a student with a disability when it is required for the student to benefit from the educational program. The state gives no other guidelines in determining who should receive counseling and who should not. This very limited directive gives wide latitude for interpretation. How would a person determine whether or not counseling is needed for the student to benefit from the educational program? Would it be based on whether or not the student was having success in the educational program? If the student was profiting from the educational program, and the definition strictly enforced, they would not be eligible for counseling. However, there may be other factors that affect the decision making process. For
example, students may be in need of counseling to benefit from their educational program because they are suffering from serious disorders such as depression but may not get the services that they need because they are not bothering anyone.

School psychologists may look at a student’s motivation for counseling as a factor when they determine the benefit of counseling as a related service. School psychologists need to know if they have a tendency to look at the student’s need for counseling in isolation from the effect of the student’s behavior on the teacher or the parent. They need to know if they have a tendency to inconsistently apply the code guidelines.

This study will shed light on how different factors that are not expressed in the New Jersey Administrative Code that affect the decision as to whether or not counseling as a related service, is considered appropriate. School psychologists need to be aware of these factors and how they affect their decisions. School psychologists need to know if they have a tendency to look at the student’s desire for counseling rather than look at whether or not counseling is necessary for the student to benefit from his or her educational program. School psychologists need to know if they have a tendency to look at the effect that the student’s behavior is having on his or her teachers or parents rather than look at whether or not counseling is necessary for the student to benefit from his or her educational program.

**Definition of Terms**

*Burden* has been conceptually defined as “the presences of problems, difficulties, or adverse events which affect the life (lives) of the psychiatric patient’s significant other(s)” (Platt, 1985, p.1). Stress is used in the description of caretaker burden in many studies (e.g., Angold, Messer, Stangl, Farmer, Costello, & Burns, 1998; & Lefley, 1997).
Farmer, Burns, Angold and Costello (1997) used the Child and Adolescent Impact Assessment (formerly known as the Child and Adolescent Burden Assessment) to determine if certain types of impact were strongly related to service use. They found that the types of impact that distinguished youths who entered services from those who did not were most pronounced in the areas of parental well being and feelings of competence. Parents whose children were seen for mental health services were significantly more likely to report that they were depressed, worried or tired because of their children’s problems and that they felt incompetent to handle their children’s problems. These two aspects of caretaker burden were incorporated into the definition of parental burden and teacher burden.

a. The subjective feeling of Parental Burden is conveyed in this investigation by the description: Mother told of feeling very burdened, and stressed by having to deal with Daniel. She was worrying about him and losing confidence in herself as a mother.

b. The subjective feeling of Teacher Burden is conveyed in this investigation by the description: Teacher told of feeling very burdened, and stressed by having to deal with Daniel. It was taking up too much of her time and she was exhausted.

Related services including but not limited to counseling, occupational therapy, physical therapy and speech-language services shall be provided to a student with a disability when required for the student to benefit from the educational program. Related services shall be provided by appropriately certified and/or licensed professionals as specified in the student’s IEP, Functional Behavior Assessment, and or Behavior
Intervention Plan. Counseling services that are provided by the school district shall be provided by certified school psychologists, social workers or guidance counselors (New Jersey Administrative Code, 2000).

Whether or not a student could benefit from counseling is a recommendation made by the school psychologist. When stating that a student could benefit from counseling, it is the school psychologist’s opinion that the student in question could improve some aspect of his or her life or psychological well being with the use of counseling.

_Counseling in the school_ is designed to help students understand and deal with their social, behavioral, and personal problems. School counselors help to provide preventive strategies to students in order to develop life skills that will alleviate problems related to the student’s personal, social, and academic growth. Special services, including alcohol and drug prevention programs and conflict resolution classes can be implemented to help with this growth. Counseling can take place on an individual basis or on a group basis. The main outcome goal from school counseling is to provide strategies to help students be successful in the education system (United States Department of Labor, 2004).

Counseling in the school system is considered to be a related service. The only time a student receives counseling is when the student is classified and when it is included in his or her IEP. Not all classified students are eligible for counseling. A student is considered eligible for counseling when the IEP team decides that the student requires counseling to be able to benefit from the educational program. The IEP includes
how often a student is seen in counseling and how long each session will be (New Jersey Administrative Code, 2000).

Special education is defined as specially designed instruction to meet the educational needs of students with disabilities including, but not limited to, subject matter instruction, physical education and vocational training (New Jersey Administrative Code, 2000).
CHAPTER II

REVIEW OF THE LITERATURE

This literature review presents theoretical and empirical works related to help seeking, referral for counseling as a related service in special education and caretaker burden.

Help Seeking

Epidemiology

United States surgeon General Satcher (2000) recently reviewed mental health research and noted that the efficacy of mental health treatment was well documented. On the strength of the review that he conducted he made a single recommendation “seek help if you have a mental health problem or think you have symptoms of a mental disorder” (Satcher, D., 2000, p.5).

A consistent but disturbing finding in the research literature regarding mental health is that approximately 20% of the population meets the DSM-III-R (American Psychiatric Association, 1987) criteria for a psychiatric disorder (e.g., Burns, Costello, Angold, Tweed, Stangl, Farmer, & Erkanli, 1995; Costello, 1989, Costello, Costello, Edelbrock, Burns, Dulcan, Brent, Janiszewski, 1988; Offer, Howard, Schonert, & Ostrov, 1991). This is not only true in the United States but in other nations as well, where these statistics are revealed (Andrews, Hall, Telesson, & Henderson, 1999). A more recent report by United States Surgeon General Satcher (2000) noted that about one in five children and adolescents experience the signs and symptoms of a DSM-IV (American Psychiatric Association, 1994) disorder during the course of a year, but only about five
percent of all children experience what professionals term extreme functional impairment. That report also indicated that only half of the Americans considered to be severely mentally ill seek treatment.

It is estimated that in the United States, only a fraction of the number of young people who need help ever receive any kind of mental health care (e.g., Leaf, Alegria, Cohen, Goodman, Horwitz, Hoven, Narrow, Vaden-Kiernan, Regier, 1996; Satcher, 2000; Saunders, Resnick, Hoberman & Blum 1994). Costello and her colleagues (1993) reviewed studies reporting both prevalence of diagnosis and rates of treatment among children and adolescents. Their review concluded that approximately 20 percent of children in the United States have a DSM disorder and 10 percent have significantly impaired functioning, but only 5 percent receive any kind of mental health care (Costello, Burns, Angold, & Leaf, 1993).

In summary, approximately one-in-five children have a DSM disorder, one-in-ten children have significantly impaired functioning but only five-in-one hundred children obtain any kind of mental health care. The question becomes, “How do these children obtain help when the others do not?”

Counseling in the Schools

Services provided by school counselors can have a positive effect on children. Borders & Drury (1992) review of the literature on counseling indicated that effects are seen in areas of academic performance, attitudes toward self and others, classroom behaviors, attendance, self-concept, in-school behaviors, life and coping skills, peer relationships, career development, and motivation to learn. One of the main jobs of the counselor is to help students establish personal goals and plans for the future. School
counselors are also responsible for helping students meet their immediate needs and personal or educational challenges (Gysbers and Henderson, 2001). Teachers, students, and counselors all rate individual counseling as the most important role of the school counselor (Jackson, 2000).

While individual counseling may be considered the most important role of the school counselor, it is not the only role. Group counseling is another service provided to students to help in the enhancement of their psychosocial well-being (Prout & Prout, 1998). Another of their duties is to provide instructive activities in a classroom or in a group situation, during which they focus on areas such as self-knowledge, attitudes, social skills, and educational and career exploration and planning. School counselors spend a substantial amount of time providing these services (Partin, 1993).

From an academic perspective counseling is seen as an important tool to help students maintain adequate grades. Counseling services for students can help facilitate academic success. Outwell (1997) reports that counseling can increase a student’s ability to concentrate, study, and learn. Therefore, they are able to earn a higher grade and achieve in a classroom setting. Hoagwood (1999) reported that under-achieving students who receive counseling improved significantly on the Self-Rating Scales of Classroom Behavior and in mathematics and language arts grades. The counseling process was seen as helpful in decreasing classroom disturbances from children who had been behavior problems.

Historically, school counselors have spent much of their time responding to the needs of a small percentage of students. Those who are high achievers or those who are at high risk receive the most time from the school counselors (Executive Summary,
2003). It is the purpose of this research is to examine more closely the conditions under which students obtain the benefit of the school counselor's time and skill.

Help Seeking Defined

Help seeking is defined as a person's attempt to reduce external and internal conflicts and the uncomfortable symptoms that accompany them (Nadler, Fisher, & DePaulo, 1993). Some individuals try to reduce their distress by approaching a member of the helping profession or by turning to a family member or friend for help. Help seeking is regarded as an adaptive mode of coping with concerns or problems (Offer, Howard, Schonert, and Ostrov, 1991). It has been suggested that when a person has a stressful event in his or her life, the act of seeking help shields that person from the effects of stress, giving them a feeling of safety and support (Cauce et al., 1994).

Pescosolido (1992) wrote that help seeking has often been defined as an individual's rational decision about whether or not to seek the assistance of a mental health professional. She proposed, as an alternative, that action toward help seeking is embedded in the social network and that network interactions influence identification of a problem as well as what should be done about the problem. She went on to say that help seeking is a process, not an event. It involves a series of decisions, rather than a single, planned choice.

Help seeking for children is defined as seeking assistance from mental health services, other formal services, or informal support sources for the purpose of resolving emotional or behavioral problems. Children and adolescents may make help-seeking efforts. Parents may make help-seeking efforts on behalf of their children (Srebnik & Cauce, 1996).
Parents continue to seek advice for a problem from a range of informal sources of support and mental health professionals until the problem is resolved. A help-seeking episode for children can thus be defined as the pattern of interactions with network members over time, which is intended to resolve an emotional or behavioral problem (Rogler & Cortes, 1993).

In summary, help seeking is the rationale decision-making process about whether or not to seek the assistance of a mental health professional. While children and adolescents may seek help for themselves, parents are often involved in the help seeking process. We now turn our attention to how parents are involved in the help seeking process.

Pathways

Recently, Logan and King (2001) reviewed the literature related to the parental facilitation of adolescent mental health service utilization. They made a case for the important role that parents play in seeking help for their children. They suggested that the attention and assistance of adults is usually required by adolescents to facilitate the process of seeking and obtaining mental health services. They suggested that to facilitate service use for those adolescents who need mental health services is to increase parents’ ability to recognize adolescent distress and ability to respond in ways that successfully obtain help for their child’s difficulties.

Logan and King (2001) combined two previously reported models of help seeking to develop a parent-mediated model of their own to describe how adolescents with newly identified distress seek help. They used the parent-mediated model of help seeking posited by Fischer, Weiner, & Abramowitz (1983) as well as Prochaska’s (Prochaska,
1979; Prochaska, Redding, & Evers, 1997) readiness-for-change concepts of a contemplation stage and an action stage as a basis for their model. Their model delineates the multiple steps that parents must take.

The first three steps make up the contemplation stage. They are:

1. Parents gain initial awareness of adolescent distress.
2. Parents recognize that the problem is psychological and is severe enough to merit attention.
3. Parents consider options available for helping adolescents.
4. Parents develop intention to seek mental health services.
5. Parents attempt to seek and secure appropriate mental health services (informal and/or formal).
6. Adolescent obtains mental health services.

Logan and King (2001) went on to review the literature on adolescent help seeking. They noted that the existing research on patterns of mental health service use for distressed adolescents indicated that a significant discrepancy remained between the need for assistance with adolescent mental health problems and successful access to mental health services. They concluded that one avenue toward facilitating service use for those adolescents who need it, was to increase parents' ability to recognize adolescent distress and to respond in ways that successfully obtain help for these difficulties. Increasing parental recognition of distress and decreasing barriers to parental help-seeking would be worthwhile efforts to undertake to improve rates of service utilization by adolescents in need of mental health care. They emphasized the importance of isolating steps in a larger process of help seeking. They noted that by looking more
carefully at the individual steps a detailed and accurate understanding of the overall help-seeking process would emerge.

Parents most often play an integral part in the process by which a child or adolescent receives mental health care. That is also true of the special education pathway to mental health care. Since parents are part of the Individual Education Program Team (IEP team), they help to determine whether or not their child requires counseling.

The Special Education Pathway

The models of child/adolescent service seeking outline the pathway that the family takes in obtaining counseling for children and adolescents. These models of pathways have mental health clinics or private practice offices as their end point. The same pathway models may apply when school personnel initiate a Child Study Team (CST) referral for a student, whom they feel may be in need of counseling. If the student is eligible for special education, the recommendation for counseling is made by the IEP team. It becomes part of the student’s Individual Education Program or IEP.

Special education classification has not received attention in the literature as a significant pathway to counseling. This is so despite the fact that great numbers of children and adolescents receive counseling through this pathway. According to New Jersey State Department of Education, (2003), Office of Special Education Programs as of December 1, 2001, a total of 31,967 students were receiving counseling as a related service. That represents 17.5 percent of the special education public school population. These students are classified as special education eligible and receive counseling as a related service. It is built into their Special Education IEP. This plan delineates the
student's educational goals and objectives, instructional activities, and related services necessary to meet those goals and objectives.

To summarize, while the literature has not focused on the special education route to counseling, a substantial number of classified youngsters receive counseling as a related service. The New Jersey State Department of Education, (2003) Office of Special Education Programs stated that as of December 1, 2001, a total of 31,967 students, which is 17.5 percent of the special education public school population, were receiving counseling as a related service. The IEP Process, the description of which follows, is the pathway by which classified youngsters receive counseling as a related service.

The IEP Process

An IEP is a written plan developed at a meeting. It sets forth present levels of performance, measurable annual goals and short-term objectives or benchmarks and describes an integrated, sequential program of individually designed instructional activities and related services necessary to achieve the stated goals and objectives (New Jersey Administrative Code, 2000). The plan establishes the rationale for why the student requires a special educational program, serves as the basis for program implementation, and complies with New Jersey State mandates.

The IEP team is the group of individuals who are responsible for the development, review and revision of the student's IEP. The IEP team consists of, at minimum, the student (when appropriate), the parent, the Child Study Team member who is acting as the case manager for that particular student, and the student's teacher (New Jersey Administrative Code, 2000).
The processes by which students are classified as eligible for special education and related services is delineated in New Jersey Administrative Code, 2000. Child Study Team members, who are also members of the IEP team, are responsible for evaluating students who are referred for possible identification as eligible for special education. They are also responsible for obtaining any specialty evaluation that is needed and conducting IEP team meetings. At these IEP team meetings it is decided whether or not the student is entitled to special education and/or related services.

In New Jersey, there may be up to four members of each Child Study Team: the school psychologist, the learning disabilities teacher consultant, the social worker and the speech therapist. The speech therapist is only a member of the Child Study Team when the student is a preschooler or when the student evidences a speech and/or language disorder. The IEP team is composed of different people depending on the type of team meeting being held. At minimum, it always includes the parent(s) or guardian, a Child Study Team member, a regular education teacher, and the student (when appropriate) (New Jersey Administrative Code, 2000).

A Child Study Team evaluation is a multidisciplinary assessment in all areas of suspected disability. Individual evaluations are conducted by at least two Child Study Team members. Other specialists may be asked to complete an evaluation in the area of disability as required or as deemed necessary (New Jersey Administrative Code, 2000).

When all necessary evaluations are completed, the IEP team convenes to determine if the student is eligible for special education and/or related services. If so, the student is classified as such (New Jersey Administrative Code, 2000).
After the student is classified, the IEP team then meets to develop the IEP. At this meeting, at minimum, the parent, the regular education teacher, a special education teacher, the Child Study Team case manager, a district representative, and a Child Study Team member, who can interpret the instructional implications of the evaluation results, are in attendance. One Child Study Team member may play the three roles of case manager, district representative, and interpreter of instructional implications (New Jersey Administrative Code, 2000).

According to the New Jersey Administrative Code, (2000) the IEP team is charged with considering the strengths of the student and the concerns of the parents for enhancing the education of their child when they construct an IEP. They are also charged with considering the results of the initial Child Study Team evaluation or most recent evaluation of the student. Additionally, in the case of a student whose behavior impedes his or her learning or that of others, the IEP team must consider, when appropriate, strategies, including positive behavioral supports to address that behavior.

In sum, the student’s parents and teachers are members of the IEP team. One of the important decisions that the IEP team makes is whether or not a student requires counseling. Counseling is one of the special education related services provided by the school district, a description of which follows.

Counseling as a Related Service

The New Jersey Administrative Code Title 6A, Chapter 14, Special Education, (2000) outlines the requirements for counseling as a related service. Not all classified students are eligible for counseling as a related service. A classified student receives counseling as a related service when it is included in his or her IEP. A student is
considered eligible for counseling as a related service when the IEP team decides that the student requires it to be able to benefit from the educational program. If the student is eligible for counseling, the student is entitled to receive it and it is then provided by the school district.

Although the school district is responsible for providing counseling as a related service, it may be provided in many different ways. Psychologists, social workers, behavioral specialists and guidance counselors, who are employed by the school district, and are appropriately certified, may provide counseling. The school district may also contract for the provision of services. Counseling may be provided by certified or licensed professionals, in private schools, clinics or private practices outside of the school. In these cases, the school district pays for the service.

District boards of education may contract with private clinics and agencies approved by the Department of Education, private professional practitioners who are certified and licensed according to state statutes and rules, agencies or programs that are certified, approved or licensed by the Department of Human Services or by the Department of Health and Senior Services to provide counseling (New Jersey Administrative Code, 2000).

To summarize, although the district is required to provide counseling to special education students, the state allows many alternatives as to how that service is delivered.

Benefitting from Counseling

There is a distinction between a student whom the IEP team considers eligible to receive counseling as a related service and a student whom may benefit from counseling. To receive counseling as a related service, the student must be classified and require it to
benefit form the educational program. There are however, no specific guidelines to make that determination. Neither New Jersey State nor federal guidelines offer objective criteria for selection and entry into related service of counseling.

Perlman (1994) investigated the process by which school psychologists make that decision. He gave school psychologists the description of a child in a hypothetical case scenario. They were asked to judge (1) the degree to which counseling would be generally beneficial (2) the degree to which counseling would be an appropriate recommendation as a related service. A test for related samples on the variables of counseling in general and counseling in school as a special education related service was conducted. The results were statistically significant yielding a \( t \ (207) = -7.739, p < .01 \).

Perlman (1994) concluded that the school psychologists tended to judge differently the general benefit of counseling and the benefit of counseling as a related service. Not all students who were seen as potentially benefiting from counseling were recommended for counseling as a related service. School psychologists were required to differentiate between students who have emotional or social issues that appear to interfere with the child’s ability to benefit from their educational program and students who would benefit form counseling generally. Perlman (1994) saw their ability to differentiate between the two as reflecting the school psychologists’ awareness that the intent of providing counseling within the parameters of special education is to help maintain the student in his or her educational program.

Perlman (1994) wanted to see if there was any bias in the decision making process as to who would receive counseling and who would not. He examined the variables of the student’s gender, race, and socio-economic status to determine if they would enter
into the decision as to whether a student should or should not receive counseling or counseling as a related service. The student in the vignette was either male or female, White or African-American, and middle SES or low SES. Each participant was asked to rate on a 1 through 10 Likert scale (a) the degree to which they thought that psychological counseling would be beneficial to this student, and (b) the degree to which they thought that psychological counseling would be beneficial in maintaining this student in his or her current special education placement. The continuum was described as a score of 1 corresponded to "very much so" and a score of 10 corresponded to "not at all." According to his rating scale, a lower score represented an opinion that counseling would benefit the youngster to a greater degree and a higher score represented an opinion that counseling would benefit the youngster to a lesser degree.

Perlman computed a three-way ANOVA for the independent variables of gender, race and socio-economic status in his first question as to whether or not counseling in general would be beneficial. He did not find any significant differences in any of the fourteen combinations of the three variables. The mean and the number of responses for each variable was as follows:
Table 1

Mean School Psychologist’s Judgments Of Whether Or Not Counseling Would Be Beneficial, By Student Population (Perlman, 1994)

<table>
<thead>
<tr>
<th>Population</th>
<th>M</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male African Americans Low SES</td>
<td>4.154</td>
<td>26</td>
</tr>
<tr>
<td>Male African Americans Middle SES</td>
<td>4.207</td>
<td>29</td>
</tr>
<tr>
<td>Male White Low SES</td>
<td>4.927</td>
<td>37</td>
</tr>
<tr>
<td>Male White Middle SES</td>
<td>3.821</td>
<td>28</td>
</tr>
<tr>
<td>Female African Americans Low SES</td>
<td>3.733</td>
<td>30</td>
</tr>
<tr>
<td>Female African Americans Middle SES</td>
<td>3.500</td>
<td>16</td>
</tr>
<tr>
<td>Female White Low SES</td>
<td>4.269</td>
<td>26</td>
</tr>
<tr>
<td>Female White Middle SES</td>
<td>4.556</td>
<td>18</td>
</tr>
<tr>
<td>All Males</td>
<td>4.133</td>
<td>120</td>
</tr>
<tr>
<td>All Females</td>
<td>4.001</td>
<td>90</td>
</tr>
<tr>
<td>All African Americans</td>
<td>3.941</td>
<td>101</td>
</tr>
<tr>
<td>All White</td>
<td>4.211</td>
<td>109</td>
</tr>
<tr>
<td>All Low SES</td>
<td>4.118</td>
<td>119</td>
</tr>
<tr>
<td>All Middle SES</td>
<td>4.033</td>
<td>91</td>
</tr>
</tbody>
</table>

*Note. Means are based on a 10-point Likert scale.*

He computed a second three-way ANOVA for the independent variables of gender, race and socio-economic status for the dependent variable of counseling as a related service. Once again, he did not find any significant differences in any of the three variables. The mean and the number of responses for each variable were as follows:
Table 2

*Means School Psychologist's Judgments Of Whether Or Not Counseling Should Be A Related Service (Perlman, 1994)*

<table>
<thead>
<tr>
<th>Population</th>
<th>M</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male African Americans Low SES</td>
<td>5.192</td>
<td>26</td>
</tr>
<tr>
<td>Male African Americans Middle SES</td>
<td>6.276</td>
<td>29</td>
</tr>
<tr>
<td>Male White Low SES</td>
<td>4.944</td>
<td>37</td>
</tr>
<tr>
<td>Male White Middle SES</td>
<td>4.714</td>
<td>28</td>
</tr>
<tr>
<td>Female African Americans Low SES</td>
<td>5.300</td>
<td>30</td>
</tr>
<tr>
<td>Female African Americans Middle SES</td>
<td>5.000</td>
<td>16</td>
</tr>
<tr>
<td>Female White Low SES</td>
<td>5.577</td>
<td>26</td>
</tr>
<tr>
<td>Female White Middle SES</td>
<td>5.833</td>
<td>18</td>
</tr>
<tr>
<td>All Males</td>
<td>5.269</td>
<td>120</td>
</tr>
<tr>
<td>All Females</td>
<td>5.438</td>
<td>90</td>
</tr>
<tr>
<td>All African Americans</td>
<td>5.510</td>
<td>101</td>
</tr>
<tr>
<td>All White</td>
<td>5.185</td>
<td>109</td>
</tr>
<tr>
<td>All Low SES</td>
<td>5.229</td>
<td>119</td>
</tr>
<tr>
<td>All Middle SES</td>
<td>5.489</td>
<td>91</td>
</tr>
</tbody>
</table>

*Note.* Means are based on a 10-point Likert scale Perlman (1994). Also investigated as to whether or not there would be a difference in the degree to which school psychologists reported that counseling was an appropriate intervention in the school setting based on whether the school psychologist espoused a psychodynamic or cognitive-behavioral theoretical orientation. Respondents were asked to identify their orientation as a part of the questionnaire. A one factor ANOVA was calculated. The analysis yielded an $F(1,199) = 9.447, p < .01$. This was statistically significant. School
psychologists were significantly more likely to recommend counseling as appropriate in the school setting if they identified themselves as from a psychodynamic rather than a cognitive-behavioral theoretical orientation. This finding indicates that attitudes that the school psychologist brings to the decision-making process have a significant influence on the results.

In summary, Perlman (1994) found that school psychologists distinguished between students who would benefit from counseling in general and students who should receive counseling as a related service. He did not find that the characteristics of the student in the vignette such as gender, race, and SES to be significant in the school psychologists' decisions as to who would benefit from counseling and who would require counseling as a related service. He found that psychologist who identified themselves as from a psychodynamic rather than a cognitive-behavioral theoretical orientation were more likely to state that students would benefit from counseling in general as well as benefit from counseling as a related service. So, it seems that decision as to whether or not a student is entitled to receive counseling as a related service does not rest in student characteristics but in the theoretical characteristics of the school psychologist.

Perlman (1994) noted that students are chosen to receive counseling as a related service on the basis of a psychological and educational evaluation. He went on to say that they are chosen for counseling based on data from an assessment process that is not designed for such purposes. However, he demonstrated a subjective aspect to the decision making process. The school psychologist's theoretical frame of reference was a significant factor in the decision making process. Perlman's format was seen as a good method of uncovering factors in the school psychologist's decision-making process.
The present study is not a replication of Pearlman's work or an attempt to find differences between the results. The present study was designed as an attempt to capture information that was not addressed in his study and test variables that may contribute to the decision making process of school psychologists.

A Student's Request for Counseling

Not all disturbed students seek counseling, and not all students benefit from counseling. Seeking out counseling has been considered to be an indication that a student would benefit from counseling. The attitudes and opinions about counseling that a person has affect both the utilization and the successfulness of that service (Greencavage & Norcross, 1990). It is widely accepted that treatment tends to be more effective when youngsters are involved in the planning and decision making process (e.g., Melton, 1981). This may be the rationale for the federal, as well as the state requirement that students are included in the IEP meeting when it is appropriate for them to be there.

A study by Offer, Howard, Schonert, and Ostrov (1991) compared the mental health service-seeking behavior of disturbed adolescents with the behavior of non-disturbed adolescents. The study reported how the researchers identified adolescents in distress, examined the use of formal and informal helping agents among both disturbed and non-disturbed adolescents, and investigated how helpful adolescents perceive mental health services to be. This study was a self-report study using randomly selected high school juniors and seniors from three different high schools. Two of the high schools chosen were in the suburbs and the third school was located in the inner city. Of the students contacted to participate, 497 completed the study's requirements.
The students were given a demographic questionnaire, the Offer Self-Image Questionnaire, a shortened version of the Delinquency Checklist, the Symptom Checklist, and the Mental Health Utilization Questionnaire. The authors defined emotional disturbance as functioning one standard deviations below the mean on three of the subtests of the Offer Self-Image Questionnaire, or two standard deviations below the standard score mean on two or more factors on the Delinquency Checklist, or two standard deviations below the standard score mean on one or more factors on the Symptom Checklist. Of the 497 people that completed the study, they identified 22.3% of the population as being emotionally disturbed. The authors defined emotional disturbance as functioning two standard deviations below the mean on a composite of the first three instruments.

In trying to understand this data it should be noted that Cook and Campbell (1979) have pointed out that subjects (a) tend to report what they believe the researcher expects to see, or (b) report what reflects positively on their own abilities, knowledge, beliefs, or opinions. Another concern about the data presented is whether subjects are able to accurately recall past behaviors. Cognitive psychologists have warned that the human memory is fallible (Schacter, 1999) and thus the reliability of self-reported data may not be accurate.

From their responses on the Mental Health Utilization Questionnaire, they found that 40.5% of the emotionally disturbed adolescents had consulted with their high school counselor and that 34.2% had seen a mental health professional (defined as a psychiatrist, psychologist or a social worker) but only 20% entered into treatment which was defined as having at least three visits. The authors also noted that disturbed adolescents were less
likely than non-disturbed adolescents to discuss their problems with their parents. It was suggested that distressed adolescents might come from families whom they perceive (accurately or not) as failing to offer emotional and/or instrumental support in times of distress.

Unfortunately, Offer's (1991) study did not identify whether any of the emotionally disturbed students were special education classified. The authors did not state if the mental health professionals that the students had seen, were providing services privately or if they were being provided as a special education related service.

It was interesting to note that the guidance counselor was the most accessed mental health professional. But, the study did not define what "consult with the guidance counselor meant." Guidance counselors consult with students for many reasons besides counseling them. Additionally, it did not specify whether the student or the guidance counselor had initiated the consultation.

In summary, only 20% of students who were considered to be emotionally disturbed had entered into treatment that was defined as having three or more visits with a mental health provider. The guidance counselor was the person most likely to see the student, but it was not specified whether the counselor or the student had initiated the contact, nor was the definition of "consult with the guidance counselor" provided.
Caretaker Burden

It has been reported in the literature that children and adolescents, who evidenced psychiatric disorders, present behavior that was considered ‘burdensome’ from the parental point of view. Platt, (1985, p.1) defined caretaker burden as “the presences of problems, difficulties, or adverse events which affect the life (lives) of the psychiatric patient’s significant other(s).” Burden can be objective (e.g., providing transportation, assisting with daily tasks) or subjective (e.g., reduced caregiver well-being, worry). Lefley (1997) described family caregivers as a stressed and potentially at-risk population whose quantitative problems may equal or even outweigh those of the person around whom they revolve.

Lefley (1997) went on to label three sources of family burden: situational stress which arises from interactions with the mentally ill individual; societal stress which arises from negative attitudes and lack of support; and iatrogenic stress arising from inadequate or misinformed service providers. Care giving is a primary source of stress for those living with mentally ill individuals. Frequent disruptions to family life and numerous crises have been linked to in-home care giving (Solomon & Draine, 1995). Meeting the needs of the other family members as well as the special needs of the mentally ill child is a difficult balancing act and a continual struggle.

Angold, Messer, Stangl, Farmer, Costello, & Burns (1998) investigated the predictors of perceived parental burden and its impact on the use of specialty mental health and school services. This investigation was part of the Great Smoky Mountains Study which was a longitudinal study of the development of psychiatric disorders and need for mental health services in rural and urban youth. The study included a
representative general population sample of 1015, nine, eleven and thirteen year-old children and adolescents, identified through the Student Management System of the public schools of eleven counties in western North Carolina, and selected through a household equal-probability design. A screening questionnaire, which consisted of 55 questions from the Child Behavior Checklist about the child’s behavior problems, together with some basic demographic and service-use questions, was administered to the participants. All children scoring above a predetermined cutoff point score of 20 on the behavioral questions, plus a 1-in-10 random sample of those scoring below the cutoff point, were recruited for the study.

The third edition of the Child and Adolescent Psychiatric Assessment (CAPA) was used as an interview instrument for the parent and child participants. They were interviewed separately and the results generated a DSM-III-R (American Psychiatric Association, 1987) diagnosis as well as an indication of the child’s psychiatric status and service use. Psychosocial impairment, secondary to psychiatric symptomatology, was also identified by the CAPA.

The parents and children were also given the Child and Adolescent Services Assessment (CASA). This instrument collects parent and child reports on the use of mental health services provided by the specialty mental health sector (schools, child welfare, primary health care, juvenile justice, and informal community sources). The Child and Adolescent Burden Assessment (CABA) was administered to each parent. The CABA consists of 20 potential perceived burdens, which were described as problems or difficulties in their lives that they perceived as being caused or exacerbated by their child’s psychiatric symptoms. The areas covered by the twenty items were expenses and
financial difficulties, problems in relationships with family or social network members, restrictions on activities, and decreased feelings of well-being and competence.

Altogether, 349 CABA's were completed. Of these, 193 parents indicated the presence of at least one burden and 156 indicated no perceived burden. The results indicated that parents of children who met DSM-III-R criteria (American Psychiatric Association, 1987) for one or more diagnoses (as measured by the CAPA) with accompanying psychosocial impairment (as measured by the CAPA) to have higher levels of stress than parents whose children were not diagnosed or impaired. The child's total symptom score was the best predictor of the presence of perceived burden. However, the child's level of impairment also made a substantial contribution. Children who were depressed or had anxiety disorders proved less burdensome than children with other disorders. They also found that the parents who evidenced a pre-existing mental health problem perceived greater burden than the parents who did not evidence a pre-existing mental health problem.

Angold et. al. (1998) also looked at specialty mental health use by children of parents with and without parental burden. They found that there were very low rates of specialty mental health service use when no perceived burden was reported. Fewer than two percent of children without a psychosocial impairment, diagnosis or burden saw a mental health professional. Similarly, fewer than two percent of children with only a psychosocial impairment or diagnosis received specialty mental health services. But, when a child evidenced a psychosocial impairment, and a diagnosis, the presence of perceived burden was associated with a threefold increase in the use of specialty mental health service. When school services were examined separately, a different picture
emerged. The child's total symptom score had the largest effect and parental burden had a smaller effect. Students with depression or anxiety utilized school services less than students with other disorders.

Parents' emotional stress has been correlated with severity and duration of children's emotional problems. Children with serious emotional disorders (e.g., attention deficit/hyperactivity disorder, serious emotionally disturbed and learning disabled) were the subjects of a study by Yatchmenoff, Koren, Friesen, Gordon, & Kinney (1998). They found that the duration of the child's disorder and severity of the behavior problems were correlated with greater reported parental stress.

Limited research has been conducted on burden among parents of children with mental illness. However, there is a large body of literature, which explored the stress associated with raising a child with physical and developmental disabilities (e.g., Hobbs, 1985; Rolland, 1994). Rearing a developmentally disabled child who presented a concomitant behavior problem was found to be associated with greater parental burden. This is so regardless of whether the child was suffering from mentally retardation, autism, or cerebral palsy.

The student in the case example is identified as of normal intelligence but as having a specific learning disability. As such, he would be a better candidate for counseling than a developmentally disabled youngster. School psychologists would be more apt to encounter youngsters with learning disabilities in their counseling caseload than youngsters with developmental disabilities.
To summarize, parents are likely to experience caretaker burden when dealing with a child with a disorder. The severity and duration of children’s emotional problems have an effect on the parents’ perception of burden.

Parental Referral

Substantial levels of parental burden are a reason for propelling parents to seek help for their children’s disorders. Angold, Messer, Stangl, Farmer, Costello, & Burns (1998) found that the presence of perceived parental burden was a very strong predictor of mental health service use. This relationship between perceived impact and services may highlight the important role of parents as mediators in the process of help seeking and service receipt for children who are minors.

Farmer, Burns, Angold and Costello (1997) used the Child and Adolescent Impact Assessment (CAIA, formerly known as the Child and Adolescent Burden Assessment) to investigate the impact on the family resulting from children’s emotional and behavioral problems. They chose the term ‘impact’ rather than ‘burden’, even though they acknowledged that they were measuring the same phenomenon that was labeled in their previous and subsequent research as ‘burden’ (Angold, et. al. 1998; Messer, Angold, Costello, Burns, Farmer, & Patrick, 1996). Farmer et. al.(1997) rationale was that ‘impact’ rather than ‘burden’ did not assume the subjective translation of ‘effect’ into ‘burden’. There are seventeen items on this scale. They are; current relationship, relationship with other children, relationship between children, children’s behavior, relationships with other family members, relationships with friends, restricted personal activities, restricted family activities, stigma, depression, worries, tiredness, other mental health or physical problems, parent taking medications, parent increased substance abuse,
parent using professional help, and parent feels incompetence. One of the issues that they investigated was whether or not any of these items are particularly strongly related to service use.

Farmer et. al. (1997) constructed a summary index of impact by summing all 17 impact items from the CAIA (formerly known as the Child and Adolescent Burden Assessment; Patrick, Angold, Burns, & Costello, 1992). Each item was coded from zero to three, with zero indicating no impact in the given area, one indicating moderate impact, two indicating substantial impact, and three indicating extreme impact. A sum of these items combined information on how many types of impacts were perceived with how severe the impact was. However, when the 17 items were looked at individually, a dichotomous coding was used. Zero meant that there was no impact in the area and one indicated that there was some impact (from moderate to extreme). They compared the family results of those whose children entered mental health services with those who did not. Findings indicated that reports of family impact were significantly higher among youths who entered services than among those who did not. Of the youths who entered mental health services, twenty-four percent of their parents reported family impact. Only 0.6% of youths who did not (chi sup 2], df=1, =106.6, p=.001). They also found that among those who reported any impact, the amount of impact (i.e., the sum of the 17 items) was also substantially higher for users than nonusers (mean for nonusers=1.9; mean for users 4.8, p=.01). They looked at the results in a different way and reported that among parents who reported any impact, 89% of the children entered services while among families who reported no impact, only 13% entered services.
Farmer et. al. (1997) found that the items that distinguished youths who entered mental health services from those who did not were most pronounced in the areas of parental well being and feelings of competence. The parents of children who entered mental health services were significantly more likely to report that they were depressed, worried, or tired because of their children’s problems. They also reported that they felt incompetent to handle their children’s problems.

Children’s depressive and anxiety disorders were associated with less of a burden than other diagnoses (Angold et. al., 1998). Cohen, Kasen, Brook & Struening (1991) also noted that parents of adolescents with externalizing (acting out behaviors) disorders sought treatment for their children more often than parents of adolescents with internalizing disorders (depression and anxiety disorders). Wu, Hoven, Bird, Moore, Cohen, Alegria, Dulcan, Goodman, McCue-Horwitz, Lichtman, Narrow, Rae, Regier, Roper, (1999) found that at the p<.01 level, 56% of the children with disruptive disorders had parents who sought counseling for them while only 38% of the children with a depressive disorder had parents who sought counseling for their child. Ostrov, Offer, & Hartlage (1984) dubbed these youngsters as “quietly disturbed.” Zigler & Glick, (1986) observed that these youngsters are less likely to be identified for services because internalizing disorders are associated with greater social competence than are externalizing disorders. Parents may not be able to discern emotional disturbances that are not causing them a great deal of discomfort.

Depressed, or potentially depressed, youngsters feel helpless and pessimistic and are unlikely to seek help from adults (Garland & Zigler, 1994). Depressed children and adolescents are also unlikely to be identified as in need of mental health services by
adults (Angold, Messer, Stangi, Farmer, Costello, & Burns, 1998). But, there are parents
who are attuned to the depression of their children.

Wu, Hoven, Cohen, Liu, Moore, Tiet, Okezie, Wicks, and Bird (2001) conducted
an analysis of 206 children and adolescents aged 9 to 17 years of age. The subjects were
part of a larger survey of mental health services need and use. They were from
nonresidential child service systems and the community of Westchester County, New
York. The Westchester group was randomly selected from the child service systems of
mental health, substance use, child welfare, special education and probation. They also
included children and adolescents recruited from the community, including the
Westchester site of the Methods for the Epidemiology of Child and Adolescent Mental
Disorders study by the National Institute of Mental Health who were selected from the
same sampling frame and assessed with identical measures of child psychopathology,
impairment and service use. From this population all of the children who met the DSM-
III (American Psychiatric Association, 1980) criteria for depressive disorders (major
depression or dysthymia) were used as the sample for this study.

The child and one parent or guardian was interviewed for approximately three
hours by trained interviewers about childhood psychopathology, mental health services
and risk factors. They found that “mothers of depressed children who received
professional help, reported greater use of mental health services and medication for their
own psychiatric problems and they were more likely to think that their children needed
mental health services than mothers of depressed children who did not receive help.”
The adjusted odds ratio of mothers using medication for mental health problems when
receiving professional help compared to not receiving help was 3.56 at p<.01. The
adjusted odds ratio of mother seeking services for their children compared to mothers receiving professional help versus no help was 5.15 at $p<.01$.

Wu et al.'s (2001) study did not differentiate as to why that was so. It could have been that depressed parent were more attuned to the signs and symptoms of depression, more empathetic to what their child was going through and therefore more likely to seek help for their child. It could have been that when their children received and responded positively to help, mothers sought help for their own problems. It could also have been that these depressed mothers were so burdened by their own emotional problems that they were eager to reduce any burden that a depressed youngster may be causing them. This would go along with the finding of Angold, Messer, Stangl, Farmer, Costello, & Burns (1998) in their study of parental burden that the parents who evidenced a pre-existing mental health problem perceived greater burden than the parents who did not evidence a pre-existing mental health problem.

In summary, parents of adolescents with more burdensome disorders, externalizing disorders, sought treatment for their children more often than parents of adolescents with less burdensome disorders, internalizing disorders. Parents who experienced emotional problems of their own were more likely to refer their child to counseling than those parents who did not experience emotional problems. The parents of children who entered mental health services were significantly more likely to report that they were depressed, worried, or tired because of their children’s problems. They also reported that they felt incompetent to handle their children’s problems. Generally speaking, the more that the parent feels burdened, the more likely the child will receive help.
Teacher Referral

The strong relationship between perceived parental burden and referral for specialty mental health services did not hold in the school services setting (Angold et. al., 1998). School personnel were not seen as overly influenced by parental perception of burden. The authors did assert that if they had measured teacher perception of burden their paradigm of 'adult burden as a motivator to obtain services for children' might have proved to be more highly related to school mental health service use.

Teachers play a critical role in obtaining mental health services for students. They have been found to be a good source of referrals for students with emotional problems. There is some evidence that they are more astute than parents at picking up cues that point to emotional problems (Mesman & Koot, 2000a; Mesman & Koot, 2000b).

Wu, Hoven, Bird, Moore, Alegria, Dulcan, Goodman, McCue-Horwitz, Lichtman, Narrow, Rae, Regier, & Roper, (1999) found that teacher's perceptions of child service needs were strongly associated with the use of both school and non-school mental health services. With \( p \leq 0.01 \), the adjusted odds ratio of teachers who felt their student should seek mental health services was 3.90 for using school based services and 6.39 for the use of any mental health services. They used data from the National Institute of Mental Health Methods for the Epidemiology of Child and Adolescent Mental Disorders (MECA) study, which was a multi-site community survey conducted in 1992. The sample consisted of 1,285 children aged nine through seventeen and one of their parents or guardians. The participants were from four different geographic areas in
Connecticut, Georgia, New York and Puerto Rico. Structured in-person interviews were conducted separately with the child and the parent or guardian.

The subjects were asked about mental health and substance-use-services utilized by children, both in the previous year as well as in their lifetime. Three types of service utilization were identified in the study. The first, Mental Health Services, was defined as when a child was seen by a psychiatrist, psychologist, or counselor in his/her private office, or received treatment in a psychiatric or drug and alcohol outpatient clinic, or stayed overnight in a hospital or residential treatment center for psychiatric or substance use problems. The second, was school-based mental health services; defined as a child’s use of school-based services for emotional, behavioral, and/or drug use problems. The school-based services include both individual counseling and special classes or programs. The third was called any service and was described as a child’s use of any of the following services for emotional or behavioral problems or alcohol or drug use: (1) mental health services, (2) medical professionals, (3) school-based services, (4) social services, (5) clergy, or (6) other (e.g., spiritualists, herbalists).

One of the variables of the study was service need recognition. This was described as the parent and child’s perceptions of the child’s need for services for emotional, behavioral, and/or drug problems. These were based on self-reports. Even teacher’s perceptions of the child’s service need and police contact were based on reports from either the parent or the child.

The Diagnostic Interview Schedule of Children (DISC) was used to assess psychiatric disorders. Children who were considered to have positive results for a disorder were characterized as having a depressive disorder (including major depression
and dysthymia), disruptive behavior disorders (including attention-deficit hyperactivity disorder, oppositional-defiant disorder, and conduct disorder) or any other disorder (including any of 24 other disorders assessed by the DISC).

Univariate analyses compared the service use patterns, identified need for services, and child and family characteristics of children with disruptive behavior disorders and depressed children. Because some children fit more than one category, children who had either type of disorder were divided into three groups, depressive only, disruptive only, and both depressive and disruptive.

Results indicated that children with either one or both disorders used more services than children with no disorder. Eighty six per cent of children with both depressive and disruptive disorders used any type of service, but only thirty four percent of children with no disorder used services (at the .05 level of significance). For lifetime service use, children with disruptive disorder, whether they had a depressive disorder or not, were more likely to receive mental health services than the depressed group. At the .05 level of significance, 56.1% of children with a disruptive disorder, whether they had a depressive disorder or not, received services. Children with either or both disorders obtained significantly higher rates of service-need-recognition by teachers than those children with no disorder. At the .001 level of significance, teachers felt 6.8% of the population with no disorder, needed services. But, the felt that 29.5% of students with a depressive disorder needed services, 30.2% of students with a disruptive disorder needed services, 38.9% of the students with both a depressive and a disruptive disorder needed services, 33.8% of the students with a depressive disorder (with or without disruptive disorder) needed services, and 32.6 of the students with a disruptive disorder (with or
without depressive disorder) needed services. No significant difference was found between teachers' belief in the child's need for services based on whether the disorder was depressive or disruptive.

The term school-based-services was not clearly defined and may mean different things in different parts of the United States. This lack of specificity makes interpretation difficult. It is not clear what type of service was recommended for the depressed population and what type of service was recommended for the disruptive population. The two groups could have received different services.

Teacher-perceived need of service use was the strongest predictor of school-based service use, followed by child-perceived and then parent-perceived need for mental health services. With \( p \leq .001 \), the adjusted odds ratio of teachers perceived need and use of school based services was 3.90, parent perceived need and use of school based services was 2.18, and child's perceived need and use of school based services was 2.65. This finding is difficult to interpret because of the way that school-based service use was defined. It included services for emotional, behavioral, or drug problems. The services included both individual counseling and special classes and programs. The description of services could include special education classes for emotionally disturbed students. Counseling was not further defined to determine whether it was counseling by the guidance counselor, social worker or school psychologist. The study did not specify whether it was special education, counseling as a related service, or counseling in a school-based youth services program.

Burns et. al. (1995) described education based services as (boarding school, guidance counselor/school psychologist, or special class). They noted in their study
limitations that patterns of service availability differ widely across the United States and that patterns of service use can only be understood within the context of a particular service system. Research that identifies the variables would clarify these issues.

Several conclusions can be drawn from this study; children with emotional problems tend to receive more support than children without emotional problems. Teachers may be a nonbiased source of referrals of students with emotional problems. The public schools play an important role in meeting the emotional needs of students. The public schools are a growing source of help for children with problems. It also indicates that children and parents perceive the teacher to be an important conduit for receipt of services.

The Terms ‘Parental Burden’ and ‘Teacher Burden’

Stress is the hallmark descriptor of burden. It is used in the description of caretaker burden in many studies (e.g., Angold, Messer, Stangl, Farmer, Costello, & Burns, 1998; and Lefley, 1997). This adjective was used in the present study to define caretaker burden by; “Mother told of feeling very burdened, and stressed by having to deal with Daniel” and “Teacher told of feeling very burdened, and stressed by having to deal with Daniel”.

Parents of children who entered mental health services were significantly more likely to report that they were depressed, worried, or tired because of their children’s problems (Farmer et. al. 1997). They also reported that they felt incompetent to handle their children’s problems. This finding was used in the description of parental burden and teacher burden in the present study. It was noted about the parent that, “She was
worrying about him and losing confidence in herself as a mother.” It was noted about the teacher that, “It was taking up too much of her time and she was exhausted.”

Student Self-Referral

There is some evidence that students with internalized disorders will seek out help for themselves. Wu, Hoven, Bird, Moore, Cohen, Alegria, Dulcan, Goodman, McCue-Horwitz, Lichtman, Narrow, Rae, Regier, and Roper, (1999) evaluated the use of school-based services. Wu et al. (1999) found that children with depression believed that they were more in need of mental health services need than were children with disruptive disorders. At the .05 level of significance, 34.1% of children with depressive disorders felt they were in need of services, while 22.9% of children with a disruptive disorder felt they were in need of services. They noted that children’s use of school-based services is less likely, than use of mental health services outside of school, to be influenced by demographic and parental factors. Ethnicity, child’s age, and maternal use of mental health services were significantly associated with specialty child mental health service use but were not significantly associated with use of school services. At the .05 level of significance, the adjusted odds ratio of African American children receiving mental health services was .57. With \( p \leq .01 \), the adjusted odds ratio of children above the age of 15 who used mental health services was 1.78. With \( p \leq .001 \), the adjusted odds ratio of mothers who used mental health services with children using mental health services was 2.51. Children with depressive disorders did not appear to have more difficulties in accessing school services for their emotional and behavioral problems than did children with disruptive disorders.
Once again, the term school-based-services was not clearly defined and may mean different things in different parts of the United States. This lack of specificity makes interpretation difficult.
CHAPTER III

METHODOLOGY

Participants

Participants were 168 school psychologists who are members of The New Jersey Association of School Psychologists (NJASP). School psychologists were the participants in this study because they have an overview of the entire IEP process, are involved with many cases, and have a broader experience with participating in the decision making process than do parents, students, and even teachers. This is so because, parents and students are routinely only involved with their own case. Teachers may be involved with several students in their class each year. However, school psychologists are involved with a greater number of cases and those cases involve students with widely different classifications, ability levels, and stages of development. They have broader experience with participating in the decision making process than do parents, students and teachers. School psychologists are involved with most of the referrals of students with emotional or behavioral problems. They are in a position to make comparisons and to summarize a great many discrete decisions. They, more than the other members of the CST, will be able to determine the emotional and behavioral triggers to a referral for counseling. Based upon a power analysis discussed later in this chapter, 152 questionnaires were required to be returned for significant results.

Three hundred and sixty randomly chosen members from approximately 700 members of NJASP were selected to participate. A random number table was used to select the 360 members and assign them evenly to one of the four case studies. Each
selected member of NJASP was first sent an initial letter informing him or her that he or she has been selected as a potential participant. Then, each participant was sent one of the four case studies, a demographic sheet, a questionnaire, a self addressed stamped envelope, and a highlighter as an incentive gift for participating in the study.

Instrumentation

The case studies used in this experiment were modified versions of the case study used by Perlman (1994). He used the modified summary of an actual case of a student determined to be eligible for special education and who was also being considered for counseling as a related service. The case study was selected by a group of ten school psychologists from a pool of ten cases submitted by that same group. The psychologists were asked to submit a case that was difficult for them to resolve in terms of whether or not counseling was psychologically beneficial and whether or not it was an appropriate related service.

The ten psychologists read all ten case studies and rated each on a Likert scale twice. The first rating measured the degree to which they would recommend counseling and the second measured the degree of certainty with which they made their decision on each case. The case with the highest rating, the one generally perceived to be the most difficult to resolve, was selected.

Perlman’s (1994) case study was modified slightly. In his original case history, the student presented a behavior problem in school but not at home. In the present study, it would not make sense for the parent not to experience any difficulty and proclaim to be burdened. Therefore, the home behavior was re-written to mirror the school behavior.
There were four different versions of the case study. Perlman (1994) tested for the effects of race, sex, and socio-economic status and found none. The demographics of the boy were chosen to match the typical NJ Special Ed inferred from the 2001 United State Census (United States Census Bureau, 2001). Therefore, in the present investigation, all four case studies had a subject who is a White male of lower middle socio-economic status and a teacher who is female.

In the first case study, the student did not request counseling, the parent did not describe herself as being burdened and the teacher did not describe herself as being burdened. The participants who receive this case study made up the control group.

The second case study was exactly the same as the control study with the exception that the student requested counseling. The third case study was exactly the same as the control case study with the exception that the parent described herself as being burdened. The fourth case study was exactly the same as the control case study with the exception that the teacher described herself as being burdened. The text of each study is included in Appendix B.

Procedures

The New Jersey Association of School Psychologists was contacted for the list of their current members. Of the approximate seven hundred members, three hundred and sixty members were asked to participate in the study. To ensure a random selection of participants, a random number table was used. The participants qualified to participate if they were employed in a public school as a school psychologist, were routinely responsible for interpreting assessment data and were directly involved in rendering decisions on classification, placement, and delivery or related services.
The participants in this study were contacted by mail. Each of the three hundred and sixty members selected received a pre-letter informing him or her that they have been selected as a potential participant. They also received a cover letter explaining the intent of the research along with an assurance of confidentiality, the questionnaire, the definition of counseling as a related service as it appears in the New Jersey Administrative Code 6A.14, one of the randomly selected, case scenarios, and an addressed and stamped envelope.

The participants were asked to answer two questions on a 10-point Likert Scale. Participants were first asked if they believe that counseling would be beneficial to the youngster in the case study. The participants were then asked to determine if counseling would be an appropriate related service for the youngster in accordance with the New Jersey Administrative Code 6A.14. They were offered a copy of the results of the study in return for their participation.

Power Analysis

The power analysis was conducted with GPOWER software (Erdfelder, Faul, & Buchne, 1996). The power analysis was conducted by testing for a 4X2 factorial ANOVA to estimate the power for a one way MANOVA with four levels for the factor and 2 dependent variables. The assumptions made were for an effect size of .40, and alpha of .05, and a power of .80. One hundred fifty two questionnaires are needed for significant results.
Analysis of the Data

A preliminary analysis was conducted to determine the means and standard deviations for all of the variables. A MANOVA was conducted using the two dependent variables (a. benefit of counseling, b. benefit of counseling as a related service) as well as the independent variables of parental burden, teacher burden, student requested counseling, and the control group.

Limitations of the Study

Using a survey type format for the study does not allow for directly studying the school psychologists’ decision-making activities. While the study gathers information from a large sample population, the amount of information obtained is limited. The school psychologists were not asked directly the reasons why they recommended counseling or thought counseling would be an appropriate related service. The study works on the assumption that the decisions made by the school psychologist are done so because of the type of case study to which they were randomly assigned.

A second limitation is the homogenous nature of the sample. The differences in state legislation regarding counseling as a related service require the sampling of school psychologists from one state. The sample becomes even more homogenous because only New Jersey psychologists that are members of the New Jersey Association of School Psychologists are participants. This becomes problematic because all estimates of reliability and validity are based on scores or data obtained from a particular sample in a specific measurement context. These estimates are subject to change when characteristics of the sample or other facets of the measurement process are modified. Giving the test to
a homogenous versus heterogeneous sample of study participants would be considered a modification of the measurement process (Snyder, 2000).

Similar to other literature presented on the topic of counseling in the school (eg., Offer, Howard, Schonert, and Ostrov, 1991, & Perlman, 1994) this study uses a self-reporting method. The school psychologists who participated are in a position to report what they believe the researcher expects to see, or report what reflects positively on their own abilities, knowledge, beliefs, or opinions. Also, psychologists in this study may have tried to accurately reflect on their own past behaviors regarding recommending counseling. The participant's memory is fallible and thus the reliability of self-reported data in this study may not be accurate.
CHAPTER IV

RESULTS

The purpose of this study was to test the hypothesis that selected variables would be related to school psychologists’ decisions about whether or not to recommend counseling. The investigation included three independent variables that were embedded in an otherwise identical case study scenario. The three independent variables were: (1) student requests counseling, (2) parent perceives her child’s behavior as burdensome, (3) teacher perceives her student’s behavior as burdensome. The study also had two dependent variables. These were: (1) the school psychologist decision as to whether or not to recommend counseling, and (2) the decision as to whether or not recommend counseling as a related service.

The participants of this study were given one of four case studies and asked to rate on a 1-10 Likert scale their belief that counseling would be beneficial to the student in the case study and then were asked to determine if counseling would be an appropriate related service for the youngster in accordance with the New Jersey Administrative Code 6A.14. The responses ranged from 1 “not at all” to 10 “very much so.” Thus, the higher the score the more beneficial the psychologist thought counseling would be for the student. The lower the score, the less beneficial the psychologist thought counseling would be for the student.

Descriptive Statistics

Of the 360 packets sent to randomly selected members of NJASP, 176 (48.8%) were returned. This is consistent with other surveys done using NJASP members
(Whiley, Lennox, Marino, 2004). Eight of the 176 responses were not usable because they did not meet the conditions of being presently employed in a public school, routinely responsible for interpreting test data, or routinely responsible for making recommendations on the classification as well as programming of children being considered for special education. As a result, 168 response packets were used in this study, which was 46.7% of the random sample.

**Respondents’ Gender**

One hundred and twenty three respondents (73.2%) were female while 40 (23.8%) were male. Five respondents (3%) did not indicate their gender.

**Respondents’ Race**

Of the total sample, 127 (75.6%) indicated that they were Caucasian. Eight participants (4.8%) reported their race to be mixed. Eight (4.8%) indicated that they were African American. Five people (3%) reported themselves to be of Hispanic descent, and two (1.2%) identified themselves as Portuguese. Eighteen people (10.7%) chose not to report their race.

**Respondents’ Educational Level**

Participants were asked if they had obtained a masters degree, a doctorate, or a professional diploma. Sixty-nine participants (41.1%) had a professional diploma, 47 participants (28%) had a doctorate, 46 participants (27.4%) had a master’s degree and 6 (3.6%) did not give a response.

**Respondents’ Work Experience**

The participants’ work experience was divided into five categories. The participants who had been working between 1-7 years totaled 62, (36.9%). 35 (20.8%)
had worked 8-14 years. Respondents who had been school psychologists for 15-22 years numbered 31 (18.5%), 21 (12.5%) had worked 23-30 years and 12 (7.1%) had worked 31 years or more. Seven (4.2%) people did not respond to this question.

Community Type

The participants were asked what type of community they worked in. Fifty-one (30.4%) worked in an urban community. Ninety-six (57.1%) worked in a suburban community. Sixteen (9.5%) members of the sample worked in a rural community. Five people (3%) did not respond.

Respondents' Time Spent Counseling

Eighty-six (51.2%) of the respondents spend less than 10% of their time counseling. Fifty-nine members spend 11-25% of their time counseling (35.1%). Fourteen people spend 26-50% of their time counseling (8.3%). Two of the respondents spend more than 50% of their time counseling (1.2%). There were seven members who did not give a response to this question (4.2%).

Age Of the Students With Whom the Respondents Work

The age of the students that the respondents' work with was divided into thirteen categories. Thirty-eight (22.6%) members reported that they work with preschool, elementary, middle and high school students. Twenty-four (14.3%) work with high school students only, 24 (14.3%) worked with preschool, elementary, and middle school students. Eighteen (10.7%) members work with elementary and middle students, 15 (8.9%) members work with preschool and elementary students, and 10 (6.0%) members work with elementary students. Ten (6.0%) participants work only with middle school students, 7 (4.2%) people work with elementary, middle, and high school students, 6
(3.6%) work only with preschool students. Six work with middle and high school students making up 3.6% of the total sample. Psychologists working with elementary and high school students totaled 3 (1.8%). Psychologists working with preschool, elementary, and high school students totaled 2 (1.2%). Five (3.0%) psychologists did not respond to this question.

The gender and education level of the respondents in this study is consistent with the overall descriptive statistics of other results using the NJASP population. NJASP does not keep records of the psychologists' ethnicity, time they spend counseling, or the type of community in which the psychologists work (Whitley, 2004). At this time there is no way of knowing whether the sample in this study matches the typical school counselor on the variables that are not tracked. This is a limitation of the study.

Table one represents the means and standard deviations for the three independent variables and two dependent variables plus the means and standard deviations for the total of all independent variables and the two dependent variables. The possible range in each was 1 to 10.
Table 3

Means and Standard Deviations of School Psychologists’ Responses for the Control Group, the Teacher Burdened Group, the Mother Burdened Group, and the Student’s Request For Counseling Group.

<table>
<thead>
<tr>
<th></th>
<th>Counseling Benefit</th>
<th>n</th>
<th>Counseling Related Service</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>M 6.541</td>
<td>37</td>
<td>M 5.703</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>SD 1.520</td>
<td></td>
<td>SD 2.504</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>M 7.256</td>
<td>43</td>
<td>M 6.558</td>
<td>43</td>
</tr>
<tr>
<td>Burdened</td>
<td>SD 1.989</td>
<td></td>
<td>SD 2.675</td>
<td></td>
</tr>
<tr>
<td>Teacher</td>
<td>M 7.362</td>
<td>47</td>
<td>M 6.617</td>
<td>47</td>
</tr>
<tr>
<td>Burdened</td>
<td>SD 2.100</td>
<td></td>
<td>SD 2.498</td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>M 7.122</td>
<td>41</td>
<td>M 5.805</td>
<td>41</td>
</tr>
<tr>
<td>Request</td>
<td>SD 1.735</td>
<td></td>
<td>SD 2.498</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>M 7.095</td>
<td>168</td>
<td>M 6.202</td>
<td>168</td>
</tr>
<tr>
<td></td>
<td>SD 1.877</td>
<td></td>
<td>SD 2.523</td>
<td></td>
</tr>
</tbody>
</table>

Multivariate Analyscs

Because multiple dependent measures were used, a multivariate analysis of variance (MANOVA) was used to examine the relationship between the independent variables (teacher burdened, mother burdened, student’s request, control group) and the two dependent variables benefit of counseling and counseling as a related service. The results of the Wilks’ Lambda multivariate tests indicated no significant effect $F(6,326)=1.246, p=.282$.

Supplementary Analysis

A $t$ test for paired samples was used to examine the relationship between the two dependent variables: counseling as beneficial and counseling as a related service, used in
the four case studies. Therefore, the \( t \) test was used to compare the total scores for the two dependent variables. The results of this analysis indicated statistical significance, \( t \)
\( (168) = 6.055, p < .01 \). This finding indicates that school psychologists were significantly more likely to think counseling would be beneficial than they were to recommend counseling as a related service.
CHAPTER V

DISCUSSION

This chapter is comprised of three sections. The purpose and significance of the study is reviewed in the first section. The second section discusses the results of the study, as well as the conclusions those results generated. The third portion of this chapter addresses the recommendations for future research as well as recommendations for school psychologists.

Summary

The school psychologist plays an important role in deciding whether or not a special education student receives counseling in the school as a special education related service. Therefore, studying the school psychologist’s decision making process is essential in understanding what variables determine whether or not a student will receive counseling as a related service in the public schools.

The purpose of the present study was to test the hypothesis that selected variables may be related to school psychologists’ decisions as to whether or not to recommend counseling. Three independent variables were embedded in an otherwise identical case study scenario. The three independent variables were: (1) student requests counseling, (2) parent perceives her child’s behavior as burdensome, (3) teacher perceives her student’s behavior as burdensome. This resulted in a total of four scenarios; a control case in which none of the three variables was specifically mentioned, and one with each of the above situations included in the case description. The two dependent variables were (1) the school psychologist’s decision as to whether or not to recommend
counseling, and (2) the school psychologist's decision as to whether or not recommend counseling as a related service.

The literature has suggested that the factor of parental burden (e.g., Logan and King, 2001; Angold et al., 1998; Mesman & Koot, 2000a) plays a role in whether or not a child receives mental health services. However, Angold et al. (1998), who was not investigating counseling as a related service, had found that the strong relationship between perceived parental burden and referral for specialty mental health services did not hold in the school services setting. School personnel were not seen as overly influenced by parental perception of burden. Angold et al. (1998) hypothesized that in that setting, a burdened teacher, rather than a burdened parent, may be the pivotal factor in determining whether or not a student received counseling in the school.

The student's request for counseling (e.g., Grencavage & Norcross, 1990; Lelong & Zachar, 1999; Council for Exceptional Children, 2001; Lynch & Gussell, 1996) is also an important variable to consider in predicting whether or not a student receives counseling. This study used those variables in a case vignette to examine the decision making process.

Not one of the three independent variables: (1) student requests counseling, (2) parent perceives her child's behavior as burdensome, or (3) teacher perceives her student's behavior as burdensome was found to have a significant effect on either of the two dependent variables: (1) the school psychologist decision as to whether or not to recommend counseling, and (2) the decision as to whether or not recommend counseling as a related service.
Conclusion

The purpose of this section is to discuss the hypotheses made in the first chapter and the results found in the fourth chapter.

Although this is the first time that these questions have been asked in research in this specific manner, the results do not corroborate the findings of other studies reported in the literature. For example, Gencavage and Norcross (1990) found that counselors and psychotherapists recognize that the opinions and attitudes about counseling, in regards to the people that they serve, affect both the utilization and successfulness of their services. Previous research also indicates that psychological treatment was found to be more effective when youngsters were involved in the planning and decision-making process (Melton, 1981).

The student's request for counseling in the case study did not have an effect on whether or not the school psychologist recommended that the student have counseling. Since this is a survey situation, psychologists may not have been focusing on the student's requests during their decision making process. The student's request may not have had as much impact on the school psychologist because the school psychologist was reading the request in a survey. They were not in an IEP meeting, hearing a person ask for help. In an IEP situation the request for counseling may have been more obvious.

This study failed to support the hypothesis that school psychologists would be significantly more likely to report that counseling would be an appropriate related service for the classified student when parental burden has been expressed as opposed to the control situation. Logan and King's (2001) review of the literature reported that it is the adult who usually is the source of the suggestion of counseling for children. When
parents are well motivated to seek help for their youngsters, their children receive care. However, Angold et. al. (1998) had found that the strong relationship between perceived parental burden and referral for specialty mental health services did not hold in the school services setting. School personnel were not seen as overly influenced by parental perception of burden. The authors went on to assert that if they had measured teacher perception of burden their paradigm of ‘adult burden as a motivator to obtain services for children’ might have proved to be more highly related to school mental health service use.

There is a possibility that school counselors would be reluctant to include counseling in the IEP, which is a legal document, but that they may actually provide counseling to the student in need. Under this set of circumstances the counselor could provide counseling but would not be legally required to provide counseling on a weekly basis. Counseling could be provided based on the counselor’s availability.

School personnel were not seen as overly influenced by parental perception of burden. In the present study, parental burden was used as a variable because Angold et.al.’s study did not differentiate as to where the services were provided. They included walk-in visits to the guidance counselor, the school psychologist and to the youth services facilities. It was felt that since parents are part of the IEP team, they would have an impact on the psychologist’s decision. The results of this study did not support the hypothesis that parental burden would have an effect on psychologists’ decision making
process and reinforced the theory that the strong relationship between perceived parental burden and referral for mental health services does not hold in the school services setting. Nor, did it have an impact on the psychologist's decision to recommend counseling in general.

There are some reasons why parental burden did not have an effect on the psychologists' decision-making process. First, many parents simply do not know that they have the right to ask for counseling. Also, school psychologists are not always willing to offer outside counseling as a related service, even if they are informed about the parent's burden. While outside counseling may be beneficial, it is usually not recommended because of the cost factor to the district. Directors of Special Services do not endorse the recommendation of outside counseling due to monetary reasons that the district will incur. This could have reduced the respondents desire to recommend counseling on all three variables.

Wu, Hoven, Bird, Moore, Cohen, Alegria, Dulcan, Goodman, McCue-Horwitz, Lichtman, Narrow, Rae, Regier, & Roper, (1999) found that teacher's perceptions of child service needs were strongly associated with the use of both school and non-school mental health services. Angold et.al.'s study stated parental burden was not a factor in children receiving mental health services in a school setting. But, they did assert that if they had measured teacher's perception of burden, their paradigm of 'adult burden as a motivator to obtain services for children' might have proved to be more highly related to school mental health service use. The results of the present study indicated that this was
not the case. This study failed to support the hypothesis that school psychologists were significantly more likely to report that counseling would benefit the classified student when teacher burden has been expressed. These results are not consistent with the previous research. It seems as though in a survey situation, psychologists are not focusing on the teacher’s well-being during their decision making process.

A supplementary analysis was also performed to examine the relationship between the two dependent variables, counseling as beneficial and counseling as a related service, over the four case studies. School psychologists tended to judge differently the benefit of counseling and the benefit of counseling as a related service. This suggests that even when school psychologists believe that counseling would be beneficial to the student, they do not see it as an appropriate related service within the school system. They seem to be focusing on the excerpt from state law that stated that the student should receive counseling as a related service only if will benefit the student from an educational standpoint.

Suggestions For Future Research

The results of the study raise issues for future research in related areas and provide implications for the practice of school psychologists providing counseling as a related service.

In the present case study, the student requested counseling from the school psychologist during the test process. A student becomes part of the IEP team and participates when they become 14 years old. The person in the survey did not request counseling at the IEP meeting. The results of this study bring up the question as to whether or not the student’s beliefs and preferences are taken into account in the IEP
decision-making process. Students are required by law to be included in the IEP meeting when they are sufficiently competent to participate. Their involvement in the planning and decision-making of the IEP is meant to increase the likelihood of constructing a program that they would be motivated to carry out. It would be interesting to determine whether or not the request for counseling by a student at an IEP meeting would have an effect on the results. This would call into question the part that the student plays in forging his or her own Individual Education Plan and whether or not decisions made at IEP meetings are based on the events and discussion that take place during the meeting.

While this study provided baseline data for the independent variables, one of the avenues for future research would be to change the case study to make the variables in question a more prominent part of the case description. Perhaps, if the study is replicated in the future, the variables of burden and request for counseling can be more strongly expressed in the survey. In doing so the chances of the participants taking into account the three variables will increase and may have more of an impact on the school psychologists decision making process.

A written case is difficult to communicate the poignancy of a student requesting counseling compared to when it is requested in person. Also, it may be more difficult to convey the emotion felt by a parent or teacher burdened with coping with a child with an emotional problem in a case study. Being at an IEP meeting and having a student, a parent, or teacher emphatically request counseling could be a more powerful situation. Results, under those circumstances, could more likely to influence a school psychologists decision making process. Therefore using a field examination can improve the methodology in trying to determine the school psychologist's decision-making process.
Using a document review of students records from IEP meetings could also be an improved way of determining what types of recommendation are actually made regarding counseling.

The study attempted to shed light on the vague and non-specific nature of the guidelines for students who receive counseling as a related service. Of the school psychologists surveyed, 51.2% spend less than 10% of their time during the school day providing counseling (See Descriptive Statistics on page 64). They spend most of their time testing and attending IEP meetings. Their opinions as to who should receive counseling and who should not may be affected by the possibility that they are the ones who would provide the service. Counseling is not their primary role, and may not be their top priority, given the mandate to complete Child Study Team duties.

Having standard criteria for determining who should receive counseling could help students who are in need of counseling receive it as a related service services. For instance, if a child displays self-mutilating behavior they would have counseling as a related service written in to their IEP. This would eliminate extraneous variables (e.g. available time the school psychologist has for counseling, cost factor for the district) that contribute to a potential counselee not receiving necessary counseling. Since school psychologists do not use a DSM-IV diagnosis, counseling written in to the IEP could be based on the symptoms of the student. Developing standard criteria for recommending counseling as a related service could be an avenue for future research.

Certainly, there are school psychologists who are gifted counselors who do or would like to spend most or all of their time counseling. Having school personnel, whose primary responsibility was to carry out counseling, would be beneficial. It would take the
burden off beleaguered school psychologists who may not have the time to do counseling as well accomplish all of their other CST responsibilities.


Health Affairs, 14, 147-159.


*Professional School Counseling, 3*,4, 277-286.


Offer, E. Ostrov, & K.I. Howard (Eds.), Patterns of adolescent self-image: New directions for mental health services (pp. 73-81). San Francisco: Jossey Bass.


Summary Sheet-Major Research Findings on Child and Adolescent Mental Health.


New York: John Wiley.
Appendix 1

Letter Of Solicitation
Letter Of Solicitation

Dear Colleague:

I am asking for your help in an attempt to increase the body of knowledge of school psychologists' decision to recommend counseling. You will be receiving a survey in the mail in the next few days regarding this topic. Your time and willingness to consider participating in this research is greatly appreciated.

Researcher's Affiliation
I am a third year student in the Counseling Psychology Doctoral Program at Seton Hall University.

Purpose
The aim of this research is to improve the understanding of how situational variables affect school psychologists’ decision to recommend counseling.

Procedures
Should you agree to participate in the study, you will be asked to read the definition of counseling as a related resource from the New Jersey Administrative Code 6A 14. You will then be asked to read a case study of hypothetical classified student. You will then be asked to respond to two Likert-type questions about their decision to recommend counseling for the student in the case study. You are then asked to complete a demographic form. Upon completion of the two Likert-type questions and the demographic form, the participant is asked to return the information in a self-addressed stamped envelope. It should take no more than ten minutes.

Voluntary Participation
Participation in this study is completely voluntary. Should you feel undue stress during the completion of any of the interview you may discontinue at any time without any form of penalty. After you complete the interview, should you experience any grief, stress, or distress, you are encouraged to contact a friend or other mental health professionals for assistance.
Anonymity Preservation
All identifiable information will be recorded by giving each research participant an arbitrary number in order to identify raw data and attain confidentiality.

Confidentiality Maintenance
The raw data will be kept in a locked drawer, to which, only the research investigator and Dr. Pamela Foley will have access. After three years, all identifiable data will be destroyed. Those people having access to the raw data will be: primary researcher, as well as Dr. Pamela Foley, Supervisor of the Study.

Informed Consent
Consent to participate is indicated by returning the case study questions to the researcher.

Seton Hall University Institutional Review Board
This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Subjects Research. The IRB believes that the research procedures adequately safeguard the subject’s privacy, welfare, civil liberties, and rights. The Chairperson of the IRB may be reached at (973) 275-2974.

Brian Burgess, M.A.
3rd Year Ph.D. Student
Counseling Psychology Program
Seton Hall University

Pamela Foley, Ph.D.
Assistant Professor
Counseling Psychology Program
Seton Hall University
Appendix B

Case Study
CASE STUDY

(Information in parentheses will be included only if it is the variable under investigation.)

New Jersey Administrative Code 6A 14 states that “Related services including, but not limited to, counseling, occupational therapy, physical therapy and speech-language services shall be provided to a student with a disability when required for the student to benefit from the educational program.”

The subject of this study is an 11-year-old Caucasian boy of middle socio-economic background named Daniel, of average height and weight. He is currently in grade five.

Referral Information: This is a triennial evaluation of a student in a self-contained class for students with learning disabilities.

Background: The following information was obtained through an interview with the child’s mother. Daniel lives with his mother in this single parent household. His father, a part owner in a medium sized retail business, currently lives out of state, reportedly provides sufficient financial support, and has sporadic contact with his child. Daniel’s parents are divorced.

Developmental information was not available at the time of the evaluation.

Daniel’s health is described as good.

Daniel has been classified as having a learning disability since kindergarten. Mother reports that there are times when Daniel does not want to go to school. Daniel’s mother did not comment about his behavior at school.
Behavior at Home: Daniel is rude and impatient at home. He has problems getting along with the other children in the neighborhood. Mother feels that Daniel is manipulative. (Mother told of feeling very burdened, and stressed by having to deal with Daniel. She was worrying about him and losing confidence in herself as a parent.)

Psychological Evaluation:

Daniel was able to initiate conversation and engage in gaze interaction. He was cooperative and completed all test items. He was given the WISC III. His Full Scale IQ of 92 fell within the Average Range. The IQ score that Daniel obtained on this test was in keeping with previous test results. There was no significant difference between the Verbal and Performance IQ scores. There was no significant scatter between subtests. His vocabulary and comprehension were Average. On the Perceptual Organization Index, the Freedom From Distractibility Index, and the Processing Speed Index, Daniel scored within the Average Range. Daniel has some processing problems. It takes him longer to finish his work than it does other children.

Personality Testing: Daniel was cooperative and easy to work with throughout the sessions. He made good eye contact, and was polite and respectful. Daniel seemed to enjoy the individual attention, and was eager to return for further testing. He also seemed rather shy and apprehensive. Daniel smiled shyly and at times and seemed self-conscious. He often made facial gestures to show that he was making an effort to answer and do what was asked, sometimes in a forced and contrived way. Daniel also made minor body movements, such as twisting fingers or fidgeting that suggested some inner tension and anxiety, although he did seem to loosen up more as the sessions progressed, and became more relaxed and natural.
Daniel was similarly eager to please and cooperative on more open-ended questions, but less sure of himself and unable to generate much variety or range of ideas. His responses were always brief and straightforward, and at times, he could not think of any appropriate response even when given extra time and encouragement. When asked to say three things that he did not like, Daniel said that he could not think of anything. In regard to school, Daniel said that he liked it a lot, enjoyed sports such as soccer and liked the classes. Daniel reported not liking math but wished to “own” a school, reflecting evidently a positive identification with school.

The lack of imagination and productivity reflected in response to open-ended questions was also seen on the Human Figure Drawing, which revealed limited intellectual maturity and also a rather flat quality. Figures were very rudimentary for age level, lacking the characteristics expected such as hair, and ears and also hands and feet, which were only sketchily outlined.

An earlier Social Case History mentioned difficulties in social interaction with others in class. Daniel tends to be a follower and may alienate classmates who are usually friends in an attempt to gain favor and acceptance with others. (At the end of the test session, Daniel asked this examiner if he could come to see me for counseling.)
Educational Evaluation:

Achievement Tests:

On the Woodcock Reading Mastery Test, Daniel was found to be functioning more than three years below grade level. On the Key Math Test, Daniel performed exactly three years below grade level. There continues to be a significant discrepancy between his ability and achievement test scores.

Learning Style: Daniel does well with oral material and written assignments. He has trouble with test taking.

Teacher Comments: Classroom behavior is inconsistent. He is very manipulative. Daniel needs constant help. He gives up easily and is easily frustrated. Daniel is very helpful toward peers one moment and the next he is rude and impatient. Daniel does not participate in group-activities appropriately. (Teacher told of feeling very burdened, and stressed by having to deal with Daniel. It was taking up too much of her time and she was exhausted.)

Behavioral Observations: Classroom observation by the school psychologist indicates adequate participation and attention. Daniel worked independently when necessary and volunteered answers during group discussion, sometimes offering spontaneous thoughts that appeared to be his own.
Appendix C

GENERAL INFORMATION REGARDING PARTICIPANTS
GENERAL INFORMATION REGARDING PARTICIPANTS

Please return this sheet and the next one in the self-addressed stamped envelope.

This investigation concerns school psychologists who are: (1) presently employed in a public school, (2) routinely responsible for interpreting test data, (3) routinely responsible for making recommendations on the classification as well as programming of children being considered for special education. Please do not continue if you do not meet the criteria.

Be assured that your responses will be held in the strictest of confidence.

1. What are the total years of experience that you have as a school psychologist:
   1-7_______, 8-14_______, 15-22_______, 23-30_______, 31+_______

2. Highest Degree: Masters Degree___________ Professional Diploma___________
   Doctorate___________

3. Sex: Male___________ Female___________

4. Age level of the students that you work with (check all that apply):
   Pre-school_______, Elementary_______, Middle School_______, High School_______

5. Racial/Ethnic Background:___________________________

6. Type of community in which you work:
   Urban___________, Rural___________, Suburban___________

7. The percentage of your time spent in counseling: Less than 10%___________, 11% to 25%___________, 26% to 50%___________, More than 51%___________.
To receive a copy of the results of this study, print your e-mail address here

1. To what degree do you think that psychological counseling would be beneficial to this student?
   Not at all  
   1  2  3  4  5  6  7  8  9  10  
   Very much so

2. To what degree would you think that psychological counseling would be an appropriate related service?
   Not at all  
   1  2  3  4  5  6  7  8  9  10  
   Very much so