ATTITUDES OF SCHOOL PSYCHOLOGICAL SERVICES PERSONNEL TOWARDS
ASPECTS OF SCHOOL-BASED CONSULTATION

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The Author hereby declares that this whole dissertation, unless
specifically indicated to the contrary, is his own original work.

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Abstract

This exploratory study was designed to elicit the attitudes and opinions of all school psychologists and social workers of the Natal Education Department towards aspects of the newly-introduced N.E.D.school-based guidance team consultation model of indirect service delivery. Taken into account was the fact that almost one half of all psychologists would be terminating service with the Department soon after the survey was conducted. The study was motivated by the researcher's perception that the introduction of the model to Natal schools had not been uniformly successful. The need existed to identify and clarify issues related to the model and to its implementation, with a view to compiling appropriate recommendations for departmental consideration.

A 5 point fifty-six item Likert-type attitude questionnaire was constructed by the writer. Each item was intended to measure a discrete area of concern. In addition two groups of items were used to provide indexes of response towards the "acceptability" and the "perceived effectiveness" of the model. Questionnaires were completed anonymously (November 1991). A 90% return rate was obtained. Data was processed by utilizing the SPSS. Apart from demographic information, responses to all individual items as well as to both indexes were analysed across independent variables, including N.E.D. tenure; discipline, gender; language; age.

A significant difference in response (alpha = 0,024) between those psychologists who would be remaining in the service of the Department, and those who would not, was observed on the index of "acceptability" of the new model. The former group of

psychologists indicated "acceptance" to a higher degree than that indicated by the latter group. On the "perceived effectiveness" index no significant difference in response was evident. Both groups agreed that the model was effective in practice. Chi-square analysis and descriptive statistical analysis of each individual item and of the two groups of items provided information which facilitated the identification of both positive and problematic areas related to the model and its implementation. Appropriate suggestions and implications for further research were discussed.

Preamble

Significant reductions of staff-complement within the Natal
Education Department at the end of 1991 necessitated a re-
structuring of the school Psychological Services Division, with
effect from January 1992. It then became necessary to re-define
the responsibilities of Psychological Services personnel -
particularly of psychologists and of social workers - in terms of
a shift from the traditional direct service delivery model to a
consultative indirect service delivery model. Essential
features of this new model include collaborative problem solving;
a greater focus on the needs of schools rather than on individual
pupil assessments; and the fact that direct specialist
intervention should (except in the case of crisis intervention)
become a last resort, rather than a first resort.

More specifically the model requires that in those instances
where teachers have themselves been unable to resolve scholastic
and behavioural problems, that they then liaise with colleagues
and parents, and consult with itinerant specialists in the search
for effective intervention strategies. Should their efforts be
unsuccessful, problem cases would then be referred to the
relevant school's Guidance Team - a team which would comprise a
number of school personnel, as well as, where necessary and
possible, itinerant Psychological Services personnel. Only after
the guidance team concerned has been unable to generate effective
solutions would referral for direct assessment/intervention be
made to the specialist concerned. At all stages of the
procedure, action taken and outcome would be carefully
documented.

CHAPTER 1

1   INTRODUCTION

> All is not well in school psychology. Despite
> decades of eloquent writing and hard-nosed
> thinking, many (perhaps most) school psychologists
> view the profession as having achieved but a
> shadow of its potential. Visions of what school
> psychology should be and could be are not
> congruent with the reality of what school
> psychology has come to be. Feelings of
> frustration are almost palpable among academicians
> and practitioners alike. Significant change is
> needed. (Gutkin & Conoley, 1990, p.203)

School psychological services personnel in the English-speaking

world have traditionally relied almost exclusively on the psycho-

medical (psycho-educational) model of direct service delivery to

each pupil. It has become increasingly clear that this model

contains inherent weaknesses. In response to this realization, a

growing shift towards a consultative model of indirect service

delivery has become evident in the United States during the last

decade in particular. The basic tenet of this alternative

approach is that the care-givers of any given pupil should be

those to whom specialist attention should primarily be directed.

1.1   Overview: the need for an alternative mode of service
      delivery

In 1986, Madeleine Will (Assistant Secretary of the Office of

Special Education in the USA) conceded that serious shortcomings

in the provision of educational and psychological services existed. For example, classroom teachers experienced enormous difficulty in trying to accommodate mildly handicapped pupils who were being returned from special education to regular education (Carter, 1989); and the "pull-out" system of remedial teaching was found to be disruptive to class routine. Furthermore teachers tended to feel absolved of responsibility for low-performing pupils. (Jenkins & Heinen, 1989).

In view of problems such as these, and building on the work of educators such as Wang, Will (1986) initiated what has come to be called the Regular (or General) Education Initiative.

In response to this initiative and in response to "unresolved dilemmas" such as the prevalence of learning disabilities, confusion over the learning disability diagnostic construct, and questions over the quality and usefulness of current assessment practices, the National Association of School Psychologists issued a statement of its official views. In essence this statement emphasized the need for an alternative mode of psychological service delivery - one which would place less emphasis on classification of pupils, and separation between regular and special education, and more emphasis on the design, implementation and evaluation of classroom interventions (Reschly, 1988). This shift would have profound implications for the practice of school psychology in the United States.

From a different perspective Gillham (1978, p.11) noted that British educational psychologists had become "grossly dissatisfied" with the traditional normative and psychometrically-oriented model of direct service delivery which dominated their working lives ... and they had become increasingly intolerant of the burden of traditional

expectations. The adoption of new approaches of service delivery was seen to be imperative.

In South Africa, a country characterized by extreme socio-economic dualism, and faced with "dramatic political changes and mental health problems approaching crisis dimensions" it is clear more appropriate models of psychological intervention must be developed and utilized (Kriegler, 1988, p.84). Donald's (1984) analysis of key issues in the development of applied educational psychology in the South African context is of particular relevance in this regard.

1.2 Problems associated with the traditional mode of service delivery

1.2.1 Dominance of the psycho-medical model

Operating from within the traditional psycho-medical model, school psychologists have for several decades concentrated their efforts primarily on the assessment, diagnosis and treatment of the assumed internal pathologies and deficits of children (Fairchild, 1982; Gutkin & Curtis, 1990); as though the child alone was figure, and all else was ground (Sarason, 1981). Thus, on referral of a pupil for any reason, e.g. presentation of a scholastic or behavioural problem, the fundamental assumption has been that the problem "resides" within the pupil, and that instructional and management strategies used in the school or classroom are relatively unimportant (Rosenfield, 1987). But Gelzheiser (1987) has pointed out the circularity of this argument. When information is gathered only about a child, the cause of school failure can then be ascribed only to the child; and it becomes logical to identify the child as being disabled or defective in some way. As Brownell (1978) noted, reliance on the

psycho-medical model can actually prevent the identification of other salient factors.

Other problems related to the psycho-medical model include the following:

It is expensive and time-consuming (PASA, 1989); and frequently ineffective (Reschly, 1988).

It allows teachers to attribute most instances of school failure to the inadequacies of pupils (Gelzheiser, 1987).

It contributes little to the pressing health needs of pupils and of society in general (Reschly, 1988); and it is a particularly inappropriate model in relation to the immense needs for psychological intervention in the South African context (Donald, 1984, 1991; Kriegler, 1988).

PASA (1989) noted the irony of the fact that medical diagnostic approaches actually contribute to disproving the validity of the psycho-medical model.

In essence then, the predominant use of the traditional model is no longer "practical, realistic or defensible" as Brownell (1979; p.33) noted some time ago.

1.2.2 <u>Technical inadequacy of traditional assessment instruments</u>

Reschly (1988) stated that the technical adequacy of psychometry-based instruments used routinely by school psychologists left a great deal to be desired. For example, he contended that the WRAT-R and the Bender are technically adequate only for extremely

limited purposes, and that neither of these two instruments, nor the WISC-R have any significant treatment validity.

Galagan (1985) contended that assessment procedures generally used in school psychology are heavily dependent on the use of intelligence, achievement and projective measures which are: "unreliable and unvalidated ... culturally and socially biased ... of little or no use in the formulation of instructional programmes ... fatally plagued by legal infirmities" (p.288).

Gerber and Semmel (1984) maintained that psychometry-based identification procedures for pupils thought to be learning disabled, mildly mentally retarded or emotionally disturbed were largely irrelevant to programme development; and Arter and Jenkins (1979) refuted the efficacy of the differential-diagnosis prescriptive teaching approach.

1.2.3 Inappropriate focus of attention

According to Gutkin and Curtis (1990) little attention in the past has been paid to the environments in which children function, and to those adults who control these environments, namely teachers and parents. But as these authors observe, it makes little sense to "cure" the (hypothesized) intrapersonal and intrapsychic problems of children, only to return them to the environments which possibly precipitated or maintained the manifestation of their problems in the first place. In recognition of this argument, Conoley and Gutkin (1986) argued that school psychologists should devote considerably more time and energy to working with those significant adults who populate the child's world. The traditional approach does not allow for this orientation to any marked extent.

1.2.4 The "numbers" problem

Albee (1965) contended that on the basis of both logistical and practical considerations, heavy reliance on the psycho-medical model had lead to a serious shortage of trained mental health personnel.

Over twenty years later, Conoley and Gutkin (1986) observed:

> ... the needs of our nation's children have reached staggering proportions ... there are not nearly enough psychologists to meet the need if treatment is to be delivered only via direct contact between the psychologist and children (p.581).

The same views have been expressed about the position in South Africa, with particular (but not exclusive) reference to the third world sector of our population (Donald & Hlongwane, 1989; Kriegler, 1988; PASA, 1989).

It is clear that a great need exists for an alternative form of service delivery. In this respect and in this country, the Natal Education Department has taken the lead in the development of a radically new approach to the provision of psychological, social work and paramedical (occupational and speech therapy) services to schools in this province. In keeping with important developments in the United States, the N.E.D. approach is based on the principles of indirect service delivery consultation.

1.3   The position in the Natal Education Department

The N.E.D. guidance team consultation model (henceforth referred to as the N.E.D. model) was introduced to psychological services personnel, and subsequently to all primary schools in the province, during 1990 and the first half of 1991. However by mid-1991 it had become clear that the introduction of the model had not been uniformly successful. In the opinion of the researcher, a variety of problems were being encountered. Following preliminary investigation, it became evident that a need existed to elicit the views of school psychologists and of social workers towards aspects of the new model, and its implementation. Under the circumstances it was considered that determination of the attitudes, opinions, beliefs and values of this population could be of definite value and interest to the N.E.D. and to the researcher. However, a complicating factor was that one half (49%) of the complement of school psychologists were to leave the N.E.D. at the end of 1991., a consideration which could quite conceivably have affected attitudes regarding the N.E.D. model and its implementation.

The new model became the modus operandi with effect from January 1991.

1.4   The research problem

In general terms the purpose of the study was to establish the attitudes of N.E.D school psychologists and social workers towards aspects of the N.E.D guidance team consultation model, and to the implementation of this model to schools in the province. Taken into account would be the fact that approximately one half of the complement of school psychologists would shortly be terminating service with the N.E.D.

More specifically it was intended to determine the levels of "acceptability" and "perceived effectiveness" of the N.E.D. model to all respondents, but in particular to those psychologists who would remain in service with the department. Their responses would be compared with those responses of psychologists who would be leaving the department.

The views of the target population would also be elicited on matters relating to previously identified specific areas of interest, notably:
- issues in collaborative consultation
- skills and knowledge required by consultants
- teacher expertise
- functioning of guidance teams
- pertinent ethical issues.

In addition information would be sought on attitudes of respondents towards the traditional psycho-medical model; the possible loss of job satisfaction to psychologists in switching from direct to indirect service delivery; and the problems of translating psychometrically-based assessment findings into appropriate teaching recommendations.

The measuring instrument to be employed was a self-constructed five point Likert-type scale with response options ranging from Strongly agree to Strongly disagree. The questionnaire was to be submitted to the target population in November 1991, and data subsequently processed and reduced utilising the SPSS programme.

Responses were analysed over a range of independent variables, the most important being whether or not the respondent would remain with the department or not; discipline (psychologist or

social worker); and gender. Areas of significant difference in response over the variables concerned would then be identified.

1.5 Summary

This chapter has focused on the clearly articulated need for an alternative to the traditional psycho-medical direct service delivery model. School-based indirect service delivery consultation has been identified as a viable alternative. The Natal Education Department has developed a guidance team consultation model which has been introduced to all Natal (primary) schools. Early indications were that its introduction had not been uniformly successful: important issues needed to be identified and clarified, particularly bearing impending staff complement reductions in mind. This research project was designed accordingly.

The following chapter will discuss the topic of consultation in a broader context.

CHAPTER 2

2 CONSULTATION IN BROAD PERSPECTIVE

2.1 Consultation

2.1.1 Definition and core elements of consultation

Despite widespread and substantive interest in consultation, no single definition of this term commands universal support (Gutkin & Curtis, 1990).

Part of the problem, according to Gutkin and Curtis (ibid.), is that the term "consultation" is used in so many contexts and in reference to so many different types of service relationship, that it has become almost devoid of meaning. Furthermore, as Philips and McCullough (1990) point out, the (Webster) dictionary definition of "consultation" adds to the confusion, as it contains two mutually exclusive elements, namely "to deliberate together" and "to ask the advice or opinion of another".

Nevertheless, according to Gutkin and Curtis (1990), Medway's (1979) definition has received wide support. This definition is as follows:

> Consultation is the process of collaborative problem-solving between a mental health specialist (the consultant) and one or more persons (the consultees) who are responsible for providing some form of psychological assistance to another (the client). (Medway 1979, p.276)

More specifically, and citing Caplan (1970), Brownell (1978) stressed that consultation is essentially a "process of interaction within the school setting between professional persons (school psychologists and school personnel) as opposed to a process where the first order client (the pupil) is interviewed by the psychologist at school or in a clinic." (p.34)

Despite the variety of approaches to consultation, there are a number of core elements which are common to virtually all models. According to Gutkin and Curtis (1990) these core elements include the following:

- indirect service delivery
- focus of consultation on the psychological and educational needs of children
- dual goals of consultation: remedial and preventive
- aspects of the consultant/consultee relationship including
    the voluntary nature of consultation
    co-ordinate power status
    genuine involvement by the consultee in problem-solving
    consultant and consultee responsibilities during consultation.

2.1.2 Historical emergence of consultation

Meyers, Parsons and Martin (1979) trace the origins of consultation in the USA to the early 20th century, when rapid urban growth, immigration and the growing demand for universal education greatly increased difficulties faced by schools. In response to these social forces, psychologists and social workers developed a strong consultation role with teachers (Meyers ibid.).

However, it was not until the pioneering work by Caplan in the 1960s that consultation began to emerge as an important mode of service delivery, particularly as more traditional forms of service delivery came under serious attack from both within and without the education community during the 1970s (Fairchild, 1982; Reschly, 1988). As Brownell (1978) noted, "psychologists were suddenly overtaken by events within the schools where the focus had shifted rather rapidly from diagnosis to remediation, and where school personnel began to call increasingly upon psychologists to justify their existence in schools." (p.7)

The various notions of consultation which evolved in response to these forces, are of interest.

To Hyman (1967), the essence of the consultation approach lay in the concept of indirect service delivery: "with few exceptions, the children are never seen directly by the psychologist" (p.1). But several years later, the term "consultation" was used so loosely that it included reference to formal assessment and diagnosis as well as to in-service teacher training (Gallessich, 1973); and even to direct service delivery to the child (Meyers, 1973). Whilst Caplan (1970) regarded consultation as a co-ordination process, Martin (1977) emphasized the power dynamics within the relationship. In more general terms Meyers, Parsons and Martin (1978) observed that consultation was perceived to be a technique, a professional role, and also a system of service delivery.

Reschly (1976) attributed this apparent confusion to the fact that various consultation models have different points of origin - many of which lie outside the profession of school psychology. However, Curtis and Zins (1981) stressed that the lack of

agreement in defining consultation should not be over-emphasized: they considered that ambiguity and confusion have stemmed from the non-specific use of the term - a situation which could easily be avoided.

2.1.3 The theoretical base of consultation

Consultation practices have expanded far beyond their theoretical and empirical foundations (Gallessich, 1985; Lilly, 1987). Furthermore, there appears to be no clear link between each theory-based model and its attempted field-based application (Idol & West, 1987). According to Meyers, Parsons, and Martin (1979) consultation theory could be located within Kuhn's "pre-paradigm" stage - that stage of scientific development in which numerous approaches or perspectives exist, each of which focus on a different aspect of the problem, with no one perspective encompassing more than another.

Against this background, Gallessich (1985) contended that an attempt should be made to unite and to integrate existing concepts and practices through the construction of meta-theory. Higher-order conceptualisation could illuminate similarities that have been overlooked as a result of "years of vigorous efforts to discover unique features of particular approaches" (p. 345). Furthermore the key features of approaches which differ in fundamental respects, should be identified and clarified. Examples of broad questions that meta-theory construction could address would include (a) the universal characteristics of consultation, (b) the parameters which are common to all consultation processes, and (c) the fundamental variants of consultation.

Gallessich (1985) considered that postulates derived from meta-theory construction could help in the formulation of specific research questions - essentially needed to overcome the "rudimentary level of our understanding of consultation" (p.347).

2.1.4 Research on the effectiveness of consultation

Reynolds, Gutkin, Elliott, and Witt (1984) noted that many studies attest to the efficacy of school based consultation. Typical findings include the following.

Teachers who worked with effective consultants demonstrated marked improvements in their perception and understanding of children's problems (Curtis & Watson, 1980); teachers believed that their professional skills improved after they had been exposed to consultation services (Gutkin, 1980); a range of behavioural problems could be prevented by consultation with class teachers and with parents (Idol, Paolucci-Whitcomb and Nevin, 1986). Well designed consultation programmes can significantly reduce the number of subsequent referrals for special/remedial education placement (Graden, Casey & Bonstrom, 1985; Ritter, 1978).

Comprehensive literature reviews by Mannino and Shore (1975), Medway (1979), Sibley (1986) and a meta-analysis by Medway and Updyke (1985) concluded that school-based consultation services are effective. For example, Mannino and Shore (ibid.) reported that of the 35 studies reviewed by them, 25 studies indicated that a positive change had been demonstrated on the consultee, the client, the systems level, or in some combination of these.

Furthermore, after reviewing 43 published and 20 unpublished investigations, Sibley (1986) concluded:

a) that consultation is an effective intervention for professionals to use and schools, and

b) that consultative interventions are capable of producing substantial and positive changes in behaviour, achievement and attitude.

The fact that unpublished studies were included in Sibley's review is of interest, as according to West and Idol (1987), this category of data represents a substantial portion of all consultation research. Inclusion of non-published studies appears to be laudable, as according to Medway (1982) only studies which demonstrate positive effects are likely to be published.

Nevertheless, reservations about the quality of consultation research in general have been expressed by authors such as Medway (1982), Reynolds, Gutkin, Elliott and Witt (1984) and Pryzwansky (1986).

Specific examples include the following: too few attempts have been made to provide clear descriptions of procedures used in order to allow replication studies (Reynolds et al. 1984); many researchers have relied on self-report and indirect assessment measures to assess the outcome of consultation, rather than on measures of directly observable behaviour (Meyers, Pitt, Gaughan & Friedman, 1978).

Gutkin and Curtis (1990) noted that univariate rather than multivariate and multi-level research methods are generally used; that attention is often focused on narrow client behaviours rather than on the total ecology of problem situations; and that few studies conduct long-term follow-up of behavioural changes of consultees and of clients.

Pryzwansky (1986) and Meyers, Parsons and Martin (1979) have suggested ways in which at least some of the inadequacies of past research can be overcome or avoided.

However, despite known flaws in many research designs, Reynolds et al. (1984) concluded that it would be unreasonable to ignore the growing body of research which supports consultation.

2.2 Consultation in multidisciplinary teams

In the United States, the Education for All Handicapped Children Act of 1975 (Public Law 92 - 142) requires that identification, evaluation and placement procedures must be made by multi-disciplinary teams (Pfeiffer, 1982). Team decision-making has thus become the modus operandi within special education (Ysseldyke, Algozzine & Mitchell, 1982) and the "site and process" by which individual educational plans for all handicapped pupils are developed (Bailey, 1984).

The reasons for the choice of the multidisciplinary team (MDT) model as a means of fulfilling these roles were not specifically stated by the architects of the Act. However, it has been surmised that the rationale for the extensive use of MDTs was to provide safeguards against individual errors of judgement, whilst recognizing that only a group of specialists from different professions could effectively deal with the increasingly complex range of problems which face educators (Pfeiffer, 1982; Yoshida, 1983). Yoshida (1983) noted that although some states were using MDTs prior to 1975, no research was at that time available on how effectively these teams operated in schools. In fact Yoshida (ibid.), citing Ballard-Campbell and Semmel (1981), stated that educational policy and legislation were in fact based on

influences such as litigation, the opinions of educators and parents, and state-level administrative practice rather than on empirical evidence on the effectiveness of MDTs.

With this background in mind, the question of the effectiveness of MDTs arises. According to Yoshida (1983) serious criticisms of this approach have been recorded: evidence for the continued use of MDTs is unfavourable, or at best, incomplete.

Before addressing these criticisms however, the potential benefits of MDTs will be mentioned. Pfeiffer (1981) and Reynolds, Gutkin, Elliott and Witt (1984) stated that these include; greater accuracy in assessment, classification and placement decisions; the provision of a forum for the sharing of different values and perspectives, and for generating individualized educational programmes; the opportunity of evaluating programmes and developing new programmes.

Other potential benefits of MDTs were documented even before the enactment of P.L. 94-142. For example, Winicki (1972) noted that formal case conferences facilitated the development by team-members of their own resources; and the Thayer Conference (Cutts, 1955) concluded that multi-disciplinary teams could be of value to psychologists, for instance, by preventing them from becoming involved in jurisdictional disputes.

Yet numerous criticisms have been levelled against the use of MDTs. According to Reynolds, Gutkin, Elliott and Witt (1984) Pfeiffer (1980; 1981) was the only researcher who had attempted to analyse empirical results of MDT proceedings and to categorize the various problems encountered by MDTs.

These categories were as follows:

- the frequent lack of a systematic approach in the collection
  and analysis of diagnostic information
- poor decision-making and poor planning processes
- insufficient interdisciplinary trust and collaboration
- minimal involvement of teachers and parents.

Apart from these problems, the consequences of utilisation of
MDTs should be noted. Curtis, Curtis and Graden (1988) estimated
that the average multidisciplinary psycho-educational assessment
process requires the expenditure of at least 30 hours of
personnel time. Thus little time would be available for team-
members to assist their colleagues in handling other pupil-
related problems.

Even more serious is the fact that MDT assessment and decision-
making processes appear to operate as a "rubber-stamp" to verify
original referral problems of teachers - for once a pupil has
been referred for MDT consideration, there is a high probability
that the pupil will be tested, and placed in special education
(Harrington & Gibson, 1986; Ysseldyke, Algozzine, Richey &
Graden, 1982). To illustrate, in one (United States) nation-wide
study, 92% of those pupils who had been referred were tested, and
of those tested 78% (i.e. about seven out of ten of the pupils
originally referred) were found to be cognitively handicapped,
and therefore eligible for special education (Ysseldyke,
Algozzine, Richey & Graden, 1982). These authors also found that
not only were decisions on eligibility for special education
frequently made prior to the official meeting of the team, but
also that test data were simply disregarded. As Carter and Sugai
(1989) and Galagan (1985) concluded, this situation was
indefensible.

Numerous recommendations have been made about ways to improve team processes (Bailey, 1984; Fenton, Yoshida, Maxwell, Kaufman, 1979; Ysseldyke, Algozzine & Mitchell, 1982). But Courtnage and Smith-Davis (1987) have argued that barriers to team effectiveness will remain, unless a definite commitment to training is made by teacher trainers - a matter greatly neglected in the past.

Given the fact that the current manner in which MDTs operate is at best, highly questionable, the point arises - do MDTs in fact have the potential to make better decisions than could be made by individuals alone? According to Pfeiffer (1982) and Yoshida (1983) research into this area is at a preliminary stage - only a few studies have focused on this issue; and the studies of major researchers Vatour and Rucher (1977) and Pfeiffer and Naglieri (1977) are flawed by methodological problems. Nevertheless Pfeiffer (1982) concluded that enough evidence exists to support the superiority of team placement decisions.

Yoshida (1983) posed the question "Are multidisciplinary teams worth the investment?" After careful analysis no unequivocal conclusion was reached - except that MDTs had seemingly not had a fair chance to realize their potential: what had consistently been under-estimated was the complexity of organisational change that was needed if MDTs were to function effectively.

2.3 Summary

Aspects of consultation have been reviewed. Despite lack of an adequate theory-base, evidence suggests that this mode of service delivery is viable. However, MDT consultation appears not to function effectively: problem areas include the manner in which teams operate, and organisational inertia.

CHAPTER 3

3 REVIEW OF RELEVANT LITERATURE

3.1 Acceptability of consultation to practitioners

In the view of trainers, practitioners and leaders in the field, consultation has been found to be one of the school psychologist's major professional functions (Gutkin & Curtis, 1990; Piersel & Gutkin, 1983; Pryzwansky, 1986; Reschly, 1988). In fact even before 1980, the Meacham and Peckham (1978) national survey of school psychologists in the United States had found consultation to be the most preferred activity by practitioners. In the United Kingdom too, Cameron and Stratford (1987) recognized that psychologists could best use scarce professional time by working as consultants.

Yet studies indicate that practising school psychologists spend a disproportionately small amount of time in actually providing consultation services (Piersel & Gutkin, 1983). In fact Fuchs and Fuchs (1986) noted that school psychologists spent as much as 70% of their time in traditional test-related activities; and Gutkin and Conoley (1990) found that consultation services were not being implemented to any significant extent. It would appear that little has changed since Fine and Tyler (1971, p.436) observed:

> Despite the apparent plethora of attention to
> consultation, many school psychologists seem
> unresponsive to the interpersonal dimensions of their
> functioning, preferring to operate out of a narrow,

insulated tester-reporter model, or substituting technological knowledge for human relations skills.

Possible reasons for this state of affairs are many and varied (Gutkin & Conoley, 1990; Rosenfield, 1987), but the trend towards consultation is nevertheless evident although not marked (Smith & Lyon, 1985). It is clear that the gap between actual and ideal functions of school psychologists remains a major problem (Gutkin & Hickman, 1988).

With regard to acceptability of consultation by teachers the Bossard and Gutkin (1983) study found no relationship (r=,19;p<0,05) between the attitudes of teachers towards consultation, and their actual use of consultation services.

Related to this finding, Ford and Migles (1979) concluded that teachers often preferred traditional psychometric-type service delivery to consultation, as the former service entails minimal intrusion on the teacher's territory. In addition, more rapid resolution of the problem was considered to be probable when the direct service approach was used.

3.2 Perceived effectiveness of consultation

School-based consultation is intended to enable school personnel to become better equipped to handle existing and subsequent problems more effectively (Davis & Sandoval, 1982), as they become proficient in the use of generic problem-solving strategies (Gutkin & Curtis, 1981).

Research indicates that teachers appear to feel that consultation in a team context can be very effective in the resolution of classroom problems in general (Rosenfield, 1987); learning

problems (Idol, 1988;); and behavioural problems. They also
consider that consultation by psychologists on an individual
basis to be effective (Gutkin, Singer & Brown, 1980; Idol, 1988;
Waters, 1973), as they believe that their professional skills
improve (Reynolds et al. , 1984), and they become better equipped
to handle future problems (Idol, 1988). Interestingly, the
Waters (1973) study indicated that school personnel clearly
preferred consulting activities to traditional psychometric
activities contrary to expectation of psychologists. As
mentioned previously, school psychologists perceive consultation
to be an effective mode of service delivery (Gutkin & Conoley,
1990; Meacham & Peckham, 1978) though judging by actual
implementation of consultation services, doubts may be expressed
in this regard.

3.3   Collaborative consultation

3.3.1   The collaborative consultation model

Many models of consultation have evolved during the last three
decades, for example Mental Health (Caplan, 1963; 1970),
Behavioral (Bergan, 1977), Process (Schein, 1969) and
Organisational Development (Schmuck, 1982). However the Natal
Education Department appears to have based its guidance team
consultation model on the essential characteristics of the
collaborative consultation model, which model has evidently
received significant attention in the United States during the
last two decades (Friend, 1988; Idol, Paolucci-Whitcomb & Nevin,
1985; Pryzwansky, 1977).

In name and by definition, the collaborative model emphasises the
co-ordinate or collaborative relationship between the consultant
and the consultee (Gutkin & Curtis, 1982). The collaborative

relationship is the essence of the model, the primary core characteristic.

Definitive formulae for collaborative consultation have proved elusive - partly because of the inconsistent use of the term "collaborative consultation", the lack of a definite theoretical foundation and the numerous conceptualisations of consultation as a process, technique and mode of service delivery. (Curtis, Curtis and Graden, 1988).

Raffaniello (1981) defined collaborative consultation in broad terms ... as a co-operative or co-ordinate relationship in which one professional assists another professional with a work-related problem.

By contrast, Idol, Paolucci-Whitcomb and Nevin (1986) defined collaborative consultation as an interactive process which enables teams of people with diverse areas of expertise, to generate solutions to mutually defined problems.

As is the case with other models of consultation, the collaborative approach has a dual set of goals, namely (a) to help the consultee cope with the immediate problem, and (b) to work towards increasing the skills and competence of consultees so that they can prevent, or deal with similar problems more effectively at some stage in the future.

Raffaniello (1981) maintained that the collaborative approach tends to emphasize the latter goal, and she cited work by Iscoe (1974) which stressed the need for a preventative orientation. In this regard Gutkin and Curtis (1982) noted that a steadily growing body of research supports the efficacy of the proactive role of consultation.

Research relating to the efficacy of consultation in general has been discussed, but there is little research evidence available at present which relates specifically to the collaborative model. (Raffaniello, 1981). However, Curtis and Zins (1981) take the view that the model of consultation employed is not as important as the fact that consultees should be dealt with in a "collaborative fashion". In this respect therefore, because of its positive emphasis on how to approach the consultee, and the fact the "collaborative ethic empowers professionals to assist each other in solving problems", the collaborative consultation model can be useful to consultants of all persuasions (Philips & McCullough, 1990, p.291).

3.3.2 Collaboration: issues and practice

As mentioned above, the collaborative or co-ordinate relationship is the essence of the collaborative approach; and consequently a non-hierarchical relationship is implied (Raffaniello, 1981). Reciprocal interactions are thus inherent in this approach (Curtis & Meyers, 1985).

But given the fact that consultants are in general expected to be more highly qualified than consultees - who typically are school-teachers - is a genuinely co-ordinate relationship in fact possible? If not, the rationale for the collaborative model would appear to be non-existent.

According to Idol, Paolucci-Whitcomb and Nevin (1986), collaborative consultation requires the "blending of skills" to create greater problem-solving power. This is essential. But it is this fundamental notion which Pugach and Johnson (1989) refute; for in their view, even if parity appears to exist

between the two participants, the consultee is nevertheless aware
that the problem could not have been solved without the input of
the consultant who guides the consultee to an appropriate
solution. These authors maintain that the consultant must always
"remember" to treat the consultee as an equal partner, and
"remember" that the consultee is capable of making a worthwhile
contribution to the consultation process. Carter (1989) supports
the views of Pugach and Johnson by noting that power is often
ascribed to a consultant even when no formal power relationship
exists (refer to Martin, 1978): consequently an hierarchical
relationship in fact develops.

Essentially therefore, Pugach and Johnson (1989) contend that the
collaborative model (as well as other models of consultation),
implies that consultees need to maintain their dependence on
specialists for the solution of problems. As a corollary to
this, problem ownership transfers from consultee to the
consultant, and the essence of collaboration is thus negated.

However, research by Tombari and Bergan (1978) and Curtis and
Watson (1980) failed to support the views of Pugach and Johnson.
These studies indicated that consultation resulted in teachers
becoming less dependent on specialists in their ability to deal
with current and future problems, and thus transfer of problem
ownership to the consultant did not occur.

Furthermore, Graden (1989) argued that being an effective and
helpful collaborator was more a function of personal skills than
the role which the consultant served. She maintained that in an
ideal situation collaboration should occur throughout the school
and across all roles, as any given situation demanded.

Nevertheless difficulties associated with "parity and equality" collaborative relationships should not be under-emphasized, for the notion of co-ordinate status is a reversal of traditional expectations and resistance by consultees should be anticipated (Piersel & Gutkin, 1983; Huefner, 1988). In fact Idol and West (1987) pointed out that resistance by teachers and administrators was one of the major barriers to consultation.

Rosenfield (1987) observed that the collaborative relationship appears to have a built-in contradiction, for the teacher calls in an expert who then becomes his or her collaborator in the development of solutions to problems. But school culture often discourages open help-seeking; and teachers may experience the psychological cost of seeking help. Gutkin and Reynolds (1990) cautioned therefore that collaborative problem solving should not be forced onto consultees.

Interestingly Stewart (1986) argued that if consultation were to be conceptualized in terms of interpersonal influence, it could not then be regarded as collaborative in nature. But both Gutkin and Curtis (1990) and Rosenfield (1987) contended that collaborative consultation recognizes that both consultant and consultee have valid experiences and insights to share with each other, and that logically each would intend to do so with a view to influencing the other party. Nevertheless, an important aspect of the co-ordinate power relationship between consultant and consultee would always be the consultee's right to reject any intervention proposed by the consultant (Gutkin & Curtis, 1990). Furthermore, Gallessich (1982) cautions that from an ethical point of view consultants should take care not to "sell" any particular point of view, and Hughes (1986) points out that paradoxical recommendations may be regarded as being highly manipulative.

Bergan and Tombari (1976) established that successful problem identification was crucial to the development of effective intervention strategies; but it was Lambert (1974) and Curtis and Watson (1980) who stressed the importance of the consultee working in a collaborative relationship with the consultant in this regard. Related to this, Rosenfield (1987) noted that this process should be covered in detail, and not in general terms.

Fuchs, Fuchs and Bahr (1990) endorsed the view that collaborative approaches may clearly be preferable to prescriptive approaches in many instances; but noted that in those schools in which stress levels are high, expertise in consultation is low and consultation time is very limited, prescriptive approaches may be more effective. Gutkin and Curtis (1990) found that many teachers complained that they had too little time for the "give and take" nature of collaborative problem solving: they wanted to be given helpful suggestions instead. However these authors pointed out that collaborative consultation may be time-consuming over the short-term only; and that one of the most important tasks facing school psychologists was that of orienting consultees to long-term considerations, rather than focusing only on short-term contingencies.

Despite inherent problems involved, the active involvement of the consultee in the consultation process is of crucial importance - failure to elicit participation by the consultee could well result in failure to implement interventions satisfactorily (Gutkin & Curtis, 1990). Reinking, Livesay and Kohl (1978) demonstrated that successful implementation of consultation-initiated interventions was directly related to the degree of involvement of the consultee in the problem-solving process.

One aspect in which teacher co-operation may be required is that
of accepting classroom observation by the consultant (observation
being an essential skill, according to Reynolds et al., 1984).
Rosenfield (1987) considered that teachers would welcome
observation and feedback by the consultant, but Gersten, Darch,
Davis and George (1991) warned of the risks of violating teacher
autonomy. In his study of the situation which prevailed in the
Natal Education Department, Brownell (1978) established that
psychologists and principals of pre-primary and junior primary
schools were in agreement that classroom observation was
essential, but evidently senior primary principals were not
convinced of this.

Finally Witt (1985) observed that in the past it has been assumed
that teachers would want to use an intervention because it was
known to be based on competent assessment of the situation, and
because the recommendation was believed to be effective.
However, it is now realized that the consultee's commitment to
intervention would depend on a range of variables, including for
instance, the theoretical orientation of the intervention, and
the degree to which it appeared to be ecologically intrusive.

3.4 Consultant skills and knowledge

Brownell (op.cit.) suggested that the diagnostic skills of
psychologists should be balanced by an ability to translate
findings into viable forms of intervention (and an ability to
communicate these findings to teachers). Accordingly then,
school psychologists should be able to conduct assessments which
facilitate the development of classroom instructional strategies
so that problems are resolved in the environment in which they
became manifest (Fuchs & Fuchs, 1986; Reschly, 1988; Rosenfield,
1987). In fact Reschly (ibid.) concluded that unless school

psychologists do so, there will be little demand for their services as the "school psychology revolution" of the 1990s gathers momentum (p.405).

However, as mentioned previously, serious problems exist. Traditional psychometric assessment instruments are inappropriate and ineffectual for the purposes of instructional design (Galagan, 1985; Reschly, 1988; Rosenfield, 1987); and in any event, the whole notion of differential-diagnostic prescriptive teaching appears to be flawed in fundamental respects (Arter & Jenkins, 1979; Gerber & Semel, 1984). Furthermore teachers (and perhaps many psychologists themselves) may well consider that school psychologists are not appropriately qualified to help resolve instructional problems (Rosenfield, 1987).

Reschly (1988) argued that in future, a good assessment procedure will need to be useful at all stages of intervention - from problem definition through to final evaluation of outcomes. In order to be able to achieve this, new competencies will be required of school psychologists. Of vital importance will be the mastery of Curriculum Based Assessment (CBA) methodology; an approach which may be described as the application of behaviour assessment techniques to academic skills. CBA is not in itself an intervention: as is the case with systematic observation of behaviour in natural settings, it provides a precise methodology for the measuring of target behaviours, monitoring of progress, and the assessment of outcomes (Reschly, ibid.). Instead of the use of norm-referenced tests, instructional materials and course content are used as a basis for testing. In the view of Galagan (1985); p.296) it should become "legally imperative" for CBA techniques to be implemented.

Apart from the question of instructional design, Johnston (1990) and Rosenfield (1990) stressed that school psychologists should become involved in the design of classroom environments which facilitate effective instruction by teachers and learning by pupils. Meyers, Parsons and Martin (1979) listed a number of areas in which consultants could aim to improve the learning environment in classrooms, for example the quality of teacher-pupil interaction; effects on pupils of teacher expectations; effects of pupil self-concept and ego strengths on scholastic performance. Rosenfield (1990) considered that participation in multi-disciplinary team discussions provide a useful entry point for psychologists who wish to apply their knowledge to the practice of education.

Maher and Zins (1987) and Ysseldyke (1984) (cited by Rosenfield, 1987) stated that school psychologists should possess curriculum content knowledge; but authors such as Johnston (1990) and Rosenfield (1987) contended that consultants should be process experts even if they have little content expertise. In this regard Brownell (1978) noted:

> The function of school psychologists acting as consultants is not to teach techniques, but to help teachers to think about what assets they may bring to the situation, and to help them to apply them (p.37).

As consultation is essentially a problem-solving process, consultants are expected to be skilled in the identification, clarification and analysis of problems and evaluation of solutions (Maher & Zins, 1987); and in fact, a knowledge of problem-solving techniques can improve decision-making activities and possibly remediate many problems encountered by multi-

disciplinary teams (Fleming & Fleming, 1983).

Clearly therefore, consultants should be skilled in leading team discussions (Gutkin & Curtis, 1990); and expert in the interpersonal skills and processes involved in collaborative problem solving (Fleming & Fleming, 1983).

Kurpius (1978) contended that all consultants needed to possess skills in the following areas: relationship building; basic counselling skills; bargaining skills (whilst being non-evaluative, non-coercive and highly facilitative); conflict resolution; team building and behaviour modification.

Conoley and Gutkin (1986) argued that consultants should have a good knowledge of aspects of social psychology literature - particularly in areas such as attribution theory, group dynamics, co-operation and competition. To illustrate: in a study by Smith and Lyon (1984) it was found that psychologists attributed 77% of failed interventions to consultees, and only 6% to themselves. Similarly Ysseldyke (1983) found that less than 2% of teachers attributed learning and behaviour problems either to themselves or to the school system: instead problems were attributed to within-pupil deficits and to home and family problems.

3.5 Teacher expertise

The collective experience, resourcefulness and talent of the teachers of any school constitutes a great potential asset (Chalfant, Pysh & Moultrie, 1979; Van der Schans, 1980). Thus, when provided with adequate time and an appropriate structure, teachers demonstrate the ability to create unique and effective solutions to many mild learning and behavioural problems (Chalfant et al., 1979). Pugach and Johnson (1989) expressed the

same conviction, but emphasized particularly that teachers need to be allowed time to engage in the reflective process that skilled problem-solving requires.

Graden (1989) and Grant and Mindell (1989) stressed that teachers would welcome the opportunity of drawing upon the skills and knowledge of other teachers in their schools. In this regard Philips and McCullough (1990) considered that teachers were well able to discern when the need to assess specialist help was required.

However teachers need to be discouraged from making premature referrals to specialist personnel (Reschly, 1988; Van der Schans, 1980), though Gerber and Semel (1984) and Johnston (1990) concluded that teachers may well act in a rational manner if they attempted to divorce themselves from the responsibility of handling difficult-to-teach children, by referral elsewhere.

In this regard Stainback and Stainback (1984) observed that where teachers are relatively easily able to refer pupils for specialized assistance, there is little incentive for teachers to become actively involved in the search for solutions.

In order to harness the collective expertise of teachers and to avoid premature referral to scarce specialist personnel, a variety of "teacher assistance team" formats have been developed (Rosenfield, 1990; Philips & McCullough, 1990). Although the names of these teams vary the common denominator is that it is primarily teachers who are involved, rather than specialists. Indications are that these collegial teams are effective (Chalfant, Pysh & Moultrie, 1979; Harrington & Gibson, 1986; Rosenfield, 1990), but that their degree of effectiveness depends upon the extent to which the collaborative ethos pervades the

school concerned (Curtis, Curtis & Graden, 1988; Philips & McCullough, 1990).

3.6   The functioning of multidisciplinary teams

Teachers tend to feel apprehensive and vulnerable when they attend MDT meetings (Philips & McCullough, 1990). Pugach and Johnson (1989) argued that a major reason for teacher apprehension is that "public defence" of the problem is required: the teacher is expected to convince perhaps several professionals (and perhaps also senior members of staff), that all reasonable steps have been taken to resolve the problem, but that it still exists. Perhaps it is for this reason that teachers are often reluctant to document and to evaluate the strategies they have already attempted in trying to resolve classroom problems (Gutkin & Hickman, 1988).

Bailey (1984) contended that MDT meetings are often characterized by aimless discussion; whilst Abelson and Woodman's (1983) review of pertinent research indicated that too much reliance was placed on the involvement of the school psychologist. Furthermore, Johnson, Pugach and Hammitte (1988) and Ysseldyke, Pianta, Christenson, Wang and Algozzine (1983) noted that class teachers are frequently the least active participants in team meetings. This lack of involvement by teachers is of particular concern, as it is essential that teachers become committed to action (Abelson & Woodman, 1983), as well as experience a greater sense of professionalism and problem ownership (Philips & McCullough, 1990).

Adherents to the psycho-medical model would presumably consider that multidisciplinary assessment should be aimed at the identification of a pupil's cognitive and perceptual deficits

(Rosenfield, 1990; Zins, Graden & Ponti, 1985); but this approach could rapidly lead to the "referral merry-go-round" described by Goodwin and Coates (1976).

Rosenfield (1987) argued that it is frequently the quality of instruction (or lack thereof) which is the source of classroom problems of many pupils. Accordingly there should be a conceptual and behavioural shift from the search for deficits within the pupil, to the restructuring of the environment to allow the child to progress academically, socially and behaviourally in the classroom. From this perspective, team recommendations would not be based on multidisciplinary assessments; instead, recommendations would be based on the application of behavioural principles and on curriculum-based assessment procedures. (Rosenfield, 1987; Reschly, 1988).

Once team recommendations have been generated, teachers would need the motivation and skill to implement intervention strategies; but according to Conoley and Gutkin (1986) teachers frequently have too little time in which to do so. Furthermore, they may experience so much stress that even the most minimal expenditure of effort in adapting the classroom to meet the needs of the child, is perceived to be impossible (Rosenfield, 1987).

Similarly, Reisberg and Wolf (1986) conceded that class teachers might be unwilling to implement team recommendations as such intervention could have a disruptive effect another pupils in the classroom. A key factor in this regard would be the quality and nature of the organisational climate of the school in question (Philips & McCullough, 1990).

On the assumption that MDTs can formulate effective recommendations (Pfeiffer, 1982; Yoshida, 1983) the question of

the need to take deliberate steps to increase team skills and cohesion arises. Abelson and Woodman (1983) maintained that effective teams are more likely to be created as a result of a conscious team-building process, rather than by being left to chance. However, it appears that team members seldom receive training in relevant skills (Courtnage and Smith-Davis, 1987). According to Fleming and Fleming (1983) many problems encountered by MDTs could be addressed through the application of appropriate problem-solving and decision-making techniques. Bailey's (1984) triaxial model of interdisciplinary team and group processes offers one approach to team- and skill-building exercises.

3.7 Ethical Issues

One area of concern which affects all consultants, regardless of the model from which they operate, or the type of system in which they work, is that of Ethics (Conoley, 1981).

However it seems that the profession is "surprisingly unconcerned" about ethical issues (Gallessich, 1982, p.394). Furthermore, the "Ethical Principles of Psychologists" (A.P.A., 1981) and similar codes, offer little guidance to the consultant. Guidelines are generally broad in nature, whilst ethical problems in consultation practice are often context-related and specific (Davis & Sandoval, 1982). In view of this situation, Robinson and Gross (1985) and Gallessich (1982) argued that codes of ethics for consultants were urgently needed.

Two areas of interest relevant to guidance team consultation are of particular concern.

3.7.1 The rights of parents

In the United States, the rights of parents in important matters related to their children's education, have traditionally been minimal (Hickman, 1982) and it was only relatively recently that legislation corrected the "rather vaguely accepted but unstated myth that schools and their agents (such as school psychologists) had superior rights and primary interest priority for children in their care" (Kicklighter, 1983; p.119).

Parents in that country are now accorded specific legal rights which enable them to participate in educational decision-making, and even to review educational records concerning their child. Furthermore, the Principles of Professional Ethics (National Association of School Psychologists, 1985) specifically recognise that psychologists have an ethical responsibility to seek parental involvement.

In this country, relevant clauses of the N.E.D. School Handbook note that:

> From a legal point of view, parents have supreme control over children, and their children's rights.
> The child's parents or guardian must be informed before a pupil is referred for an investigation by a psychologist.

However, these provisions, and others in the Handbook, do not answer pertinent questions such as:

> Should parents be informed that their child is to be discussed at a team meeting?
> Is parental permission necessary before a child is discussed at a team meeting?

It is accepted that in many instances no problems are likely to
be encountered, even when parental permission is actually
required. However, in some instances, for example the discussion
of possible child abuse, the position is not clear. It is
interesting to note from Brownell's (1978) study that although
principals in Natal were aware of the legal imperative to inform
parents that their child was being referred to Psychological
Services, that this requirement was at times ignored in practice.

3.7.2 Confidentiality

Related to the issue of parental rights is that of
confidentiality.

Psychologists are bound by their particular ethical standards to
protect the confidentiality of information revealed to them in
private sessions; but the issue of what and how much information
is be treated as confidential is not entirely clear (Hickman,
1982). These problems are amplified in multi-person
relationships - firstly because so many people could be affected
by the consultant's ethical principles (Gallessich, 1982), and
secondly, as Glaser (1981) pointed out, because there is a fine
line between the need to preserve confidences, and the need to
contribute to the organisation's knowledge.

Unfortunately it is difficult to conceptualize consultation in
the concept of multi-disciplinary practice, as different
professionals subscribe to different codes of ethics (Strein &
Hershenson, 1991). In this regard, Hughes (1986) expressed
concern about the fact that the obligation to confidentiality may
not be reciprocated, and that some consultees may be
insufficiently discrete. It was presumably for this reason that
authors such as Robinson and Gross (1985) stressed that the

concept of confidentiality should be clarified and emphasized in team settings; and Sandoval, Lambert and Davis (1977) emphasized that at all times during consultation there should be agreement about which aspects of discussion are to be regarded as confidential, and which not.

Looking to the future, Corey, Schneider and Callanan (1988) noted that people from different cultural backgrounds may well have different conceptualisations of limits of confidentiality. This consideration is bound to compound ethical difficulties already inherent in team discussions and other multi-person relationships.

CHAPTER 4

4 RESEARCH DESIGN

The intention of this research project was to elicit the attitudes of school psychological services personnel towards aspects of school-based consultation.

For the purposes of this study, and following Lefton (1982) and Henerson, Morris and Fitzgibbon (1978), "attitude" refers to the pattern of opinions, feelings, beliefs, values, perceptions and behaviour tendencies towards other people, ideas or objects - a pattern which is relatively enduring. "Psychological services personnel" relates those psychologists and social workers who were employed by the Natal Education Department (N.E.D.) at the time of the survey (November, 1991); and "school-based consultation" refers specifically to the Department's Guidance team consultation model - henceforth termed the N.E.D. model.

This chapter will describe the rationale for and construction of the research instrument in relation to both practical and theoretical considerations, the application of the instrument, and data processing and reduction in relation to the research problem.

4.1 Subjects

The target population comprised school psychologists and social workers employed by the Department in various School Psychological Clinics in Natal, in November 1991. These clinics were based in urban and rural areas, and were six in number.

Of the 35 psychologists employed, it was known that 17 would be
terminating service with the Department the following month.
None of the five social workers were expected to leave the
Department.

In essence then, the target population could be defined as
follows:

Psychologists who intended remaining with the Department   18
Psychologists who intended leaving the Department   17
Total number of psychologists included in survey   35
Social workers who intended remaining with the Department   5
Total number of potential respondents   40

Henceforth the first group of psychologists (who intended
remaining with the Department) will be termed "N.E.D.
psychologists"; whilst the second group will be termed "X-N.E.D.
psychologists".

4.2 Method

The Survey Research method was employed: according the Kerlinger
(1964; p.394) this method is generally used to elicit the
"beliefs, opinions, attitudes motivations and behavior of
respondents".

More specifically, a questionnaire was utilized for the following
reasons:

a)   The target population was distributed throughout Natal: it
      would not readily have been feasible to obtain this
      information in any other way.

b)   The use of questionnaires can facilitate the rapid
     collection of a wide variety of information; and information
     so elicited can be analysed on an item by item basis, as
     well as in appropriate groupings of items.

c)   Questionnaires allow for greater uniformity across
     measurement situations, than for example, personal
     interviews.

d)   Questionnaires allow for anonymity of response - an
     important consideration in this study.

In view of the fact that the survey was to relate specifically to
the N.E.D. model, it was necessary for the writer to construct an
appropriate questionnaire.

4.3   Instrument development

4.3.1   Preliminary considerations

Considerations taken into account were as follows:

a)   The questionnaire would have to make provision for the
     recording of appropriate demographic information, so that
     responses could be analysed across various independent
     variables. In addition it would ensure that responses
     could be recorded unambiguously.

b)   The questionnaire would be prepared only in English, and
     administered in that language. Phrasing of instructions and
     questionnaire items would accordingly take language

considerations into account. (The home language of one third of all potential respondents was Afrikaans.)

c)   All questions would be based on theoretical and practical knowledge with which psychologists and social workers could reasonably have been expected to be familiar, at that time.

d)   Response format would facilitate quantitative and to a lesser extent, qualitative analysis.

4.3.2   Construction of statements

a)   In order to establish the universe of content, reference was made to the following sources of information:

The N.E.D. guidance team consultation video package and relevant literature. (This package had been presented at each primary school in the province during 1990 and early 1991, by relevant school psychologists.)

N.E.D. circular letters relating to the model.

Reports submitted by all psychologists to the Department, on progress made in the implementation of guidance teams (May 1991).

Brownell's (1978) study of trends and issues in school psychology - with particular reference to the Natal Education Department.

Discussion with colleagues; and personal experience and involvement in implementation of the model.

b)   Key areas of interest were then identified, these areas
     being:
         general acceptability of the N.E.D. model to
            psychologists and to social workers
         perceived effectiveness of the model
         issues in collaborative consultation
         knowledge and skills required by consultants
         expertise of teachers
         functioning of guidance teams
         ethical issues

c)   Literature relevant to these areas in particular was
     obtained and studied, and considered in the light of
     knowledge of the situation which prevailed in the
     department.

d)   Likert-type statements on all of the above-mentioned areas
     of concern were generated by the writer.

e)   It was accepted that as the N.E.D. model was still in its
     introductory phase, that other areas of potentially great
     interest would have to be excluded, e.g. the influence of
     variables such as personality characteristics of the
     consultant, styles of problem resolution and attitudes of
     consultees.

4.3.3   Validation and selection of statements

a)   Two master's level educational psychologist colleagues (who
     were not to be included in the target population) agreed to
     act as judges of each statement. The content and intent of
     each statement was then discussed with them, and items
     considered as unsuitable were eliminated. It was not

possible for the judges to respond personally to items on a trial basis, as they were not familiar with the details of the N.E.D. model, and were unaware of practical problems encountered in its implementation.

b)   The researcher then selected statements relevant to each area of concern. With the assistance of the judges, potential error variance of each item was reduced by ensuring that clear instructions were given (especially bearing English second language requirements in mind); that potentially ambiguous or compound statements were amended, and that where necessary, key aspects of statements were suitably contextualized. In a further attempt to improve the reliability of the instrument, it was ensured that all terminology used was based on vocabulary employed in departmental documentation of the model, with which the target population was expected to be familiar. (This documentation was available only in English).

c)   On the basis of subjective judgement, the final selection of items was made by the researcher in such a way that they represented areas of interest previously identified. Fifty-three statements were selected, but as one of these contained four sections, the total number of items selected was fifty-six.

d)   Selection of items included the requirement that although items could be analysed as discrete entities, a number of them could in fact logically be grouped and regarded as an index of facets of attitudes being assessed.

e)   In order to reduce the possible effect of acquiescence set or halo effect, 18 of the items (i.e. +- 32% of the 56

items) were written in negative terms, e.g. "It is not
really necessary for guidance team personnel to be taught
problem-solving skills." In addition several parallel items
were included as a check on consistency of responses given.

f)   Although broad headings for different sections of the
      questionnaire were provided, items were dispersed to some
      extent, so that the intent of items was not always readily
      apparent. As Henerson, Morris and Fitzgibbon (1978) noted,
      one should "Embed the crucial measures in the midst of
      others" (p.41).

4.3.4   Construction of Summated ratings Indexes

An objective of the study was to elicit the attitudes of all
respondents, but in particular that of N.E.D. psychologists
towards the N.E.D. model in terms of:

a)   the "acceptability" of the model to respondents
b)   the "perceived effectiveness" of the model to respondents

For this purpose, two indexes of response to the above facets of
attitude towards (N.E.D.) school-based consultation were
constructed. These indexes have been termed "Summated ratings
Indexes". Tables 4.1 and 4.2 list the items which constitute
each index.

Utilising this approach it became possible to compare the
responses of N.E.D. psychologists with those of X-N.E.D.
psychologists, utilising appropriate t tests; as well as (for
more detailed information) chi-squared analysis.

4.3.5 Format and content of attitude survey questionnaire

It was decided that the survey should consist of two sections,
the first (Section A) to relate to demographic information on the
respondents; and the second (Section B) to relate to various
aspects of the N.E.D. model. Each section will now be considered
in more detail.

Section A contains items relating to demographic information as
follows:

> gender; age range; home/preferred language; qualifications;
> professional discipline in which employed; number of years
> of relevant professional experience; years of teaching
> experience; focus of work experience in terms of school
> phases); language medium of schools visited; and whether or
> not respondents intended to remain in the employ of the
> N.E.D. with effect from January 1992.

> Eight questions in this section were presented in a
> multiple-choice format; one required respondents to rank
> their relative focus of work experience; and one question
> requested information on actual number of years experience
> as a teacher (or teacher-counsellor) in each school phase.

Section B was presented in a five-point Likert-type scale format,
the response options being as follows:
(1) strongly agree (2) agree (3) neutral (4) disagree (5)
strongly disagree

> The "neutral" response would apply where respondents were
> unsure about whether or not they agreed or disagreed with
> any given statement. In additions, respondents were asked

to record "DK" (don't know) next to any item if they felt that their knowledge was lacking in that respect.

Respondents were encouraged to write comments to qualify or expand on their responses as appropriate, on the questionnaire.

Items were arranged in Section B under four headings, namely:

    Guidance team consultation
    Teams
    Consultation with teachers
    Ethics

These headings were considered to be necessary, as many statements were context-specific, and some point of reference was needed - particularly as consultation was a relatively new mode of service delivery within the Department.

However, the format of Section B may be summarized as follows:

	No. of items
Guidance team consultation	26
Consultation with teachers	26
Ethical issues	4
Total no. of items	56

A copy of the Questionnaire is presented under Appendix A.1

These fifty-six items spanned all of the areas of interest previously alluded to, as indicated below:

	No. of items
Acceptability of the N.E.D. model	8
Perceived effectiveness of the N.E.D. model	7
Collaborative consultation	9
Consultant skills and knowledge	9
Teacher expertise	4
Functioning of guidance teams	15
Ethical issues	_4_
Total - all items	56

Details of specific items classified according to each area of interest are given in Appendix A.2.

4.4 Validity of the research instrument

The requirements of content (and face) validity were taken into account during the construction of the questionnaire and summated ratings indexes. However, in view of the exploratory nature of the research project, the fact that the research was conducted during the introductory phase of the model to schools, and the fact that the questionnaire was not intended to constitute a scale, questions of construct or predictive validity have not been addressed.

Any concept of validity must always be related to the purpose of measurement: in the research conducted it was intended that results should provide as valid an indication as possible of the views of school psychologists and social workers towards aspects of the N.E.D. model, at a particular point in time.

4.5 Reliability of the instrument

The design of the questionnaire was intended to minimize error variance and maximize the variance of individual differences. Steps taken in this regard included the following:

An attempt was made to ensure that all items were expressed clearly and unambiguously, particularly bearing in mind the home/preferred language characteristics of the respondents.

Items were contextualized when necessary.

Respondents were able to indicate "neutral" (unsure) as well as "don't know" (unable to judge) responses where appropriate.

Bearing time constraints in mind, as many items as possible were included in the questionnaire.

Questionnaire items were not intended to constitute a scale. In view of this, and as only attitudes towards aspects of the N.E.D. model were to be elicited, the determination of the reliability of the instrument in the conventional sense (split-half and parallel forms) was not indicated. Furthermore, as knowledge of the model by respondents was undergoing change, the calculation of test-retest reliability would not have been appropriate.

4.6 Confidentiality

As responses to questionnaire items were intended to indicate degrees of acceptance or otherwise of the N.E.D. consultation model, it was considered that anonymity of response should be

ensured. In view of this, respondents were specifically requested not to reveal their identity on the forms in any way. In addition, the demographic information items were designed in such a way that the identity of respondents would be concealed. The researcher undertook to maintain strict confidentiality if he were to become aware of the identity of any respondents.

It was appreciated that the disadvantage to this approach was that short of circularizing all members of the target population, it would not be possible to request non-respondents to participate in the survey. It would also not be possible to contact respondents to discuss any possible incorrectly complete forms, or only partially completed forms. However it was considered that the anonymous completion of questionnaires could reduce the possibility of response bias to some extent, and thus increase validity.

4.7 Administration of the Questionnaire

Permission to conduct the survey was formally requested by letter (Appendix A.3). However no written response from the Department was obtained, as it was considered that verbal permission by the Superintendent of the division concerned was adequate. Permission from this official was duly received.

Questionnaires were then issued as follows:

a) to those psychologists who intended remaining in the employ of the N.E.D., as well as to all social workers (none of whom were planning to leave the department), and

b) to those psychologists who intended terminating service with the department.

The former group attended a meeting of psychological services
personnel in November 1991, in Pietermaritzburg. At the
commencement of the meeting, the questionnaires were issued, with
the request that the forms be completed without discussion.
After completion, all forms were returned to the researcher in
such a way that anonymity was assured. Most respondents required
approximately 15 minutes to complete each questionnaire.

With regard to the latter group, questionnaires were forwarded to
each clinic for completion by those psychologists who did not
attend the Pietermaritzburg meeting (as they would soon be
leaving the Department). In this regard the co-operation of each
clinic head was sought and obtained in all instances but one,
where the clinic head concerned withheld full co-operation.

Problems of bias in response, and effect on possible return rate
inherent in this approach are evident; and these will be
discussed in a later chapter.

All respondents complied with the request not to write their
names on completed questionnaires.

It is important to note that although each member of the target
population had made his/her decision about whether or not to
remain in the service of the Department several months
previously, a great deal of uncertainty about what the future
held in store for all concerned was still apparent.

4.8   Data processing and data reduction

All completed questionnaires were scrutinized, and were checked
to ensure that responses were legible (some forms had been

completed lightly in pencil). Comments qualifying or amplifying
responses were recorded. A coding frame was then developed.
This made provision for, inter alia, the classification of all
demographic information; the coding of forced - choice (strongly
agree/agree/neutral/disagree/strongly disagree) and "don't know"
responses; and the allocation of items to each of the two
Summated ratings Indexes.

Responses were then encoded and punched, and the data processed
and tabulated utilising the SPSS package.

The following tabulations were then prepared:

a)   Frequency distributions related to all demographic
      variables.

b)   Chi-square tables for each of the fifty-six items: category
      of response (strongly agree through strongly disagree) over
      the following independent variables:
            all respondents/N.E.D. and X-N.E.D. psychologists/
            social workers
            gender of respondents
            home/preferred language of respondents
            age of respondents

c)   Chi-square tables for bi-polar (divergence of opinion)
      items over summary categories: AGREE, Neutral, DISAGREE.
      For this purpose AGREE consisted of combined strongly agree
      and agree responses; and DISAGREE consisted of combined
      strongly disagree and disagree responses.

d)   Chi-square tables for:
            Summated ratings Index I
            Summated ratings Index II

e)   t tests of independent samples for:
         Summated ratings Index I
         Summated ratings Index II

f)   Frequency distributions of:
         response per item (raw data)
         response per item (in percentages)

g)   Schedule of essential statistical information per item:
         mean, median, mode, standard deviation

The results of data processing and analysis in respect of each
item, and also in respect of each Summated ratings Index, is
presented in the following chapter, together with pertinent
information relating to the demographic characteristics of
respondents.

Table 4.1
"Acceptability" of the N.E.D. model:
Items included in Summated ratings Index I

Item no.

27   Adults who are less well trained than consultants can be
      effective in providing "mental health services" if given
      proper guidance by the consultant.

29   If circumstances were ideal, psychologists would continue
      to work directly with children to a great extent.

34   Psychologists should spend most of their time and energy
      on working with adults, rather than with children.

39   For those psychologists who are skilled in diagnosis,
      consultation with teachers (indirect service delivery)
      would be less effective than individual casework.

40   By working very much more frequently with teachers, and
      less with children, psychologists are likely to lose an
      important source of job satisfaction.

41   Consultants should be required to work towards the
      prevention of learning and behavioural problems.

44   Psychologists would like to spend more time in
      consultation than has been possible in the past.

45   Social workers would like to spend more time in
      consultation than has been possible in the past.

Note: For the purpose of this Index, responses per category
       (Strongly agree through Strongly disagree) for items 39
       and 40 were scored in reverse order, to correspond with
       the intent of each item in relation to the purpose of the
       index.

Table 4.2
<u>Perceived effectiveness of the N.E.D. model</u>
<u>Items included in Summated ratings Index II</u>

Item no.

1   Guidance team discussions enable school personnel to
        become better equipped to handle problems in the future.

2   The guidance team approach usually results in better
        solutions to behavioural problems than would otherwise
        have been achieved.

9   Teachers appear to feel that the guidance team approach
        can be very effective in resolving classroom problems.

20   Guidance teams can be very effective in the resolution of
        the following categories of problem:
                20.1   behavioral problems
                20.2   emotional problems
                20.3   learning problems
                20.4   home problems

CHAPTER 5

5. RESULTS

This chapter will provide demographic information on all
respondents (refer to Appendix B.1. to C.1.6.), as well as
analyse and describe responses to all questionnaire items
individually and in combination.

More specifically responses to all items (i.e. the fifty-six
statements) will be analysed and described under relevant "areas
of interest" headings, similar to those used in the literature
review (Chapter 3). A summary analysis of response per
statement, and an indication of the dominant response per
statement, is presented in the Appendix (Document D.1).

In addition the results of six chi-square analyses (category of
response over various independent variables) are tabulated and
described at the end of this chapter. Four tables relate to
statistically significant differences in response at $p = < 0,05$;
and two tables relate to data significant at $p = < 0,06$ (Tables
5.3 to 5.8 inclusive, refer). Mention in the text is made of
differences in response significant at $p = < 0,10$ as an
indication of areas which may warrant future study.

Particular attention has been focused on the first two areas of
interest previously alluded to, namely Acceptability of the
N.E.D. model, and Perceived effectiveness of the N.E.D. model.
For this purpose, the responses for all items classified under
each of these headings were summed, and "indexes" of responses
prepared. In this way, an index of "Acceptability", and an index
of "Perceived effectiveness" was prepared. These indexes have
been designated Summated ratings Index I and Summated ratings

Index II respectively. In each instance, the mean response of
N.E.D. psychologists and of X-N.E.D. psychologists have been
compared, following the application of an appropriate t-test of
independent samples. Tables 5.1 to 5.2.1 inclusive provide
relevant statistical and computational information. These tables
appear after the conclusion of the text in this chapter.

References to various appendices are made where relevant to the
discussion which follows.

5.1 Demographic data

The population consisted of 35 psychologists and five social
workers. Of the psychologists, 19 were male, and 16 were female.
All of the social workers were female.

Seventeen psychologists (nine male and eight female) had
indicated that they would be terminating service with the Natal
Education Department with effect from 31 December 1991 (refer to
Appendix B.1). Three of these psychologists did not complete the
questionnaire.

All of the psychologists who intended remaining with the
department completed the questionnaire, as did four of the five
social workers. Response rates were therefore as follows:

        N.E.D. Psychologists   : 100%
        X-N.E.D. Psychologists : 82%
        Social Workers   : 80%

Details of the sample by gender and professional discipline are
given in Appendix C.1.1. The sample consisted of 18
psychologists (50% of all respondents) who planned to remain with

the Department, and 14 psychologists (39%) who planned to leave
the Department. Four social workers (11%) who intended remaining
with the Department completed the sample of 36 respondents.

One third of all respondents (33%) were aged 30 - 39 years and
one half (50%) fell into the 40 - 49 year group. The remainder
(17%) were classified as 50+ years (refer to Appendix C.1.2).

With regard to home language/preferred official language, 67% of
respondents were English-speaking, and 33% were Afrikaans-
speaking (refer to Appendix C.1.3).

Seventy-two percent of respondents possessed qualifications of at
least Master's level, with the remaining 28% of respondents being
in possession of at least a first Bachelor's degree (refer to
Appendix C.1.4.).

Over one half (56%) of respondents had acquired experience of ten
years or less in their particular discipline, though not
necessarily with the Department. One third (33%) of respondents
recorded experience ranging from 11 - 20 years inclusive, and 11%
of respondents had acquired experience in excess of twenty years
(refer to Appendix C.1.5).

The senior primary phase was ranked by psychologists as being
that phase to which they devoted most of their time; but most
psychologists (66%) indicated that they had acquired no teaching
experience in that phase. The junior primary phase was ranked
second; with 88% of psychologists indicating no teaching
experience at all in that area. The combined secondary phases
were ranked third. Unlike the situation with the first two
phases, 87% of psychologists indicated that they had taught in

the secondary phases. (Appendix C.1.6 contains more detailed information on teaching experience per phase).

5.2 RESPONSES TO QUESTIONNAIRE ITEMS[1]

5.2.1 Acceptability of the N.E.D. model

5.2.1.1 Analysis of Summated ratings Index I

N.E.D. psychologists tended to indicate acceptance (M = 2,5) of the model, whilst X-N.E.D. psychologists took a neutral position (M = 3,0). The difference in response between these two groups is significant at p = 0,024. (Tables 5.1 and 5.1.1 refer.)

More specifically, 50% of N.E.D. psychologists indicated their acceptance of the N.E.D. model compared to 21% acceptance of the model by X-N.E.D. psychologists. (Neutral ratings were 50% and 57% respectively.) The difference in response (chi-square: 2 df) is significant at p = 0,059. (Table 5.3 refers.)

5.2.1.2 Analysis per item

With regard to (items 44 and 45 respectively, respondents considered that both psychologists (59%) and social workers (53%) indicated that they would like to spend more time in consultation than had been possible in the past. However, a substantial number of respondents felt neutral on this issue - with 32% considering that psychologists might be uncertain about whether or not they would like to spend more time in consultation. Even more respondents (44%) expressed a similar reservation about the views of social workers (item 45). With regard to differences in response between language groups on item 44, Afrikaans-speaking respondents (27%) indicated "strongly agree" to a greater extent

1 Note: response percentages do not necessarily co-incide with those of Appendix D.1 (which includes reference to "don't know" responses).

than did their English-speaking colleagues (0%). (Refer to Table
5.4) The difference in response between language groups is
significant at $p = 0,033$. On a related issue 63% of respondents
considered that if circumstances were ideal, psychologists would
continue to work directly with children to a great extent (item
29).

Seventy-two percent of respondents considered that even if
psychologists were skilled in the diagnosis of problems,
consultation with teachers would be no less effective than would
be the case using the individual casework approach (item 39).

The large majority of respondents (81%) considered that adults
(such as parents and teachers) could be effective providers of
"mental health services", provided that they were properly guided
by a consultant (item 27). However, on the issue of whether or
not psychologists should spend most of their time and energy on
working with adults, only 25% of respondents agreed that they
should do so: 44% disagreed, and 31% felt neutral (item 34).

Most respondents (86%) indicated agreement with the contention
that consultants should be required to work towards the
prevention of learning and behavioural problems (item 41).

With regard to the question of the possible loss of job
satisfaction to psychologists which could result from working
much more frequently with teachers and less with children, views
were strongly divided (item 40). Forty-six percent of all
respondents agreed that psychologists would lose an important
source of job satisfaction; 17% felt neutral, and 37% indicated
disagreement. With regard to response to this item by age group,
respondents who agreed that an important source of job
satisfaction would be lost, were as follows:

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30 - 39 year group :  33%
40 - 49 year group :  41%
50+ year group      :  83%
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5.2.2   Perceived effectiveness of the N.E.D. model

5.2.2.1   Analysis of Summated ratings Index II

No significant difference in response between N.E.D. psychologists and X-N.E.D. psychologists is evident. In each instance the mean score indicated that the model is perceived to be effective. (Tables 5.2 and 5.2.1 refer).

5.2.2.2   Analysis per item

Guidance teams were perceived to have the potential to be effective in the resolution of different categories of problem to differing degrees, as indicated below.

Table 5.9
Perceived effectiveness of N.E.D. model by category of problem

CATEGORY OF PROBLEM	RESPONSE[1]		
	AGREE[2]	NEUTRAL	DISAGREE[3]
Behavioural problems (item 20.1)	91	6	3
Learning problems (item 20.3)	72	20	8
Emotional problems (item 20.2)	63	20	17
Home problems (item 20.4)	35	23	42

1 N = 35 for all four items.

2 AGREE = Agree and Strongly disagree.

3 DISAGREE = Disagree and Strongly disagree.

Though most respondents agreed that guidance teams can be
effective in the resolution of behavioural problems (item 20.1)
and learning problems (item 20.3) - as indicated by "agreement"
ratings of 91% and 72% respectively - less agreement existed
about guidance team effectiveness in the handling of emotional
problems (63% : item 20.2). In this regard a difference in
response between English- and Afrikaans-speaking respondents is
observed at the p = 0,071 level. Whilst 53% of respondents of
the English-speaking group indicated agreement, the corresponding
proportion of their Afrikaans-speaking colleagues was 83%.
Furthermore, respondents of the latter group indicated "strongly
agree" (33%) to a far greater extent than did other respondents
(9%).

With regard to the effectiveness of the guidance team model in
dealing with home problems (item 20.4), views of respondents were
clearly divergent. (Refer to Appendix E.4). Thirty-five percent
of respondents considered that the guidance team approach would
be effective, but 42% disagreed with this point of view. Twenty-
three percent of respondents indicated a neutral position on this
item.

On the question of whether or not the guidance team approach
usually results in better solutions to behavioural problems than
would otherwise have been achieved, 75% of respondents indicated
that this appeared to be the case (item 2).

In the view of 59% of respondents, teachers appeared to believe
that the guidance team approach can be very effective in the
resolution of classroom problems. Some uncertainty on this
score is evident: Neutral rating = 38% (item 9).

Most respondents (86%) considered that guidance team discussions enabled school personnel to become better equipped to handle problems on their own at some later stage (item 1).

5.2.3 Collaborative consultation

Ninety-five percent of all respondents agreed that if the teacher and the consultant work together to clarify and define any given problem, the consultation process is likely to be successful (item 30); and 92% of respondents agreed that the consultant should do his best to ensure that all consultation is conducted in a collaborative manner (item 32). (Refer to Appendix E.1.)

Fewer respondents (58%) agreed that consultants should attempt to persuade teachers to see the value of suggestions which the consultant has made. Twenty-five percent of all respondents indicated a neutral position on this item and 17% indicated disagreement (item 35).

Nearly two thirds of respondents (64%) considered that teachers and psychologists could easily work together as equal-status professional partners (item 37). Despite this however, a marked difference of opinion as to whether teachers would probably prefer to receive helpful suggestions from the consultant rather than to become involved in the "give and take" of collaborative discussion, is evident. Forty-one percent of respondents agreed that helpful suggestions would probably be preferred, 32% indicated a neutral response, and 27% disagreed (item 33).

The statement that teachers do not need to become involved in the consultation process provided that they are willing to implement recommendations made by the consultant, was rejected. Eighty-six

involved in the consultation process (item 36). Of all
statements in the questionnaire, it was with this statement that
both the highest "disagree" (47%) and "strongly disagree" (39%)
responses were recorded. (Refer to Appendix G.2)

In this respect, a significant difference ($p = 0,008$) between
English and Afrikaans-speaking respondents is observed. All of
the former group (100%) indicated that teacher involvement was
necessary, compared to the 58% rating by Afrikaans-speaking
respondents (see Table 5.5).

On a related issue, 69% of respondents rejected the view that
teachers should be required to implement consultant
recommendations, even if the consultant were to be held
responsible for the outcome (item 38).

Most respondents (75%) agreed that teachers were more likely to
implement recommendations if they believed that these
recommendations were based on competent assessment (item 31).
Views on whether or not teachers would mind psychologists
regularly observing children in the classroom setting (which
could provide the psychologist with invaluable assessment data),
were varied: 45% of respondents agreed that teachers would not
mind, 35% were unsure, and 21% indicated disagreement (item 42).

5.2.4 Consultant skills and knowledge

Sixty-six percent of all respondents agreed that school
psychologists should become expert in the leading of group
discussions; though 22% of respondents disagreed with this
proposition, and 12% indicated a neutral response (item 7). In
roughly similar proportions, 59% of respondents considered that
most psychologists appeared to feel confident about their ability

to lead problem-solving discussions during meetings: 29%
expressed disagreement with this item, and 12% felt neutral (item
15).

The vast majority of respondents (97%) agreed that psychologists
should become expert in the interpersonal skills and processes
involved in collaborative problem-solving; and of these
respondents, almost one half indicated "strongly agree" to this
item (item 49).

Sixty percent of respondents agreed that most psychologists
appeared to be confident of their ability to contribute
meaningfully to discussions about a pupil whom they might never
have seen. Seventeen percent of respondents disagreed with this
statement, and 23% indicated a neutral position (item 22).

A large proportion of respondents (89%) agreed that psychologists
should be able to conduct assessments which facilitate the
development of teaching strategies (item 47); but there was
marked difference of opinion as to whether or not psychologists
have difficulty in translating their assessment findings into
useful teaching recommendations (item 43). Forty-two percent of
respondents agreed that difficulty was encountered, but 47%
disagreed with this contention. (Refer to Appendix E.4.)

Most respondents (81%) agreed that psychologists should use their
knowledge of the psychology of learning to help teachers to
improve their teaching methods (item 46).

With regard to specific areas of knowledge required for effective
consultation, 70% of respondents agreed that psychologists would
like to learn more about specific techniques of behavior
modification and applied behavioral analysis (item 48); and 63%

of respondents agreed that it was important that school
psychologists have a sound knowledge of aspects of social
psychology, for example, attribution theory (item 19).

5.2.5   Teacher expertise

All respondents (N = 36) agreed with item 24 which stated:
> The collective experience, resourcefulness and the
> talent of the teachers of any school constitutes a
> great potential asset. (Refer to Appendix E.1.)

Consequently, the values of both the mean (M = 1,47) and the
standard deviation (SD = 0,51) for this item were lower than the
corresponding statistics for any other item. (Refer to Appendix
G.3) More than one half (53%) of all respondents indicated
"strongly agree" with this item.

On the same theme, 80% of respondents considered that given the
time and opportunity, classroom teachers probably possess enough
skill and knowledge to enable them to resolve many problems
without specialist help (item 26). Seventy-eight percent of
respondents agreed that teachers would welcome the opportunity of
drawing upon the skills and knowledge of other teachers in their
schools (item 25).

Against this background, one should note that 74% of respondents
felt that many cases are referred to guidance teams before
teachers themselves have taken all reasonable steps to resolve
classroom problems (item 16).

5.2.6   Functioning of guidance teams

Views of respondents on teacher willingness to document steps
which they had taken to resolve classroom problems, were divided.
Forty-nine percent felt that teachers were unwilling to document

action taken, but 34% of respondents felt neutral on this issue
(item 23). Similarly there was no general consensus on whether
or not teachers generally appeared to feel apprehensive and
vulnerable when they attended guidance team meetings (item 18).
Fifty-five percent of respondents felt that teachers did seem to
feel threatened, 24% indicated a neutral response, and 21%
considered that teachers do not appear to feel apprehensive or
vulnerable during these meetings.

Twenty-nine percent of respondents felt that the presence of
senior members of staff greatly reduces team effectiveness, and
23% felt undecided on the issue. However, 48% of respondents
disagreed with this item (item 5).

Though 56% of respondents considered that class teachers
participate actively during guidance team meetings, 42% of
respondents indicated a neutral position (item 3). Related to
this item was the question of whether or not teachers feel that
they contribute significantly to the guidance team decision-
making process. Fifty percent of respondents indicated that
teachers probably do feel positive on this score, 25% were
undecided; and the remaining 25% felt that teachers probably do
not feel that they contribute meaningfully (item 11). However,
views of respondents tended to vary according to gender and also
to language group. For example, most female respondents (64%)
considered that teachers probably felt that they did contribute
significantly; and no respondents of this group took a neutral
position. By contrast, fewer male respondents (39%) felt
positive about this issue and 44% of male respondents took a
neutral position. The difference in response between gender is
significant at $p = 0,015$ (refer Table 5.6). With regard to
differences between language groups (significant at $p = 0,072$),
64% of English-speaking respondents agreed that teachers probably

do feel that their contribution to guidance team decision-making
is meaningful, whereas only 20% of their Afrikaans-speaking
colleagues held the same view.

The statement that there is too much aimless discussion during
guidance team meetings elicited divergent points of view: 41% of
respondents agreed with this item, 29% felt neutral and 30%
indicated disagreement (item 21).

Eighty-two percent of respondents agreed that members of guidance
teams rely too greatly on the involvement of school
psychologists, though 9% of respondents disagreed with this view
(item 13).

With regard to the assessment role of guidance teams, 78% of
respondents considered that teams should systematically try to
identify the underlying deficits of those children who have
difficulty in learning (item 6); and a similar percentage agreed
that guidance team recommendations should be based on formal
multidisciplinary assessment (item 8).

However, 48% of respondents felt that teachers do not have the
time to implement strategies and recommendations agreed upon
during consultation - although an almost equal proportion (35%)
of respondents disagreed with this view (item 28). Only 44% of
respondents agreed that teachers willingly attempt to implement
team recommendations; and of all items, it was this statement
(item 14) which received the highest neutral rating (53%).
(Refer to Appendix E.3.) On a related issue, 44% of respondents
agreed that teachers have difficulty in accepting responsibility
for the implementation of guidance team recommendations, and 32%
indicated a neutral position. Twenty-four percent of respondents

could not agree that teachers had difficulty in this respect
(item 17).

Ninety-four percent of respondents agreed that deliberate steps
should be taken to promote the development of teamwork in
guidance teams. Of all items, it was this item (item 4) which
achieved the highest "strongly agree" rating - by 58% of
respondents. On comparing response by gender, it is observed
that whereas ratings of male respondents were fairly evenly
divided between the "agree" and "disagree" categories (53% to 47%
respectively), only 12% of female respondents agreed with this
item: 65% of this group indicated disagreement. Twenty-three
percent of female respondents indicated a neutral position. (The
difference in response between gender is significant at p =
0,059.)

In apparent contradiction to the responses to item 4 discussed
above, 33% of respondents indicated agreement with a
contradictory statement - namely that guidance teams should be
allowed to evolve in a natural, spontaneous way (item 12). On
analysis it is evident that it was primarily male respondents
(53%) who agreed with this statement, as only 12% of female
respondents indicated agreement. (The difference in response
between male and female respondents is significant at p = 0,059.)

On the question of the need to teach problem-solving skills to
guidance team personnel, 86% of respondents indicated that this
was necessary (item 10). With a mean score of 4,11 (N = 35) and
a standard deviation of 0,72 a high level of accord between
respondents is evident. (Refer to Appendix E.2). This item was
also the only one which all four social workers rated "strongly
agree" (refer Appendix F.1.1).

5.2.7 Ethical issues

Two thirds (67%) of respondents agreed that parents should be
notified before any team discussion concerning their child is
held. However 14% of respondents indicated a neutral position,
and 19% indicated disagreement (item 50). Responses of social
workers reflected complete lack of accord between themselves.
(Refer to Appendix F.1.2.)

A marked divergence of opinion was evident on the contention that
serious problems (e.g. child abuse) should not be discussed at
guidance team meetings (item 53). (Refer to Appendix E.4)
Forty-four percent of respondents agreed with this statement, and
53% disagreed. Three percent were neutral. There was a complete
lack of accord between the social work respondents on this issue.
As will be noted from Table 5.7 female respondents (65%) tended
to agree with this item; and male respondents (74%) tended to
disagree. The difference in response between gender is
significant at $p = 0,024$. With regard to differences in response
between the two language groups, Afrikaans-speaking respondents
rated this item "strongly agree" to a greater extent than did
their English-speaking colleagues (Afrikaans group 33%; English
group 8%). The difference in response between language groups is
significant at $p = 0,082$.

Only 28% of all respondents agreed that in matters of
confidentiality, psychologists and social workers could rely on
the integrity and discretion of other team members: 31% indicated
a neutral position, and 42% of respondents disagreed with this
statement (item 52).

With regard to the question of whether or not IQ scores should be
revealed to other guidance team members during meetings, 50% of

all respondents indicated that these scores should <u>not</u> be
revealed; and 36% indicated that they should be divulged.
Fourteen percent of respondents were neutral on this issue (item
51). With regard to differences in response between the two
language groups, Table 5.8 reflects the fact that the views of
the Afrikaans-speaking respondents were evenly spread over the
three summary response categories (Agree 33%; Neutral 33%,
Disagree 34%). By contrast, 58% of the English group agreed that
IQ scores should not be revealed, and 38% felt that they should
be. One respondent (4%) rated this item neutral. The difference
in response between the language groups is significant at $p = 0,051$.

Table 5.1

Summated ratings Index I: Acceptability of the N.E.D. model
t test for independent samples[1]

	No. cases	Mean	SD	SE	F value	2 tail prob.	t value	df	Pooled variance estimate 2 tail prob.
Group 1: N.E.D. Psychologists	18	2,500	0,514	,121					
					1,74	0,281	-2,37	30	0,024
Group 2: X-N.E.D. Psychologists	14	3,000	0,679	,182					

Comment: Pooled variance t test is used in preference to separate variance estimate as observed significance level for F test = > 0,05.

Interpretation: The difference between the means of the two groups is significant at p=0,024. Consequently the hypothesis that the means of both groups are drawn from the same population cannot be accepted.

Conclusion: The level of acceptance of the model by N.E.D. psychologists differs from that of X-N.E.D. psychologists, the mean score of the former group indicating a higher level of acceptance than that of the X-N.E.D. psychologists.

1 Refer to Table 5.1.1 for details of formulae and computation.

Table 5.1.1

Summated ratings Index I:
Computation: t test for independent samples

Steps followed:

1   Calculation of the F ratio in order to determine the appropriate t test to
    apply: Pooled variance or Separate variance estimate.
2   Computation of t value.

1   Calculation of F ratio (ratio of larger sample variance to smaller sample
    variance).

Respondent group	N	Mean	SD	Variance	df	F	Prob.[1]
Group 1: N.E.D. Psychologists	18	2,500	0,514	0,2642			
					30	1,74	0,281
Group 2: X-N.E.D. Psychologists	14	3,000	0,679	0,4610			

The observed significance level of F (0,281) exceeds $p=0,05$. Consequently the
hypothesis that the population variances of Groups 1 and 2 are equal, cannot be
rejected. In the calculation of the t value, the pooled variance estimate
should therefore be used.

1   2 tailed probability.

2 Calculation of t value (Pooled variance)

(a) Determination of Pooled variance estimate (S_p^2)

$$S_p^2 = \frac{(n_1-1)s_1^2 + (n_2-1)s_2^2}{n_1+n_2-2}$$

By substitution:

$$S_p^2 = 0,34948$$

(b) Computation of t

$$t = \frac{m_1 - m_2}{\sqrt{\dfrac{S_p^2}{n_1} + \dfrac{S_p^2}{n_2}}}$$

m = mean per group
s = variance per group
n = sample size per group

By substitution:

$$t = -2,37$$

Comment: The associated probability level for t = -2,37 (30 df) equals 0,024 (Refer to Table 5.1)

Table 5.2

Summated rating Index II: Perceived effectiveness of the N.E.D. model
t test for independent samples[1]

	No. of cases	Mean	SD	SE	F value	2 tail prob.	t value	df	Separate variance estimate 2 tail prob.
Group 1: N.E.D. Psychologists	18	1,9444	,639	1,51					
					5,72	0,003	0,10	23,92	0,925
Group 2: X-N.E.D. Psychologists	14	1,9286	,267	0,71					

Comment: Separate variance t test is used in preference to Pooled variance estimate as observed significance level for F test = < 0,05.

Interpretation: The difference between the means of the two groups cannot be regarded as statistically significant (p=0,925). Consequently the hypothesis that the means of both groups are drawn from the same population cannot be rejected.

Conclusion: Perceptions of the effectiveness of the model do not differ significantly between N.E.D. psychologists and X-N.E.D. psychologists. The mean score of both groups (+-2,00) indicates that they agree that the model is effective.

1 Refer to Table 5.2.1 for details of formulae and computation.

Table 5.2.1

Summated ratings Index II:
Computation: t test for independent samples

Steps followed:

1 Calculation of the F ratio in order to determine the appropriate t test to apply: Pooled variance or Separate variance estimate.
2 Computation of t value.

1 Calculation of the F ratio (ratio of larger sample variance to smaller sample variance.)

Respondent group	N	Mean	SD	Variance	df	F	2 tail prob.
Group 1: N.E.D. Psychologists	18	1,94	0,63	0,40			
					23,92	5,72	0,003
Group 2: X-N.E.D. Psychologists	14	1,93	0,27	0,07			

The observed significance level of F (0,003) is less than p=0,05. Consequently the hypothesis that the population variances of Groups 1 and 2 are equal, is rejected. In order to test the hypothesis that the two independent samples are drawn from the same population the Separate variance t test should therefore be used.

2 Calculation of t value (Separate variance)

(a)

$$t = \dfrac{m_1 - m_2}{\sqrt{\dfrac{S_1^2}{n_1} + \dfrac{S_2^2}{n_2}}}$$

m = mean per group
s = variance per group
n = sample size per group

By substitution:
t = 0,10

Comment: The associated probability level for t = 0,10 (23,92 df) equals 0,925.
(Refer to Table 5.2)

Table 5.3

Summated ratings Index I: Acceptability of the N.E.D. Model
Response by Psychologists: Service with N.E.D.

	Service with N.E.D.				
	N.E.D Psychologists		X-N.E.D. Psychologists		All Psychologists
RESPONSE	No.	%	No.	%	%
AGREE[1]	9	50	3	21	38
Neutral	9	50	8	57	53
DISAGREE[2]	0	0	3	22	9
TOTALS	18	100	14	100	100

N = 32   Chi-square = 5,6470   df = 2 p = 0,059

Over half (53%) of all respondents indicated a neutral position on
this combination of items, with 38% in agreement, and 9% in
disagreement.

Fifty percent of the N.E.D. psychologists indicated acceptance of the
N.E.D. model, and 50% indicated a neutral response. By contrast,
only 21% of X-N.E.D. psychologists indicated acceptance of the model
with 57% indicating a neutral response. Twenty two percent of the
latter group indicated non-acceptance of the N.E.D. model. The
difference in response between the two groups is significant at p =
0,059.

1 AGREE = Total combined response: Agree plus Strongly agree.

2 DISAGREE = Total combined response: Disagree plus Strongly
   disagree.

Table 5.4

Item 44   Psychologists would like to spend more time in
          consultation than has been possible in the past.

Response by language group: Item 44 (see above)

	LANGUAGE				ALL
	ENGLISH		AFRIKAANS		RESPONDENTS
RESPONSE	No.	%	No.	%	%
Strongly Agree	0	0	3	27	9
Agree	14	61	3	27	50
Neutral	8	35	3	28	32
Disagree	1	4	1	9	6
Strongly Disagree	0	0	1	9	3
TOTALS	23	100	11	100	100

N=34   Chi-square=10,4577   df=4   p=0,033

Summary of Response by language group[1]: Item 44 (See above)

	LANGUAGE		ALL
	ENGLISH	AFRIKAANS	RESPONDENTS
RESPONSE	%	%	%
AGREE[2]	61	54	59
Neutral	35	28	32
DISAGREE[3]	4	18	9
TOTALS	100	100	100

----

1   Only total percentages per (combined) response category are
    presented. As the purpose of this table is merely to
    facilitate analysis of Table 5.4 (above), no additional chi-
    square statistical information is provided.

2   AGREE = Total combined response: Agree plus Strongly agree.

3   DISAGREE = Total combined response: Disagree plus Strongly
    disagree.

Item 44   Psychologists would like to spend more time in
          consultation than has been possible in the past.

Comment:
Of all respondents, 59% agreed with this item, and 9% disagreed.
Thirty-two percent of respondents were undecided.

Of the English group 61% of respondents agreed and 35% were
neutral. Within the Afrikaans group a lower proportion of
respondents (54%) were in agreement with the statement (and 28%
indicated neutral); but one half of those who agreed (27%)
indicated "strongly agree", whereas no respondent of the English-
speaking group had indicated this rating. The difference in
response between language groups is significant at $p=0,033$.

Table 5.5

Item 36 If they are willing to implement recommendations, teachers
         do not need to become really involved in the consultation
         process.

Response by language group: Item 36 (see above)

	LANGUAGE				ALL
	ENGLISH		AFRIKAANS		RESPONDENTS
RESPONSE	No.	%	No.	%	%
Strongly Agree	0	0	0	0	0
Agree	0	0	3	25	8
Neutral	0	0	2	17	6
Disagree	13	54	4	33	47
Strongly Disagree	11	46	3	25	39
TOTALS	24	100	12	100	100

N=36   Chi-square=11,6281   df=3 p=0,008

Summary of Response by language group[1]: Item 36 (see above)

	LANGUAGE		ALL
	ENGLISH	AFRIKAANS	RESPONDENTS
RESPONSE[2]	%	%	%
AGREE	0	25	8
Neutral	0	17	6
DISAGREE	100	58	86
TOTALS	100	100	100

----

1 Only total percentages per (combined) response category are
   presented. As the purpose of this table is merely to
   facilitate analysis of Table 5.5 (above), no additional chi-
   square statistical information is provided.

2 AGREE = Total combined response: Agree plus Strongly agree.
   DISAGREE = Total combined response: Disagree plus Strongly
   disagree.

Item 36   If they are willing to implement recommendations, teachers
          do not need to become really involved in the consultation
          process.

Comment:
Eighty-six percent of all respondents refuted this statement; but
differences in rating between the two language groups is evident.

All English-speaking respondents disagreed with this item, compared
to 58% of the Afrikaans group. Twenty-five percent of the latter
group agreed with the statement, compared to 0% of the English
group.

The difference in response between the two groups is significant at
$p=0,008$.

Table 5.6

Item 11   Teachers probably feel that they do not contribute
          significantly to the guidance team decision-making
          process.

Response by gender: Item 11 (See above)

	GENDER				ALL RESPONDENTS
	MALE		FEMALE		
RESPONSE	No.	%	No.	%	%
AGREE[1]	3	17	5	36	25
Neutral	8	44	0	0	25
DISAGREE[2]	7	39	9	64	50
TOTALS	18	100	14	100	100

N=32   Chi-square=8,3800   df=2   p=0,015

Comment:
Fifty percent of all respondents disagreed with this statement, 25%
were in agreement, and 25% indicated neutral.

Of all female respondents, 64% disagreed with this item, and 36%
agreed. No female respondents indicated a neutral response. By
contrast 44% of male respondents indicated a neutral rating for
this item, with 39% in disagreement and 17% in agreement. Thus
within each of the gender groups, roughly twice as many respondents
disagreed rather than agreed. (Female 64% to 36%; Male 39% to
17%).

The difference in response between gender is significant at
p=0,015.

----

1   AGREE = Total combined response: Agree plus Strongly agree.

2   DISAGREE = Total combined response: Disagree plus Strongly
    disagree.

Table 5.7

Item 53   Serious problems (e.g. child abuse) should not be
          discussed in guidance team meetings.

Response by gender: Item 53 (see above)

	GENDER				ALL
	MALE		FEMALE		RESPONDENTS
RESPONSE	No.	%	No.	%	%
AGREE[1]	5	26	11	65	44
Neutral	0	0	1	6	3
DISAGREE[2]	14	74	5	29	53
TOTALS	19	100	17	100	100

N=36   Chi-square=7,4249   df=2 p=0,024

Comment:
A strong divergence of opinion is evident, with 44% of all
respondents in agreement with the statement, and 53% in
disagreement. One neutral response (3%) was recorded.

Whilst 26% of male respondents agreed, the comparable proportion
for female respondents was 65%. Conversely, whilst 74% of male
respondents disagreed, the corresponding proportion for female
respondents was 29% The difference in response between gender is
significant at p=0,024.

----

1   AGREE = Total combined response: Agree plus Strongly agree.

2   DISAGREE = Total combined response: Disagree plus Strongly
    disagree.

Table 5.8

Item 51   Specific IQ scores should not be revealed to other
          guidance team members during meetings.

Response by language group: Item 51 (see above)

	LANGUAGE				ALL
RESPONSE	ENGLISH		AFRIKAANS		RESPONDENTS
	No.	%	No.	%	%
AGREE[1]	14	58	4	33	50
Neutral	1	4	4	33	14
DISAGREE[2]	9	38	4	34	36
TOTALS	24	100	12	100	100

N=36   Chi-square=5,9384   df=2   p=0,051

Comment:
One half of all respondents agreed with this item, and
approximately one third (36%) disagreed. Fourteen percent of
respondents rated this item neutral.

The views of Afrikaans-speaking respondents were evenly spread over
the three summary response categories: Agree 33% Neutral 33%,
Disagree 34%. By contrast 58% of the English group agreed with the
statement, and 38% disagreed. Only one respondent (4%) of this
group indicated a neutral position. The difference in response
between the language groups is significant at p=0,051.

----

1   AGREE = Total combined response: Agree plus Strongly agree.

2   DISAGREE = Total combined response: Disagree plus Strongly
    disagree.

CHAPTER 6

DISCUSSION OF RESULTS

The results of this study were presented in Chapter 5. The
purpose of the present chapter is to focus on and to discuss
certain aspects of these findings. Suggestions relating to
possible further areas of investigation stemming from this
discussion will be included in Chapter 7.

6.1 Acceptability and perceived effectiveness of the N.E.D. model

On the index of the perceived effectiveness of the N.E.D. model
(Summated ratings Index II) no significant difference in response
between N.E.D. and X-N.E.D. psychologists is observed: both
groups agreed that the consultation model appears to be
effective. If the views of only N.E.D. psychologists are taken
into account, it is remarkable to note that 92% of this group
indicated agreement with this index of perceived effectiveness
(with 8% indicating a neutral response).

A study of responses to individual items makes it apparent that
the model is perceived by psychologists and social workers to be
effective in the resolution of learning and behavioural problems
in particular. However a marked difference of opinion about the
effectiveness of guidance teams in the resolution of home
problems was evident: whilst 35% of respondents considered that
guidance teams can effectively handle this category of problem,
42% of respondents disagreed.

An important goal of collaborative consultation is that consultees become progressively better able to handle problems on their own as they gain experience and confidence (Philips and McCullough, 1990; Raffaniello, 1981). It is therefore relevant to note that 86% of respondents in this study considered that guidance team consultation enabled teachers to become more proficient in handling problems themselves.

The N.E.D. consultation model then, is perceived to be effective: this finding is in accord with those of research studies in the United States where practitioners strongly endorse the value of consultative approaches (Gutkin and Curtis, 1990).

However a paradoxical situation emerges; for although the N.E.D. model is perceived to be effective, only guarded acceptance of the model is indicated by N.E.D. psychologists. (The computed mean score for this group on Summated ratings Index I was 2,5 on a five point scale: Table 5.1 refers.) From another perspective, only 50% of N.E.D. psychologists indicated acceptance of the model, whilst 50% indicated a neutral response (Table 5.3 refers).

In view of the above, it is perhaps not surprising that only 59% of respondents agreed that psychologists would like to devote more time to consultative activities than has been possible in the past (when in fact presumably very little time had previously been spent on consultation). Views of respondents may well have been influenced by the perception that in the switch to consultation, psychologists would lose an important source of job satisfaction - a perception held by 46% of respondents.

Interestingly, although most respondents (81%) considered that adults (teachers and parents) could be guided to become effective

consultees, only 25% of respondents considered that psychologists should spend most of their time and energy on working with adults.

Eighty six percent of respondents considered that consultants should be required to work towards the prevention of learning and behavioural problems.

In essence then, although the N.E.D. model is perceived to be effective, respondents appear to be cautious in their acceptance thereof. In some respects this situation parallels that which has prevailed in the United States for some time: a marked discrepancy exists between the general level of recognition of the value of indirect service delivery consultative approaches, and their actual implementation (Fine and Tyler, 1971; Gutkin & Conoley, 1990).

6.2 Collaborative consultation

Respondents appeared fully to accept the need to work collaboratively with teachers. For example, 95% of respondents agreed that if teacher and consultant were jointly to clarify and define any given problem, the consultation process would be likely to succeed. However doubts were expressed about the ease of establishing a non-hierarchical relationship with consultees - presumably because psychological services personnel have traditionally been regarded as "experts" (particularly in the days when they worked from psychological clinics). Problems in the establishment of the necessary "parity and equality" collaborative relationship have been comprehensively addressed by Pugach and Johnson (1989), as well as by Fuchs, Fuchs and Bahr (1990).

Both Inman and Tollefson (1988), and Reschy (1988) maintained that it was essential for school psychologists to develop a high level of classroom observation skills. It is therefore of concern that only 45% of respondents considered that teachers would not mind if psychologists were to observe children in the classroom setting. This problem was noted with reference to senior primary schools, by Brownell (1978).

It is clear that the establishment of true collaborative relationships, so strongly supported by respondents, will require a great deal of work to bring to fruition.

6.3 Consultant skills and knowledge

Although 81% of respondents considered that members of guidance teams rely too greatly on the involvement of school psychologists, virtually all respondents (97%) agreed that psychologists should become skilled in the interpersonal skills and processes involved in collaborative problem-solving.

Most respondents (89%) considered that psychologists should be able to conduct assessments which facilitate the development of teaching strategies, but no less that 42% of respondents agreed that difficulty was encountered in this regard.

A high proportion (81%) of respondents considered that psychologists should use their knowledge of the psychology of learning to help teachers to improve their teaching methods.

6.4 Teacher expertise

Remarkably, all respondents indicated that the collective experience, resource and talent of the teachers of any school

would probably constitute a great potential asset; and a high proportion of respondents agree with similar, related statements. It is surprising therefore to note that 74% of respondents considered that cases were referred to guidance teams before teachers had themselves taken all reasonable steps to resolve classroom problems; and that teachers appeared at times to be reluctant to document what they had already attempted.

6.5   The functioning of guidance teams

The guarded acceptance of the N.E.D. model (as discussed above) finds expression in responses to several items related to the functioning of guidance teams. For example, of all respondents, nearly 50% considered that teachers were reluctant to document action which they had taken in attempting to resolve any given problem (a necessary pre-requisite to the functioning of teams); 55% felt that teachers appeared to feel threatened and vulnerable during guidance team meetings; only 56% considered that class teachers participated actively during meetings, and finally, 48% indicated that teachers do not appear to have the time to implement strategies and recommendations agreed upon during consultation. It is interesting to note that these and similar problems have been reported (in the United States) by authors such as Johnson, Pugach and Hammitte (1988); and Philips and McCullough (1990).

Dangers associated with the predominant use of the psycho-medical model were discussed in Chapter 1. However the observation made by Zins, Graden and Ponti (1985) to the effect that referral practices generally assumed that the pupil was invariably the source of the problem, appears to apply to our situation in Natal. No less than 78% of all respondents considered that teams should systematically attempt to identify the underlying deficits

of those children who have difficulty in learning, with a similar proportion of respondents in agreement that guidance team recommendations should be based on (formal) multidisciplinary assessment.

Interestingly 94% of respondents considered that deliberate steps should be taken to promote the development of teamwork in guidance teams - which the majority of respondents already consider to be effective.

6.6 Ethical issues

With regard to ethical issues, only 28% of respondents (n = 36) considered that psychologists and social workers could rely on the integrity and discretion of other team members. Related to this, a marked difference of opinion between respondents was evident on the question of whether or not IQ scores should be divulged at team meetings; and even more importantly whether serious matters (e.g. child abuse) should be discussed at meetings.

Although only four social workers participated in this study, it is of interest to note that on three "ethics" items, these respondents achieved no agreement between themselves at all. (Appendix F.1.2 refers.)

6.7 Summary

Important findings may be summarised as follows:

a)   A discrepancy exists between the generally acknowledged effectiveness of the N.E.D. model, and the degree of merely

cautious acceptance of the model (as indicated by N.E.D. psychologists in particular.)

b)   Difficulty is experienced in establishing consultant/consultee relationships which are truly collaborative.

c)   Respondents were almost unanimous in their view that psychologists need to be competent in the interpersonal skills and processes involved in collaborative problem-solving.

d)   Almost 90% of respondents agreed that psychologists should be able to conduct assessments which facilitate the development of teaching strategies, but 42% of respondents indicated that difficulty was encountered in this area.

e)   Respondents have a high regard for the potential expertise of teachers.

f)   Issues relating to confidentiality are perceived to be problematic in the context of guidance teams.

CHAPTER 7

7 CONCLUSION

This chapter will review the strengths and limitations of the
research design employed, consider the implications of the
results of this research, speculate on future developments in the
field of school psychology and finally consider the question of
whether or not school-based consultation is a viable mode of
service delivery.

7.1 The strengths and limitations of the research design

This research project was primarily intended to elicit the
attitudes of school psychological service delivery personnel
towards aspects of the N.E.D. guidance team model, in terms of
various areas of interest which had previously been defined. In
addition, specific attention would be paid to the comparison of
views of psychologists who would remain in service with the
department with those who would not, in two specific areas,
namely:

> acceptability of the model
> perceived effectiveness of the model

Accordingly, a wide range of information has been obtained and
the results presented and discussed. Implications of these
findings appear to have value from both a practical and possible
future research point of view.

However, it is emphasized that this study was intended to be
exploratory in nature only, with consequent limited
generalizability - particularly bearing in mind the conditions
under which the research was conducted.

It is acknowledged that even if this research design was successful in achieving the valid assessment of respondents' attitudes, that behaviour is a function of many factors, and that the behaviour of respondents may not match their expressed views.

Specific limitations of the study include the following:

a)   The target population amounted only to 40 individuals, of whom 36 participated in this research. Conclusions based on the comparison in response of the two groups of psychologists previously mentioned, would therefore have to be considered as tentative.

b)   The survey was conducted towards the end of year during which a great deal of uncertainty over the future of psychological services had been experienced.

c)   Responses of N.E.D. and X-N.E.D. psychologists could have been biased for very different reasons. The former group completed their questionnaires in the comfort of a conference room in which team spirit was being engendered. The latter group completed their forms in relative isolation, under very different circumstances. Furthermore, although all psychologists were assured that participation was voluntary, the N.E.D. psychologists would have felt obliged to respond - thus creating additional sources of bias and reactivity.

d)   The questionnaire itself was not without fault: several respondents indicated that they found the wording of items 27, 31 and 39 to be obscure. In addition, inadequate encouragement was given to respondents to provide

qualitative information. As a result additional contributions were sparse. It would have been preferable had the questionnaire also been made available in Afrikaans.

e) The views of the four social workers were sought for interest only. However as this group was so small in number, no meaningful comparisons could be made between the responses of this group, and those of the psychologists.

f) Finally, the general nature of the research problem required a broad approach. This enquiry was therefore extensive. It was therefore not possible to investigate issues in depth.

7.2 Implications of research results

7.2.1 General observations

a) There is a need to investigate the discrepancy that appears to exist between the perceived effectiveness of the model, and the apparently guarded acceptance of the N.E.D. model. This may be related to question of whether or not psychologists willingly engage in less psychometric evaluation - ranked first as both "desired" and "actual" functions in Brownell's (1978) study.

b) Difficulties encountered in the establishment of collegial relationships should be investigated.

c) It may be necessary to arrange for training programmes for psychologists to assist them to develop higher levels of expertise in certain areas, for instance, the interpersonal skills and processes involved in collaborative problem-solving.

d)   The efficacy of psychometric assessment requires examination. This will be referred to at a later stage.

e)   It is possible that further steps could be taken to utilize more fully the availability of collective teacher expertise.

f)   It is important that matters relating to confidentiality in the context of guidance teams be addressed.

7.2.2.   Opportunities for further research

a)   Authors such as Ysseldyke, Reynolds and Weinburg (1984), Maher and Zins (1987) and Rosenfield (1987) argue that consultation is more likely to be effective if consultants possess specific knowledge pertinent to the content of the problem, e.g. the teaching of reading skills. This however is a controversial issue: Brownell (1978) for example, warned that psychologists should not usurp the role of the teacher. To do so would be to undermine the collaborative relationship upon which the success of consultation depends. Schein (1978) has addressed the issue of whether or not the role of the consultant should be that of content expert or process facilitator. He postulates that three models of interaction are employed: the doctor-patient model; the purchase of expertise model; and the process consultation model. The conclusion is reached that any given consultant inevitably resorts to using all three models at different times with different clients.

b)   Guidance teams appear to work towards the diagnosis of pupil deficits, rather than working from an ecological perspective in which home-problems, teacher-pupil interactions and

classroom variables may contribute to a pupil's difficulties. It would seem that decisive action will be needed if psychological services personnel and school personnel are to embark on the necessary conceptual and behavioural shift towards the indirect services delivery paradigm.

Difficulties in this regard should not be under-estimated however: resistance from consumers and practitioners may be expected, for as Brownell (1978, p.8) noted, "tradition doesn't die that easily." Furthermore the Department itself requires that pupils being considered for remedial/specialist education placement be psychometrically assessed. This could presumably reinforce the potential preference of teachers to have the deviant child removed from class, rather than attempt to formulate alternative instructional or class management strategies - even with the assistance of a guidance team (Carter, 1989).

c)   The case for the development and promotion of "teacher assistance teams" as pioneered by Chalfant, Pysh and Moultrie (1979) and by Rosenfield (1987) for example, should receive consideration. Although not clearly explicated the N.E.D. model makes provision for the concept of problem-solving through the use of collective teacher expertise, prior to formal referral to the guidance team.

It should be mentioned that a large body of research literature is available on "pre-referral" consultation, an approach which is of relevance to any consideration of informal teacher assistance teams (Graden, 1989; Graden, Casey & Christenson, 1985; Pugach & Johnson, 1989).

Note should also be taken of the introduction of PIDA (Panel
for identification and assistance of pupils) teams by the
Department of Education and Training (Donald & Hlongwane,
1989; Green, 1991).

7.3   Looking to the future

Serious unresolved problems such as the increasing number of
pupils being classified as cognitively handicapped, (Zins, Graden
& Ponti, 1985); confusion over the learning disability construct,
and the quality and usefulness of generally used assessment
practices (Reschly, 1988); and placement litigation (Galagan,
1985), have precipitated the drive for special educational reform
in the United States (Reschly, 1988).   In fact it has become
necessary for the Office of Special Education to make funds
available to support projects designed to reduce inappropriate
placements, and to provide more alternatives to pupils within the
context of general education (Zins, ibid.).

In consequence of factors such as these, the momentum of the
Regular Education Initiative has increased.   Radical changes in
the philosophy purpose and practices of assessment in the field
of school psychology have been predicted.   Reschly (1988) has
asserted that the reform of special education in the United
States will lead to revolutionary changes in the practice of
school psychology - changes in which the shift will be towards
less rather than more special.(ized) placement.   Fewer categories
of exceptionality are likely to be recognized, and fewer children
will be classified as handicapped.

As a consequence of these predicted changes, (which Reschly
considered were bound to materialize), a great deal of work
currently performed by school psychologists would be eliminated.

In this country, it seems entirely possible that in view of the almost total lack of remedial/special facilities available for the majority of pupils, that we too could shift away from categorical placement of pupils to more effective accommodation in mainstream education.

The implications of this "revolution" to school psychologists would be profound. Totally new assessment procedures could well become mandatory. The utility and fairness of assessment would be judged by the degree to which direct links could be established between problem definition, assessment procedure, and the design implementation and monitoring of classroom interventions (Fuchs & Fuchs, 1986; Reschly, 1988; Rosenfield, 1990).

In view of this, school psychology would move rapidly in the direction of prereferral interventions, behavioural consultation, and curriculum and data-based assessment (Reschly, op.cit.).

7.4 Is school-based consultation a viable mode of service delivery?

Gutkin and Conoley (1990) contended that a reconceptualization of the service delivery model used by school psychologists was crucial if the field was to achieve "an enhanced and expanded impact on the lives of children" as well as in order to counteract the "discomfort" and "sense of impotence" experienced within the profession of school psychology (pp.203f).

They also pointed out that although school-based consultation services are not a panacea for the complex problems which face children, education and school psychology, the indirect service

delivery approach does have advantages over the undue reliance on the traditional direct service delivery model.

Firstly, school-based consultation services are based on conceptualizations of human behaviour which differ radically from those which are inherent in the psycho-medical model approach. For example, both the behavioural and ecological models of consultation emphasize the impact of environmental forces on the performance of pupils, rather than stress the importance of intra-individual deficits.

Secondly, by focusing attention on the design of treatment programmes (rather than on the testing of pupils with a view to possible placement in various types of special/ized education), psychologists can utilize a large body of validated intervention techniques in their efforts to help teachers to cope with classroom problems (Rosenfield, 1990).

Thirdly, school-based consultation services allow primary attention to be paid to interaction with significant adults in the child's life (Elliott & Witt, 1986; Gutkin & Conoley, 1990). Changes in the behaviours and attitudes of these care-givers (consultees), and the environments that they control (schools and homes), could lead to substantial, long term positive effects (Gutkin & Curtis, 1990).

Finally the school-based consultation approach has the potential to address the "numbers problem" previously alluded to, for the pool of potential service providers increases considerably as teachers and parents become empowered to make meaningful changes to the environments in which children learn (Gutkin & Curtis, 1990).

However Carter (1989) warns that although the benefits of consultation appear to be alluring, risks are high and obstacles are many. In order to maximize benefits of consultation psychologists need to implement consultation models systematically, with clearly defined goals being set and specific evaluation procedures followed.

School-based consultation nevertheless appears to offer significant advantages over the predominant use of the psycho-medical model. However, consultation and direct service delivery should be regarded as complementary rather than as dichotomous functions (Curtis & Zins, 1981). This notion finds expression particularly in Meyer's (1979) model in which direct service to the child is seen as the first level of a four phase approach to comprehensive service delivery. But apart from this point, it is obvious that certain situations demand direct service delivery. Furthermore legislation and departmental regulations require individual assessment procedures to be conducted prior to making certain school placement decisions, both in the United States and in South Africa.

It is noted that school-based consultation is compatible with the predicted demand for pre-referral interventions (these interventions stem from consultation practice), behavioral consultation and interventions, and curriculum- and data- based assessment. School-based consultation may be considered to be a viable mode of service delivery.

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APPENDIX A.1

ATTITUDE SURVEY

QUESTIONNAIRE FOR COMPLETION BY PSYCHOLOGISTS AND SOCIAL
WORKERS OF THE NATAL EDUCATION DEPARTMENT

NOTES

1 Please do not write your name on any of these documents.

2 Completion of this questionnaire is voluntary and
   anonymous.

3 For the purposes of this questionnaire "Psychologist"
   includes all three post levels of psychologist at each
   Psychological Centre.

4 Unless otherwise indicated, please indicate your answer by
   making an X in the appropriate section.

5 Please feel free to write brief comments (in English or in
   Afrikaans) next to each item. If you would like to expand
   further, please use the last page.

SECTION A
BACKGROUND INFORMATION
Please X as appropriate:

1	Gender:	Male	(1)	
		Female	(2)	
2	Age range:	0-29 years	(1)	
		30-39	(2)	
		40-49	(3)	
		50 +	(4)	

3 Home language (or preferred language):

                  English   (1)
                  Afrikaans   (2)

---

4 Highest professional qualification:

      Bachelor's/Honours/B.Ed.   (1)
      Master's/Doctorate   (2)

---

5 Discipline in which you are qualified:

             Psychology   (1)
             Social Work   (2)

---

6 Total number of years' experience in this discipline:
(This therefore includes N.E.D., any other employer, or
experience in private practice.)

             0-10 years   (1)
             11-20   (2)
             21 +   (3)

---

7 Teaching experience:
Please write down the number of years of experience you
have had as a _teacher_ or _counsellor_ in each phase.

             Junior Primary   ( )
             Senior Primary   ( )
             Secondary   ( )
             Tertiary   ( )

---

8 Focus of work experience:
To what extent do you work in each phase? Please rank from
1 to 3. (A rank of 1 will indicate that you spend _most_
time working in that particular phase.)

             Junior Primary   ( )
             Senior Primary   ( )
             Secondary   ( )

---

9 Schools visited according to language medium:
Please mark with an X as appropriate. Schools visited by
me are mainly:

             English-speaking   (1)
             Afrikaans-speaking (2)
             Parallel-medium   (3)

---

10 Service with N.E.D.
Do you intend continuing to work for the Department in
1992?

             Yes   (1)
              No   (2)

SECTION B

Please read each of the following statements, and then rate each one on the scale provided from 1 - "Strongly agree", to 5 - "Strongly disagree". Should you feel that you are not in a position to rate any item, please write "DK" (don't know) next to the item.

NOTES

1 The scale is arranged as follows:
    1. SA   Strongly agree
    2. A   Agree
    3. N   Neutral - neither really agree
             nor disagree
    4. D   Disagree
    5. SD   Strongly disagree

2 Terms used:
   "Consultant" refers either to the psychologist or to the social worker.
   "GT" refers to school-based Guidance Teams.
   "School personnel" refers to teachers, Heads of Department, Principals, etc.

GUIDANCE TEAM CONSULTATION

		SA	A	N	D	SD
1	GT discussions enable school personnel to become better equipped to handle problems in the future.	(1)	(2)	(3)	(4)	(5)
2	The GT approach usually results in better solutions to behavioural problems than would otherwise have been achieved.	(1)	(2)	(3)	(4)	(5)
3	Class teachers participate actively during GT meetings.	(1)	(2)	(3)	(4)	(5)
4	Deliberate steps should be taken to promote the development of teamwork in GT.	(1)	(2)	(3)	(4)	(5)
5	The presence of senior members of staff greatly reduces team effectiveness.	(1)	(2)	(3)	(4)	(5)
6	Teams should systematically try to identify the underlying deficits of those children who have difficulty in learning.	(1)	(2)	(3)	(4)	(5)

		SA	A	N	D	SD

7 School psychologists should be expert in
   leading group discussion.   (1) (2) (3) (4) (5)

8 Ideally, GT recommendations should be based
   on the results of (formal) multi-disciplinary
   assessments.   (1) (2) (3) (4) (5)

9 Teachers appear to feel that the GT approach
   can be very effective in resolving classroom
   problems.   (1) (2) (3) (4) (5)

10 It is not really necessary for GT personnel
    to be taught problem-solving skills.   (1) (2) (3) (4) (5)

11 Teachers probably feel that they do not
    contribute significantly to the GT decision-
    making process.   (1) (2) (3) (4) (5)

12 GT should be allowed to evolve in a natural,
    spontaneous way.   (1) (2) (3) (4) (5)

13 Members of GT rely too greatly on the
    involvement of the school psychologist.   (1) (2) (3) (4) (5)

14 Teachers willingly attempt to implement
    team recommendations.   (1) (2) (3) (4) (5)

15 Most psychologists feel confident about
    their ability to lead problem-solving
    discussions during meetings.   (1) (2) (3) (4) (5)

16 Many cases are referred for discussion
    before teachers have taken all reasonable
    steps to resolve problems themselves.   (1) (2) (3) (4) (5)

17 Teachers have difficulty in accepting
    responsibility for the implementation of
    GT recommendations.   (1) (2) (3) (4) (5)

18 Teachers generally feel apprehensive and
    vulnerable when they attend GT meetings.   (1) (2) (3) (4) (5)

19 It is important that school psychologists
    have a sound knowledge of aspects of social
    psychology (e.g. attribution theory).   (1) (2) (3) (4) (5)

20 GTs can be very effective in the resolution
    of the following categories of problem:
    20.1 behavioural problems   (1) (2) (3) (4) (5)
    20.2 emotional problems   (1) (2) (3) (4) (5)
    20.3 learning problems   (1) (2) (3) (4) (5)
    20.4 home problems   (1) (2) (3) (4) (5)

	SA	A	N	D	SD

21 There is too much aimless discussion during
GT meetings.   (1) (2) (3) (4) (5)

22 Most psychologists are confident of their
ability to contribute meaningfully to discuss-
ions about a pupil, even though they may never
have seen the child who is being discussed.   (1) (2) (3) (4) (5)

23 Teachers are unwilling to document the steps
they have taken to resolve problems.   (1) (2) (3) (4) (5)

TEAMS

24 The collective experience, resourcefulness
and talent of the teachers of any school
constitutes a great potential asset.   (1) (2) (3) (4) (5)

25 Teachers would welcome the opportunity of
drawing upon the skills and knowledge of
other teachers in their schools.   (1) (2) (3) (4) (5)

26 Given the time and opportunity, classroom
teachers have enough skill and knowledge to
solve many problems without specialist help.   (1) (2) (3) (4) (5)

CONSULTATION WITH TEACHERS

27 Adults who are less well trained than
consultants can be effective providers
of "mental health services", if they are
properly guided by the consultant.   (1) (2) (3) (4) (5)

28 Teachers have too little time to implement
strategies agreed upon during consultation.   (1) (2) (3) (4) (5)

29 If circumstances were ideal, psychologists
would continue to work directly with children
to a great extent.   (1) (2) (3) (4) (5)

30 If teacher and consultant work together to
clarify and define any given problem,
consultation is very likely to be
successful.   (1) (2) (3) (4) (5)

31 If teachers are aware that the consultant's
recommendations are based on competent
assessment, teachers will be more likely to
implement recommendations made.   (1) (2) (3) (4) (5)

		SA	A	N	D	SD
32	The consultant should do his best to ensure that all consultation is done in a collaborative way.	(1)	(2)	(3)	(4)	(5)
33	Teachers would probably prefer to receive helpful suggestions from the consultant, rather than to become involved in the "give and take" of collaborative discussion.	(1)	(2)	(3)	(4)	(5)
34	Psychologists should spend most of their time and energy on working with adults, rather than with children.	(1)	(2)	(3)	(4)	(5)
35	Consultants should attempt to persuade teachers to see the value of suggestions which the consultant has made.	(1)	(2)	(3)	(4)	(5)
36	If they are willing to implement recommendations made by the consultant, teachers do not need to become really involved in the consultation process.	(1)	(2)	(3)	(4)	(5)
37	Teachers and psychologists can easily work together as equal-status professional partners.	(1)	(2)	(3)	(4)	(5)
38	Teachers should be required to implement consultant recommendations, as long as the consultant is responsible for the outcome.	(1)	(2)	(3)	(4)	(5)
39	For those psychologists who are skilled in diagnosis, consultation with teachers (indirect service delivery) would be less effective than individual casework.	(1)	(2)	(3)	(4)	(5)
40	By working very much more frequently with teachers, and less with children, psychologists are likely to lose an important source of job satisfaction.	(1)	(2)	(3)	(4)	(5)
41	Consultants should be required to work towards the prevention of learning and behavioural problems.	(1)	(2)	(3)	(4)	(5)
42	Teachers do not mind psychologists regularly observing children in the classroom setting.	(1)	(2)	(3)	(4)	(5)

		SA	A	N	D	SD

43 Psychologists have difficulty in
   translating their assessment findings
   into useful teaching recommendations.   (1) (2) (3) (4) (5)

44 Psychologists would like to spend more
   time in consultation than has been possible
   in the past.   (1) (2) (3) (4) (5)

45 Social workers would like to spend more
   time in consultation than has been possible
   in the past.   (1) (2) (3) (4) (5)

46 Psychologists should use their knowledge of
   the psychology of learning to help teachers
   improve their teaching methods.   (1) (2) (3) (4) (5)

47 Psychologists should be able to conduct
   assessments which facilitate the development
   of instructional strategies for teachers.   (1) (2) (3) (4) (5)

48 Psychologists know the basics of behaviour
   modification, and applied behavioural
   analysis, but they would like to learn more
   about specific techniques involved.   (1) (2) (3) (4) (5)

49 Psychologists should become expert in the
   interpersonal skills and processes involved
   in shared problem-solving (i.e.
   collaborative problem-solving).   (1) (2) (3) (4) (5)

ETHICS

50 Parents should be notified before any team
   discussion concerning their child is held.   (1) (2) (3) (4) (5)

51 Specific IQ scores should not be revealed
   to other GT members during meetings.   (1) (2) (3) (4) (5)

52 In matters of confidentiality, psychologists
   and social workers can rely on the integrity
   and discretion of other team members.   (1) (2) (3) (4) (5)

53 Serious problems (e.g. child abuse) should
   not be discussed in GT meetings.   (1) (2) (3) (4) (5)

APPENDIX A.2.

School-based consultation questionnaire
Allocation of items to relevant areas of interest

1   Acceptability of the N.E.D. model
    Total number of items: 8
    Item numbers: 27   29   34   39   40   41   44   45

2   Perceived effectiveness of the N.E.D. model
    Total number of items: 7
    Item numbers: 1   2   9   20.1   20.2   20.3   20.4

3   Collaborative consultation
    Total number of items: 9
    Item numbers: 30   31   32   33   35   36   37   38   42

4   Consultant skills and knowledge
    Total number of items: 9
    Item numbers: 7   15   19   22   43   46   47   48   49

5   Teacher expertise
    Total number of items: 4
    Item numbers: 16   24   25   26

6   Functioning of guidance teams
    Total number of items: 15
    Item numbers: 3   4   5   6   8   10   11   12
                  13   14   17   18   21   23   28

7   Ethical issues
    Total number of items: 4
    Item numbers: 50   51   52   53

APPENDIX A.3
Request:permission to conduct research

Durban School Psychological Centre
415 Berea Road
Durban
4001
22 November 1991

The Director of Education
Natal Education Department
Private Bag 9044
Pietermaritzburg
3200

Dear Sir

REQUEST FOR PERMISSION TO SUBMIT QUESTIONNAIRES TO SCHOOL
PSYCHOLOGISTS AND SOCIAL WORKERS IN THE PROVINCE OF NATAL

1. I am presently preparing a thesis for Master's degree in
    Educational Psychology, and I hereby request permission to
    submit copies of the attached questionnaires to school
    psychologists and to social workers. The outline of my
    thesis has already been approved by the Higher Degrees
    Committee of the Department of Educational Psychology,
    University of Natal, Pietermaritzburg.

2. The aim of the thesis will be to explore the nature of
    attitudes of the respondents towards the recently introduced
    N.E.D. school-based consultation/guidance team approach to
    service delivery.

3. At this particular juncture, it is anticipated that
    information of this kind could be of definite value to the
    Department.

4. Time required for the completion of the questionnaires would
    be approximately 20 minutes.

5. Questionnaires are available for distribution once
    departmental permission has been granted.

Permission for me to proceed with this survey would be greatly
appreciated. I thank you in anticipation of a favourable
response.

Yours sincerely

M D WOODS
Assistant School Psychologist

APPENDIX B.1

<u>Demographic data: target population</u>
<u>Analysis by gender/professional discipline</u>[1]

Professional discipline	Gender			
	Male	Female	Total	Total %
Psychologists: N.E.D.	10	8	18	45
X-N.E.D.	9	8	17	42
Social workers	0	5	5	13
TOTAL	19	21	40	100

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1   Professional discipline includes separate reference to those
    psychologists who would remain with the Natal Education
    Department (N.E.D.), and those who would leave (with effect
    from 1 January 1992). The latter group are herein designated
    X-N.E.D. psychologists. All social workers intended to remain
    in the service of the Department.

APPENDIX C.1.1

Demographic data: respondents
Analysis by gender/professional discipline

Professional discipline	Gender			
	Male	Female	Total	Total %
Psychologists: N.E.D.	10	8	18	50
X-N.E.D.	9	5	14	39
Social workers	0	4	4	11
TOTAL	19	17	36	100

APPENDIX C.1.2

Demographic data: respondents
Analysis by age group

Age	No. of respondents	%
30-39	12	33
40-49	18	50
50+	6	17
TOTAL	36	100

APPENDIX C.1.3

Demographic data: respondents
Analysis by home/preferred language

Language	Frequency	%
English	24	67
Afrikaans	12	33
TOTAL	36	100

APPENDIX C.1.4

Demographic data: respondents
Analysis by qualification

Qualification	Frequency	%
B.A./B.Ed./Hons.	10	28
M.Ed./M.A./Ph.D.	26	72
TOTAL	36	100

APPENDIX C.1.5

Demographic data: respondents
Analysis by length of service in relevant professional discipline

Years	Frequency	%
0-10	20	56
11-20	12	33
>20	4	11
TOTAL	36	100

APPENDIX C.1.6

Demographic data: respondents
Comparison: focus of psychologist's work[1]
/Teaching experience per phase

Focus of psychologist's work   Teaching experience per phase

Rank	Phase	No experience	Some experience
1	Senior Primary	66%	34%
2	Junior Primary	88%	12%
3	Secondary	13%	87%

[1] Focus of work (in terms of phases of education), as ranked by
   psychologists.

APPENDIX D.1

School-based consultation questionnaire
Summary analysis of response per statement

N = 36

For the purpose of this analysis, columns are headed as follows:

DR = Dominant response per statement
A = Total combined **Agree** and **Strongly agree** response per
     statement
N = Total **Neutral** response per statement.
D = Total combined **Disagree** and **Strongly disagree** response per
     statement.
DK = Total **Don't know** response per statement.

Figures reflect total percentage response per category, per
statement.

GUIDANCE TEAM CONSULTATION

		DR	A %	N %	D %	DK %
1	GT discussions enable school personnel to become better equipped to handle problems in the future.	A	86	8	6	0
2	The GT approach usually results in better solutions to behavioural problems than would otherwise have been achieved.	A	75	19	6	0
3	Class teachers participate actively during GT meetings.	A	56	42	2	0
4	Deliberate steps should be taken to promote the development of teamwork in GT.	A	94	3	3	0
5	The presence of senior members of staff greatly reduces team effectiveness.	D	28	22	47	3
6	Teams should systematically try to identify the underlying deficits of those children who have difficulty in learning.	A	78	5	17	0
7	School psychologists should be expert in leading group discussion.	A	67	11	22	0

		DR	A %	N %	D %	DK %
8	Ideally, GT recommendations should be based on the results of (formal) multi-disciplinary assessments.	A	75	8	14	3
9	Teachers appear to feel that the GT approach can be very effective in resolving classroom problems.	A	53	33	3	11
10	It is not really necessary for GT personnel to be taught problem-solving skills.	D	3	11	83	3
11	Teachers probably feel that they do not contribute significantly to the GT decision-making process.	D	22	22	44	12
12	GT should be allowed to evolve in a natural, spontaneous way.	D	31	11	53	5
13	Members of GT rely too greatly on the involvement of the school psychologist.	A	81	8	8	3
14	Teachers willingly attempt to implement team recommendations.	N	42	50	3	5
15	Most psychologists feel confident about their ability to lead problem-solving discussions during meetings.	A	56	11	28	5
16	Many cases are referred for discussion before teachers have taken all reasonable steps to resolve problems themselves.	A	72	17	8	3
17	Teachers have difficulty in accepting responsibility for the implementation of GT recommendations.	A	42	30	22	6
18	Teachers generally feel apprehensive and vulnerable when they attend GT meetings.	A	50	22	19	9
19	It is important that school psychologists have a sound knowledge of aspects of social psychology (e.g. attribution theory).	A	61	17	19	3
20	GTs can be very effective in the resolution of the following categories of problem:					
	20.1 behavioural problems	A	89	6	3	2
	20.2 emotional problems	A	61	19	17	3
	20.3 learning problems	A	69	19	9	3
	20.4 home problems	D	33	22	42	3

	DR	A %	N %	D %	DK %
21 There is too much aimless discussion during GT meetings.	A	39	28	28	5
22 Most psychologists are confident of their ability to contribute meaningfully to discussions about a pupil, even though they may never have seen the child who is being discussed.	A	58	22	17	3
23 Teachers are unwilling to document the steps they have taken to resolve problems.	A	47	33	17	3

TEAMS

24 The collective experience, resourcefulness and talent of the teachers of any school constitutes a great potential asset.	A	100	0	0	0
25 Teachers would welcome the opportunity of drawing upon the skills and knowledge of other teachers in their schools.	A	78	17	5	0
26 Given the time and opportunity, classroom teachers have enough skill and knowledge to solve many problems without specialist help.	A	78	17	3	2

CONSULTATION WITH TEACHERS

27 Adults who are less well trained than consultants can be effective providers of "mental health services", if they are properly guided by the consultant.	A	81	11	8	0
28 Teachers have too little time to implement strategies agreed upon during consultation.	A	47	17	33	3
29 If circumstances were ideal, psychologists would continue to work directly with children to a great extent.	A	61	11	25	3
30 If teacher and consultant work together to clarify and define any given problem, consultation is very likely to be successful.	A	94	3	3	0
31 If teachers are aware that the consultant's recommendations are based on competent assessment, teachers will be more likely to implement recommendations made.	A	75	6	19	0

	DR	A %	N %	D %	DK %
32 The consultant should do his best to ensure that all consultation is done in a collaborative way.	A	92	3	5	0
33 Teachers would probably prefer to receive helpful suggestions from the consultant, rather than to become involved in the "give and take" of collaborative discussion.	A	39	31	25	5
34 Psychologists should spend most of their time and energy on working with adults, rather than with children.	D	25	31	44	0
35 Consultants should attempt to persuade teachers to see the value of suggestions which the consultant has made.	A	58	25	17	0
36 If they are willing to implement recommendations made by the consultant, teachers do not need to become really involved in the consultation process.	D	8	6	86	0
37 Teachers and psychologists can easily work together as equal-status professional partners.	A	64	19	17	0
38 Teachers should be required to implement consultant recommendations, as long as the consultant is responsible for the outcome.	D	11	19	67	3
39 For those psychologists who are skilled in diagnosis, consultation with teachers (indirect service delivery) would be less effective than individual casework.	D	14	14	72	0
40 By working very much more frequently with teachers, and less with children, psychologists are likely to lose an important source of job satisfaction.	A	44	17	36	3
41 Consultants should be required to work towards the prevention of learning and behavioural problems.	A	83	6	8	3
42 Teachers do not mind psychologists regularly observing children in the classroom setting.	A	42	33	19	6

		DR	A %	N %	D %	DK %
43	Psychologists have difficulty in translating their assessment findings into useful teaching recommendations.	D	42	11	47	0
44	Psychologists would like to spend more time in consultation than has been possible in the past.	A	56	31	8	5
45	Social workers would like to spend more time in consultation than has been possible in the past.	A	47	39	3	11
46	Psychologists should use their knowledge of the psychology of learning to help teachers improve their teaching methods.	A	81	11	8	0
47	Psychologists should be able to conduct assessments which facilitate the development of instructional strategies for teachers.	A	89	6	5	0
48	Psychologists know the basics of behaviour modification, and applied behavioural analysis, but they would like to learn more about specific techniques involved.	A	67	11	17	5
49	Psychologists should become expert in the interpersonal skills and processes involved in shared problem-solving (i.e. collaborative problem-solving).	A	97	3	0	0

ETHICS

		DR	A %	N %	D %	DK %
50	Parents should be notified before any team discussion concerning their child is held.	A	67	14	19	0
51	Specific IQ scores should not be revealed to other GT members during meetings.	A	50	14	36	0
52	In matters of confidentiality, psychologists and social workers can rely on the integrity and discretion of other team members.	D	28	30	42	0
53	Serious problems (e.g. child abuse) should not be discussed in GT meetings.	D	44	3	53	0

APPENDIX E.1

School-based consultation questionnaire:
Ranked Key AGREE Statements[1]

Item no.		Total AGREE[2] response %	N	Mean	SD
24	The collective experience, resourcefulness and talent of the teachers of any school constitutes a great potential asset.	100	(36)	1,47	0,51
49	Psychologists should become expert in the interpersonal skills and processes involved in shared problem-solving (i.e. collaborative problem solving).	97	(36)	1,56	0,56
30	If teacher and consultant work together to clarify and define any given problem, consultation is very likely to be successful.	95	(36)	1,67	0,68
4	Deliberate steps should be taken to promote the development of teamwork in guidance teams.	94	(36)	1.53	0,81
32	The consultant should do his best to ensure that all consultation is done in a collaborative way.	92	(36)	1,78	0,76

1 These statements are those with which over 90% of respondents agreed.

2 AGREE = Total combined response per statement: Agree plus Strongly agree.

APPENDIX E.2

School-based consultation questionnaire:
Ranked Key DISAGREE statements[1]

Item no.		Total DISAGREE[2] response %	N	Mean	SD
36	If they are willing to implement recommendations made by the consultant teachers do not need to become really involved in the consultation process.	86	(36)	4,17	0,88
10	It is not really necessary for guidance team personnel to be taught problem -solving skills.	86	(35)	4,11	0,72
39	For those psychologists who are skilled in diagnosis, consultation with teachers (indirect service delivery) would be less effective than individual casework.	72	(36)	3,75	1,00
38	Teachers should be required to implement consultant recommendations, as long as the consultant is responsible for the outcome.	69	(35)	3,83	1,04
12	Guidance teams should be allowed to evolve in a natural, spontaneous way.	56	(34)	3,18	1,40

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1 These statements are those with which over 55% of respondents disagreed.

2 DISAGREE = Total combined response per statement: Disagree plus Strongly disagree.

APPENDIX E.3

School-based consultation questionnaire:
Ranked Key Neutral Statements[1]

Item no.		Total NEUTRAL response %	N	Mean	SD
14	Teachers willingly attempt to implement team recommendations.	53	(34)	2,53	0,66
45	Social workers would like to spend more time in consultation than has been possible in the past.	43	(32)	2,34	0,79
3	Class teachers participate actively during guidance team meetings.	42	(36)	2,44	0,61
9	Teachers appear to feel that the guidance team approach can be very effective in resolving classroom problems.	38	(32)	2,38	0,66
42	Teachers do not mind psychologists regularly observing children in the classroom setting.	35	(34)	2,71	0,97

1 Statements rated Neutral by 35% or more of respondents.

APPENDIX E.4

School-based consultation questionnaire:
Key "Divergence of Opinion" statements[1]

		Total percentage response		
		AGREE[2] %	DISAGREE[3] %	N
Item no.				
43	Psychologists have difficulty in translating their assessment findings into useful teaching recommendations.	42	47	(36)
20.4	Guidance teams can be very effective in the resolution of home problems.	35	42	(35)
53	Serious problems (e.g. child abuse) should not be discussed in guidance team meetings.	44	53	(36)
40	By working very much more frequently with teachers, and less with children, psychologists are likely to lose an important source of job satisfaction.	46	37	(35)
28	Teachers have too little time to implement strategies agreed upon during consultation.	48	35	(35)

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1 These statements are those over which the views of respondents were most divided. (Percentage response per item does not necessarily total 100% as "Neutral" response percentages have been excluded).

2 AGREE = Total combined response per statement: Agree plus Strongly agree.

3 DISAGREE = Total combined response per statement: Disagree plus Strongly disagree.

APPENDIX F.1.1

School-based consultation questionnaire:
Responses by Social Workers -
Statements on which unanimous agreement was indicated

Item no.		Unanimous response
6	Teams should systematically try to identify the underlying deficits of those children who have difficulty in learning.	Agree
10	It is not really necessary for GT personnel to be taught problem-solving skills.	Strongly agree
16	Many cases are referred for discussion before teachers have taken all reasonable steps to resolve problems themselves.	Agree

APPENDIX F.1.2

School-based consultation questionnaire:
Responses by Social Workers[1]
"Divergence of Opinion" statements[2]

Item no.

50   Parents should be notified before any team discussion concerning their child is held.

51   Specific IQ scores should not be revealed to other GT members during meetings.

53   Serious problems (e.g. child abuse) should not be discussed in GT meetings.

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1   $n = 4$.

2   In no instance did the ratings of any one respondent
    correspond with the ratings of any other respondent, on any of
    these three statements.

APPENDIX G.1

<u>School-based consultation questionnaire:</u>
<u>Raw Data: Frequency distribution per item</u>[1] <u>(N = 36)</u>

Item no.	SA	A	N	D	SD	SK
1	14	17	3	2	0	0
2	7	20	7	2	0	0
3	1	19	15	1	0	0
4	21	13	1	0	1	0
5	0	10	8	15	2	1
6	9	19	2	5	1	0
7	12	12	4	5	3	0
8	17	10	3	4	1	1
9	2	17	12	1	0	4
10	0	1	4	20	10	1
11	0	8	8	16	0	4
12	7	4	4	14	5	2
13	4	25	3	3	0	1
14	2	13	18	1	0	2
15	4	16	4	10	0	2
16	8	18	6	3	0	1
17	1	14	11	8	0	2
18	1	17	8	7	0	3
19	6	16	6	6	1	1
20.1	14	18	2	1	0	1
20.2	6	16	7	5	1	1
20.3	8	17	7	3	0	1
20.4	3	9	8	12	3	1
21	4	10	10	9	1	2
22	3	18	8	4	2	1
23	2	15	12	6	0	1
24	19	17	0	0	0	0
25	4	24	6	2	0	0
26	5	23	6	1	0	1
27	2	27	4	1	2	0
28	5	12	6	11	1	1
29	6	16	4	7	2	1
30	15	19	1	1	0	0

1 Column headings are as follows:

        SA = Strongly agree
         A = Agree
         N = Neutral
         D = Disagree
       SD = Strongly disagree
       DK = Don't know

Item no.	SA	A	N	D	SD	SK
31	9	18	2	6	1	0
32	13	20	1	2	0	0
33	1	13	11	9	0	2
34	6	3	11	9	7	0
35	2	19	9	5	1	0
36	0	3	2	17	14	0
37	4	19	7	4	2	0
38	1	3	7	14	10	1
39	1	4	5	19	7	0
40	9	7	6	11	2	1
41	8	22	2	1	2	1
42	3	12	12	6	1	2
43	2	13	4	14	3	0
44	3	17	11	2	1	2
45	5	12	14	1	0	4
46	10	19	4	2	1	0
47	13	19	2	2	0	0
48	7	17	4	6	0	2
49	17	18	1	0	0	0
50	10	14	5	4	3	0
51	6	12	5	12	1	0
52	3	7	11	15	0	0
53	6	10	1	15	4	0

APPENDIX G.2

<u>School-based consultation questionnaire</u>
<u>Percentage response profile per item</u>[1]

NOTE: "Don't know" responses have been excluded.

Item no.	Response profile[2]					
	SA %	A %	N %	D %	SD %	N
1	39	47	8	6	0	36
2	19	56	19	6	0	36
3	3	53	42	2	0	36
4	58	36	3	0	3	36
5	0	29	23	43	5	35
6	25	53	5	14	3	36
7	33	33	12	14	8	36
8	49	29	8	11	3	35
9	6	53	38	3	0	32
10	0	3	11	57	29	35
11	0	25	25	50	0	32
12	21	12	11	41	15	34
13	11	71	9	9	0	35
14	6	38	53	3	0	34
15	12	47	12	29	0	34
16	23	51	17	9	0	35
17	3	41	32	24	0	34
18	3	52	24	21	0	33
19	17	46	17	17	3	35
20.1	40	51	6	3	0	35
20.2	17	46	20	14	3	35
20.3	23	49	20	8	0	35
20.4	9	26	23	34	8	35
21	12	29	29	27	3	34
22	9	51	23	11	6	35
23	6	43	34	17	0	35
24	53	47	0	0	0	36
25	11	67	17	5	0	36
26	14	66	17	3	0	35

1Percentages rounded.
2 Key: SA = Strongly agree
         A = Agree
         N= Neutral
         D = Disagree
        SD = Strongly disagree
         N = Total no. of respondents

Item no.	Response profile					
	SA %	A %	N %	D %	SD %	N
27	6	75	11	3	5	36
28	14	34	17	32	3	35
29	17	46	11	20	6	35
30	42	53	2	3	0	36
31	25	50	5	17	3	36
32	36	56	2	6	0	36
33	3	38	32	27	0	34
34	17	8	31	25	19	36
35	6	52	25	14	3	36
36	0	8	6	47	39	36
37	11	53	19	11	6	36
38	2	9	20	40	29	35
39	3	11	14	53	19	36
40	26	20	17	31	6	35
41	23	63	5	3	6	35
42	9	35	35	18	3	34
43	6	36	11	39	8	36
44	9	50	32	6	3	34
45	16	38	43	3	0	32
46	28	53	11	6	2	36
47	36	53	5	6	0	36
48	20	50	12	18	0	34
49	47	50	3	0	0	36
50	28	39	14	11	8	36
51	17	33	14	33	3	36
52	8	19	31	42	0	36
53	16	28	3	42	11	36

APPENDIX G.3

<u>School-based consultation questionnaire:</u>
<u>Statistical information per item</u>

Item	N =	Mode	Median	Mean	Standard deviation
1	36	2,00	2,00	1,81	0,82
2	36	2,00	2,00	2,11	0,79
3	36	2,00	2,00	2,44	0,61
4	36	1,00	1,00	1,53	0,81
5	35	4,00	3,00	3,26	0,95
6	36	2,00	2,00	2,17	1,06
7	36	1,00	2,00	2,31	1,31
8	35	1,00	2,00	1,91	1,15
9	32	2,00	2,00	2,38	0,66
10	35	4,00	4,00	4,11	0,72
11	32	4,00	3,50	3,25	0,84
12	34	4,00	4,00	3,18	1,40
13	35	2,00	2,00	2,14	0,73
14	34	3,00	3,00	2,53	0,66
15	34	2,00	2,00	2,59	1,05
16	35	2,00	2,00	2,11	0,87
17	34	2,00	3,00	2,77	0,86
18	33	2,00	2,00	2,64	0,86
19	35	2,00	2,00	2,43	1,07
20.1	35	2,00	2,00	1,71	0,71
20.2	35	2,00	2,00	2,40	1,04
20.3	35	2,00	2,00	2,14	0,88
20.4	35	4,00	3,00	3,09	1,15
21	34	2,00	3,00	2,79	1,07
22	35	2,00	2,00	2,54	1,01
23	35	2,00	3,00	2,63	0,84
24	36	1,00	1,00	1,47	0,51
25	36	2,00	2,00	2,17	0,70
26	35	2,00	2,00	2,09	0,66
27	36	2,00	2,00	2,28	0,85
28	35	2,00	3,00	2,72	1,15
29	35	2,00	2,00	2,51	1,17
30	36	2,00	2,00	1,67	0,68
31	31	2,00	2,00	1,67	0,68
32	32	2,00	2,00	1,78	0,76
33	33	2,00	3,00	2,82	0,87
34	34	3,00	3,00	3,22	1,33
35	35	2,00	2,00	2,56	0,91
36	36	4,00	4,00	4,17	0,88
37	37	2,00	2,00	2,47	1,03
38	35	4,00	4,00	3,83	1,04

Item	N =	Mode	Median	Mean	Standard deviation
39	36	4,00	4,00	3,75	1,00
40	35	4,00	3,00	2,71	1,32
41	35	2,00	2,00	2,06	0,97
42	34	2,00	3,00	2,71	0,97
43	36	4,00	3,00	3,08	1,16
44	34	2,00	2,00	2,44	0,86
45	32	3,00	2,00	2,34	0,79
46	36	2,00	2,00	2,03	0,94
47	36	2,00	2,00	1,81	0,79
48	34	2,00	2,00	2,27	0,99
49	36	2,00	2,00	1,56	0,56
50	36	2,00	2,00	2,33	1,24
51	36	2,00	2,50	2,72	1,19
52	36	4,00	3,00	3,06	0,98
53	36	4,00	4,00	3,03	1,36