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Mental health service delivery systems and perceived qualifications of mental health service providers in school settings

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Mental Health Service Delivery Systems and Perceived Qualifications of Mental Health Service
Providers in School Settings

by

Decia Nicole Dixon

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
Department of Psychological and Social Foundations
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school mental health

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DEDICATION

This dissertation is dedicated to my amazing family and friends who have supported me on this journey of enlightenment. I could not have endured this long road without your support, encouragement, and prayers. To God, who has always guided my footsteps towards my destiny. To my mother, Donna G. Dixon, who has provided me with unconditional support, financial resources, and encouragement, without you, I would not be where I am today. This moment is as much yours as it is mine. To my father, Thomas D. Dixon Jr., I thank you for your advice, wisdom, and support throughout this graduate process. I am appreciative that you have always been in my corner. My paternal grandmother, Marjorie Dixon, your character of strength and tenacity is what fueled my desire to achieve my highest dreams. Thank you for being a role model. To three of my close friends, Vikki Barno, Tori Watley, and Jerry Minor-Gordon, I thank you for your daily, weekly, and/or bi-weekly calls of encouragement. You endured the many moments of graduate school with me from afar and your constant words of love helped me to successfully complete this process. To my other friends from undergraduate and graduate school, my maternal and paternal family---past and present, and those individuals that I have met along life's journey, I thank you as well. Each of you have touched and shaped my life in some way and has brought me to this moment.

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MENTAL HEALTH SERVICE DELIVERY SYSTEMS AND PERCIEVED
QUALIFICATIONS OF MENTAL HEALTH SERVICE PROVIDERS IN
SCHOOL SETTINGS

Decia Nicole Dixon

ABSTRACT

Latest research on the mental health status of children indicates that schools are key providers of mental health services (U.S. Department of Health and Human Services, 2003). The push for school mental health services has only increased as stakeholders have begun to recognize the significance of sound mental health as an essential part of academic success (Adelman & Taylor, 2002). However, while schools are recognized as playing an important role in the delivery of mental health services, it is not well understood about the types of mental health services provided, qualifications of providers, and the link to student outcomes (United States Department of Health and Human Services, 2003).

The present study examined Florida school mental health service providers' perceptions about the types of mental health services provided in schools and school mental health service providers' qualifications to provide such services. Additionally, the study investigated the agreement about providers' qualifications to provide mental health services between providers, supervisors, and directors. Finally, this study investigated the perceptions of providers regarding the impact of mental health services on student outcomes.

Results revealed that school mental health service providers considered several services, such as family counseling and mental health consultation, to be school mental health services.

Services typically not viewed as mental health services were assessments, consultation improving academic concerns, early-intervention, universal screenings, and specialized intervention. School psychologists were the only mental health professional to receive a unanimous agreement from school mental health providers that they were most qualified of the three professionals to deliver a service (e.g., assessment). Additionally, with the exception of school psychologists, there was no consistency reported between administrators and school mental health service providers about providers' qualifications to deliver services. The following variables moderated perceptions about the qualifications of school mental health service providers: school level, SES status of school, and degree level. Lastly, school level and SES status of the school did not moderate perceptions about the impact of mental health services on academic and behavioral outcomes.

CHAPTER ONE

INTRODUCTION

Statement of the Problem

Reform movements and recent policy and legislation have created an educational climate that is driven by accountability, demonstrated through positive student outcomes (U.S. Dept. of Education, 2001). Services and programs must demonstrate data-based, student-driven outcomes of success, in order to be supported by district and school leaders (U.S. Dept. of Education, 2001; Pub L. No. 108-446). Policy and legislation changes have supported a more ecologically oriented approach to student concerns to ensure that we meet the social, emotional, and behavioral needs of children and adolescents and promote school success. For example, legislation such as The Elementary and Secondary Education Act of 2001, No Child Left Behind (NCLB) (U.S. Department of Education, 2001) holds schools accountable for creating environments in which *all* students can succeed, academically and behaviorally. The No Child Left Behind (NCLB) Act of 2001 (U.S. Dept. of Education, 2001) provides schools with the flexibility to use their resources where they are needed most to improve schooling. These resources may include universal mental health services for improving educational outcomes. The Individuals with Disabilities Education Improvement Act (IDEIA 2004; Pub. L. No. 108-446) ensures that children with disabilities receive a free and appropriate education. It also requires schools to provide mental health services to students in special education when those services are necessary for a student with a disability to profit from his or her educational experience.

Traditionally, mental health services have not been linked to the promotion of successful educational outcomes (School Mental Health Alliance, 2005). Educators in the past and present

have viewed school mental health services and staff (i.e., social workers, psychologists, and counselors) as “add-ons” or “optional supplements” (School Mental Health Alliance, 2005). This view of school mental health, as being “non-academic” has been strengthened in light of NCLB and IDEIA 2004, Just Read, Florida!, Reading First, adequate yearly progress, and school grades, all of which have narrowed the focus of school-based activities to promoting student academic performance (Batsche, Beam, Castillo, & Dixon, 2005). In order for school mental health services and staff to be seen as a valuable asset to the educational system, school mental health service providers must demonstrate competence and skills in the provision of services which are believed to be linked to student outcomes (Dixon, 2007). However, to increase the perceived effectiveness of school-based mental health services, school mental health service providers must do more than just demonstrate a level of competence to provide those services that are linked to student outcomes. School mental health service providers must also assess district and school leaders’ beliefs about the qualifications of school mental health service providers (based on their training and skills) to deliver services which impact student outcomes. Research by Joyce and Showers (1988) has suggested that the beliefs of educators about their own or others social competence, impacts the ease with which knowledge is transferred to actual practice. Thus, the beliefs held by district and school leaders about the qualifications of school mental health service providers to deliver services which address the mandates of legislation will ultimately impact the *actual* practices of school mental health service providers.

In the study by Dixon (2007) district leaders identified effective mental health services (e.g., interventions) that were recognized in research as improving student outcomes. However, these were *not* the mental health services that district leaders perceived school mental health service providers as qualified to provide. Instead, district leaders believed that the mental health services that school mental health service providers were qualified to provide were those that were *not* strongly linked to improving student outcomes (Dixon, 2007). Interestingly, however,

what was observed in the investigation (Dixon., 2007) was that there may have been a relationship between district leaders' perceptions about providers' qualifications to deliver services (e.g., normative assessments) and the services that were actually provided in their district. It seems as though school mental health service providers, in some cases, only delivered those services which district leaders believed they were qualified to provide, despite the fact that it may not have been linked to improving student outcomes. Thus the results from the study suggested that district leader's *beliefs* about school mental health service providers' qualifications to deliver mental health services may have been related to the *actual* delivery of mental health services in school settings (Dixon, 2007).

Research has also shown that district leader's beliefs about school mental health services impacts how those services are prioritized in school settings (Adelman & Taylor, 2002). Literature has shown that district and school leaders place a low priority on addressing the mental health needs of students (Adelman & Taylor, 2002). It can be hypothesized from the Dixon (2007) study that based on the beliefs district leaders have about school mental health service providers' qualifications to deliver services and the impact of those services on student outcomes, that the word "school mental health service" conveys a non-academic focus to service delivery (Dixon, 2007). Therefore, it can be understood why school mental health services are believed to not address the mandates of legislation of improved student outcomes and thus are often at the bottom of the priority list for district mandates (Adelman & Taylor, 2002).

What research (Adelman & Taylor, 2000) has indicated, however, is that *effective* school mental health services have the potential to address the mandates of NCLB and IDEIA. Research has suggested that there is a strong relationship between effective school mental health services and student outcomes (Adelman & Taylor, 2000). In addition, student mental health problems can serve as a barrier to student learning (Adelman & Taylor, 1999). This is problematic because the mental health needs of our children are increasing. This escalation is particularly evident for

children, specifically minority children, from low-income, urban or rural environments. Adelman and Taylor (2006) suggested that children of low-income status from urban or rural settings are less likely to have access to mental health care than other groups of children. When these children do receive services, they are often of poorer quality than those received by children of middle class parents (U.S. Department of Health and Human Services, 1999). Thus this escalation in child mental health needs requires mental health professionals (i.e., school psychologists, school counselors and school social workers) in schools to identify effective mental health services that promote both academic and behavioral success.

Research consistently demonstrates that improvement in the social, emotional, and behavioral well-being of a child is significantly related to higher levels of academic achievement, as well as lower rates of aggression, criminality, and mental illness (Owens & Murphy, 2004). Further, according to Owens and Murphy (2004) universal, school-based intervention programs that teach positive social, emotional, and behavioral skills have been found to improve students' academic performance and social adjustment (e.g., decline in office referrals and disruptive behaviors). Mash and Barkley (2003) state that when children are not successful in school they are at risk for a variety of mental health problems.

Willcutt and Pennigton (2000) examined the mental health outcomes of children who read on grade level compared with those who did not read on grade level. They found that children who had a reading disability presented significantly higher levels of anxiety and depression, compared with children who read on grade level. Kellam, Rebok, Mayer, Ialongo, and Kalodner (1994) found that a failure to master core developmental tasks, such as reading, in the early primary grades contributed to higher levels of depression in individuals. It is hypothesized that when a child fails to meet his or her expected developmental norms, distress or unhappiness, peer rejection, poor academic performance, school dropout or delinquency emerge (Masten & Curtis, 2000). Schools have the potential, however, to help children and youth to

develop the competencies to be successful and to ameliorate many of the problems that are associated with adaptational failure (Mash & Barkley, 2003).

Mental health issues which adversely impact children's academic performance include internalizing problems (e.g., depression and anxiety) and externalizing problems (e.g., conduct disorder, oppositional defiant disorder, and attention deficit hyperactivity disorder). Ecological factors such as family issues (e.g., domestic violence, child abuse, and divorce), substance abuse, stress, and lack of family and school support also impact children. Finally, a lack of behavioral, emotional, and/or social skills needed to succeed in schools adversely impact student academic performance (Florida Department of Education, 2000; Kestenbaum, 2000). In fact, current studies report that roughly 18% to 22% of children and adolescents experience serious difficulty in their psychosocial functioning at any given time in the United States (Dore, 2005). In addition, 5% to 8% of these children experience difficulties serious enough to be considered a mental illness. Thus, it is estimated that 4 million children and adolescents in the United States are in need of mental health services and treatment (Dore, 2005).

Although there are many children and adolescents in need of mental health treatment, research has shown that 79% of children aged 6 to 17 years-old with mental disorders do not receive mental health care in a school or community setting (Katoaka, 2002). Evidence provided by the World Health Organization (2005) states that by the year 2020, childhood psychiatric disorders will rise by over 50 percent. Childhood psychiatric disorders are expected to become one of the five most common causes of morbidity, mortality, and disability among children (Shaffer et al., 1996).

The societal cost of untreated mental health problems among our children and adolescents is immense. Research suggests that children with mental health issues are much less likely to achieve academic success and have higher rates of school drop out (Adelman & Taylor, 2001). It is estimated that nearly 38% of the nation's students withdraw from school every year

(Freudenberg & Ruglis, 2007). Early withdrawal from school is a loss for both the individual and the community. Adverse, long-term outcomes for high school dropouts include a reduced potential to be successful contributors to society and increased potential for unemployment, welfare, poverty, imprisonment, and other social services (Bridgeland, Dilulio, & Morison, 2006). In economic terms, Cohen (1998) estimated that a single high school drop out can cost as much as \$243,000 to \$388,000 in tax-based support over a lifetime.

The aforementioned data explain why schools should not ignore the mental and physical health factors which impact academic and behavioral outcomes of students. To address student's academic needs schools must reorganize to meet the needs of the "whole" child (Fine & Gardner, 1997). Thus, a paradigm shift is required of all professionals in schools. It is important that school leaders and personnel recognize that schools are the most logical site for the delivery of mental health services (Weist, Paskewitz, Warner, & Flaherty, 1996). Children and youth spend a great deal of time in school settings and schools are one of the few stable institutions that exist in impoverished, rural, and underserved areas (Weist et al., 1996). Services offered in schools are more accessible and affordable than off-site centers, such as community-based mental health centers (Weist et al., 1996).

Although research has shown that schools reduce many of the barriers (e.g., transportation and financial problems) that limit access to mental health care to those children who need them the most (Weist et al., 1996), school district stakeholders (e.g., school boards) are often still reluctant to provide mental health services to children and youth. Many schools leaders do not believe that schools are in the business of providing mental health care. Rather schools are in the business of ensuring academic achievement (Adelman & Taylor, 2002). However, according to the Center for Mental Health in Schools (2002), a school-based mental health "need" is any concern or problem that produces a barrier to learning. Mental health services in schools

are the services that remove those barriers to learning and address the primary concern of the school, *student achievement*.

School-based mental health services are not limited to only counseling, consultation, and services traditionally affiliated with mental health. Mental health services in schools also include time management or study skills sessions, which address educational difficulties that impede a student's learning and mental health (Center for Mental Health in Schools, 2002). As schools move forward to address the challenge established by NCLB (U.S. Department of Education, 2001), important questions should be raised regarding the most effective strategies that promote school success. How schools choose to define and deliver mental health services ultimately will determine the relationship between mental health services and student academic and behavioral outcomes.

Traditional mental health services include intervention services (e.g., individual or group counseling, crisis intervention, family services) that address behavioral and/or emotional issues of students. These services typically are not provided until a student demonstrates behavior that precipitates referral (i.e., wait to fail model). In contrast, non-traditional mental health services take more of a prevention focus to service delivery and seek to provide all students with critical skills needed to be successful in an educational environment. Non-traditional mental health services are any services which improve student academic or behavioral outcomes, thus preventing mental concerns related to academic or behavioral failure. Non-traditional mental health services include services such as academic assessment (e.g., curriculum based measurement) and intervention or behavioral assessment or interventions (e.g., social skills training) (Batsche, Castillo, Dixon, & Beam, 2005).

School psychologists, school social workers, and school counselors are the providers of these traditional and non-traditional mental health services in school settings (Koller & Bertel, 2006). The professional standards developed by each of their respective professional associations

support their role in the delivery of mental health services (Koller & Bertel, 2006). In addition, each of the school mental health service providers professional associations have established provider to student ratios which maximize their ability to provide adequate services to students. The recommended school psychologist to student ratio is 1:1000, the recommended school counselor to student ratio is 1:560, and the recommended school social worker to student ratio is 1:2000 (Kestenbaum, 2000; Curtis, Grier, Abshier, Sutton, & Hunley, 2002; Franklin, 2000). When the school mental health service provider to student ratio exceeds the recommended ratios, it becomes challenging for the school mental health service provider to deliver effective services for students.

School-Based Mental Health Service Delivery System

Theoretical Basis of Study

Checkland (1997) defines a *system* as a collection of organized parts or *subsystems* that function together in order to accomplish an overall goal. A system is composed of various interrelated, interdependent parts or subsystems, each of which contributes to the functioning of the overall system. If there is any disconnect in the effectiveness or efficiency within or across subsystems then there will be consequences in other parts of the system and for the system as a whole (Brown & Harvey, 2006). In a *school mental health system* some of the *subsystems* are: 1) mental health service providers, 2) mental health services delivered, 3) educational legislation, related to school mental health, and 4) student outcomes as a result of the delivery of school mental health services. Legislation such as IDEIA and NCLB have impacted the school mental health system by emphasizing the importance of meeting the social, emotional, and behavioral needs of youth to promote school success (U.S. Department of Education, 2001; IDEIA 2004; Pub.L.No.108-446). In addition, legislation and reform movements have placed an emphasis on utilizing trained mental health professionals who have the skills and knowledge to provide mental health services which will meet children's diverse needs (U.S. Department of Education, 2001).

However, according to the Center for Mental Health in Schools (2002) only those mental health services that are perceived by the school system to be linked to academic and behavioral outcomes will be emphasized for delivery.

An important principle of systems theory states that:

...a system's overall objectives are more important than the objectives of its elements [or subsystems] and thus conflicting objectives of subsystems are de-emphasized (Brown & Harvey, 2006, p.40)

Therefore, the mental health services which a district believes are related to successful student academic and behavioral outcomes will be the mental health services that are supported in a school-based mental health service delivery system. Additionally, those are the services that school mental health professionals are *expected* to be qualified to provide. A finding in the Dixon (2007) study indicated that district administrators consistently rated consultation as a mental health service that strongly impacted student outcomes. Thus, consultation was also the service most frequently provided in school districts and that which hired mental health service providers, were expected to be qualified to provide.

It is important to identify both the beliefs of the individuals who influence the system (i.e., district administrators of mental health services) and the school mental health service providers who are responsible for the delivery of these services. Identifying the beliefs of district leaders is important because they provide the link between mental health services and student outcomes. They also are expected to influence the job descriptions and priorities of school-based mental health service providers. Identifying the beliefs of school-based mental health service providers is important because they *reinforce* the link between school-based mental health services and student outcomes.

Therefore, based on what is mentioned above, the effectiveness of the school-based mental health services system declines when:

- a. School-based mental health service providers within the system are not qualified to provide the mental health services which district leaders perceive as impacting student outcomes. This was found in the Dixon (2007) study, where administrators rated intervention services as strongly impacting student outcomes, yet, none of the school-based mental health service providers were rated as qualified to provide this service.
- b. The mental health services that providers are rated as most qualified to provide are those services which are considered to not impact student outcomes. Dixon (2007) found that administrators rated normative assessments as a service which was not related to student outcomes; however, school psychologists were seen as most qualified to provide this mental health service versus other services.
- c. The mental health services that a school system believes impact student outcomes are those services that the school-based mental health service provider believes they are not qualified to provide based on their training and skills.

Rationale

Research suggests that school psychologists, school counselors, and school social workers play an important role in ensuring the success of children and adolescents (see for example, Gibelman, 1993). A closer examination of the qualifications of the school psychologist, school counselor, and school social worker reveals many similarities in job responsibilities and overarching competencies between the groups (Gibelman, 1993). However, as schools continue to make budgetary cuts, school mental health professionals are seeking ways to define the scope and sequence of their training and their qualifications to provide mental health services in an effective and efficient manner (Gibelman, 1993).

Previous research has indicated that the school psychologist provides primarily assessment-related services, some counseling, and consultation (Fagan & Wise, 2000). The school counselor provides individual and group counseling, guidance programs, assists with school-wide testing and academic scheduling, and helps school staff with children who have behavior or academic problems (Agresta, 2004). The school social worker provides support services for children and families, conducts social histories, and links families to community resources (Agresta, 2004).

Although previous research has examined the perceptions of school psychologists, school social workers, and school counselors regarding role preferences (Fagan & Wise; Nastasi, Varjas, Bernstein, & Pluymert, 1998; Curtis et al., 2002; Agresta, 2004; Burnham & Jackson, 2000; Franklin, 2000), a literature search found no previous studies which examined school-based mental health service providers' beliefs about their own *qualifications* to provide school-based mental health services or their perception regarding the impact of mental health services on student outcomes. As stated earlier, school-based mental health service providers reinforce the link, established by district leaders, between school mental health services and student outcomes. School-based mental health service providers that believe they are only qualified to provide services that district leaders believe do not impact student outcomes, jeopardize the future existence of school-based mental health services. In addition, they also increase the likelihood that district leaders will not see the importance of their role because of the nonexistent relationship between the services which they provide and improved student outcomes.

Previous research (Dixon, 2007) has been conducted to examine the beliefs held by directors and supervisors of student services regarding school mental health service providers' qualifications to provide mental health services and the impact of such services on student academic and behavioral outcomes. The results of the Dixon (2007) study revealed that directors and supervisors perceived school psychologists as being qualified to provide those mental health

services which are traditionally reported in the literature as aligning with their roles (Fagan & Wise; Nastasi et al., 1998; Curtis et al., 2002; Agresta, 2004; Burnham & Jackson, 2000; Franklin, 2000). More specifically, school psychologists were consistently perceived to be qualified to provide both normative assessment and consultation services. Surprisingly, however, for school counselors and school social workers, there was no consistency amongst the directors and student services supervisors regarding the mental health services which they were considered qualified to provide. In addition, they did not consider any school-based mental health service provider as qualified to provide intervention services. Interestingly, however, the study revealed that intervention services were perceived to have a strong impact on student outcomes. In conclusion, the results of the study by Dixon (2007) provided an illustration about a growing concern in the field of school mental health. The growing concern is whether district leaders believe school-based mental health service providers possess the needed skills, based on their training, to deliver services related to improved student outcomes. From this study, it was determined that the school-based mental health service providers were perceived to be qualified to provide mental health services which have not been found to directly impact student outcomes. It was concluded from this study, that future research was needed to investigate whether school based mental health service providers also believed that the services they were most qualified to provide, were services which did not impact student outcomes.

Thus, it was beneficial to examine the similarities and differences in the beliefs between school-based mental health service providers and school mental health district administrators regarding school mental health service providers' qualifications to provide mental health services. Examination of the consistency between the perceptions of these groups regarding the perceived impact of those services on student outcomes is also warranted. If school mental health service providers held similar beliefs as district leaders, then this would suggest evidence of a possible problem within the field of school-based mental health. To resolve this problem, school mental

health service providers would need intensive training and supervision in those areas, that impact student outcomes, but which they believed they were not qualified to provide independently. Providing training that addresses specific skills needed would be critical to the continued existence of the role of the school psychologist, school counselor, and school social worker. In addition, it would result in the delivery of an effective school mental health service system that resulted in improved student outcomes and addressed the mission of the educational system. Lastly, the results of this current study provided additional information about the current emphasis which was placed on school-based mental health services in Florida.

Purpose of Study

The purpose of this study was to investigate the perceptions of Florida school-based mental health service providers about which services are school mental health services and who (i.e., the school psychologist, the school counselor, and the school social worker) was perceived to be qualified to provide the specified services. Additionally, the study investigated the level of agreement between school-based mental health service providers, school-based mental health service supervisors, and directors regarding school mental health service providers' qualifications to provide specified mental health services. Finally, this study examined the perceptions of school-based mental health service providers regarding the impact of specific mental health services on student outcomes.

Research Questions

The following research questions were addressed in this study:

1. What is the level of agreement within and across school-based mental health service providers (i.e., school psychologists, school counselors, and school social workers) regarding what they believe to be a *mental health* service in K-12 school settings?
2. To what extent do school-based mental health service providers concur about who is best *qualified* to provide specified mental health services in K-12 school settings?

3. What is the level of agreement between school-based mental health service providers, school-based mental health service supervisors, and directors of student services/special education regarding who is best *qualified* to provide specified mental health services in K-12 school settings?
4. To what extent do district size, school level in which a provider is employed (i.e., primarily elementary schools, primarily middle schools, etc.), and SES status of school (Title I or Non Title I) moderate school mental health service providers' perceptions about who is best *qualified* to provide specified mental health services in K-12 school settings?
5. To what extent do years of professional work experience and highest degree in discipline moderate school mental health service providers' perceptions about who is best *qualified* to provide specified mental health services in K-12 school settings?
6. Does the school level and SES status of a school in which school-based mental health service providers practice moderate their beliefs about the *impact* of specified mental health services on student (a) academic outcomes and (b) behavioral outcomes?

Significance of Study

Findings from this study are expected to make a potential contribution to the field of school psychology, school counseling, and school social work and to the delivery of mental health services for students in several ways. First, findings of this study would lead to suggestions for training programs for school-based mental health service providers about the perceived skills and qualifications which school psychologists, school counselors, and school social workers believed they possessed and how similar or dissimilar those beliefs were in comparison to beliefs held by district administrators and/or supervisors of mental health services. Second, information from this study provided insight into the types of mental health services which were believed to be linked to student outcomes and thus had a higher priority in the mental health service delivery

system in schools. Third, this study offered information to national and state professional associations about mental health issues that needed to be addressed with regard to training, research, and professional practice. Fourth, it was important to compare the results of this study to the outcome of the previous study by Dixon, 2007 which examined the beliefs of administrators for several reasons. Comparing beliefs of administrators and school mental health service providers, informed whether the two groups (i.e., administrators and school mental health service providers) possessed similar or dissimilar beliefs about qualifications of school-based mental health service providers and the impact of mental health services on student outcomes. Knowledge about the similarities or differences in beliefs provided information about the impact which this has on the school mental health service delivery *system*. Finally, this study had the potential to inform stakeholders who could influence policy about the delivery of mental health services to students in school settings.

Definition of Terms

Mental Health

Mental health issues embody those characteristics and factors, which closely relate to mental well-being. The lack of mental well-being is characterized by an inability to adapt to one's environment and regulate behavior (Webster's, 2002). Mental health issues that adversely affect children's academic performance include: internalizing problems (e.g., depression and anxiety), externalizing problems (e.g., conduct disorder, oppositional defiant disorder, and attention deficit hyperactivity disorder), family issues (e.g., domestic violence, child abuse, and divorce), substance abuse, anger, poor social skills, and stress (Florida Department of Education, 2003; Kestsenbaum, 2000).

School Mental Health Services

School mental health services refer to services designed to ensure academic and behavioral success and also promote healthy cognitive, social, and emotional development and

resilience (including promoting opportunities to enhance school performance and protective factors). In addition school mental health services foster development of assets (e.g., responsibility, integrity, self-efficacy, social and working relationships, self-evaluation and self-monitoring, emotional and physical health maintenance) and personal well-being. The ultimate goal in providing school mental health services should be to address barriers to student learning and performance and provide support to assist students in being successful in their educational environment (Policy Leadership Cadre for Mental Health in Schools, 2001).

School Mental Health Service Providers

Professionals in schools who provide mental health services to students. The individuals were school psychologists, school counselors, and school social workers and are housed in the department of student services.

Qualified Professional

In this study, a “qualified” professional or service provider was defined as one needing minimal to no supervision to provide a mental health service based on their skills and knowledge acquired through their educational training.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The purpose of this chapter is to review relevant, existing research literature. This chapter explores the types of mental health services provided in schools and the relationship between mental health services and student outcomes. The perceptions regarding school-based mental health service providers and their roles in the mental health service delivery system are also examined. First, a review of the literature defining mental health services will be presented. Next, the history of child mental health services will be examined. The relationship between mental health and student outcomes will then be introduced. An examination of the role of school systems in mental health service will be presented. Finally, the role of the school psychologist, school counselor, and school social worker in the school-based mental health system will be examined.

Conceptualizing Mental Health and Mental Health Services

The United States Surgeon General defined mental health as “the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity” (U.S. Department of Health and Human Services, 2001). Specifically, mental health in childhood and adolescence is defined by “achieving expected developmental cognitive, social, and emotional milestones and developing secure attachments with others, having satisfying social relationships, and effective coping skills” (Hoagwood et al., 1996). Thus, when a person has positive mental health they are able to use their interpersonal strengths and skills to function in their daily life. It is only when these skills deteriorate, that mental health needs emerge and result in a struggle to cope with the challenges

and responsibilities of life. Eventually these difficulties can result in the person displaying an inability to perform the daily activities expected of them (U.S. Department of Health and Human Services, 2001).

Besides having an understanding of the definitions of mental health and mental health needs, schools, school staff, and community organizations must also have an understanding of the definition of a “school” based mental health need. The Center for Mental Health in Schools (2002) states that a school-based mental health “need” is any need or problem, which produces a barrier to learning. Mental health services in schools are those services that seek to remove those barriers to learning (Center for Mental Health in Schools 2002). Traditional mental health services include counseling, consultation, psychological skills training and crisis intervention. However, if mental health “needs” is defined as any problems that produce barriers to learning, then a broader view of mental health services might be necessary. This more expansive term of mental health services might include school based problem solving and/or intervention teams, academic tutoring, academic or behavioral interventions or study skills sessions, all of which are provided to improve a child’s competence.

Clearly, defining school mental health services is difficult when such a broad definition of school-based mental health “need” is posited. The Policy Leadership Cadre for Mental Health in Schools (2001) has recognized this difficulty and stated, “...even with a dictionary-type definition, individual interpretations would likely generate a hodge-podge of approaches” (p.3). Several professional associations have provided policy statements addressing mental health services in schools. In a position statement titled, “Mental Health Services in the Schools”, the National Association of School Psychologists (NASP) provided its perspective on mental health service delivery in schools:

The National Association of School Psychologists recognizes that school success is facilitated by factors in students’ lives such as psychological health, supportive social

relationships, positive health behaviors, and schools free of violence and drugs. Mental or psychological health in childhood and adolescence is defined by achieving expected developmental cognitive, social, and emotional milestones. Mental health is shown by the students' forming secure attachments, developing satisfying social relationships, and demonstrating effective coping skills. Mentally healthy children and adolescents enjoy a positive quality of life; function well at home, in school, and in their communities; and are free of disabling symptoms of psychopathology (NASP, 2003, p.1).

Although this position statement provides a conceptual overview of what defines mental health in children and adolescents, it does not specifically state what services should be provided. However, this position statement advocates for the inclusion of effective, comprehensive mental health services in the schools, emphasizing prevention and early intervention. Many national health and mental health organizations (U.S. Department of Health and Human Services (HHS), 1999; Center for Mental Health in Schools, 2002) have stated that mental health services must be included in school reform efforts to help students overcome barriers to learning. These barriers to learning may result from poverty, difficulties in the family, and/or social and emotional needs. The HHS position recognized that school systems are not responsible for meeting every need of students. When those needs adversely impact learning, however, schools must make every attempt to meet student's needs to facilitate academic progress (U.S. Department of Health and Human Services (HHS), 1999).

Health and human service provider organizations are not the only professional groups to recognize the relationship of mental health needs and school performance. The National School Board Association (1991) emphasized the important relationship of collaborative mental health services and its impact on learning:

Children's learning directly benefits from adequate social services and suffers when such services are not forthcoming. If the schools are to be held accountable for students'

academic achievement and preparation for the workplace, they have to have a vested interest in other factors that impact learning (p.16).

Thus, although there is no agreed upon definition of school-based mental health services, there is agreement that students have mental health needs which interfere with school performance. There is also agreement that schools must address those needs and that a cadre of strategies and delivery systems exist to accomplish that goal.

Historical Background of Child Mental Health

The United States, similar to the Western European nations, developed child-focused services to address what they considered to be child mental health needs, during the latter half of the 19th century and the beginning of the 20th century (Pumariiega & Vance, 1999). The combination of compulsory school attendance in the 1860's, the large numbers of immigrant children in the country, and poor child health and hygiene led to increased pressure on schools to provide children with psychological services (Hoagwood & Erwin, 1997, p.436). The establishment of child abuse laws in the 1880's and juvenile courts in the 1890's helped policy leaders to recognize the existing child mental health services which previously had been in place in society, were no longer adequate to address the needs of the complex and growing children's population of the United States (Pumariiega & Vance, 1999).

Counseling school-aged children who were juvenile offenders in juvenile court clinics was one of the earliest child mental health services. Before this, juveniles were imprisoned with adult offenders without any counseling services provided to them (Pumariiega & Vance, 1999). The first mental health clinic for children with a focus on school problems was founded in 1896 at the University of Pennsylvania (Pumariiega & Vance, 1999). Soon after, in 1898, the Chicago school board surveyed their children to determine the population's mental and physical characteristics. In response to the survey, the school board authorized for the development of a

“psycho-physical laboratory” to be open on Saturdays. By 1914, about 20 such school-based clinics were thought to be in existence in the United States (Hoagwood & Erwin, 1997).

In 1922, the Commonwealth Foundation conducted a study that recommended and funded the development of child guidance clinics throughout the United States of America. The clinics were initially staffed by social workers but soon attracted a wide variety of professionals, ranging from pediatricians to psychologists (Pumariiega & Vance, 1999). In 1930, the Pennsylvania State Department of Education developed the model for certification of school psychologists, whose primary purpose was to designate pupils as candidates for special education. By the 1950's schools began to provide physical and mental health services in addition to the standard guidance and vocational services. Professionals responsible for the delivery of these services refocused their efforts toward providing therapeutic and clinical services to students on a case by case basis. Later, in the 1960's educational value was tied to these services through the emphasis which was placed on physical and mental services in state mandates, increased funding, and professional goals and objectives. However, despite the growth of school-based mental health services, there was still little effort to fully integrate mental health and physical health programs in schools (Flaherty, Weist, & Warner, 1996). In 1975 with the congressional passing of the Education for All Handicapped Children Act (Education for All Handicapped Children Act; P.L. No. 94-142), students with disabilities were entitled to a free, appropriate public education. Under the subsumed special education services, related services (e.g., psychological services) were to be provided by the school district. These related services ranged from consultation to individual, group, or family counseling to speech/language, physical, and occupational therapy (Hoagwood & Erwin, 1999). In the 1970's, the related services being provided to students with disabilities began to be viewed more broadly (outside of PL 94-142) to include general education students (Hoagwood & Erwin, 1999). The provision of comprehensive services increased during the 1980's with the initiation of school based health clinics. Legislative changes were also influential

because they extended the availability of services to children from birth to age 5, as well as elementary, middle, and high school students.

The historical overview of child mental health services illustrates how both the educational system and the community have often made attempts to meet the mental health needs of students. However, as the mental health needs of students and families have grown and become more complex, the existing models of mental health service delivery have remained the same. As a result, the mental health needs of children and youth increasingly have been unmet (Hoagwood & Erwin, 1999).

Mental Health Needs of Children and Adolescents

As a nation, we are in amidst of a public crisis in caring for our children and their emotional, behavioral, and psychological needs. The U.S. Department of Health and Human Services (HHS) (1999) report that 1 out of every 5 children has a diagnosable mental, emotional, or behavioral disorder and 1 in 10 children suffer from a serious emotional disturbance. However, 79% of children aged 6-17 with mental disorders do not receive mental health care (Katoaka, 2002). It is reported, “Most children with mental health problems fail to receive appropriate treatment. Many of the six to eight million children in our nation who are in need of mental health interventions receive no care. For the children that receive services, perhaps 50 percent of those in need of treatment receive care that is inappropriate for their situation” (Flaherty, Weist & Warner, 1996, p. 342).

Statistics report that more children will be at-risk for social, emotional, and academic problems than ever before (Adelman & Taylor, 1998). For example, according to the Center for Disease Control (CDC), although the overall rate of suicide among youth has declined slowly since 1992, it remains unacceptably high at 9.5 per 100,000 suicides a year (CDC, 2007). Suicide is the third leading cause of death among young people ages 15 to 24 years. In 2001, 3,971 suicides were reported in this group (CDC, 2007). Homicide also remains a leading cause of

death for young people (CDC, 2007). In the United States, 71% of all deaths among people aged 10-24 years resulted from only four causes: motor vehicle crashes, other unintentional injuries, homicide, and suicide (CDC, 2007). Among youth in the United States between the ages of five and 19, there were 16 homicides that occurred at school in the years 1999-2000. There were also 2,124 homicides away from school during the same period (U.S. Department of Education and Justice, 2003). The National Crime Victimization Survey (Bureau of Justice Statistics, 2004) reported the average annual rate of violent crime continues to be highest among youth between the ages of 16 and 19 years. These youth were victimized at a rate of 55.6 per 1,000 people in 2002-2003 (Bureau of Justice Statistics, 2004). These alarming statistics signal a pressing need for mental health services in the schools for those youth that are underserved in our society.

It is reported that 21 percent of low-income children and adolescents ages 6-17 have mental health problems (Howell, 2004). HHS (1999) also reported that minority children are less likely to have access to mental health services than other groups of children. If they do receive services, they are often of poorer quality. For example, it is reported that 88% of Latino children do not receive needed mental health care treatment. Further, although Latino youth have the highest rate of suicide they are also less likely than other ethnic groups to be identified by a primary care physician as having a mental disorder. Similarly, African-American youth, who also have high rates of need, are more likely to be sent to the juvenile justice system for behavioral or emotional problems than placed in a mental health facility for treatment (US Department of Health and Human Services, 2000). Finally, children from all racial groups that come from impoverished, low income backgrounds are often not provided with adequate mental health care services, even though 50% of impoverished children are at risk for mental health problems (Adelman, & Taylor, 1998).

The Relationship between Mental Health and Student Outcomes

There has been a demonstrated relationship between early academic difficulties and mental health outcomes (Stipek, 2001; Good, Simmons, & Smith, 1998). The U.S. Surgeon General's report (U.S. Department of Health & Human Services, 1999) has also linked educational performance to mental health. The U.S. Surgeon General (1999) notes that mental health is a critical component of children's learning and general health and that fostering social and emotional health in children as a part of healthy child development must be a national priority (U.S. Department of Health & Human Services, 1999). The report also stated its commitment to "...integrating family, child, and youth-centered mental health services into all systems that serve youth" (U.S. Department of Health & Human Services, 1999, p. 124). One of these systems is the school, which is the sole, but presently inadequate, source of mental health service delivery for a number of students (Burns et al., 1995).

A legal mandate that has encouraged school mental health service delivery, is the Education for All Handicapped Children Act of 1975 (Education for All Handicapped Children Act; P.L. No. 94-142) which is known as Individuals with Disabilities Education Improvement Act of 2004 (IDEIA 2004; Pub. L. No. 108-446). This legal mandate states that school districts must provide a free and appropriate educational program to all handicapped children in the most least restrictive environment. The mandate also states that school districts should provide related services (e.g., counseling) to students who exhibit emotional or behavioral disorders and need the services to benefit from their education. This law has helped to strengthen the obligation of schools to provide appropriate educational services to children with emotional problems, leading to an expansion of mental health services in the schools (Flaherty, Weist, & Warner, 1996).

One way that schools can address the obligations of school mental health service delivery is by making children competent and fostering resilience within them. If a child is made competent in the tasks of childhood that they are expected to master, then many of the mental

health problems that may arise later in life, due to feelings of incompetence, are ameliorated. Many of the behavioral and emotional problems experienced in children's psychopathology are a result of adaptational failure. According to Mash & Barkley (2003), adaptational failure involves the exaggeration or diminishment of normal developmental expressions, interference in normal developmental progress, and failure to master developmental tasks, and/or use of non-normative skills as a way of adapting to regulatory problems or traumatic experiences. When children fail to adapt and develop a sense of competency by meeting the expectations in school or society they often have elevated rates of maladaptive behaviors.

The Impact of Student Performance on Mental Health

Research studies have shown that students experiencing academic and behavioral failure often have internal and external stressors (Policy for Leadership Cadre for Mental Health in Schools, 2001). Examples of such outcomes were documented in an empirical investigation by Willcutt & Pennigton (2000) that found children who failed to read at grade level, because of a reading disability, exhibited significantly higher levels of anxiety and depression, compared with children who read on grade level. Similar results were found in the study by Arnold et al. (2005), in which greater internalizing and externalizing behaviors and inattention existed among adolescents with poor reading ability relative to their typical reading ability peers. Another study by Tremblay et al. (1992) examined the relationship between student academic performance and conduct behavior problems. Tremblay et al. (1992) found that children who had experienced early academic failure were at a much higher risk for problems with delinquency regardless of whether the youth displayed disruptive behavior disorders. Petras et al. (2004) had similar findings in their study which investigated reading achievement and criminal behavior. The results from this study showed that students who were on a pathway towards increasing aggression and had high reading achievement in the first grade were less likely to exhibit criminal behaviors. They were also less

likely to have a criminal arrest than those with low levels of reading achievement and increasing aggressive behaviors.

Research has also shown that increasing a child's academic competency can significantly decrease their maladaptive behaviors. Scott & Shearer-Lingo, (2002) investigated whether increasing the reading achievement of students in a self-contained EBD classroom would simultaneously increase the student's behavior. The results of this study indicated that facilitating reading fluency in self-contained classrooms for students with serious emotional and behavioral disorders had positive effects on both their reading achievement and on-task behavior. In a study by Ginsburg-Block and Fantuzzo (1998) they found that when low achieving and performing third and fourth grade students were taught mathematics problem solving skills (e.g., strategies for solving problems and using manipulatives for math problems) and reciprocal peer tutoring was implemented, their academic motivation along with their levels of social competence was increased.

The Impact of Mental Health on Student Performance

School mental health services have also been shown to impact individual student-level outcomes (e.g., grades, retention, attendance, graduation) and system-level outcomes (e.g., reduction of inappropriate special education referrals, suspension/expulsion rates) (Bruns, Walrath, Glass-Siegel, & Weist, 2004). In an era of school accountability, school leaders often encourage services, which assist in the reduction of barriers to learning, in order to advance positive educational outcomes. Providing mental health services in schools has been shown to decrease the rate of special education referrals for children suspected of having emotional or behavioral difficulties.

Bruns et al. (2004) found that classroom teachers in expanded school mental health service schools were less likely to refer a student for special education because of emotional and behavioral difficulties than when they were in a school that did not provide comprehensive

mental health services. When mental health services were implemented in the Baltimore city schools, the researchers found that teachers were more likely to refer a child with suspected emotional or behavioral difficulties to a mental health professional employed at the school rather than refer them to a special education problem solving team.

Mental health services in schools have also been found to have a positive impact on the rate at which students are suspended from school (Atkins, et al, 2002). While suspension is used as a mechanism to maintain a safe school environment, suspensions are usually a result of aggregated minor offenses, which do not involve dangerous harm to any of the parties involved (Bruns, Moore, Stephan, Pruitt, & Weist, 2005). In fact, research has documented that suspension can make behavior problems worse because students may prefer to be out of school and therefore exhibit behaviors that ensure suspension (Atkins, et al., 2002). Unfortunately, schools often suspend the students who are in greatest academic, emotional, and economic need. Rather than finding services which promote the behavior change that these students need, suspension often places them in unsafe settings or settings which are restrictive and do not address their mental health needs (Atkins et al., 2002). Bruns et al. (2005) found that just having the presence of clinical staff from community agencies in a school did not decrease the overall suspension rates of students. However, providing school-based clinical mental health services alongside systematic interventions for behavior problems helped to reduce the rate of suspensions in schools. Such reductions were achieved by using targeted and well-implemented interventions such as classroom behavior management, social skills training, providing alternatives to suspension, and individual and group prevention programs for students at risk for suspension (Bruns et al., 2005)

It is important to note that previous research has shown that district administrators *do* recognize the positive impact which mental health services have on both student academic and behavioral outcomes. Dixon (2007) found that student services directors and supervisors rated consultation and counseling as mental health services which had the most impact on improving

both academic and behavioral outcomes. While authentic assessments, as a mental health service, was rated as having a strong impact on student academic outcomes and intervention services was rated as having a strong impact on student behavioral outcomes.

Importance of Mental Health Services in Schools

For children that have mental health needs, schools can serve as the ideal location for the provision of mental health services. All children, youth, and families have access to school settings, regardless of socioeconomic status. Providing mental health services in the schools eliminates many of the barriers (e.g., accessibility, acceptability, and funding), which keep children from receiving mental health services (Ambruster, Gerstein, & Fallon, 1997). Ambruster, Gerstein, and Fallon (1997) suggested that the negative stigma of receiving mental health services in communities decreases when services are offered at a school versus a clinic setting. However, students that receive services at school may also be placed at risk for a different form of stigmatization, that is, stigmatization by their peers. The issue of peer stigmatization, however, can be addressed through the implementation of programmatic safeguards (e.g., discretion, strategic scheduling of appointments, intervention implementation, private areas) (Taras et al., 2004).

Additional benefits of providing mental health services in school versus clinic settings are that school-based mental health services eliminate the need for transportation of students to and from off-site appointments. This convenience facilitates parent participation in mental health appointments because many parents live within walking distance of neighborhood schools. These advantages may encourage more parents to seek mental health treatment for their children. The convenience and comfort of accessing school mental health services may also promote a longer-lasting commitment to following through with all recommended treatment (Taras et al., 2004).

Of note, the provision of mental health services in schools provides school-based mental health service providers with the opportunity to improve accuracy of problem identification, as

well as assessment of progress after implementation of treatment (Taras et al., 2004). It has been noted that a major challenge in providing mental health services to students is accessing information about the student's functioning in diverse settings. Schools are an optimal setting for obtaining this information, because information can be acquired about how children deal with physical and social stressors, and how they perform in the academic setting. Also, we can examine student's engagement with non-academic activities (e.g., in sports, clubs, mentorship, etc), and their interpersonal relationships with others (e.g., adults, peers) (Taras et al., 2004).

Finally, many of the school mental health clinics accept Medicaid for eligible children and services such as counseling and social skills training can be provided for free to the child (Ambruster, Gerstein, & Fallon, 1997). Schools have also been shown as the most optimal place for developing psychological competence and teaching children to make informed and appropriate choices concerning their health, education, and many other aspects of their lives (NASP, 2003).

Mental Health Services in K-12 Settings

Even though some district leaders recognize that mental health services can have a positive impact on student outcomes, there continues to be an ongoing debate about whether schools should have to provide mental health services to meet *all* the mental health needs of children. According to the Policy Leadership Cadre for Mental Health in Schools (2001), the school's focus is education, not mental health. The results of the studies by Scott and Shearer-Lingo, 2002; Ginsburg-Block and Fantuzzo, 1998; Arnold et al., 2005; Tremblay et al., 1992; and Petras, et al., 2004 suggest, however, that increasing academic competencies increases mental health outcomes and the studies by Bruns et al., 2005 and Bruns et al., 2004 suggest that increasing students' mental health has a positive impact on student outcomes. These results suggest that schools should focus on providing mental health services in the school because the

school mental health service delivery outcomes are linked to the mission of education, which is increased academic competency.

The Leadership Training: Continuing Education for Change (2003) states that school personnel and community members must view effective mental health services in schools differently. According to the Policy Leadership Cadre for Mental Health in Schools (2001) effective mental health services are not just about diagnosing students with problems, providing therapy and behavior change, connecting community school-based mental health service providers with schools or even just about empirically supported treatments. Rather, effective mental health services encompass other services such as, programs which promote social-emotional development, increase academic and behavioral competence, prevent mental health problems, enhance resilience, and increase protective buffers (Policy Leadership Cadre for Mental Health in Schools, 2001). To this end, school-based mental health assessment and intervention are undergoing significant transformation. Traditionally, the assessment and intervention of emotional and behavioral problems has been what some call the “wait-to-fail” model of assessment and intervention (Kratochwill, 2007). This means that children first must show signs of academic delay or failure before they are assessed for contributory factors, including social and emotional problems. A new framework, “Response to Intervention,” has been advanced as an alternative to the traditional approach. Instead of waiting for children and adolescents to demonstrate significant problems, this model emphasizes early detection and early intervention before the problems become serious (Shirk & Jungbluth, 2008). Early intervention is successful, in that it addresses mild psychosocial problems quickly and thereby prevents unnecessary entry into special education (Foster, Rollefson, Doksum, Noonan, & Robinson, 2005). Addressing psychosocial problems early will allow students to be successful in the classroom and decrease or eliminate the occurrence of secondary problems related to mental

health such as learning, attention, attendance problems, and the rate of student drop-outs (Leadership Training: Continuing Education for Change, 2003).

Early intervention services, such as bullying prevention programs, conflict resolution, positive behavioral support, and character education are universal prevention services, which are expected to meet the needs of most of the school population. These universal prevention services use the available resources of the school to promote a learning environment in which the teacher is able to effectively teach and the students are able to effectively learn. An environment that provides effective mental health services is characterized by a climate of mutual caring and respect, acceptance of responsibility, clear expectations, and high personal and academic standards paired with essential resources and supports (Leadership Training: Continuing Education for Change, 2003). The secondary level of effective mental health services addresses individual differences in motivation and development of each particular student, so students can succeed in the positive environment, which has been established for them. The more a school provides a comprehensive range of services and interventions, the more likely the learning, emotional, and behavioral problems will be prevented or identified early after the onset. For those more serious problems, which impede learning, the students will receive intensive, corrective interventions (Leadership Training: Continuing Education for Change, 2003). The emotional and academic success of our children in school depends on this type of effective mental health service delivery.

School-Based Mental Health Service Providers and Mental Health Services in Schools

It is critical for the implementation of effective mental health services, that mental health practitioners are confronted about the current fragmentation of services, which marginalize mental health services in schools. There is a need for collaboration and professional teamwork among the three mental health professional groups that are housed under the student support services: school psychologists, school counselors, and school social workers (Center for Mental

Health in Schools, 2002). The role of each school-based mental health practitioner will be examined separately and connected to their current role as a provider of mental health services in the school.

School Psychologist

With the development of The Education for All Handicapped Children Act in 1975 (Education for All Handicapped Children Act; P.L. No. 94-142), the provision of psychological services became mandatory in the schools (Thomas, Levinson, Orf, & Pinciotti, 1992). These services have typically been provided in most schools by school psychologists (Thomas, Levinson, Orf, & Pinciotti, 1992). Early history has depicted the school psychologist's role as primarily assessment. The first psychologist, Arnold Gesell, was appointed with the title of school psychologist and hired in 1919 by a Connecticut school to assess children with need (Pumariega & Vance, 1999). After the enactment of P.L. No. 94-142, in 1975 school psychologists became more closely identified with testing and special education placements (Fagan & Wise, 2000).

The role of the school psychologist has been redefined and expanded over the past 20 years. This role expansion includes consultation, counseling and behavior modifications, and research and evaluation (Nastasi, Varjas, Bernstein, & Pluymert, 1998). Despite the opportunities for role expansion, Fagan and Wise (2000) report that assessment-related duties still occupy much the school psychologist's time. A study conducted by Curtis, Grier, Abshier, Sutton, and Hunley (2002) revealed that, school psychologists spend roughly 41% of their time in assessment, 25% in report writing, 25% in meetings, and 8% in other activities.

The National Association of School Psychologists (NASP) establishes standards for credentialing and training in school psychology. According to NASP the current roles of a school psychologist include: (a) assessment, (b) consultation, (c) prevention, (d) education, (e) health care provision, (f) research and planning, and (g) intervention. Intervention includes mental

health services such as social skills training, crisis intervention, mediation, counseling, and consultation (NASP, 2003).

School psychologists can assume key roles in the development, implementation, and evaluation of school-based mental health programs (Nastasi, Varjas, Bernstein, & Pluymer, 1998). Nastasi, et al (1998) identified seven key roles the school psychologist can assume in delivering mental health services in schools. These key roles are:

“... (i) prevention specialists who help teachers and school administrators foster the development of competent (mentally healthy) individuals. (ii) Child advocates who assist schools in establishing mechanisms for identifying and treating students with psychiatric disorders. (iii) Direct service providers to help children with emotional disorders such as depression and to families who have preschoolers that are at risk or have disabilities. (iv) Trainers of teacher consultants that will extend the scope of consultation services in schools. (v) Health care service providers; (vi) system-level interventionists, and (vii) organizational facilitators in school reform and interagency collaboration.” (p. 217-218).

Clearly, school psychologists can provide mental health services in addition to traditional assessment. Studies have investigated administrators' views on the role of school psychologists in providing mental health services. In a study conducted by Cheramine and Sutter (1993), 80 special education directors evaluated the role of the school psychologist, the effectiveness of mental health service delivered by school psychologists, and the job activities in which school psychologists were expected to be involved. The results of the study revealed that consultation was the most common function of school psychologists. The mental health services that they believed school psychologist commonly provided were assessment, consultation, and handling crises. However, the directors believed that school psychologists should become more involved in the areas of counseling and consultation services. Similar results were found in the study conducted by Hartshorne and Johnson (1985) which revealed that administrators wanted school

psychologists to engage in more counseling services. It was hypothesized that school psychologists were not engaging in the services expected of them because of lack of training and time (Hartshorne and Johnson, 1985). Many of the studies in the last 30 years have attempted to determine the role and qualifications of school psychologists. What the results overwhelmingly reveal is that school psychologists are often viewed as psychometricians but that school psychologists would prefer a role expansion (Fagan, 1986; Fisher, Jenkins, & Crumbley, 1986; Cheramine and Sutter, 1993; Curtis et al., 2002; Curtis, Hunley, Walker, & Baker, 1999; Gilman & Gabriel, 2004).

In another study by Gilman and Gabriel (2004), 1,710 teachers, school psychologists, and administrators were surveyed about the school psychologist's role as a mental health professional. The results of the study revealed that more teachers, school psychologists, and administrators desired school psychologists to be more involved in individual counseling, group counseling, and crisis intervention. They also desired that school psychologists have an increased involvement with regular education students, parent consultation, and parent workshops. However, although teachers and administrators "desired" more involvement in these different areas of mental health service delivery, they still "expected" that the school psychologist would primarily be involved in assessment-related activities (Gilman & Gabriel, 2004). It is also notable the results of this study revealed that teachers perceived the role of the school psychologist as less helpful to students than administrators (Gilman & Gabriel, 2004). This could be a result of teachers desiring school psychologists to be involved in more activities like consultation and counseling yet expecting the school psychologist's role is actually to provide more traditional assessment services.

Dixon (2007) investigated the perceived qualifications of school psychologists to provide mental health services, as reported by Florida directors and supervisors of student services (i.e., psychology, counseling, and social work). The results revealed that school psychologists were perceived by student services directors and supervisors as being somewhat qualified to qualified

to provide a number of different mental health services. However, similar to previous studies about the role of school psychologists, directors and supervisors both rated school psychologists as having the highest qualifications to provide normative assessments. What is promising, however, was that student services directors and supervisors perceived school psychologist as being qualified (needing only minimal supervision) to provide services in addition to normative assessment such as consultation, counseling, and ‘Other’ services (e.g., behavioral observations).

When the perceptions of administrators and school psychologists are compared about the actual role of school psychologists, we find similar trends. Hosp & Reschly (2002) cite that school psychologists report that they actually spend approximately one half to two thirds of their time involved in eligibility activities such as assessment, IEP meetings, and other assessment-related conferences. However, school psychologists report that they would prefer to engage in equal amounts of assessment, direct intervention, consultation, and research. Similarly, Roberts and Rust (1994), found the school psychologists revealed spending 66.8% of their time involved in assessment activities and approximately 17.6% of their time was spent engaged in providing intervention services. In addition, the desired mental health role of school psychologists was to spend more time engaged in intervention based activities and less time involved in assessment (Roberts & Rust, 1994). This is interesting, when we compare this result to the finding from Dixon (2007) which revealed that directors and supervisors of student services did not rate school psychologists (or school counselors and school social workers) as qualified enough to provide intervention services without supervision or minimal supervision.

Thus the perceptions of the school psychologist, as an expert of assessment, could serve as a barrier to the school psychologist’s expanded role as a mental health service provider. To overcome this barrier, research must identify whether school psychologists believe they have the necessary skills to be successful in roles outside assessment. If they believe they possess those critical skills, then school psychologists will need to “sell” their expanded skills as mental health

professionals. Lastly, they will need to help teachers become aware of the types of mental health services they are able to provide that will help students meet their educational needs for success in school.

School Counselor

School counselors are assumed to be the experts in the roles of psychological adjustment and personal problems (Agresta, 2004). Though services vary by school and by region, school counselors typically provide individual and group counseling, guidance programs, help with school-wide testing and academic scheduling, as well as help school staff with children who have behavior or academic problems (Agresta, 2004).

According to the American School Counselors Association (ASCA), the focus of school counseling is to promote student learning through an interconnection of student development. The areas of student development are: (a) academic, (b) career, and (c) personal/social (ASCA, 2003). The definition of the current role of school counseling is as follows:

“Counseling is a process of helping people by assisting them in making decisions and changing behavior. School counselors work with all students, school staff, families, and members of the community as an integral part of the education program. School counselors promote school success by focusing on academic achievement, prevention, and intervention activities, advocacy, and social/emotional and career development” (Campbell & Dahir, 1997, p.8).

Similar to other mental health professionals in schools, school counselors in the new millennium have been left questioning and refining their roles. Historically, there has been a need for school counselors to balance the long-term vocational needs and emotional needs of students. However with changes in legislation, school counselors are being called on to place more emphasis on their current roles (e.g., vocational and emotional support), while adding new responsibilities to the role of the school counselor. School counselors for example, should possess a specific set of skills which will address the growing needs of a diverse student population and

they must have an understanding of program evaluation, data collection, and accountability. Additionally, the current skill set of school counselors must be clearly linked to the improvement of student academic and behavioral outcomes (Adelman & Taylor, 2002; Borders, 2002; Herr, 2002).

Burnham & Jackson (2000) cite (a) individual counseling, (b) small group counseling, (c) classroom guidance, and (d) consultation as the primary roles of the school counselor. However, as demographics change and the needs of students evolve, school counselors may have to determine whether the services they offer meet all the needs of the students in their schools.

In a study by Agresta (2004) counselors reported spending at least 19 percent of their time in only one role, individual counseling. Counselors reported they would like to spend even more time in individual (26.2 %) and group (13.7 %) counseling. Finally, counselors reported that they would like to spend more time in parent education and consultation activities than they currently spend. This study suggested that although school counselors are providing counseling as a mental health service, they would like to become even more involved in this and provide more consultation and parent training services which will benefit children in schools. Interestingly, although school counselors report desiring to spend more time engaged in counseling and consultation, Dixon (2007) found that directors and supervisors of psychology and social work rated school counselors as only somewhat qualified (needing supervision) to provide counseling and consultation. In contrast supervisors of counseling services rated school counselors as qualified (needing minimal supervision) to provide services in counseling and consultation, as well as 'Other' services. These results are consistent with previous studies which suggest that professionals in the field of school counseling (both supervisors of school counseling and school counselors) often have perceptions about their roles which are not parallel to the perceptions held by other professionals (Burnham & Jackson, 2000).

Fitch, Newby, Ballester, & Marshall (2001) further supported this finding in their investigation of future school administrators' perceptions of the professional role of school counselors. The results of the study indicated that future school administrators rated crisis response, providing a safe environment, communicating with students, and helping students with transitions as important tasks to be performed by the school counselor. Future administrators also indicated that they believed the school counselor should be involved in discipline actions, record keeping, assisting with special education services, and testing of students (Fitch et al., 2001). The researchers believed the investigation was important because the administrator of the school in which school counselors are housed often determines the professional role of school counselors. Previous studies have found that administrators and school counselors may often disagree on the school counselor's role and this source of disagreement may be a cause of frustration for the school counselor and may serve as a barrier to the school counselor in the provision of mental health service delivery (Fitch et al., 2001). Additionally, the results of this study are important because school counselors often perform duties that are unrelated to the role as defined by ASCA. As a consequence many students do not receive individual and group counseling or the guidance they need to remove classroom barriers to learning (Fitch et al., 2001).

School Social Worker

The profession of school social work began to emerge at the beginning of the 20th century. The school social worker was known as the "visiting teacher" because he or she was responsible for ensuring that children attended school and helping children acclimate and adjust in school (Agresta, 2004). It was not until the 1940's and 1950's that the term "visiting teacher" was replaced with the title of "school social worker".

The role of the school social workers became more defined as a result of PL 94-142. School social workers were now expected to complete social histories, counsel children and families, organize and bring in community resources, and work with all the ecological variables

connected to the child to promote student adjustment (Agresta, 2004). In a survey by Agresta (2004), school social workers reported that they spent most of their time providing individual counseling, group counseling, conflict intervention, consultation, and crisis resolution.

The School Social Work Association of America (SSWAA) mission statement states the role of the school social worker as:

The role of the school social worker is a specialized area of practice within the broad field of the social work profession. School social workers bring unique knowledge and skills to the school system and the student services team. School social workers are instrumental in furthering the purpose of the schools, to provide a setting for teaching, learning, and for the attainment of competence and confidence. School social workers are hired by school districts to enhance the district's ability to meet its academic mission, especially where home, school, and community collaboration is the key to achieving that mission (SSWAA, 2006, ¶ 1).

Similar to the other mental health professionals, one of the major issues facing school social workers is the reconceptualization and reinvention of their role. Since the early twentieth century, school social work has been preoccupied with the question of “Who is the school social worker?” (Allen-Meares et al., 2000, p.47). Franklin (2000) stated there is a gap between what school social workers “actually do” in the mental health service delivery system and what their professional role is “perceived to be.” According to Franklin (2000) the role of the school social worker has expanded to include prevention specialist, crisis manager, assessment specialist, referral agent, and case manager. School social workers may also find themselves responsible for carrying out interventions for children in the schools. As the school social worker’s role changes and is expanded, school social workers may need to collaborate even more with other school staff and school mental health professionals, to promote healthy development, which enhances school success (Franklin, 2000). Hare (1994) suggested that careful thought and consideration must be

given to the role and qualifications of the school social worker so they may influence policy in the educational arena and increase the value of their role in the delivery of school-based mental health services.

Agresta (2004) investigated school social workers' perceptions of their expected and desired roles in the provision of mental health services. The average school social worker reported spending about 17 percent of time on individual counseling, 10 percent of time in group counseling, and about 11 percent of time in administrator and teacher consultation. Most social workers indicated that they desire to spend more time on individual and group counseling and they would like to dedicate less time to consultation. Another result from the study conducted by Agresta (2004) was that community outreach, an area that is more commonly identified with social work, was not viewed by social workers as taking up much of their professional time.

The study by Dixon (2007) found that directors and supervisors of student services (e.g., counseling, social work, and psychology) perceived school social workers to be qualified to provide a limited number of mental health services. Of note, across the individual supervisors of student services and the directors of student services, there was not one mental health service which they unanimously agreed school social workers were qualified to provide. However, directors of student services perceived school social workers as qualified to provide prevention services and supervisors of social work perceived school social workers as qualified to provide counseling services. The investigation findings by Dixon (2007) differed somewhat from what was found by Agresta (2004). Agresta (2004) reported that school social workers perceived consultation as one of the mental health services which was a part of their role function, however, in the study by Dixon (2007) consultation was not identified by administrators as a mental health service which school social workers were qualified to provide. This difference illustrates the gap which often exists between what school social workers view as their actual role function in the

mental health service delivery system and the view held by other school professionals about their perceived role function.

As educational legislation and policy require a shift in the school mental health field, school social workers will have to expand their skill set to include redefined roles such as prevention specialist, crisis manager, assessment specialist, referral agent, and case manager (Franklin, 2000). However, the results of the study by Dixon (2007) suggest that administrators have not developed a consensus about the qualifications of school social workers and the skills which they currently possess to meet the demands of their redefined roles.

Summary

Schools are expected to educate students whose social-emotional problems significantly interfere with their learning process in the school (Adelman & Taylor, 2000). However, schools are often reluctant to provide students with mental health services (Adelman & Taylor, 2000). Many schools and legislators believe that it is not the responsibility of the school to provide extensive mental health services, but that it is only their job to “educate” (Policy Leadership Cadre for Mental Health in Schools, 2001). What is problematic about this belief is that if district leaders believe it is the school’s job to only educate and not to provide mental health services, then they may not recognize the strong impact which mental health services can have on student outcomes.

Research suggests, however, that there is a relationship between mental health services and student outcomes (Willcutt & Pennigton, 2000; Arnold et al., 2005; Tremblay et al., 1992; Petras et al., 2004; Scott & Shearer-Lingo, 2002; Ginsburg-Block and Fantuzzo, 1998). It may be hypothesized, based on the research by Dixon (2007) that district leaders deemphasize the importance of the school-based mental health system because the mental health services provided are not perceived to impact academic or behavioral outcomes. In addition, the services that district leaders perceive to be related to student outcomes are also those services which school-

based mental health service providers are perceived to not be qualified to provide. In order to develop an effective mental health system, only those services that positively impact student outcomes should be provided. This may require school mental health service providers to redefine their roles, if they already possess the skills to provide the services linked to student outcomes. If they do not possess the skills, then additional training, practice, and supervision should be provided to deliver the necessary effective mental health services, thus increasing student outcomes.

CHAPTER THREE

METHOD

The purpose of this chapter is to present the procedures that were used to conduct this study. The chapter begins with a description of the participants and the research design for the study. Next, a discussion of the instrument that was utilized in this study is presented. The chapter ends with a description of the procedures that were used for data collection and data analysis.

Purpose of Study

This study examined perceptions of Florida school mental health service providers about the types of mental health services provided in schools. More specifically, the study investigated a) perceptions about school mental health service providers' qualifications to provide specified mental health services, b) the extent of agreement about school mental health service providers' qualifications to provide mental health services between school mental health service providers, supervisors of school mental health service providers, and directors of student services/special education.; and c) the perceptions of mental health service providers regarding the impact of school mental health services on student outcomes.

Target Population

Practicing school mental health service providers in the state of Florida was the target population in this current study.

Sample

The participants in this study were practicing school-based mental health service providers in the 67 counties in Florida during the 2007-2008 school year and directors and supervisors of student services in the state of Florida during the 2006-2007 school year.

Mental Health Service Providers. Potential participants for this study were selected using two different methods. The first method was a random selection of 750 potential participants from both the membership rosters of the Florida Association of School Psychologists and the Florida School Counselor Association (Appendix D). However, due to the small membership population for the Florida Association of School Social Workers (N=121), the second method required the researcher to select all of the school social worker members for participation in this study. The total sample size selected to receive the survey, which included school psychologists, school counselors, and school social workers, were 871 potential participants. The final sample size from the originally recruited 871 school-based mental health providers consisted of 167 school psychologists (45% of original sample), 143 school counselors (38% of original sample) and 48 school social workers (40% of original sample).

Directors and Supervisors of Student Service. Data from the school mental health service supervisors and directors of student services was drawn from an archival database. This sample consisted of 90 supervisors and directors of student services (58% of the total population) who responded to a survey administered during the 2006-2007 academic year (see Dixon, 2007). These respondents represented the final sample from the originally recruited population of 155 school mental health supervisors and directors employed in the 67 school districts in the State of Florida. The 155 individuals were recruited from a mailing list provided by the University of South Florida (USF) Student Support Services Project.

Research Design

This study employed a survey design in which data were collected through a self-report questionnaire completed by school psychologists, school counselors, and school social workers. A survey design was also used to collect information for the archival database for school mental health supervisors and directors.

Instrumentation

Perception of School Mental Health Services survey (PSMHS): Practitioner Version

The *Perception of School Mental Health Services survey (PSMHS): Practitioner Version* (see Appendix B) was the instrument used to gather data from the mental health service providers (school psychologists, school counselors, and school social workers) who were participants in the study.

The PSMHS: Practitioner Version was an adaptation of the two previous instruments used in a previous study by Dixon (2007). The researcher considered it important not to make major changes to the content of the current instrument to allow for consistency in information between the previous and current instrument (Neuendorf, 2002). For the current study, minor changes were made to the PSMHS: Practitioner Version (Dixon, 2007). These minor changes included revisions to the demographic questions (i.e., primary employment location (survey item 2), school level (survey item 3), socioeconomic status of students served (survey item 4), gender (survey item 5), race (survey item 6), professional role (survey item 11)) and survey item 12 that assessed which school-based services “are” and “are not” perceived to be school mental health services. Items 12, 14, and 15 on this survey were counterbalanced to eliminate the potential for confounding by disrupting any systematic effects from factors related to the order of items (Moore, 2001).

The instrument was designed to gather information on the demographic characteristics, employment conditions, primary employment location of mental health service providers, as well as the beliefs about their school mental health service delivery system. In addition, it gathered information regarding perceptions of level of qualification of school-based mental health service providers to provide mental health services in school settings. The instrument consisted of a 5-point response Likert scale and included a total of 15 items, 11 items (items 1-11) that assessed professional and district demographic information and 4 items (items 12-15) that gathered

information relative to mental health services. More specifically, item 12 gathered information on the types of services that were perceived to be mental health services, item 13 obtained data on the types of mental health services provided to students and/or their families, item 14 gathered information on the professionals who were believed to be most qualified to provide these mental health services, and item 15 focused on the perceived impact of the services on student academic and behavioral outcomes.

Perception of School Mental Health Services survey: Director (Version A) and Supervisor (Version B) Version

In the previous study conducted by Dixon, (2007), a review of the existing literature did not result in the identification of any published instruments that could be used for data collection for the study of school based mental service delivery systems. Consequently, two instruments, PSMHS survey: Director and Supervisor Versions were used to collect data on the demographic and professional characteristics of directors and supervisors of school psychology, school counseling, and school social work, as well as their beliefs about the school mental health system. Items for this instrument were gleaned from a review of the literature on mental health services.

Content validity evidence was gathered through the use of an expert review panel consisting of directors/supervisors of student services, school psychology, school counseling and school social work from three school districts in West Central Florida (Neuendorf, 2002). The expert panel was asked to use a review sheet (Appendices I and J), to provide feedback on the extent to which they considered the instrument to have adequate coverage of the domains it was intended to measure.

A pilot study was conducted to elicit feedback on the clarity, structure, and response options for each question as well as on the ease of completion of the survey and amount of time required for instrument completion. Participants in the pilot study were directors/supervisors of student services from West Central Florida who were not participants in the Dixon, (2007) study.

Data Collection Procedures

Prior to initiating the data collection phase of the study, approval was obtained through the USF Institutional Review Board (IRB) in order to ensure the ethical treatment of the participants in this study.

Step One: Participant Selection

The researcher mailed a packet to the school-based mental health service providers which contained: 1) a cover letter (see Appendix C) that informed the participants about the purpose of the study, solicited their participation in the study through completion of the survey, and discussed confidentiality; 2) a copy of the PSMHS: Practitioner Version survey; 3) the USF IRB consent form, which participants were asked to sign and return, and 4) a postage paid, pre-addressed return envelope with an assigned code for follow up purposes. As an incentive to respond, potential participants were informed that four participants who returned the completed survey would be randomly selected to receive a \$25.00 Visa Gift Card. Ten additional participants who returned completed surveys would also be randomly selected to receive the book, *Response to Intervention: Policy Considerations and Implementation* (National Association of State Directors of Special Education, 2005). Three weeks after the initial mailing of the survey packet, another survey mailing was sent out to non-respondents.

Step Two: Data Management

Each participant was assigned a code number that was written on a postage-paid, pre-addressed envelope. The code number was assigned to 1) identify participants who had not responded for the purposes of subsequent mailings and 2) to provide a method by which participants that completed and returned surveys could be randomly selected to receive incentives (Fink, 1995). Returned surveys were immediately removed from the return envelope to protect the anonymity of the participant. Based on the code on the envelope, respondent's names were checked off the mailing list and the return envelope was placed in a separate location for the

purpose of providing random incentives to participants. The participants' data were entered into an Excel spreadsheet. To assess the accuracy of the data entry, a second individual reviewed 20% of the data transferred into the computer spreadsheet. An agreement of 100 % data entry accuracy was achieved before the data entry was complete.

Data Analysis Procedure

Data were analyzed using SAS® software, Version 9.1 (SAS Institute, 2002-2003). Summary data in the form of descriptive statistics (e.g., frequencies, means and standard deviations) are used to describe the respondent sample demographic and professional characteristics.

In order to report the type of data analyses used in this study, each research question is presented and the data source is also reported. Finally, the statistical analysis that was used to answer each research question is explained.

Research Question 1

What is the level of agreement within and across school-based mental health service providers (i.e., school psychologists, school counselors, and school social workers) regarding what they believe to be a *mental health* service in K-12 school settings?

Survey item 11 identified the professional role of the respondent. Survey item 12 identified the perceptions of school-based mental health service providers regarding what they believe “are” and “are not” mental health services in K-12 school settings. The individual services which were examined fell under the following broad categories: (a) counseling; (b) consultation; (c) norm-referenced assessments; (d) authentic assessments; (e) prevention services; and (f) intervention services.

Frequencies and percentages were computed for each individual service (e.g., individual counseling, family counseling, academic consultation, and positive behavior support), as to whether a service was rated “to be a mental health service” or “to not be a mental health service”.

Summary data of the descriptive statistics are provided by school mental health service providers, as a combined group and by groups of individual school mental health service providers.

Research Question 2

To what extent do school-based mental health service providers concur about who is best *qualified* to provide specified mental health services in K-12 school settings?

Responses to survey item 11 and item 14 were used to answer research question two. Specifically, survey item 11 identified respondents' professional role (i.e., school psychologist, school counselor, or school social worker) and survey item 14 provided data on the providers' beliefs about their qualifications and other school mental health service providers' qualifications to provide mental health services.

Descriptive statistics (mean and standard deviation) were used to report ratings about respondents' beliefs regarding the perceived level of qualification of school mental health service providers to provide mental health (MH) services. Summary data of the descriptive statistics were provided for all school mental health service providers, as a combined group and by groups of individual school mental health service providers.

To determine if there were significant differences in the perceived level of qualifications by school psychologists, school counselors, and school social workers to provide mental health services, a one between- two within-subjects analysis of variance (ANOVA) procedure was conducted. The between-subjects factor was professional role (i.e., school psychologist, school counselor, or school social worker) and the within-subjects factors were type of service provider (i.e., the school psychologist, the school counselor, and the school social worker) and type of mental health service (i.e., counseling, consultation, normative assessment, authentic assessment, prevention, and intervention). The ANOVA was tested at an alpha level of .05. The Huynh-Feldt test determined statistical significance for within-subjects effects. Post hoc analyses were

conducted using the Dunn's test for the within subjects factors as a follow-up to significant interaction effects in the ANOVA.

Research Question 3

What is the level of agreement between school-based mental health service providers, school-based mental health service supervisors, and directors of student services/special education regarding who is best *qualified* to provide specified mental health services in K-12 school settings?

To examine the combined perceptions of school psychologists, school counselors, and school social workers about their beliefs regarding the perceived level of qualification of school mental health service providers to provide mental health (MH) services, responses to survey item 11 and survey item 14 on the PSMHS: Practitioner Version were used. Specifically, survey item 11 identified respondents' professional role (i.e., school psychologist, school counselor, or school social worker) and survey item 14 examined the providers' beliefs about their qualifications and other school mental health service providers' qualifications to provide mental health services.

To examine the beliefs of student services directors and supervisors regarding the perceived level of qualification of the school psychologist, the school counselor, and the school social worker to provide mental health services, responses to survey item 7 (PSMHS: Director Version and PSMHS: Supervisor Version) and survey item 20 (PSMHS: Director Version)/ 9 (PSMHS: Supervisor Version) were used. Specifically, survey item 7 identified respondents' professional role (i.e., student services directors vs. supervisors) and survey item 20 (PSMHS: Director Version) & survey item 9 (PSMHS: Supervisor Version) examined their beliefs about the perceived level of qualification of school mental health service providers to provide mental health services to students and families.

Descriptive statistics (mean and standard deviation) reported the ratings about the perceived level of qualification of school mental health service providers to provide mental health

(MH) services. Summary data of the descriptive statistics were provided by school mental health service providers and administrators, as a combined group and as individual groups.

To determine if there were significant differences in the ratings of school psychologists, school counselors, and school social workers and student services directors and supervisors (i.e., supervisor of social work, psychology, or counseling) regarding the perceived level of qualifications of school mental health service providers to provide mental health services, a one between- two within-subjects analysis of variance (ANOVA) procedure was conducted. The between-subjects factor was professional role (i.e., school psychologist, school counselor, school social worker, student services director, supervisor of school psychology, school social work, or school counseling) and the within-subjects factors were type of service provider (the school psychologist, the school counselor, and the school social worker) and type of mental health service (i.e., counseling, consultation, normative assessment, authentic assessment, prevention, and intervention). The ANOVA was tested at an alpha level of .05. The Huynh-Feldt test was used to determine statistical significance for within-subjects effects. Post hoc analyses were conducted using the Dunn's test for the within-subjects factors.

Research Question 4

To what extent do district size, school level in which a provider is employed (i.e., primarily elementary schools, primarily middle schools, etc.), and SES status of school (Title I or Non Title I) moderate school mental health service providers' perceptions about who is best *qualified* to provide specified mental health services in K-12 school settings?

The following demographic variables were individually examined in the study: district size (survey item 1), school level (survey item 3), and SES status of schools (survey item 4).

Survey item 11 identified respondents' professional role (i.e., school psychologist, school counselor, or school social worker) and survey item 14 examined the providers' beliefs about

their perceived level of qualification and other school mental health service providers' qualifications to deliver mental health services.

Descriptive statistics (mean and standard deviation) reported the ratings regarding perceived levels of qualification of school mental health service providers to deliver mental health (MH) services by each of the independent variables (e.g., differences in providers' ratings by district size *or* school level *or* SES status of school).

To determine if there were significant differences in the perceived level of qualifications of school psychologists, school counselors, and school social workers, combined, to provide mental health services based on selected demographic variables (i.e., district size, school level, or SES status of school) three separate one between- two within-subjects analysis of variance (ANOVA) procedures were conducted. For each analysis, the between-subjects factor was one of the selected demographic variables. The within-subjects factors were type of service provider (i.e., the school psychologist, the school counselor, and the school social worker) and type of mental health service (i.e., counseling, consultation, normative assessment, authentic assessment, prevention, and intervention). To protect against violation of Type I error rate, the Bonferroni method was used and each ANOVA was tested at an alpha level of .01. The Huynh-Feldt test was used to determine statistical significance for within-subjects effects. Post hoc analyses were conducted using the Dunn's test for the within subjects factors as a follow-up to significant interaction effects in the ANOVA.

Research Question 5

To what extent do years of professional work experience and highest degree in discipline moderate school mental health service providers' perceptions about who is best *qualified* to provide specified mental health services in K-12 school settings?

The following demographic variables were individually examined in the study: years of professional work experience (survey item 10) and highest degree in discipline (survey item 7).

Survey item 11 identified respondents' professional role (i.e., school psychologist, school counselor, or school social worker) and survey item 14 examined the providers' beliefs about their perceived level of qualification and other school mental health service providers' qualifications to deliver mental health services.

Descriptive statistics (mean and standard deviation) reported the ratings regarding perceived levels of qualification of school mental health service providers to deliver mental health (MH) services by each of the independent variables (e.g., differences in providers' ratings by highest degree in discipline *or* years of professional work experience).

To determine if there were significant differences in the perceived level of qualifications of school psychologists, school counselors, and school social workers, combined, to provide mental health services based on selected demographic variables (i.e., years of professional work experience or degree level) two separate one between- two within-subjects analysis of variance (ANOVA) procedures were conducted. For each analysis, the between-subjects factor was one of the selected demographic variables. The within-subjects factors were type of service provider (i.e., the school psychologist, the school counselor, and the school social worker) and type of mental health service (i.e., counseling, consultation, normative assessment, authentic assessment, prevention, and intervention). To protect against violation of Type I error rate, the Bonferroni method was used and each ANOVA was tested at an alpha level of .01. The Huynh-Feldt test was used to determine statistical significance for within-subjects effects. Post hoc analyses were conducted using the Dunn's test for the within subjects factors as a follow-up to significant interaction effects in the ANOVA.

Research Question 6

Does the school level and SES status of a school in which school-based mental health service providers practice moderate their beliefs about the *impact* of specified mental health services on student (a) academic outcomes and (b) behavioral outcomes?

Survey item 11 and item 15 were used for the data analyses of research question five. Specifically, survey item 11 examined professional role. Survey item 15 examined beliefs regarding the strength of the impact (e.g., no impact or strong impact) of specified mental health services on student academic and behavioral outcomes.

Means and standard deviations of ratings of the perceived level of impact of the mental health service on student's academic and behavioral outcomes by school-based mental health service providers were computed.

To determine if there were significant differences in the ratings of impact of mental health services on academic and behavioral outcomes from the perspective of school mental health service providers by school level employed and SES status of school served, two separate two between- one within-subjects analysis of variance (ANOVA) procedures were conducted. The between-subjects factors were school level (i.e., elementary, middle, high, and multiple school levels) and school SES status (Title I or Non-Title I) and the within-subjects factor was type of mental health service (i.e., counseling, consultation, normative assessment, authentic assessment, prevention, and intervention). To protect against violation of Type I error rate, the Bonferroni method was used and the ANOVA was tested at an alpha level of .025. The Huynh-Feldt test was used to determine statistical significance for within-subjects effects, as the sphericity assumption was violated. Post hoc analyses were conducted using Tukey's HSD test for the within subjects factors as a follow-up to significant main effects in the ANOVA.

Delimitations of Study

A delimitation of this study was that only school mental health administrators and school-based mental health service providers who were employed in the state of Florida were participants in the current research study. Therefore, the results of this study could only be generalized to school mental health professionals and administrators employed within the state of Florida (Cozby, 2001). Another delimitation of this study was that only school mental health

service providers who had a professional association membership were included in this study. This study did not account for the possibility that school-based mental health service providers who joined a professional association may have differed from those who did not join. Therefore the results from this sample could not be easily generalized to a larger target population of individuals who did not participate in the study (Cozby, 2001).

Limitations of Study

A potential threat to internal validity was that participants may have been inclined to provide socially desirable responses (Cozby, 2001). By administering a survey about mental health service delivery in the schools, the researcher was assuming that providers believed that mental health services were being provided at some level, within schools. If a district was providing few or no mental health services, respondents may have been inclined to respond falsely in the survey about the range of mental health services offered to students. They may also have been inclined to falsely respond about whether they believed mental health services are linked to student outcomes (e.g., academic or behavior) (Cozby, 2001).

CHAPTER FOUR

RESULTS

The present study examined views held by Florida school mental health service providers about the types of mental health services commonly delivered in schools and mental health service providers' qualifications to provide those services. Also, the agreement about school mental health service providers' qualifications to provide mental health services between school mental health service providers, supervisors of school mental health service providers, and directors of student services/special education was examined. Finally, this study investigated views held by school mental health service providers about the impact of school mental health services on student academic and behavior outcomes.

The specific research questions addressed in the study were:

1. What is the level of agreement within and across school-based mental health service providers (i.e., school psychologists, school counselors, and school social workers) regarding what they believe to be a *mental health* service in K-12 school settings?
2. To what extent do school-based mental health service providers concur about who is best *qualified* to provide specified mental health services in K-12 school settings?
3. What is the level of agreement between school-based mental health service providers, school-based mental health service supervisors, and directors of student services/special education regarding who is best *qualified* to provide specified mental health services in K-12 school settings?
4. To what extent do district size, school level in which a provider is employed (i.e., primarily elementary schools, primarily middle schools, etc.), and SES status of school (Title I or Non Title I) moderate school mental health service providers' perceptions

about who is best *qualified* to provide specified mental health services in K-12 school settings?

5. To what extent do years of professional work experience and highest degree in discipline moderate school mental health service providers' perceptions about who is best *qualified* to provide specified mental health services in K-12 school settings?
6. Does the school level and SES status of a school in which school-based mental health service providers practice moderate their beliefs about the *impact* of specified mental health services on student (a) academic outcomes and (b) behavioral outcomes?

The remainder of the chapter is organized as follows: First a report of the response rate to the survey is provided, followed by a description of demographic and professional characteristics of the respondent sample. Next the results of the data analyses conducted to answer each research question are provided.

Survey Response Rate

The following section describes the survey response rates for both the current school mental health service providers' database and the archival student services supervisors' and directors' database.

School Mental Health Service Providers

To create the database, 871 school mental health service providers (375 school psychologists, 375 school counselors, and 121 school social workers) in Florida were mailed the survey. Based on the first mailing of 871 surveys to the original sample, 124 completed surveys were returned. One-hundred and seventy nine surveys were rejected by the post office or the recipient for various reasons (e.g., retirement, deceased, change of career, employed as a private practitioner or a professor, or returned address). The researcher removed those individuals from the participant list. In total, 358 out of a possible 692 respondents returned completed surveys

representing a 52% response rate (see Table 1). A 50% response rate is considered adequate for analysis of research results (Babbie, 1990).

Table 1

Response Rate of School Mental Health Service Providers by Role

Role	Potential Participant Sample	Final Participant Sample	Response Rate (%)
School Mental Health Service Provider			
School Psychology	302	167	55
Guidance and Counseling	286	143	50
School Social Work	104	48	46
Overall	692	358	52

Student Services Directors and Supervisors

The researcher mailed 155 surveys to student services directors and supervisors in the state of Florida in 2007 (67 directors and 88 supervisors). Thirty-two surveys were returned after the first mailing and 58 surveys after the second mailing. Ninety surveys were completed out of a possible 155, representing a 58% response rate.

Table 2

Response Rate of Student Services Supervisors and Directors by Role

Role	Potential Participant Sample	Final Participant Sample	Response Rate (%)
Directors	67	26	38
Supervisors			
School Psychology	43	29	67
Guidance and Counseling	24	19	79
Social Work	21	16	76
Total	88	64	72
Overall	155	90	58

Description of the Sample

The final sample in this study consisted of 358 school mental health providers and 90 student services supervisors and directors. A breakdown of the demographic and selected professional characteristics of the final respondent sample is reported in Tables 3, 4, and 5. Race/ethnicity data were collected for the school mental health service providers in this study. Race/ethnicity was defined according to the criteria used for the U.S. Census data. The U.S. Census defines race/ethnicity using six categories (White/Caucasian, Black/African-American, Latino/Hispanic, Asian/Pacific Islander, and Native American/Alaskan Native); however, in this study the categories of Asian/Pacific Islander, Native American/Alaskan Native, and Mixed Race categories for school mental health service providers were collapsed because of small sample sizes and included under the category labeled "Other". Area of degree in this study was the

specific area of study in which the highest degree was earned. Area of credential was the area(s) in which the professional had received his or her professional certification(s).

School Mental Health Provider Sample

A breakdown of the characteristics of the sample by type of service provider (school psychologist, school counselor, school social worker) follows. A breakdown of demographics for school mental health service providers, as a combined group, is reported in Appendix A.

School Psychologist Demographics. Examination of Table 3 reveals that most school psychologists were female (80%), White/Caucasian (77%), held a specialist degree (68%), and had more than 15 years experience as a school psychologist in their district (45%).

Table 3

Demographic and Professional Characteristics of School Psychologist (AY 2007-2008)

Characteristics	n	%
Gender		
Male	33	20
Female	134	80
Race*		
White/Caucasian	128	77
Latino/Hispanic	18	11
Black/African American	10	6
Other	10	6
Highest Degree Earned		
Masters	25	15
Educational Specialist	114	68
Doctorate	28	17
Years of Experience in Current Position*		
1-5 years	38	23
6-10 years	38	23
11-15 years	17	9
More than 15 years	73	45

*Note: n=167; however, not all participants provided responses for each characteristic (e.g., only 166 out of 167 participants provided a response for the characteristic 'Race').

School Counselor Demographics. Data in Table 4 indicates that the majority of school counselors, unlike school psychologists, earned their highest degree at the master’s level (83%) and were distributed somewhat evenly in their years of experience in the district (1-5 years: 29%, 6-10 years: 26%, and 15+ years: 34%). However, school counselors had similar demographics as school psychologists for gender (Female: 87%) and race (White/Caucasian: 82%).

Table 4

Demographic and Professional Characteristics of School Counselor (AY 2007-2008)

Characteristics	n	%
Gender		
Male	19	13
Female	124	87
Race*		
White/Caucasian	116	82
Latino/Hispanic	14	10
Black/African American	8	6
Other	3	2
Highest Degree Earned		
Masters	118	83
Educational Specialist	18	12
Doctorate	7	5
Years of Experience in Current Position*		
1-5 years	41	29
6-10 years	37	26
11-15 years	16	11
More than 15 years	48	34

*Note: n=143; however, not all participants provided responses for each characteristic (e.g., only 142 out of 143 participants provided a response for the characteristic ‘Years of Experience’).

School Social Worker Demographics. The demographics of school social workers closely resembled the demographics of school counselors. School social workers in this study were mainly female (75%), White/Caucasian (80%), and held masters degrees (89%). In terms of years of experience in their position, they closely resembled school psychologists, with the majority of school social workers in their current position for over 15 years (45%).

Table 5

Demographic and Professional Characteristics of School Social Worker (AY 2007-2008)

Characteristics	n	%
Gender		
Male	12	25
Female	36	75
Race		
White/Caucasian	38	80
Latino/Hispanic	5	10
Black/African American	5	10
Other	----	----
Highest Degree Earned*		
Masters	41	89
Educational Specialist	2	4
Doctorate	3	7
Years of Experience in Current Position*		
1-5 years	10	21
6-10 years	5	11
11-15 years	11	23
More than 15 years	21	45

*Note: n=48 however, not all participants provided responses for each characteristic (e.g., only 142 out of 143 participants provided a response for the characteristic 'Years of Experience')

Student Services Directors and Supervisors Sample

A breakdown of the final sample of student services directors and supervisors is reported in Table 6.

Student Services Director Demographics. As shown in Table 6, the majority (73%) of student services directors held master's degrees. Twenty-three percent held an educational specialist or doctoral degree. The areas in which directors predominantly earned their degree were in administration (42%) and special education (23%). This differs somewhat from the profile of supervisors whose degree areas were almost evenly distributed across school counseling, school psychology, social work, and administration (see Table 6).

Directors were nearly equally credentialed between teaching only (43%) and student support services (56%). Fifty-six percent of the directors were new to their current position (1-5

years), while 40% had been in their positions for 11 years or more. Eighty-eight percent reported they had been in education for more than 11 years and 84 % reported being in the field for more than 15 years.

Student Services Supervisor Demographics. As reported in Table 6, 44% of student services supervisors in the sample held a master's degree, 31% held an educational specialist degree, and 19% held a doctorate degree. Twenty-three percent of the supervisors had earned a degree in counseling, 20% in school psychology, 19% in social work, and 27% in administration.

Most supervisors (84%) held credentials in student support services and 16% held credentials in teaching only. In terms of the number of years spent in their current position, 38% of the supervisors were new to their current position (1-5 years), while around 43% had been in their current position for 11 years or more. In terms of the number of years spent in education, 89% of the supervisors reported that they had been in education for more than 11 years; and 66% for more than 15 years.

Table 6

Demographic and Professional Characteristics of Supervisors and Directors (AY 2006-2007)

Characteristics	Directors (n = 26)		Supervisors (n = 64)	
	n	%	n	%
Highest Degree Earned				
Bachelors	1	4	4	6
Masters	19	73	28	44
Educational Specialist	1	4	20	31
Doctorate	5	19	12	19
Area Degree Earned				
Special Education	6	23	4	6
General Education	1	4	3	5
Counseling	5	19	15	23
School Psychology	2	8	13	20
Social Work	1	4	12	19
Administration	11	42	17	27
Area in which credentialed *				
Teaching only	10	43	10	16
Student Services	13	57	54	84
Years of Experience in Current Position*				
1-5 years	14	56	24	38
6-10 years	1	4	12	19
11-15 years	6	24	11	17
More than 15 years	4	16	17	26
Years of Experience in Educational Setting				
1-5 years	2	8	1	2
6-10 years	1	4	6	9
11-15 years	1	4	15	23
More than 15 years	22	84	42	66

*Note: Not all participants provided responses for each characteristic

Descriptive statistics on the employment conditions (i.e., size of district employed and type of school(s) served) of the school mental health service providers is presented below, in Table 7.

School Mental Health Service Provider Employment Conditions

As is indicated in Table 7, most of the school mental health providers were employed in either large (29%) or very large districts (38%). Also, the schools to which they were assigned were mainly elementary (47%) were evenly spread among large city (27%), small city (27%), or suburban area (32%) locations. Finally, the providers in this sample almost equally served both students who were low-income (45%) and those students who were not (54%).

Table 7

Employment Conditions of School Mental Health Providers (AY 2007-2008)

Demographics	N	%
Size of District*		
Small	27	8
Small/Middle	39	11
Middle	49	14
Large	104	29
Very Large	135	38
Primary Employment Location of Schools*		
Large City	97	27
Small City	97	27
Suburban	115	32
Rural	46	14
Level of School Employed*		
Primarily Elementary School	164	47
Primarily Middle School	32	9
Primarily High School	63	18
Works Across Multiple Levels	89	26
Socio-economic Status of Majority of Students Served*		
Low Income	156	45
Not Low Income	187	55

*Note: n=358; Not all participants provided responses for each characteristic

Level of Mental Health Service Provision

Table 8 and Figure 1, below, present descriptive statistics for the perceived level of mental health service provision as a function of district size (small, small/medium, medium, large, and very large). The data revealed that school mental health service providers reported providing various services to students but to differing degrees. A closer examination of the data show (Table 8 and Figure 1) that the three services most often provided across all districts were consultation, normative assessments, and authentic assessments. Authentic assessments were the mental health service that was most likely provided to most students and families (range= 3.94-4.15). In contrast, counseling (range= 2.66-2.93) was the mental health service that was least likely provided to most students and families who needed it. Counseling services were provided on a limited basis (Table 8). Overall, except for counseling services, school mental health services in districts were typically provided to some or most students when the service was available (Table 8, Figure 1).

Table 8
Level of Mental Health (MH) Service Provision by District Size

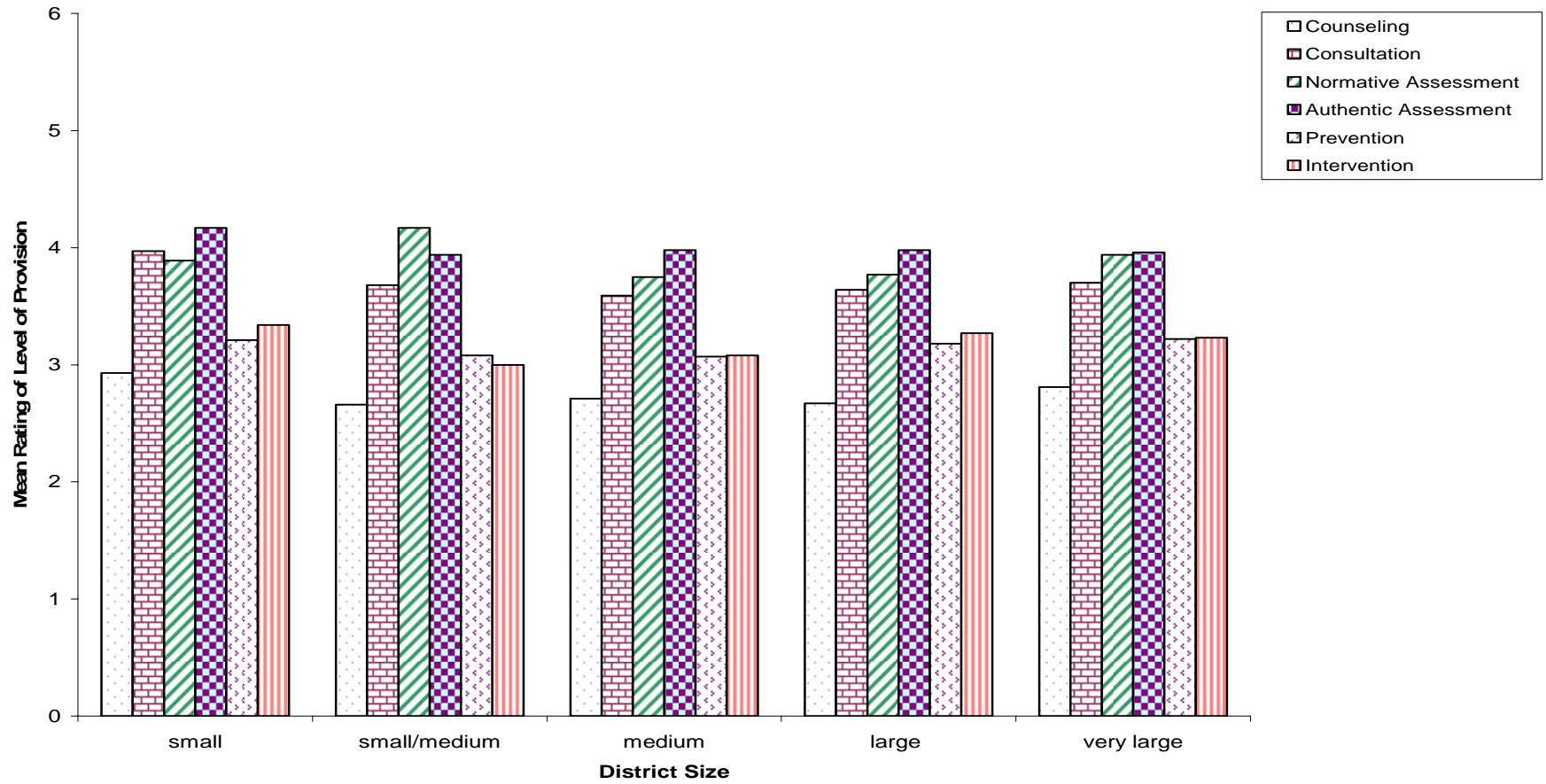
	Small M (SD)	Small/Medium M (SD)	Medium M (SD)	Large M (SD)	Very Large M (SD)
MH Services					
Counseling	2.93 (0.89)	2.66 (0.87)	2.71 (0.83)	2.67 (0.83)	2.81 (0.99)
Consultation	3.97 (0.86)	3.68 (0.77)	3.59 (0.73)	3.64 (0.81)	3.70 (0.88)
Normative Assessment	3.89 (1.19)	4.17 (0.78)	3.75 (1.00)	3.77 (1.01)	3.94 (1.07)
Authentic Assessment	4.17 (0.90)	3.94 (0.86)	3.98 (1.06)	3.98 (1.03)	3.96 (1.07)
Prevention	3.21 (0.84)	3.08 (0.82)	3.07 (0.71)	3.18 (0.77)	3.22 (0.88)
Intervention	3.34 (1.08)	3.00 (0.73)	3.08 (0.75)	3.27 (0.82)	3.23 (0.87)

Note: Response Scale:

- 5: Provided to all student(s)/ families needing the service
- 4: Provided to most student(s)/families needing the service
- 3: Provided to some student(s)/families when the service in available
- 2: Provided to student(s)/families on a very limited basis
- 1: Not provided to student(s)/ families/service is unavailable

Figure 1

Level of MH Service Provision by District Size



Overview of Statistical Analyses for Research Question 1

To answer research question one, frequencies and percentages were computed for each individual service (e.g., individual counseling, family counseling, academic consultation, and positive behavior support), as to whether a service was rated “to be a mental health service” or “to not be a mental health service”. A summary of the results is provided at the conclusion of research question one.

Research Question 1: Beliefs about Which Services are School-Based Mental Health Services

The first research question sought to find out the views of school-based mental health service providers regarding what they believed “were” and “were not” mental health services in K-12 school settings. The individual services examined fell under the following broad categories: (a) counseling; (b) consultation; (c) norm-referenced assessments; (d) authentic assessments; (e) prevention services; and (f) intervention services. The summary data of the descriptive statistics are provided by school mental health service providers, as a combined group and by individual school mental health service providers in Tables 9, 10, 11, and 12, and respectively.

In Table 9 the perceptions of all school mental health service providers as a group, is reported. The majority of school mental health service providers *did not* report the following as being mental health services in schools: academic consultation (79%), intelligence assessment (63%), achievement assessment (58%), dynamic indicators of basic early literacy skills (92%), curriculum based measurement (93%), early intervention/school-wide screenings (64%), character education (57%), drop-out prevention (54%), and test-taking/study skills training (79%). The dynamic indicators of basic early literacy skills (DIBELS) and curriculum based measurement (CBM) were overwhelming reported as not being school based-mental health services. Notably, the services reported by the overwhelming majority as school-based mental health services were individual therapy/counseling (94.5%), family therapy/counseling (97%), group therapy/counseling (94%), and mental health consultation (94%).

Tables 10, 11, and 12 report summary data on the perceptions of each of the three groups of school mental health service providers regarding what they considered to be mental health services. Reports of school psychologists' perceptions (Table 10) revealed that they believed the following services were not mental health services: academic consultation (80%), intelligence assessment (60%), achievement assessment (57%), dynamic indicators of basic early literacy skills (93%), curriculum based measurement (92%), early intervention (57%), and test taking training (74%). The services which the majority of school psychologists reported to be mental health services were: individual (99%), family (99%), and group (99%) counseling, mental health consultation (94%), substance abuse counseling (92%), violence prevention (93%), suicide prevention (90%), anger control training (93%), and self-control training (90%).

School counselors, unlike school psychologists, reported more services as not being mental health services. Besides the services reported by school psychologists as not being mental health services (see Table 10), school counselors also rated community outreach (56%), character education (73%), parent training (65%), dropout prevention (67%), positive behavior support (52%), and social skills training (56%) (see Table 11). The services rated by most school counselors as being mental health services included family counseling (94%) and mental health consultation (93%).

School social workers, similar to school counselors but different from school psychologists reported character education (50%) not to be a mental health service. School social workers also rated academic consultation (79%), intelligence assessment (65%), achievement assessment (51%), dynamic indicators of basic early literacy skills (85%), curriculum based measurement (91%), early intervention (52%), and test taking training (74%) as not being mental health services. These ratings from school social workers were similar to the responses of both the school psychologist and school counselor. Services that were rated by most school social workers as being mental health services included: individual (96%), family (94%), and group

(96%) counseling, mental health consultation (96%), substance abuse counseling (92%), violence prevention (94%), suicide prevention (96%), crisis intervention (94%), anger control training (96%), and self-control training (96%) (see Table 12).

Summary of Results for Research Question 1

In summary, the data suggest that school mental health professionals considered several services and programs, such as family counseling and mental health consultation to be school mental health services. Services typically not seen as mental health services were assessments (authentic and normative assessments), consultation related to improving academic concerns, early-intervention, universal screenings, and specialized intervention programs such as study or test taking skills programs. School counselors reported fewer services as being school mental health services than school psychologists or school social workers.

Counseling services, which were more likely reported by school mental health service providers as school-based mental health services, were reported as a service that was provided in schools to a lesser degree than authentic assessment, a service viewed by the overwhelming majority of respondents as NOT a school mental health service.

Table 9

School Mental Health Providers' Ratings of MH Services (N = 358)

Service	School Mental Health Service		Not a School Mental Health Service	
	n	%	n	%
Counseling				
Individual Therapy/Counseling	336	95	19	5
Family Therapy/Counseling	343	97	12	3
Group Therapy/Counseling	335	94	20	6
Consultation				
Mental Health Consultation	335	94	21	6
Behavior Management Consultation	245	70	107	30
Academic Consultation *	75	21	278	79
Norm-Referenced Assessments				
Intelligence Assessment*	129	37	224	63
Achievement Assessment*	150	42	204	58
Personality Assessment	273	77	82	23
Behavior Rating Scale	241	68	114	32
Authentic Assessments				
Dynamic Indicators of Basics Early Literacy Skills*	29	8	322	92
Curriculum Based Measurement*	24	7	329	93
Prevention				
Early Intervention Services/School-Wide Screenings*	128	36	225	64
Home Visitations/Community Outreach	197	56	156	44
Character Education*	153	43	201	57
Parent Training	191	55	157	45
Substance Abuse Prevention /Counseling	299	85	53	15
Violence Prevention/Counseling	298	85	53	15
Suicide Prevention	312	89	39	11
Pregnancy Prevention/Support	219	62	134	38
Bullying Prevention	223	64	128	36
Dropout Prevention*	163	46	189	54
Peer Mediation/Support Groups	227	64	127	36
Intervention				
Positive Behavior Support	201	57	150	43
Social Skills Training	211	60	143	40
Test Taking and Study Skills Training*	75	21	280	79
Crisis Intervention	298	85	54	15
Anger Control Training	304	87	47	13
Relaxation Training	291	82	62	18
Self-Control Training	295	84	57	16

* indicates that a service has been rated by more than 50% of the sample as “not a mental health service”.

Table 10

School Psychologist's Ratings of MH Services (n = 167)

Service	School Mental Health Service		Not a School Mental Health Service	
	n	%	n	%
Counseling				
Individual Therapy/Counseling	165	99	1	1
Family Therapy/Counseling	165	99	1	1
Group Therapy/Counseling	165	99	2	1
Consultation				
Mental Health Consultation	158	95	9	5
Behavior Management Consultation	121	73	44	27
Academic Consultation *	34	20	132	80
Norm-Referenced Assessments				
Intelligence Assessment*	67	40	100	60
Achievement Assessment*	71	43	96	57
Personality Assessment	131	78	36	22
Behavior Rating Scale	120	72	47	28
Authentic Assessments				
Dynamic Indicators of Basics Early Literacy Skills*	11	7	154	93
Curriculum Based Measurement*	14	8	152	92
Prevention				
Early Intervention Services/School-Wide Screenings*	71	43	94	57
Home Visitations/Community Outreach	104	63	61	37
Character Education*	90	55	74	45
Parent Training	108	66	55	34
Substance Abuse Prevention /Counseling	151	92	14	8
Violence Prevention/Counseling	154	93	12	7
Suicide Prevention	150	90	16	10
Pregnancy Prevention/Support	117	70	49	30
Bullying Prevention	115	70	50	30
Dropout Prevention*	91	54	76	46
Peer Mediation/Support Groups	118	71	49	29
Intervention				
Positive Behavior Support	101	62	63	38
Social Skills Training	116	70	49	30
Test Taking and Study Skills Training*	43	26	123	74
Crisis Intervention	148	90	17	10
Anger Control Training	154	93	12	7
Relaxation Training	149	90	17	10
Self-Control Training	149	90	16	10

* indicates that a service has been rated by more than 50% of the sample as "not a mental health service".

Table 11

School Counselor's Ratings of MH Services (n = 143)

Service	School Mental Health Service		Not a School Mental Health Service	
	n	%	n	%
Counseling				
Individual Therapy/Counseling	125	89	16	11
Family Therapy/Counseling	133	94	8	6
Group Therapy/Counseling	124	89	16	11
Consultation				
Mental Health Consultation	131	93	10	7
Behavior Management Consultation	87	62	53	38
Academic Consultation *	31	22	109	79
Norm-Referenced Assessments				
Intelligence Assessment*	46	33	94	67
Achievement Assessment*	56	40	84	60
Personality Assessment	103	74	37	26
Behavior Rating Scale	86	61	54	39
Authentic Assessments				
Dynamic Indicators of Basics Early Literacy Skills*	11	8	128	92
Curriculum Based Measurement*	6	4	134	96
Prevention				
Early Intervention Services/School-Wide Screenings*	34	24	106	76
Home Visitations/Community Outreach	62	44	78	56
Character Education*	39	27	103	73
Parent Training	49	35	90	65
Substance Abuse Prevention /Counseling	104	75	35	25
Violence Prevention/Counseling	100	72	38	28
Suicide Prevention	116	85	21	15
Pregnancy Prevention/Support	71	51	68	49
Bullying Prevention	73	53	66	47
Dropout Prevention*	45	33	92	67
Peer Mediation/Support Groups	74	53	65	47
Intervention				
Positive Behavior Support	67	48	72	52
Social Skills Training	63	44	79	56
Test Taking and Study Skills Training*	20	14	122	86
Crisis Intervention	105	76	34	24
Anger Control Training	104	76	33	24
Relaxation Training	104	75	35	25
Self-Control Training	100	72	39	28

* indicates that a service has been rated by more than 50% of the sample as “not a mental health service”.

Table 12

School Social Worker's Ratings of MH Services (n = 48)

Service	School Mental Health Service		Not a School Mental Health Service	
	n	%	n	%
Counseling				
Individual Therapy/Counseling	46	96	2	4
Family Therapy/Counseling	45	94	3	6
Group Therapy/Counseling	46	96	2	4
Consultation				
Mental Health Consultation	46	96	2	4
Behavior Management Consultation	37	79	10	21
Academic Consultation *	10	21	37	79
Norm-Referenced Assessments				
Intelligence Assessment*	16	35	30	65
Achievement Assessment*	23	49	24	51
Personality Assessment	39	81	9	19
Behavior Rating Scale	35	73	13	27
Authentic Assessments				
Dynamic Indicators of Basics Early Literacy Skills*	7	15	40	85
Curriculum Based Measurement*	4	9	43	91
Prevention				
Early Intervention Services/School-Wide Screenings*	23	48	25	52
Home Visitations/Community Outreach	31	65	17	35
Character Education*	24	50	24	50
Parent Training	34	74	12	26
Substance Abuse Prevention /Counseling	44	92	4	8
Violence Prevention/Counseling	44	94	3	6
Suicide Prevention	46	96	2	4
Pregnancy Prevention/Support	31	65	17	35
Bullying Prevention	35	74	12	26
Dropout Prevention*	27	56	21	44
Peer Mediation/Support Groups	35	73	13	27
Intervention				
Positive Behavior Support	33	69	15	31
Social Skills Training	32	68	15	32
Test Taking and Study Skills Training*	12	26	35	74
Crisis Intervention	45	94	3	6
Anger Control Training	46	96	2	4
Relaxation Training	38	79	10	21
Self-Control Training	46	96	2	4

* indicates that a service has been rated by more than 50% of the sample as "not a mental health service".

Overview of Statistical Analyses for Research Questions 2 through 5

Means and standard deviations were computed, regarding the ratings of perceived qualifications of providers and perceived impact of services on student outcomes, for research question two through five. The ratings were based on responses to a 5-point Likert-type scale. Data were subjected to Analysis of Variance procedures to determine if there were significant differences in the perceptions of the study participants. The Huynh-Feldt test was used to determine statistical significance for within-subjects effects. Post hoc analyses were conducted using the Dunn's test for the within subjects factors as a follow-up to significant interaction effects in the ANOVA. A summary of the results for research questions two through five is provided at the conclusion of each statistical analysis description.

Research Question 2: Perceived Qualifications of School-Based Mental Health Service Providers in the Mental Health Service Delivery System

The second research question sought to determine the extent to which school-based mental health service providers concurred about which school mental health service providers (i.e., school psychologists, school counselors, and school social workers) were best *qualified* to provide specific mental health services in K-12 school settings.

School MH Providers' Ratings of School Psychologists

Data in Table 13 revealed interesting results in the ratings provided by each role group about the qualifications of school psychologists to provide mental health services. As shown, school psychologists were rated by all three groups as qualified to provide mental health services in the areas of normative assessment, consultation, authentic assessment, and intervention. School psychologists often rated school psychology professionals as having slightly higher levels of qualifications than did school counselors and school social workers.

Table 13

*Mean and Standard Deviation of Ratings of Level of Qualifications of **School Psychologists** to Provide MH Services as Perceived by Individual School MH Providers*

MH Services	<u>School Psychologists</u>		<u>School Counselors</u>		<u>School Social Workers</u>	
	M	SD	M	SD	M	SD
Counseling	3.97	0.85	4.04	1.08	3.67	1.13
Consultation	4.66	0.45	4.28	0.71	4.18	0.83
Normative Assessment	4.91	0.23	4.89	0.28	4.73	0.46
Authentic Assessment	4.48	0.79	4.07	1.04	4.01	1.04
Prevention	4.00	0.74	3.66	0.93	3.56	0.97
Intervention	4.41	0.59	4.10	0.83	4.05	0.87
Overall	4.41	0.61	4.17	0.81	4.03	0.88

Note: Response Scale:

5: highly qualified and no supervision needed

4: qualified and minimal supervision needed

3: somewhat qualified and supervision is needed

2: minimally qualified and intense supervision needed

1: Not qualified

School MH Providers Ratings of School Counselors

Data about the qualifications of school counselors to provide mental health services in K-12 settings are provided in Table 14. Examination of these data reveal that overall, both school psychologists and school social workers rated school counselors as somewhat qualified (the need for some supervision) in the provision of mental health services. They considered school counselors to be most qualified to provide services in prevention and intervention and least qualified in the area of normative assessment. In contrast, school counselors rated their level of qualifications in each service area higher than did school psychologists and school social workers.

School MH Providers Ratings of School Social Workers

Examination of data reported in Table 15 revealed that across the three groups of mental health service providers, the mental health services in which school social workers received the highest ratings for level of qualification were counseling, prevention, and intervention. As shown in Table 15 both the school psychologists and school counselors rated school social workers as being only somewhat qualified with need for supervision to provide services in the areas of prevention, counseling, intervention, and consultation. Both groups perceived school social workers to be minimally qualified to provide services in the area of authentic and normative assessments. Overall, school psychologists reported slightly lower levels of qualifications for school social workers in comparison to the ratings provided by the school counselors and school social workers. In contrast, school social workers in this study often rated individuals in their similar profession as having slightly higher levels of qualifications to provide most mental health services, in comparison to the ratings provided by school counselors and school psychologists. Specifically, only the school social workers in this study rated school social work professionals as qualified (needing minimal supervision) to provide named school mental health services such as counseling, prevention, intervention, and consultation.

Table 14

*Mean and Standard Deviation of Ratings of Level of Qualifications of **School Counselors** to Provide MH Services as Perceived by Individual School MH Providers*

MH Services	<u>School Psychologists</u>		<u>School Counselors</u>		<u>School Social Workers</u>	
	M	SD	M	SD	M	SD
Counseling	3.68	0.92	4.09	0.88	3.57	1.09
Consultation	3.60	0.82	4.25	0.66	3.79	0.75
Normative Assessment	1.71	0.82	3.27	1.00	2.33	1.08
Authentic Assessment	3.23	1.19	3.59	1.13	3.47	1.22
Prevention	3.98	0.67	4.25	0.60	3.81	0.69
Intervention	3.94	0.77	4.42	0.62	4.09	0.60
Overall	3.36	0.74	3.98	0.82	3.51	0.91

Note: Response Scale:

5: highly qualified and no supervision needed

4: qualified and minimal supervision needed

3: somewhat qualified and supervision is needed

2: minimally qualified and intense supervision needed

1: Not qualified

Table 15

*Mean and Standard Deviation of Ratings of Level of Qualifications of **School Social Workers** to Provide MH Services as Perceived by Individual School MH Providers*

MH Services	<u>School Psychologists</u>		<u>School Counselors</u>		<u>School Social Workers</u>	
	M	SD	M	SD	M	SD
Counseling	3.73	0.98	3.90	1.21	4.57	0.59
Consultation	3.19	0.86	3.59	1.10	4.18	0.69
Normative Assessment	1.66	0.74	2.68	1.16	2.95	1.01
Authentic Assessment	2.06	1.22	2.60	1.16	2.57	1.18
Prevention	3.90	0.79	3.96	0.86	4.34	0.55
Intervention	3.53	0.98	3.84	1.01	4.36	0.55
Overall	3.01	0.93	3.43	0.89	3.82	0.76

Note: Response Scale:

5: highly qualified and no supervision needed

4: qualified and minimal supervision needed

3: somewhat qualified and supervision is needed

2: minimally qualified and intense supervision needed

1: Not qualified

Figure 2 provides a matrix that summarizes data from the school mental health service providers about the mental health services which mental health service providers are perceived as being *highly qualified* or *qualified* to provide (i.e., mean ratings of a 4 or 5). School psychologists were consistently rated across school mental health service providers as being qualified, needing little supervision, to provide consultation, normative assessment, authentic assessment, and intervention services.

There was no consistency among the school mental health providers about the mental health services which school counselors and social workers were highly qualified or qualified to provide. A closer examination of the ratings revealed that school psychologists did not rate school counselors as highly qualified or qualified to provide *any* of the school mental health services. However, both school counselors and school social workers in this study rated school counselors as qualified to provide intervention services. Figure 2 shows that school social workers were not rated as highly qualified or qualified to provide *any* of the school mental health services by both school psychologists and school counselors.

School psychologists rated themselves qualified to provide all services except counseling, school counselors rated themselves as qualified to provide all services except normative assessment or authentic assessment, and school social workers rated themselves as qualified to provide all services except normative assessment or authentic assessment. In conclusion, the data show that the school counselors and school social workers reported higher ratings about their individual qualifications to provide mental health services than did school psychologists.

Figure 2

Matrix of Perceptions of School Psychologists, School Counselors, and School Social Workers Regarding Qualifications of School Mental Health Service Providers to Provide MH Services with No/Minimal Supervision

Mental Health Service	School Psychologist			School Counselor			School Social Worker		
	School Psychologist	School Counselor	School Social Worker	School Psychologist	School Counselor	School Social Worker	School Psychologist	School Counselor	School Social Worker
Counseling				X	X				X
Consultation	X			X	X		X		X
Normative Assessment	X			X			X		
Authentic Assessment	X			X			X		
Prevention	X				X				X
Intervention	X			X	X		X	X	X

Test of Differences in Perceptions between School Mental Health Service Providers

To determine if there were significant differences in the perceived level of qualifications of school psychologists, school counselors, and school social workers to provide mental health services, a one between- two within-subjects analysis of variance (ANOVA) procedure was conducted. The between-subjects factor was professional role (i.e., school psychologist, school counselor, or school social worker) and the within-subjects factors were type of service provider (i.e., the school psychologist, the school counselor, and the school social worker) and type of mental health service (i.e., counseling, consultation, normative assessment, authentic assessment, prevention, and intervention).

Examination of Table 16 revealed that for the within-subjects effects the following interactions were statistically significant, Role x Provider x Service, $F(20, 2990) = 5.64, p < .0001$, Provider x Service, $F(10, 2990) = 239.69, p < .0001$, Role x Service, $F(10, 1495) = 10.83, p < .0001$, and Role x Provider $F(4, 598) = 40.99, p < .0001$. Additionally, the main effect for type of mental health service was statistically significant, $F(5, 1495) = 105.33, p < .0001$ and the main effect for provider was also statistically significant, $F(2, 598) = 144.73, p < .0001$. Finally, for the between-subjects effect, the main effect for role was statistically significant, $F(2, 299) = 12.39, p < .0001$.

Thus, the data suggest there were significant differences in the perceptions held by school psychologists, school counselors, and school social workers about school mental health service providers' qualifications to deliver specific mental health services.

Table 16

Analysis of Variance of Ratings of Perceived Qualifications of MH Service Providers to Provide MH Services by Professional Role

Source	df	SS	MS	F	HF
<u>Between SS</u>					
Role (A)	2	88.36	44.18	12.39*	
S/A (Error)	299	1066.33	3.56		
<u>Within SS</u>					
Provider (B)	2	438.81	219.40	144.73	<.0001*
A*B	4	248.57	62.14	40.99	<.0001*
S/AB (Error)	598	906.56	1.52		
Service (C)	5	411.71	82.34	105.33	<.0001*
A*C	10	84.64	8.46	10.83	<.0001*
S/AC (Error)	1495	1168.71	0.78		
B*C	10	862.10	86.21	239.69	<.0001*
A*B*C	20	40.59	2.03	5.64	<.0001*
SC/AB (Error)	2990	1075.45	0.36		
Total	5435	6391.83			

*p<.05

Note: Professional Role (School Psychologists vs. School Counselors vs. School Social Workers)

Role x Provider x Service Interaction Effect

To determine the providers between which there were statistically significant differences based on ratings of their perceived level of qualifications of school psychologists, school counselors, and school social workers, post hoc analyses were conducted using Dunn's test. Huynh-Feldt adjustment was employed for the within-subjects factor since the sphericity assumption was violated. A graph of the interaction effect is shown in Figure 3. The interaction effect is disordinal.

School Psychologists' Ratings of Mental Health Professionals. Results of the Dunn's test indicate that for school psychologists, there were no significant differences in their mean ratings of perceived qualifications between the three service providers (school psychologist, school counselor, and school social worker) to offer services in prevention. Significant differences in qualification ratings were observed for services in counseling, consultation, normative assessments, authentic assessments, and intervention (see Table 17).

School psychologists rated professionals in school psychology as having significantly higher qualifications to provide services in counseling, normative assessments, consultation, authentic assessment, and intervention than both school counselors and school social workers. There were no differences in ratings between school counselors and school social workers to provide the aforementioned services. Lastly, school psychologists rated school counselors as having significantly higher levels of qualification to provide services in consultation, authentic assessment, and intervention than school social workers.

Table 17

Mean and Standard Deviation of Ratings of Perceived Level of Qualifications of Service Providers to Provide MH Services by Professional Role

MH Service	Student Support Professionals						<u>Marginal Mean</u> M
	<u>School Psychology</u>		<u>School Counselor</u>		<u>School Social Worker</u>		
	M	SD	M	SD	M	SD	
School Psychologists							
Counseling	3.97		4.04		3.67		
Consultation	4.66		4.28		4.18		
Normative Assessment	4.91		4.89		4.73		
Authentic Assessment	4.48		4.07		4.01		
Prevention	4.00		3.66		3.56		
Intervention	4.41		4.10		4.05		
Marginal Mean	4.41		4.17		4.03		4.20
School Counselors							
Counseling	3.68		4.09		3.57		
Consultation	3.60		4.25		3.79		
Normative Assessment	1.71		3.27		2.33		
Authentic Assessment	3.23		3.59		3.47		
Prevention	3.98		4.25		3.81		
Intervention	3.94		4.42		4.09		
Marginal Mean	3.36		3.98		3.51		3.62
School Social Workers							
Counseling	3.73		3.90		4.57		
Consultation	3.19		3.59		4.18		
Normative Assessment	1.66		2.68		2.95		
Authentic Assessment	2.06		2.60		2.57		
Prevention	3.90		3.96		4.34		
Intervention	3.53		3.84		4.36		
Marginal Mean	3.01		3.43		3.82		3.42

Note: Response Scale:

5: highly qualified and no supervision needed

4: qualified and minimal supervision needed

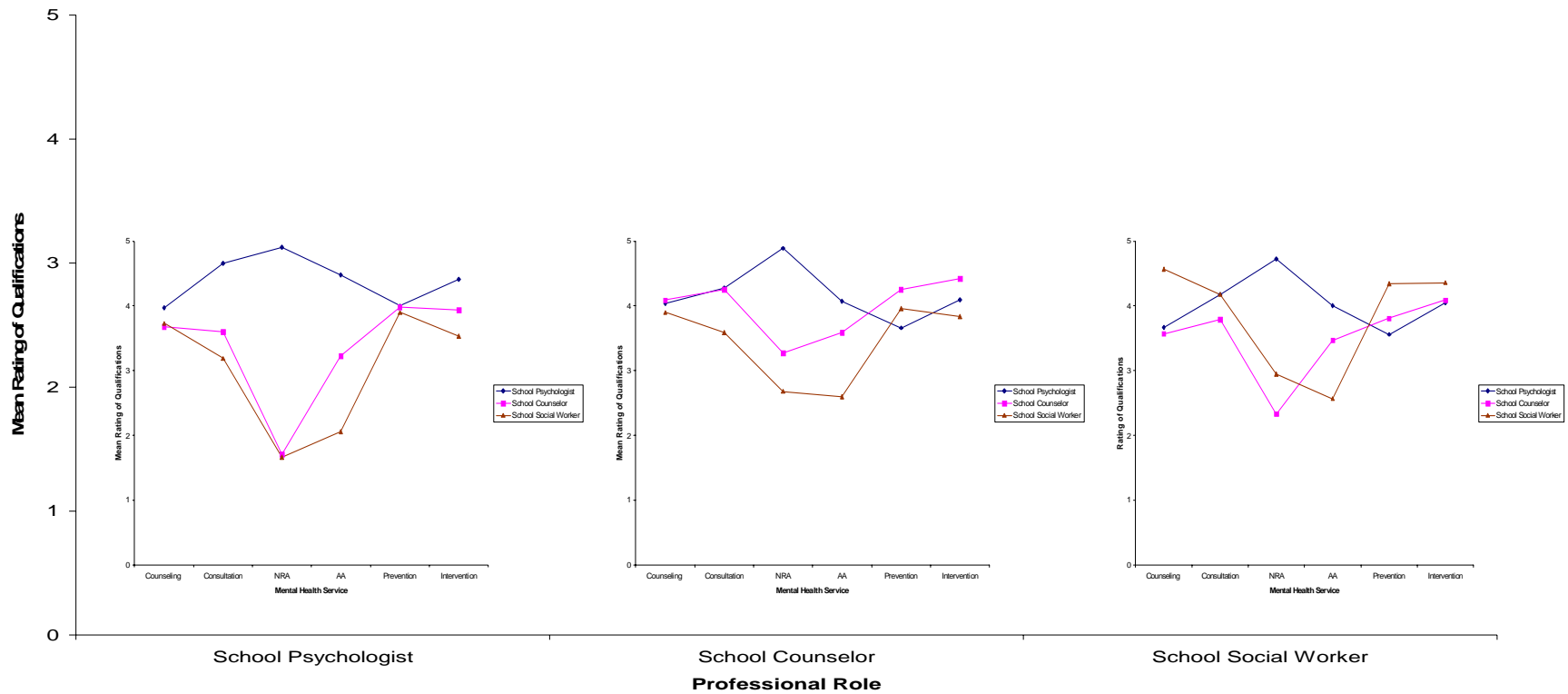
3: somewhat qualified and supervision is needed

2: minimally qualified and intense supervision needed

1: Not qualified

Figure 3

Interaction Effect of Role and Provider and Service on the Mean Ratings of the Qualifications of MH Service Providers to Provide MH Services



School Counselors' Ratings of Mental Health Professionals. Professionals in school psychology, school counseling, and school social work were rated by school counselors as having statistically significant differences in their level of qualification to provide consultation, normative assessment, authentic assessment, prevention, and intervention. There were no statistically significant differences in qualification ratings found among the three professional groups to provide services in counseling. For normative assessment and authentic assessment, school counselors rated school psychologists as having significantly higher qualifications ($p < .05$), based on training and experience, than both school counselors and social workers. School counselors rated school counseling professionals as having significantly higher qualifications to provide normative and authentic assessments than did school social workers. They also rated school counselors as being significantly more qualified to provide services in prevention and intervention than school psychologists and school social workers. Furthermore, school social workers were rated as being more qualified than school psychologists to provide prevention services, while school psychologists were rated as being more qualified than school social workers to provide intervention services. Lastly, there were no significant differences in level of qualification for the provision of consultation between school psychologists and school counselors; however, both school counselors and school psychologists were rated as being more qualified to provide consultation services than were school social workers.

School Social Workers' Ratings of Mental Health Professionals. With respect to school social workers, statistically significant differences were observed in their mean ratings of the perceived level of qualifications of school psychologists, school counselors, and social workers to provide services in the areas of counseling, normative assessments, authentic assessments, and prevention. More specifically, school social workers rated school psychologists as being more qualified to provide normative assessments than both school social workers and school

counselors; there were no significant differences in levels of qualification between school social workers and school counselors to deliver normative assessments.

Relative to counseling and prevention services, school social workers rated professionals in the field of school social work as having significantly higher qualifications than both school counselors and school psychologists. There were no significant differences perceived in levels of qualification between school psychologists and school counselors, with regard to counseling and prevention services.

School social workers rated school psychologists as being more qualified than school counselors and school social workers to provide authentic assessments; school counselors were rated as more qualified to administer authentic assessments than school social workers. Lastly, no significant differences in qualification ratings were found between the three mental health service providers in their qualifications to provide consultation and intervention services.

Summary of Results for Research Question 2

In sum, school mental health professionals often rated individuals in their same profession as being more qualified to provide a range of services. Across the three providers, school psychologists were rated as being qualified (needing minimal supervision) to provide normative assessments and authentic assessments. School counselors did not receive consistent ratings across the three school mental health service providers to provide any mental health services, however, school counseling professionals reported school counselors as being most qualified to provide prevention and intervention services. School social workers, however, did not receive ratings of being qualified to provide mental health services from either school psychologists or school counselor.

Research Question 3: MH Providers, Directors, and Supervisors Perceived Qualifications of School-Based Mental Health Service Providers in the Mental Health Service Delivery System

The third research question sought to determine the extent to which school-based mental health service providers, directors of student mental health services, and supervisors of student mental health services concurred about which school mental health service providers (i.e., school psychologists, school counselors, and school social workers) were best *qualified* to provide specific mental health services in K-12 school settings.

Qualification of School Psychologist

School psychologists had the highest ratings for level of qualification, across all three respondents, in the areas of consultation and normative assessments. The service area in which school psychologists received the lowest rating across all three service provider groups was prevention. However it must be noted that even in the area of prevention, school psychologists were still perceived as somewhat qualified to deliver the service. When examining the typical response patterns of the three respondents, the reader will see that school mental health service providers often reported the school psychologist as having the highest ratings for mental health service delivery, followed by directors of student services, and then supervisors of student services.

On closer examination of each group of respondent's ratings, directors reported school psychologists as qualified to deliver most mental health services except prevention (M = 3.66) and intervention (M = 3.83) (somewhat qualified and supervision needed). School mental health service providers also reported school psychologists as qualified and needing minimal supervision to provide most mental health services, except counseling (M = 3.95) and prevention (M = 3.81) (somewhat qualified and supervision needed). Lastly, supervisors of student services often rated school psychologists as only somewhat qualified to deliver those mental health services which were outside normative assessment (M = 4.91) and consultation (M = 4.20).

Table 18

Mean and Standard Deviation of Ratings of Level of Qualifications of School Psychologists to Provide MH Services as Perceived by Directors, Supervisors, and School MH Providers

MH Services	<u>Directors</u>		<u>Supervisors</u>		<u>School Mental Health Service Providers</u>	
	M	SD	M	SD	M	SD
Counseling	4.26	0.78	3.47	1.28	3.95	0.99
Consultation	4.38	0.55	4.20	0.63	4.45	0.66
Normative Assessment	4.88	0.24	4.91	0.23	4.88	0.29
Authentic Assessment	4.10	0.94	3.58	1.29	4.26	0.95
Prevention	3.66	0.82	3.37	1.06	3.81	0.87
Intervention	3.83	0.74	3.72	0.87	4.24	0.74
Overall	4.18	0.68	3.87	0.89	4.26	0.75

Note: Response Scale:

- 5: highly qualified and no supervision needed
- 4: qualified and minimal supervision needed
- 3: somewhat qualified and supervision is needed
- 2: minimally qualified and intense supervision needed
- 1: Not qualified

Qualification of School Counselor

Data reported in Table 19 show there are no consistent ratings across the three service provider groups about which services school counselors are most qualified to deliver. Directors typically reported school counselors as qualified to provide services in the area of prevention (M = 4.03) and being somewhat qualified to provide services in intervention, counseling, consultation, and authentic assessment. They perceived them as being minimally qualified to provide services in normative assessment (M = 2.51). In contrast, supervisors did not perceive school counselors as being qualified to provide mental health services without some supervision. School counselors were reported by supervisors as only being somewhat qualified *with supervision*, to provide mental health services in intervention (M = 3.83), prevention (M = 3.69), authentic assessment (M = 3.47), consultation (M = 3.74), and counseling (M = 3.53) and minimally qualified to administer normative assessments (M = 2.41). Finally, school mental health service providers reported school counselors as being qualified to provide prevention (M = 4.06) and intervention (M = 4.17), minimally qualified to administer normative assessments (M = 2.43), and somewhat qualified to deliver all other school mental health services.

Table 19

*Mean and Standard Deviation of Ratings of Level of Qualifications of **School Counselors** to Provide MH Services as Perceived by Directors, Supervisors, and School MH Providers*

MH Services	<u>Directors</u>		<u>Supervisors</u>		<u>School Mental Health Service Providers</u>	
	M	SD	M	SD	M	SD
Counseling	3.79	0.74	3.53	0.87	3.83	0.95
Consultation	3.64	0.67	3.74	0.68	3.89	0.81
Normative Assessment	2.51	0.86	2.41	0.92	2.43	1.18
Authentic Assessment	3.60	1.16	3.47	1.22	3.41	1.18
Prevention	4.03	0.48	3.69	0.71	4.07	0.66
Intervention	3.90	0.63	3.83	0.82	4.16	0.72
Overall	3.58	0.76	3.45	0.87	3.63	0.92

Note: Response Scale:

- 5: highly qualified and no supervision needed
- 4: qualified and minimal supervision needed
- 3: somewhat qualified and supervision is needed
- 2: minimally qualified and intense supervision needed
- 1: Not qualified

Qualification of School Social Worker

Examination of data reported in Table 20, reveal no consistent ratings across respondents about which mental health services school social workers had the highest qualifications to provide.

Directors reported school social workers as being not qualified to provide prevention services ($M = 4.02$). Additionally, they rated school social workers as being minimally qualified with need for intense supervision to provide services in normative assessment ($M = 2.68$) and authentic assessment ($M = 2.53$). For all other mental health services, directors reported school social workers as somewhat qualified, needing some supervision to provide those services. Supervisors rated school social workers as minimally qualified with need for supervision to administer authentic ($M = 2.11$) and normative assessments ($M = 2.42$) and somewhat qualified to provide all other mental health services. Similar ratings were provided by school mental health service providers about the level of qualification of school social workers. School mental health service providers perceived school social workers as somewhat qualified to provide mental health services in the areas of counseling, consultation, prevention, and intervention. They considered them to be minimally qualified with need for intense supervision the areas of authentic ($M = 2.33$) and normative ($M = 2.23$) assessment.

Table 20

*Mean and Standard Deviation of Ratings of Level of Qualifications of **School Social Workers** to Provide MH Services as Perceived by Directors, Supervisors, and School MH Providers*

MH Services	<u>Directors</u>		<u>Supervisors</u>		<u>School Mental Health Service Providers</u>	
	M	SD	M	SD	M	SD
Counseling	3.88	1.06	3.93	0.88	3.92	1.07
Consultation	3.53	1.11	3.53	0.94	3.49	0.99
Normative Assessment	2.68	0.94	2.42	1.11	2.23	1.11
Authentic Assessment	2.53	1.34	2.11	1.09	2.33	1.22
Prevention	4.02	0.61	3.86	0.75	3.98	0.80
Intervention	3.62	0.87	3.18	1.20	3.76	0.96
Overall	3.38	0.99	3.17	0.99	3.29	1.03

Note: Response Scale:

5: highly qualified and no supervision needed

4: qualified and minimal supervision needed

3: somewhat qualified and supervision is needed

2: minimally qualified and intense supervision needed

1: Not qualified

Figure 4 shows a matrix in which summary data from the directors, supervisors, and mental health service providers about the mental health services for which school mental health service providers are perceived as being highly qualified or qualified to provide with little/no supervision (i.e., mean ratings of 5 or 4). As is shown, school psychologists are consistently rated by directors, supervisors, and school mental health service providers as being qualified to provide normative assessments and consultation. Directors and school mental health service providers also rated school psychologists as being qualified to provide authentic assessments.

For school counselors and social workers, there is no consistency in qualification rating among the directors, supervisors, and school mental health service providers about the MH services which school counselors and social workers are highly qualified or qualified to provide. However, the reader will notice that school counselors were rated by both directors and school mental health service providers as being qualified to deliver prevention services. Additionally, school mental health service providers rated school counselors as qualified to deliver interventions. Finally, supervisors were the least likely of all the three respondents to rate a school mental health service provider as being highly qualified to qualified to provide a range of mental health services.

Figure 4

Matrix of Perceptions of School Psychologists, School Counselors, and School Social Workers Regarding Qualifications of Directors, Supervisors, and School Mental Health Service Providers to Provide MH Services with No/Minimal Supervision

Mental Health Service	Director			Supervisor			School Mental Health Service Provider		
	School Psychologist	School Counselor	School Social Worker	School Psychologist	School Counselor	School Social Worker	School Psychologist	School Counselor	School Social Worker
Counseling	X								
Consultation	X			X			X		
Normative Assessment	X			X			X		
Authentic Assessment	X						X		
Prevention		X	X					X	
Intervention							X	X	

Test of Differences in Perceptions between Directors, Supervisors, and School Mental Health Service Providers

To determine if there were significant differences in the perceived level of qualifications of school psychologists, school counselors, and school social workers to provide mental health services, a one between- two within-subjects analysis of variance (ANOVA) procedure was conducted. The between-subjects factor was professional role (i.e., director, supervisor, and school mental health service provider) and the within-subjects factors were type of service provider (i.e., the school psychologist, the school counselor, and the school social worker) and type of mental health service (i.e., counseling, consultation, normative assessment, authentic assessment, prevention, and intervention). The ANOVA was tested at an alpha level of .05. The Huynh-Feldt test was used to determine statistical significance for within-subjects effects, as the sphericity assumption was violated.

Examination of Table 21 reveals that for the within-subjects effects the following interactions were statistically significant, Role x Provider x Service, $F(20, 3680) = 2.31, p < .05$, Provider x Service, $F(10, 3680) = 130.07, p < .0001$, Role x Service, $F(10, 1840) = 2.89, p < .05$, and Role x Provider $F(4, 736) = 2.54, p < .0001$. Additionally, the main effect for service was statistically significant, $F(5, 1840) = 35.12, p < .0001$ and the main effect for provider was statistically significant, $F(2, 736) = 65.66, p < .0001$. Finally, for the between-subjects effect, the main effect for role was statistically significant, $F(2, 368) = 3.80, p < .0001$.

Thus, the data suggest there were significant differences in the perceptions held by directors, supervisors, and school mental health service providers about the different school mental health service providers' qualifications to deliver specific mental health services.

Table 21

Analysis of Variance of Ratings of Perceived Qualifications of MH Service Providers to Provide MH Services by Professional Role

Source	df	SS	MS	F	HF
<u>Between SS</u>					
Role (A)	2	28.17	14.09	3.80*	
S/A (Error)	368	1365.70	3.71		
<u>Within SS</u>					
Provider (B)	2	243.90	121.95	65.66	<.0001*
A*B	4	18.84	4.71	2.54	<.05*
S/AB (Error)	736	1366.97	1.86		
Service (C)	5	146.00	29.20	35.12	<.0001*
A*C	10	24.02	2.40	2.89	<.05*
S/AC (Error)	1840				
B*C	10	481.59	48.16	130.07	<.0001*
A*B*C	20	17.14	0.86	2.31	<.05*
SC/AB (Error)	3680	1362.49	0.37		
Total	6677	5054.82			

*p<.05

Note: Professional Role (Directors vs. Supervisors vs. School Mental Health Service Provider)

Role x Provider x Service Interaction Effect

To determine the providers between which there were statistically significant differences based on ratings of the perceived level of qualifications by directors, supervisors, and school mental health service providers, post hoc analyses were conducted using Dunn's test. Huynh-Feldt adjustment was employed for the within-subjects factor since the sphericity assumption was violated. A graph of the interaction effect is shown in Figure 6. The interaction effect is disordinal.

Directors' Ratings. Significant differences in qualification ratings were observed for services in normative and authentic assessments. In the area of normative assessments, directors rated school psychologists significantly more qualified to provide these services than both school counselors and school social workers. There were no significant differences in mean ratings of perceived qualifications of the three service providers (school psychologist, school counselor, and school social worker) to provide services in counseling, consultation, prevention, and intervention (see Table 22). For authentic assessments, directors rated school psychologists and school counselors significantly higher in the level of qualifications to provide the service than school social workers; there were no differences in mean ratings between school psychologists and school counselors.

Supervisors' Ratings. Statistically significant differences were observed in the supervisors' mean ratings of the perceived level of qualifications of school psychologists, school counselors, and school social workers to provide services in the areas of consultation, normative assessments, authentic assessments, and interventions (see Table 22). Specifically, supervisors rated school psychologists as being more qualified to provide services in the area of consultation than school social workers; however, there were no differences in mean ratings of qualifications between school psychologists and school counselors or between school counselors and school social workers to provide these services. School psychologists were rated by supervisors as being

more qualified to conduct normative assessments than school counselors and school social workers; no differences in perceived levels of qualifications to provide normative assessments were observed between school counselors and social workers. Supervisors rated both school psychologists and school counselors as being more qualified than school social workers to provide authentic assessments; no significant differences in ratings of qualifications were observed between school psychologists and school counselors. In the area of intervention, they rated school counselors as being more qualified than social workers to provide these services; no significant differences in perceived qualifications were observed between school psychologists and school counselors or between school psychologists and school social workers. Finally, in the areas of counseling and prevention, there were no differences in supervisors mean ratings of the perceived level of qualifications among school psychologists, school counselors, and school social workers.

School Mental Health Service Providers Ratings. Professionals in school psychology, school counseling, and school social work were rated by school mental health service providers as having statistically significant differences in their level of qualification to provide consultation, normative assessment, authentic assessment, prevention, and intervention (see Table 22). There were no statistically significant differences found between the three types of professionals in their level of qualification to provide counseling. For normative assessment and authentic assessment, school mental health service providers rated school psychologists as having significantly higher qualifications, based on training and experience, than both school counselors and school social workers. School mental health service providers also rated school counselors as having significantly higher qualifications to provide normative and authentic assessment than school social workers. They also rated school counselors as being significantly more qualified to provide services in prevention than school psychologists. There was no significant difference in the level of qualification between school counselors and school social workers or school psychologists and

school social workers and their ability to provide prevention services. Lastly, school mental health service providers rated school counselors and school psychologists as being more qualified to provide consultation and intervention services than school social workers. There was no significant difference in the level of qualification between school psychologists and school counselors and their ability to provide intervention services and consultation.

Summary of Results for Research Question 3

In conclusion, the data suggest that school mental health service providers did not perceive provider qualifications much differently than directors and supervisors. All three mental health service provider groups reported that school psychologists were qualified to provide normative assessment. There were no consistent ratings among the three mental health service provider groups for school counselors and school social workers. Interestingly, the supervisors of the providers were the least likely of the three respondent groups to rate school mental health service providers as being qualified to provide mental health services.

Figure 5

Interaction Effect of Role and Provider and Service on the Mean Ratings of the Qualifications of MH Service Providers to Provide MH Services as Reported by Directors, Supervisors, and School Mental Health Service Providers

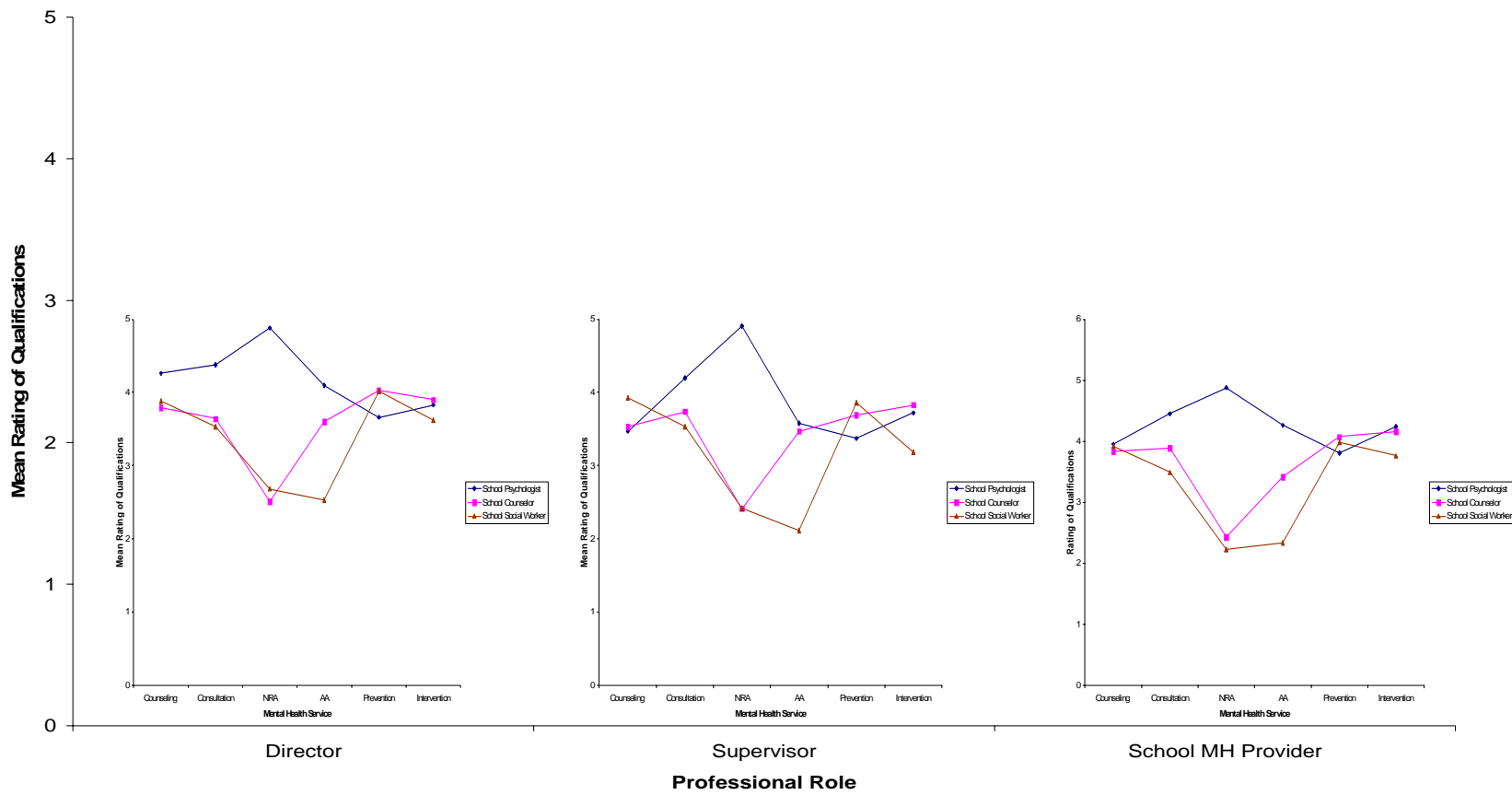


Table 22

Mean and Standard Deviation of Ratings of Perceived Level of Qualifications of Service Providers to Provide MH Services by Professional Role

MH Service	Student Support Professionals						<u>Marginal Mean</u> M
	<u>School Psychology</u>		<u>School Counselor</u>		<u>School Social Worker</u>		
	M	SD	M	SD	M	SD	
	Directors						
Counseling	4.26	0.78	3.78	0.74	3.88	1.05	
Consultation	4.39	0.56	3.64	0.67	3.53	1.10	
Normative Assessment	4.88	0.24	2.51	0.86	2.68	0.93	
Authentic Assessment	4.10	0.94	3.60	1.16	2.53	1.34	
Prevention	3.67	0.82	4.03	0.48	4.02	0.60	
Intervention	3.83	0.74	3.90	0.62	3.62	0.87	
Marginal Mean	4.19		3.58		3.38		3.72
	Supervisors						
Counseling	3.48	1.28	3.53	0.87	3.93	0.88	
Consultation	4.21	0.63	3.74	0.67	3.53	0.94	
Normative Assessment	4.92	0.23	2.41	0.92	2.41	1.11	
Authentic Assessment	3.59	1.29	3.45	1.22	2.11	1.09	
Prevention	3.37	1.06	3.69	0.71	3.86	0.75	
Intervention	3.72	0.87	3.83	0.81	3.18	1.20	
Marginal Mean	3.88		3.44		3.17		3.49
	School Mental Health Service Providers						
Counseling	3.95	0.99	3.83	0.95	3.92	1.07	
Consultation	4.45	0.66	3.89	0.80	3.49	0.99	
Normative Assessment	4.88	0.30	2.43	1.19	2.23	1.11	
Authentic Assessment	4.26	0.95	3.41	1.19	2.33	1.22	
Prevention	3.81	0.87	4.07	0.67	3.98	0.80	
Intervention	4.24	0.74	4.16	0.72	3.76	0.98	
Marginal Mean	4.26		3.63		3.29		3.73

Note: Response Scale:

- 5: highly qualified and no supervision needed
- 4: qualified and minimal supervision needed
- 3: somewhat qualified and supervision is needed
- 2: minimally qualified and intense supervision needed
- 1: Not qualified

Research Question 4: District and School Characteristics of School Mental Health Service

Providers

The fourth research question sought to determine the extent to which school district size and characteristics of the school (school level and SES) in which a mental health service provider was employed moderated their perceptions about the extent to which school psychologists, school counselors, and school social workers were qualified to provide school mental health services in K-12 settings.

To determine if there were significant differences in the ratings of school mental health service providers, combined, based on their selected demographic variables, three separate one between- two within-subjects analysis of variance (ANOVA) procedures were conducted. The between-subjects factors for the three separate analyses were a) size of district b) school level (primarily elementary, etc) and c) SES status of school (Title I vs. Non Title I). The within-subjects factors were type of service provider (i.e., the school psychologist, the school counselor, and the school social worker) and type of mental health service (i.e., counseling, consultation, normative assessment, authentic assessment, prevention, and intervention).

District Size

A breakdown of mean ratings of the perceived level of qualifications of school psychologists, school counselors, and school social workers as reported by school mental health service providers by district size (small, small/medium, medium, large, and very large) are reported in Table 23, 24, and 25.

Ratings of School Psychologists. Data reported in Table 23 suggest that school mental health service providers across the various sizes of district had very similar perceptions about the qualifications of school psychologists. School mental health service providers across the different district sizes rated school psychologists as being qualified to provide consultation, normative assessment, authentic assessment, and intervention services. Lastly, regardless of the size of

district in which a school mental health service provider was employed, school psychologists were rated as having the highest qualifications, based on their experiences and training, to provide normative assessment and least qualified to provide services in prevention.

Ratings of School Counselors. Examination of data reported in Table 24 reveal that regardless of the size of the school district in which the mental health service providers were employed, school mental health service providers rated school counselors as being most qualified to provide intervention and prevention services. The service that school counselors were rated as minimally qualified to provide, by all district sizes except small districts, was normative assessments. Interestingly, school mental health service providers employed in small districts rated school counselors as being qualified to provide a range of mental services more often than school mental health professionals who were not employed in small districts. School mental health service providers employed in small districts reported that in addition to the prevention and intervention services, school counselors were also qualified to provide counseling and consultation services with minimal supervision.

Table 23

Mean and Standard Deviation of Ratings of Perceived Level of Qualifications of School Psychologists to Provide MH Services as Reported by School MH Providers by Size of District

Services	M	SD
Small Districts		
Counseling	4.28	0.72
Consultation	4.41	0.70
Normative Assessment	4.91	0.26
Authentic Assessment	3.98	1.17
Prevention	3.78	1.02
Intervention	4.31	0.70
Small/Medium Districts		
Counseling	3.85	0.96
Consultation	4.44	0.58
Normative Assessment	4.94	0.25
Authentic Assessment	4.24	1.06
Prevention	3.71	0.89
Intervention	4.15	0.72
Medium Districts		
Counseling	3.86	1.22
Consultation	4.36	0.84
Normative Assessment	4.89	0.21
Authentic Assessment	4.35	0.74
Prevention	3.69	1.09
Intervention	4.09	1.06
Large Districts		
Counseling	3.98	0.97
Consultation	4.37	0.67
Normative Assessment	4.84	0.29
Authentic Assessment	4.26	0.97
Prevention	3.82	0.82
Intervention	4.27	0.66
Very Large Districts		
Counseling	3.94	0.97
Consultation	4.53	0.59
Normative Assessment	4.89	0.34
Authentic Assessment	4.26	0.94
Prevention	3.86	0.79
Intervention	4.29	0.69

Note: Response Scale:

5: highly qualified and no supervision needed

4: qualified and minimal supervision needed

3: somewhat qualified and supervision is needed

2: minimally qualified and intense supervision needed

1: Not qualified

Table 24

Mean and Standard Deviation of Ratings of Perceived Level of Qualifications of School Counselors to Provide MH Services as Reported by School MH Providers by Size of District

Services	M	SD
Small Districts		
Counseling	4.06	0.60
Consultation	4.17	0.58
Normative Assessment	3.03	1.09
Authentic Assessment	3.72	1.07
Prevention	4.07	0.78
Intervention	4.23	0.81
Small/Medium Districts		
Counseling	3.85	0.92
Consultation	3.79	0.89
Normative Assessment	2.38	1.23
Authentic Assessment	3.46	1.24
Prevention	4.10	0.66
Intervention	4.09	0.67
Medium Districts		
Counseling	4.01	0.97
Consultation	3.96	0.82
Normative Assessment	2.74	1.28
Authentic Assessment	3.65	1.01
Prevention	4.06	0.68
Intervention	4.14	0.74
Large Districts		
Counseling	3.85	0.89
Consultation	3.91	0.84
Normative Assessment	2.61	1.19
Authentic Assessment	3.50	1.20
Prevention	4.09	0.68
Intervention	4.25	0.77
Very Large Districts		
Counseling	3.73	1.03
Consultation	3.88	0.77
Normative Assessment	2.10	1.05
Authentic Assessment	3.22	1.19
Prevention	4.04	0.64
Intervention	4.11	0.69

Note: Response Scale:

5: highly qualified and no supervision needed

4: qualified and minimal supervision needed

3: somewhat qualified and supervision is needed

2: minimally qualified and intense supervision needed

1: Not qualified

Ratings of School Social Workers. Data in Table 25 revealed that school mental health service providers employed in small and medium size districts were most likely to rate school social workers as being qualified to provide counseling services; this was in contrast to service providers in larger size districts who reported that school social workers were only somewhat qualified to provide this service. School mental health service providers employed across all district sizes reported school social workers to be most qualified to provide services in the areas of counseling, prevention, and intervention services. More specifically they were rated as somewhat qualified with need for some supervision to provide quality services in these areas. The service that school social workers were reported as least qualified to provide, by school mental health service providers across the district sizes, was normative and authentic assessment.

Table 25

Means and Standard Deviation of Ratings of Perceived Level of Qualifications of School Social Workers to Provide MH Services as Reported by School MH Providers by Size of District

Services	M	SD
Small Districts		
Counseling	4.11	0.66
Consultation	3.53	0.86
Normative Assessment	2.41	1.15
Authentic Assessment	2.42	1.03
Prevention	4.04	0.76
Intervention	3.79	0.83
Small/Medium Districts		
Counseling	3.74	1.35
Consultation	3.19	1.18
Normative Assessment	1.98	0.87
Authentic Assessment	2.06	1.10
Prevention	3.85	0.96
Intervention	3.52	1.16
Medium Districts		
Counseling	4.18	1.11
Consultation	3.85	0.90
Normative Assessment	2.67	1.19
Authentic Assessment	2.86	1.27
Prevention	4.16	0.84
Intervention	3.99	0.95
Large Districts		
Counseling	3.97	0.97
Consultation	3.47	0.91
Normative Assessment	2.26	1.10
Authentic Assessment	2.42	1.21
Prevention	4.05	0.72
Intervention	3.87	0.89
Very Large Districts		
Counseling	3.81	1.08
Consultation	3.47	1.04
Normative Assessment	2.14	1.11
Authentic Assessment	2.16	1.21
Prevention	3.90	0.79
Intervention	3.68	1.01

Note: Response Scale:

- 5: highly qualified and no supervision needed
- 4: qualified and minimal supervision needed
- 3: somewhat qualified and supervision is needed
- 2: minimally qualified and intense supervision needed
- 1: Not qualified

Test of Differences in Perceptions between School Mental Health Service Providers Employed in Different District Sizes

To determine if school mental health service providers employed in different size districts differed in their perceptions regarding the level of qualifications of school psychologists, school counselors, and school social workers to provide school mental health services, data were subjected to a one between- two within-subjects analysis of variance (ANOVA) procedure. The between-subjects factor was district size. The within-subjects factors were type of service provider (i.e., the school psychologist, the school counselor, and the school social worker) and type of mental health service (i.e., counseling, consultation, normative assessment, authentic assessment, prevention, and intervention).

Examination of Table 26 reveals no statistically significant interaction effects for Size of District x Provider x Service, $F(40, 2930) = 0.95, p > .05$, Size of District x Service, $F(20, 1465) = 1.10, p > .05$, and Size of District x Provider, $F(8, 586) = 2.22, p > .05$, however, a significant interaction effect was observed for Provider x Service, $F(10, 2930) = 198.74, p < .001$, employing the Huynh-Feldt adjustment. Significant main effects were observed for type of service, $F(5, 1465) = 83.60, p < .0001$ and type of provider, $F(2, 586) = 138.69, p < .0001$, the main effect for size of district was not statistically significant, $F(4, 293) = 1.89, p > .05$. Since no interaction effect which included district size was statistically significant, it was determined that the size of the district in which a professional was employed did not moderate their perceptions regarding the level of qualification of mental health service providers.

Table 26

Analysis of Variance of Ratings of Perceived Qualifications of MH Service Providers to Provide MH Services by District Size

Source	df	SS	MS	F	HF
<u>Between SS</u>					
Size of District (A)	4	28.71	7.18	1.89	
S/A (Error)	293	1113.94	3.80		
<u>Within SS</u>					
Provider (B)	2	522.06	261.03	138.69	<.0001*
A*B	8	33.41	4.18	2.22	ns
S/AB (Error)	586	1102.92	1.88		
Service (C)	5	345.23	69.05	83.60	<.0001*
A*C	20	18.15	0.91	1.10	ns
S/AC (Error)	1465	1209.99	0.83		
B*C	10	737.93	73.79	198.74	<.0001*
A*B*C	40	14.13	0.35	0.95	ns
SC/AB (Error)	2930	1087.90	0.37		
Total	5363	6214.37			

*p<.01

Employment Location (School Level) of Respondent

A breakdown of mean ratings of the perceived level of qualifications of school psychologists, school counselors, and school social workers as reported by school mental health service providers that were employed at the elementary, middle, high, or multiple school levels is available in Tables 27, 28, and 29.

Ratings of School Psychologist. Data reported in Table 27 suggest that the ratings provided by school mental health service providers about school psychologists' qualifications

were very similar despite their differences in employment settings. School mental professionals employed predominantly in elementary schools, middle schools, high schools, and multiple school levels all reported that school psychologists were qualified to somewhat qualified to provide mental health services in the schools. Finally, the service that school psychologists were rated as most qualified to provide, across respondent groups from all employment settings, was normative assessments and consultation, followed by authentic assessment and intervention.

Ratings of School Counselors. Data in Table 28 suggest that school mental health service providers employed in different school settings had diverse perceptions regarding the qualifications of school counselors. School mental health service providers across all of the different employment settings rated school counselors as being most qualified to provide services in prevention. They were rated as being least qualified to administer normative assessments. Interestingly, school mental health service providers employed at the middle school and high school level reported school counselors more often as being qualified to provide selected mental health services than respondents employed at the other school levels.

Ratings of School Social Workers. The school mental health service providers, across the different school levels, rated school social workers as being most qualified to provide services in the area of prevention and counseling. Upon closer examination of Table 29, it shows that school mental health service providers employed in middle school settings rated school social workers the highest in level of qualification in the area of prevention than did school mental health service providers employed in other settings. Finally, they were rated as least qualified across the different school levels to provide normative and authentic assessments.

Table 27

Means and Standard Deviation Ratings of Perceived Level of Qualifications of School Psychologists to Provide MH Services as Reported by School MH Providers by Level of Employment

Services	M	SD
Elementary		
Counseling	3.91	0.99
Consultation	4.54	0.62
Normative Assessment	4.90	0.25
Authentic Assessment	4.39	0.85
Prevention	3.82	0.87
Intervention	4.28	0.75
Middle		
Counseling	3.89	1.07
Consultation	4.26	0.78
Normative Assessment	4.87	0.41
Authentic Assessment	4.00	1.09
Prevention	3.75	0.97
Intervention	4.21	0.84
High		
Counseling	4.19	1.05
Consultation	4.27	0.71
Normative Assessment	4.86	0.36
Authentic Assessment	4.04	1.12
Prevention	3.77	0.86
Intervention	4.14	0.75
Multiple		
Counseling	3.91	0.94
Consultation	4.48	0.62
Normative Assessment	4.87	0.27
Authentic Assessment	4.28	0.90
Prevention	3.86	0.88
Intervention	4.25	0.72

Note: Response Scale:

- 5: highly qualified and no supervision needed
- 4: qualified and minimal supervision needed
- 3: somewhat qualified and supervision is needed
- 2: minimally qualified and intense supervision needed
- 1: Not qualified

Table 28

Mean and Standard Deviation Ratings of Perceived Level of Qualifications of School Counselors to Provide MH Services as Reported by School MH Providers by Level of Employment

Services	M	SD
Elementary		
Counseling	3.87	0.93
Consultation	3.88	0.80
Normative Assessment	2.24	1.20
Authentic Assessment	3.41	1.23
Prevention	4.14	0.62
Intervention	4.28	0.71
Middle		
Counseling	3.89	1.07
Consultation	4.13	0.63
Normative Assessment	3.06	0.97
Authentic Assessment	3.47	0.94
Prevention	4.19	0.68
Intervention	4.24	0.73
High		
Counseling	3.87	0.86
Consultation	4.04	0.72
Normative Assessment	2.95	1.04
Authentic Assessment	3.38	1.16
Prevention	4.02	0.66
Intervention	4.15	0.68
Multiple		
Counseling	3.69	1.04
Consultation	3.71	0.90
Normative Assessment	2.16	1.09
Authentic Assessment	3.45	1.21
Prevention	3.91	0.72
Intervention	3.99	0.77

Note: Response Scale:

- 5: highly qualified and no supervision needed
- 4: qualified and minimal supervision needed
- 3: somewhat qualified and supervision is needed
- 2: minimally qualified and intense supervision needed
- 1: Not qualified

Table 29

Mean Ratings of Perceived Level of Qualifications of School Social Workers to Provide MH Services as Reported by School MH Providers by Level of Employment

Services	M	SD
Elementary		
Counseling	3.78	1.11
Consultation	3.35	1.01
Normative Assessment	2.00	0.99
Authentic Assessment	2.25	1.28
Prevention	3.94	0.84
Intervention	3.65	1.04
Middle		
Counseling	3.98	1.24
Consultation	3.67	1.13
Normative Assessment	2.66	1.09
Authentic Assessment	2.41	1.23
Prevention	4.14	0.91
Intervention	3.97	0.97
High		
Counseling	4.05	1.12
Consultation	3.69	0.92
Normative Assessment	2.75	1.19
Authentic Assessment	2.47	1.09
Prevention	3.95	0.77
Intervention	3.84	0.94
Multiple		
Counseling	4.08	0.89
Consultation	3.51	0.98
Normative Assessment	2.20	1.12
Authentic Assessment	2.39	1.24
Prevention	4.06	0.77
Intervention	3.86	0.93

Note: Response Scale:

- 5: highly qualified and no supervision needed
- 4: qualified and minimal supervision needed
- 3: somewhat qualified and supervision is needed
- 2: minimally qualified and intense supervision needed
- 1: Not qualified

Test of Differences in Perceptions between School Mental Health Service Providers Employed in Elementary, Middle, High, or Multiple School Settings

To determine if school mental health service providers who were employed primarily in elementary, middle, high, or multiple school settings differed in their perceptions regarding the qualifications of school psychologists, school counselors, and school social workers to provide mental health services, data were subjected to a one between- two within-subjects analysis of variance (ANOVA) procedure. The between-subjects factor was school level of employment. The within-subjects factors were type of service provider (i.e., the school psychologist, the school counselor, and the school social worker) and type of mental health service (i.e., counseling, consultation, normative assessment, authentic assessment, prevention, and intervention).

Examination of Table 30 reveals significant interaction effects for School Level (SL) x Provider x Service, $F(30, 2920) = 2.20, p < .01$ and Provider x Service, $F(10, 2920) = 202.74, p < .001$. No statistically significant interaction effects were observed for SL x Service, $F(15, 1460) = 2.90, p > .05$, and SL x Provider, $F(6, 584) = 3.27, p > .05$, employing the Huynh-Feldt adjustment. Significant main effects were observed for type of service, $F(5, 1460) = 93.02, p < .0001$ and type of mental health service provider, $F(2, 584) = 143.07, p < .0001$. For the between subjects effects, the main effect for school level was not statistically significant, $F(2, 296) = 2.16, p > .05$. Thus, the school level in which a respondent was employed served to moderate the perceptions about a school mental health professional's qualifications.

School Level x Provider x Service Interaction

To determine the providers between which there were statistically significant differences based on ratings of their perceived level of qualifications by professionals employed in different school settings, post hoc analyses were conducted using Dunn's test. Huynh-Feldt adjustment was employed for the within-subjects factor since the sphericity assumption was violated. A graph of the interaction effect is shown in Figure 6. The interaction effect is disordinal.

Table 30

Analysis of Variance of Ratings of Perceived Qualifications of MH Service Providers to Provide MH Services by School Level

Source	df	SS	MS	F	HF
<u>Between SS</u>					
School Level A	3	24.89	8.29	2.16	
S/A (Error)	292	1119.11	3.83		
<u>Within SS</u>					
Provider (B)	2	539.33	269.66	143.07	<.0001*
A*B	6	36.97	6.16	3.27	Ns
S/AB (Error)	584	1100.76	1.88		
Service (C)	5	382.08	76.42	93.02	<.0001*
A*C	15	35.69	2.37	2.90	ns
S/AC (Error)	1460	1199.36	0.82		
B*C	10	747.36	74.74	202.74	<.0001*
A*B*C	30	24.38	0.81	2.20	<.01*
SC/AB (Error)	2920	1076.45	0.37		
Total	5327	6286.38			

*p<.01

Elementary School Level. Results of the Dunn's test indicate that for school mental health professionals employed primarily at the elementary level there were significant differences in mean ratings of qualifications of the three service providers to provide services in consultation, normative assessment, authentic assessment, and intervention (see Table 31). No significant differences were observed for counseling and prevention. School psychologists were rated to be significantly more qualified to provide consultation, normative assessment, and authentic assessment than both school counselors and school social workers. School counselors also had significantly higher qualification ratings to provide consultation and authentic assessment than school social workers. Lastly, both school psychologists and school counselors were reported as having significantly higher qualifications than school social workers to provide intervention services.

Middle School Level. For professionals employed primarily in middle schools, there were significant differences in mean ratings of qualifications for the three service providers in consultation, normative and authentic assessment, and prevention (see Table 31). No significant differences were found for counseling and intervention. In terms of consultation and prevention services, school mental health service providers employed primarily in middle schools rated both school psychologists and school counselors as having significantly more qualifications than school social workers. School psychologists were rated as having significantly more qualifications to administer normative and authentic assessments than both school counselors and school social workers, while school counselors were rated as having significantly more qualifications to deliver normative and authentic assessment than school social workers.

Figure 6

Interaction Effect of School Level by Provider by Service on the Mean Ratings of the Qualifications of MH Service Providers to Provide MH Services as Reported by School Mental Health Service Providers

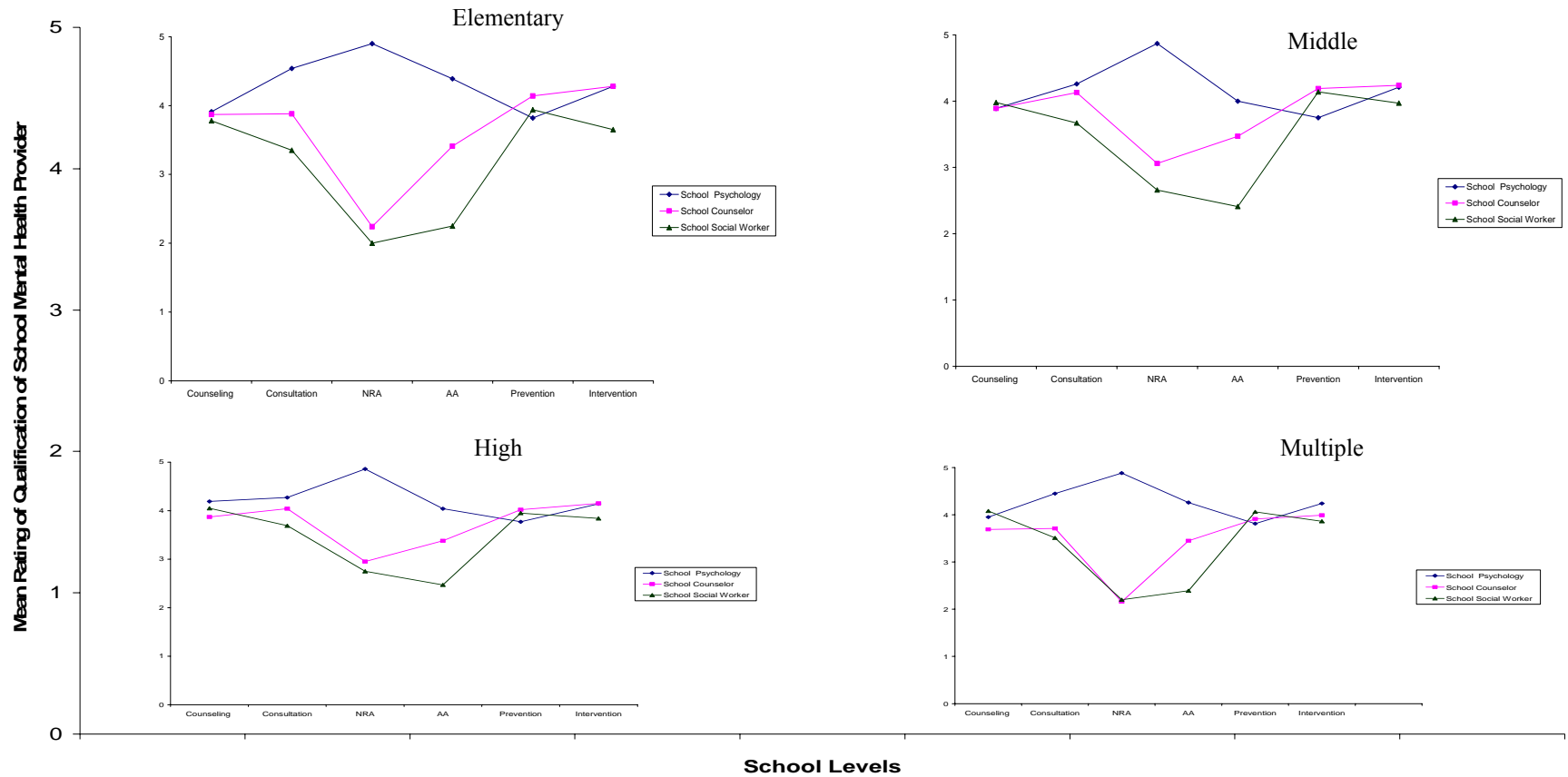


Table 31

Means of Ratings of Perceived Level of Qualifications of Service Providers to Provide MH Services by School Level

MH Service	Student Support Professionals						<u>Marginal Mean</u> M
	<u>School Psychology</u>		<u>School Counselor</u>		<u>School Social Worker</u>		
	M	SD	M	SD	M	SD	
Elementary							
Counseling	3.91	0.99	3.87	0.93	3.78	1.11	
Consultation	4.54	0.62	3.88	0.81	3.35	1.01	
Normative Assessment	4.90	0.25	2.24	1.20	2.00	0.99	
Authentic Assessment	4.39	0.86	3.41	1.23	2.25	1.28	
Prevention	3.82	0.87	4.14	0.63	3.94	0.87	
Intervention	4.28	0.75	4.28	0.71	3.65	1.04	
Marginal Mean	4.30		3.64		3.16		3.70
Middle							
Counseling	3.89	1.07	3.89	1.07	3.98	1.24	
Consultation	4.26	0.79	4.13	0.64	3.67	1.13	
Normative Assessment	4.87	0.41	3.06	0.97	2.66	1.09	
Authentic Assessment	4.00	1.10	3.47	0.95	2.41	1.23	
Prevention	3.75	0.84	4.19	0.69	4.14	0.91	
Intervention	4.21	1.07	4.24	0.74	3.97	0.97	
Marginal Mean	4.16		3.83		3.47		3.82
High							
Counseling	4.19	1.05	3.87	0.86	4.05	1.12	
Consultation	4.27	0.71	4.04	0.73	3.69	0.92	
Normative Assessment	4.86	0.37	2.95	1.04	2.75	1.20	
Authentic Assessment	4.04	1.12	3.38	1.16	2.47	1.09	
Prevention	3.77	0.87	4.02	0.67	3.95	0.77	
Intervention	4.14	0.75	4.15	0.68	3.84	0.95	
Marginal Mean	4.21		3.74		3.46		3.80
Multiple							
Counseling	3.95	0.94	3.69	1.04	4.08	0.89	
Consultation	4.45	0.62	3.71	0.90	3.51	0.98	
Normative Assessment	4.88	0.28	2.16	1.09	2.20	1.12	
Authentic Assessment	4.26	0.90	3.45	1.21	2.39	1.24	
Prevention	3.81	0.88	3.91	0.72	4.06	0.77	
Intervention	4.24	0.72	3.99	0.77	3.86	0.93	
Marginal Mean	4.27		3.49		3.35		3.70

Note: Response Scale:

- 5: highly qualified and no supervision needed
- 4: qualified and minimal supervision needed
- 3: somewhat qualified and supervision is needed
- 2: minimally qualified and intense supervision needed
- 1: Not qualified

High School Level. Statistically significant differences were observed in the mean ratings for school mental health professionals in counseling, consultation, normative and authentic assessment, and intervention working primarily in high schools (see Table 31). No significant difference was observed for services in prevention. School mental health professionals employed primarily in high schools rated school psychologists as significantly more qualified than school counselors to provide counseling services. School psychologists were also observed to have significantly higher ratings for the administration of normative assessments than both school counselors and school social workers. School psychologists and school counselors were rated as having significantly higher qualifications to provide consultation and intervention services than school social workers. Lastly, school psychologists were rated as having significantly greater qualifications to administer authentic assessments than both school counselors and school social workers, while school counselors were observed to have significantly greater qualifications than school social workers to provide the service.

Multiple School Levels. Ratings of school mental health professionals who were employed in more than one setting were significantly different in the areas of counseling, consultation, normative and authentic assessment, and intervention (see Table 31). No significant differences were found for prevention services. School psychologists were rated as having significantly higher qualifications than school counselors and school social workers to provide consultation and administer normative and authentic assessments. School psychologists were also reported to have significantly higher qualifications to provide intervention services than school social workers. With respect to authentic assessments, school counselors were rated as significantly higher in level of qualification than school social workers. Lastly, school social workers were reported to be significantly more qualified to provide counseling services than school counselors.

Socioeconomic Status (SES) of Students Served by Respondents

Tables 32, 33, and 34 provide a breakdown of the mean ratings of the perceived level of qualifications of school psychologists, school counselors, and school social workers as reported by school mental health service providers that are serving students in either predominantly lower income, Title I schools or non-Title I schools.

Ratings of School Psychologists. Data reported in Table 32 suggest that the ratings provided by school mental health service providers about school psychologist's qualifications were very similar, despite the differences in the economic status of the students that they serve. School mental professionals employed in schools that served predominantly lower income students and families, rated school psychologists' qualifications a little higher than professionals in non-Title I schools. The mental health services which respondents from both Title I and non-Title I settings reported school psychologists as most qualified to provide were normative assessment, consultation, and intervention services and they were least qualified to provide prevention services.

Table 32

Mean Ratings of Perceived Level of Qualifications of School Psychologists to Provide MH Services as Reported by School MH Providers by the SES of Students Served

Services	M	SD
Title I Schools		
Counseling	4.00	0.97
Consultation	4.53	0.64
Normative Assessment	4.89	0.28
Authentic Assessment	4.34	0.94
Prevention	3.90	0.87
Intervention	4.35	0.71
Non-Title I Schools		
Counseling	3.92	1.03
Consultation	4.38	0.68
Normative Assessment	4.88	0.31
Authentic Assessment	4.19	0.97
Prevention	3.74	0.87
Intervention	4.16	0.78

Note: Response Scale:

- 5: highly qualified and no supervision needed
- 4: qualified and minimal supervision needed
- 3: somewhat qualified and supervision is needed
- 2: minimally qualified and intense supervision needed
- 1: Not qualified

Ratings of School Counselors. Data in Table 33 suggest that school mental health service providers employed in either Title I or non-Title I schools considered school counselors for the most part as somewhat qualified to provide most of the services. The patterns in the respondent's ratings reveal that for the most part school mental health service providers in both settings had similar responses about the qualifications of school counselors. They reported that school counselors were most qualified in prevention and intervention services. School counselors were rated as being least qualified to administer normative assessments.

Table 33

Mean Ratings of Perceived Level of Qualifications of School Counselors to Provide MH Services as Reported by School MH Providers by the SES of Students Served

Services	M	SD
Title I Schools		
Counseling	3.81	0.96
Consultation	3.79	0.77
Normative Assessment	2.26	1.19
Authentic Assessment	3.48	1.20
Prevention	4.06	0.67
Intervention	4.18	0.72
Non-Title I Schools		
Counseling	3.85	0.96
Consultation	3.99	0.81
Normative Assessment	2.59	1.52
Authentic Assessment	3.36	1.16
Prevention	4.06	0.67
Intervention	4.15	0.73

Note: Response Scale:

- 5: highly qualified and no supervision needed
- 4: qualified and minimal supervision needed
- 3: somewhat qualified and supervision is needed
- 2: minimally qualified and intense supervision needed
- 1: Not qualified

Ratings of School Social Workers. Examination of data reported in Table 34 reveal that school social workers were rated by school mental health service providers, employed in Title I and non-Title schools, as ranging from qualified to minimally qualified to provide mental health services. More specifically, respondents in non-Title I schools rated school social workers as being qualified to provide prevention and counseling, while those in Title I schools reported that school social workers were only, at most, somewhat qualified to provide most mental health services. Lastly, school mental health service providers employed in both Title I and non-Title I schools rated school social workers as being least qualified with need for some supervision to provide normative and authentic assessments.

Table 34

Mean Ratings of Perceived Level of Qualifications of School Social Workers to Provide MH Services as Reported by School MH Providers by the SES of Students Served

Services	M	SD
Title I Schools		
Counseling	3.83	1.09
Consultation	3.36	1.00
Normative Assessment	2.04	0.99
Authentic Assessment	2.19	1.20
Prevention	3.89	0.87
Intervention	3.67	1.02
Non-Title I Schools		
Counseling	4.00	1.07
Consultation	3.59	0.99
Normative Assessment	2.43	1.17
Authentic Assessment	2.49	1.23
Prevention	4.06	0.75
Intervention	3.87	0.94

Note: Response Scale:

- 5: highly qualified and no supervision needed
- 4: qualified and minimal supervision needed
- 3: somewhat qualified and supervision is needed
- 2: minimally qualified and intense supervision needed
- 1: Not qualified

Test of Differences in Perceptions between School Mental Health Service Providers Employed in Title I or Non-Title I Settings

To determine if school mental health service providers who were either employed in Title I or Non-Title I settings differed in their perceptions regarding the qualifications of school psychologists, school counselors, and school social workers, data were subjected to a one between- two within-subjects analysis of variance (ANOVA) procedure. The between-subjects factor was SES status of the school. The within-subjects factors were type of service provider (i.e., the school psychologist, the school counselor, and the school social worker) and type of mental health service (i.e., counseling, consultation, normative assessment, authentic assessment, prevention, and intervention).

Examination of Table 35 reveals no statistically significant interaction effects for Socioeconomic status (SES) x Provider x Service, $F(10, 2890) = 0.67, p > .05$, SES x Service, $F(5, 1445) = 1.45, p > .05$, employing the Huynh-Feldt adjustment. Significant interaction effects were observed for Provider x Service, $F(10, 2920) = 202.74, p < .0001$ and SES x Provider, $F(2, 578) = 6.87, p < .01$. Significant main effects were observed for type of service, $F(5, 1445) = 139.35, p < .0001$ and type of mental health service provider, $F(2, 578) = 236.42, p < .0001$. For the between subjects effects, the main effect for SES was not statistically significant, $F(1, 289) = 1.68, p > .05$.

Table 35

Analysis of Variance of Ratings of Perceived Qualifications of MH Service Providers to Provide MH Services by SES School Status

Source	df	SS	MS	F	HF
<u>Between SS</u>					
Socioeconomic (SES) (A)	1	6.56	6.56	1.68	
S/A (Error)	289	1127.09	3.89		
<u>Within SS</u>					
Provider (B)	2	896.65	448.33	236.42	<.0001*
A*B	2	26.07	13.04	6.87	<.01*
S/AB (Error)	578	1096.08	1.88		
Service (C)	5	581.95	116.39	139.35	<.0001*
A*C	5	6.07	1.21	1.45	ns
S/AC (Error)	1445	1206.94	0.84		
B*C	10	1136.64	113.86	305.71	<.0001*
A*B*C	10	2.51	0.25	0.67	ns
SC/AB (Error)	2890	1076.45	0.37		
Total	5237	7163.01			

*p<.01

SES x Provider Interaction

To determine the providers between which there were statistically significant differences based on ratings of their perceived level of qualifications by professionals employed in Title I and Non Title I schools, post hoc analyses were conducted using Dunn's test. Huynh-Feldt adjustment was employed for the within-subjects factor since the sphericity assumption was violated. A graph of the interaction effect is shown in Figure 7.

For school mental health service providers employed in both Title I and non-Title I schools there were statistically significant differences in their ratings about the qualifications of school psychologists, school counselors, and school social workers (see Table 36). School mental health service providers in Title I and non-Title I schools rated school psychologists as being significantly ($p < .05$) more qualified to provide mental health services, in comparison to school counselors and school social workers.

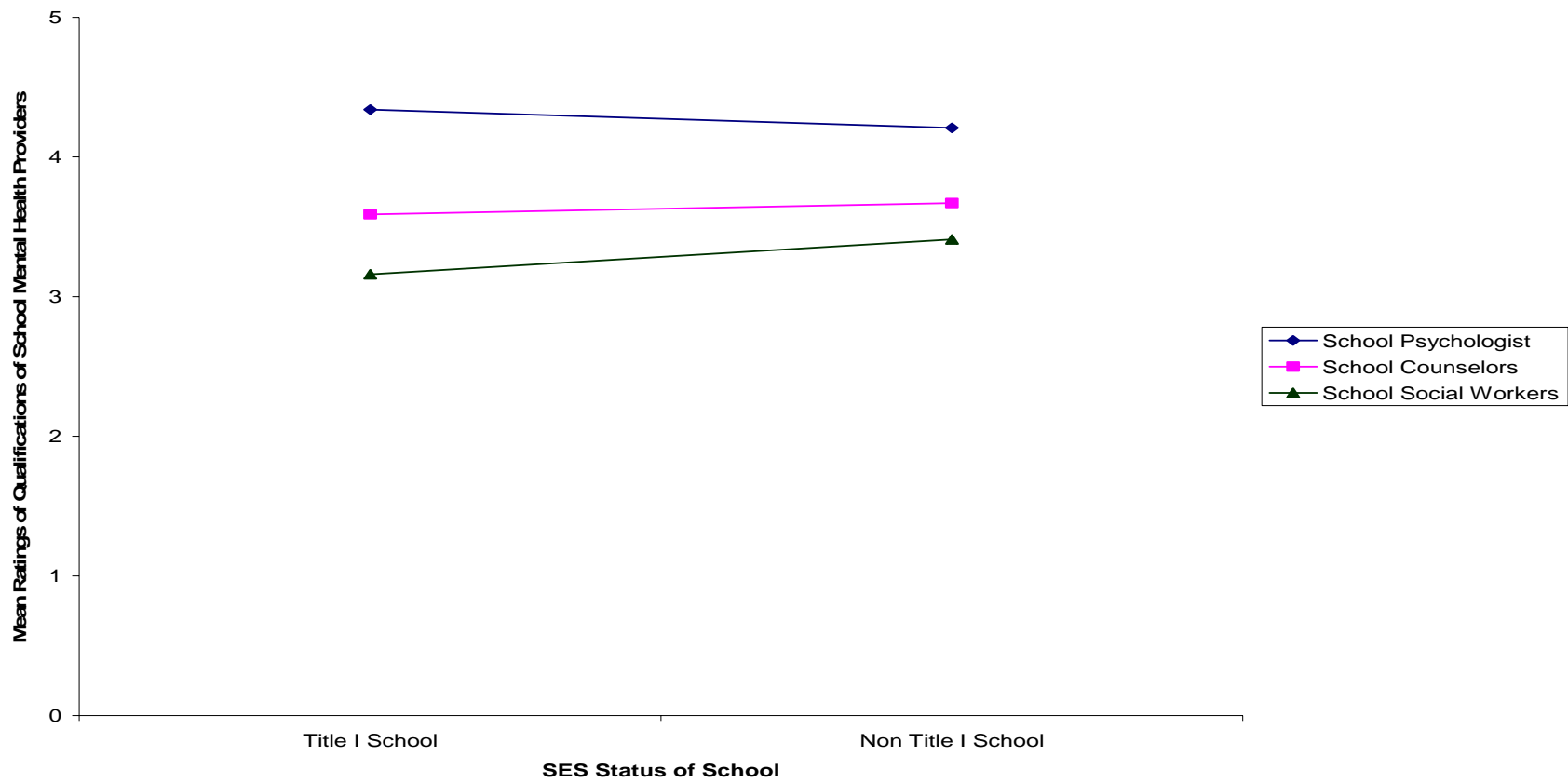
Summary of Results for Research Question 4

In conclusion, the following results can be summarized for research question 4: 1) School mental health service providers employed in smaller districts often perceived both school counselors and school social workers as being qualified to deliver a wider range of mental health services to students and families than those respondents employed in larger districts, 2) Respondents employed at the middle school level provided higher ratings for school social workers than professionals employed in elementary, high, or multiple school levels for school social workers' qualification in the area of prevention services; and 3) Finally, respondents employed in both Title I and non-Title I schools rated school psychologists as having the highest level of qualifications to provide school mental health services than school counselors or school social workers.

Table 36				
<i>Mean and Standard Deviation Ratings of School MH Providers in Title I and Non-Title I Schools of Perceived Qualifications of Service Providers to Provide MH Services</i>				
	<u>School Psychologists' Qualifications</u>	<u>School Counselors' Qualifications</u>	<u>School Workers' Qualifications</u>	<u>Marginal Mean</u>
	M	M	M	
Title I Schools	4.34	3.59	3.16	
Non-Title I Schools	4.21	3.67	3.41	
Marginal Mean	4.28	3.63	3.29	3.73

Figure 7

Interaction Effect of SES and Provider on the Mean Ratings of the Qualifications of MH Service Providers to Provide MH Services as Reported by School Mental Health Service Providers



Research Question 5: School Mental Health Service Provider Characteristics

The fifth research question sought to determine the extent to which years of experience in a district and highest degree in discipline moderated perceptions about the extent to which school psychologists, school counselors, and school social workers were qualified to provide school mental health services in K-12 settings.

Years of Professional Work Experience

A breakdown of mean ratings of the perceived level of qualifications of school psychologists, school counselors, and school social workers as reported by school mental health service providers with varying years of work experience are reported in Tables 37, 38, and 39. Means of the ratings by work experience were grouped into four categories: 1-5 years, 6-10 years, 11-15 years, and more than 15 years.

Ratings of School Psychologists. Data reported in Table 37 suggested that the ratings provided by school mental health service providers about school psychologists' qualifications were very similar despite providers' differences in overall years of work experience. School mental health professionals across the different years of work experience reported that school psychologists were most qualified to provide services in normative assessments. Interestingly, school mental health professionals who had been in the field between 6-15 years were more likely to rate school psychologists as qualified to provide more services than professionals who were new to the field (1-5 years) or were seasoned veterans in the field (15+ years). Lastly, although school psychologists were rated by most school mental health service providers as qualified to somewhat qualified to provide a range of mental health services, school mental health professionals reported their lowest ratings for school psychologists in the provision of prevention services.

Ratings of School Counselors. The pattern of responses in terms of level of qualifications of school counselors to provide quality services in K-12 schools was highly consistent across

service provider groups. Service providers across differing years of work experience reported that school counselors were most qualified to provide intervention and prevention services, followed by services in authentic assessment, counseling and consultation. They reported school counselors as being least qualified, based on training and experience, to administer normative assessments.

Ratings of School Social Workers. As is shown in Table 39, school social workers were rated as most qualified to provide counseling, prevention, and intervention services. School mental health professionals across the different levels of work experience reported that school social workers were least qualified, based on their training and experience, to provide services in the areas of normative and authentic assessments. Interestingly, individuals across the differing levels of work experience for the most part held very similar perceptions about the levels of qualifications of school social workers.

Table 37

Means of Ratings of Perceived Level of Qualifications of School Psychologists to Provide MH Services as Reported by School MH Providers by Years of Experience

Services	M	SD
1-5 years		
Counseling	3.74	1.09
Consultation	4.30	0.74
Normative Assessment	4.83	0.38
Authentic Assessment	4.28	0.97
Prevention	3.71	0.91
Intervention	4.11	0.80
6-10 years		
Counseling	4.07	0.96
Consultation	4.44	0.65
Normative Assessment	4.89	0.23
Authentic Assessment	4.32	0.92
Prevention	3.90	0.84
Intervention	4.27	0.76
11-15 years		
Counseling	4.08	0.94
Consultation	4.51	0.66
Normative Assessment	4.89	0.27
Authentic Assessment	4.21	0.84
Prevention	3.75	0.91
Intervention	4.29	0.78
15+ years		
Counseling	3.98	0.95
Consultation	4.53	0.60
Normative Assessment	4.90	0.28
Authentic Assessment	4.23	1.00
Prevention	3.84	0.86
Intervention	4.30	0.69

Note: Response Scale:

- 5: highly qualified and no supervision needed
- 4: qualified and minimal supervision needed
- 3: somewhat qualified and supervision is needed
- 2: minimally qualified and intense supervision needed
- 1: Not qualified

Table 38

Means of Ratings of Perceived Level of Qualifications of School Counselors to Provide MH Services as Reported by School MH Providers by Years of Experience

Services	M	SD
1-5 years		
Counseling	3.81	0.95
Consultation	3.85	0.87
Normative Assessment	2.59	1.19
Authentic Assessment	3.52	1.17
Prevention	4.05	0.66
Intervention	4.20	0.78
6-10 years		
Counseling	3.91	0.87
Consultation	3.97	0.73
Normative Assessment	2.43	1.19
Authentic Assessment	3.46	1.33
Prevention	4.14	0.62
Intervention	4.17	0.67
11-15 years		
Counseling	3.79	0.98
Consultation	3.89	0.84
Normative Assessment	2.26	1.18
Authentic Assessment	3.40	0.99
Prevention	4.04	0.65
Intervention	4.16	0.69
15+ years		
Counseling	3.83	0.99
Consultation	3.88	0.79
Normative Assessment	2.39	1.19
Authentic Assessment	3.34	1.14
Prevention	4.04	0.70
Intervention	4.13	0.72

Note: Response Scale:

- 5: highly qualified and no supervision needed
- 4: qualified and minimal supervision needed
- 3: somewhat qualified and supervision is needed
- 2: minimally qualified and intense supervision needed
- 1: Not qualified

Table 39

Means of Ratings of Perceived Level of Qualifications of School Social Workers to Provide MH Services as Reported by School MH Providers by Years of Experience

Services	M	SD
1-5 years		
Counseling	3.85	1.07
Consultation	3.34	1.03
Normative Assessment	2.27	1.13
Authentic Assessment	2.37	1.27
Prevention	3.92	0.73
Intervention	3.71	0.89
6-10 years		
Counseling	3.75	1.18
Consultation	3.44	1.00
Normative Assessment	2.09	1.08
Authentic Assessment	2.52	1.32
Prevention	4.02	0.79
Intervention	3.74	1.04
11-15 years		
Counseling	4.10	0.97
Consultation	3.69	1.04
Normative Assessment	2.26	1.03
Authentic Assessment	2.18	1.07
Prevention	3.93	0.98
Intervention	3.79	1.15
15+ years		
Counseling	4.00	1.02
Consultation	3.54	0.94
Normative Assessment	2.29	1.13
Authentic Assessment	2.25	1.17
Prevention	4.02	0.81
Intervention	3.81	0.96

Note: Response Scale:

- 5: highly qualified and no supervision needed
- 4: qualified and minimal supervision needed
- 3: somewhat qualified and supervision is needed
- 2: minimally qualified and intense supervision needed
- 1: Not qualified

Test of Differences in Perceptions between School Mental Health Service Providers by Years of Experience

To determine if school mental health service providers with varying years of work experience in their district (i.e., 1-5 years, 6-10 years, 11-15 years, and 15+ years) differed in their perceptions regarding the qualifications of school mental health service providers, data were subjected to a one between- two within-subjects analysis of variance (ANOVA) procedure. The between-subjects factor was years of experience in position. The within-subjects factors were type of service provider (i.e., the school psychologist, the school counselor, and the school social worker) and type of mental health service (i.e., counseling, consultation, normative assessment, authentic assessment, prevention, and intervention).

Examination of Table 40 reveals no statistically significant interaction effects for Years x Provider x Service, $F(30, 2960) = 0.62, p > .05$, Years x Service, $F(15, 480) = 1.13, p > .05$, and Years x Provider, $F(8, 586) = 0.79, p > .05$, however, a significant interaction effect was observed for Provider x Service, $F(10, 2930) = 267.87, p < .001$, employing the Huynh-Feldt adjustment. Significant main effects were observed for type of service, $F(5, 1480) = 125.07, p < .0001$ and type of provider, $F(2, 592) = 194.83, p < .0001$, the main effect for years of experience was not statistically significant, $F(3, 296) = 0.56, p > .05$. Thus, the years of experience that a professional had in the field did not moderate their perceptions regarding perceived levels of qualifications of school mental health service providers.

Table 40

Analysis of Variance of Ratings of Perceived Qualifications of MH Service Providers to Provide MH Services by Years of Experience in Position

Source	df	SS	MS	F	HF
<u>Between SS</u>					
Years (A)	3	6.45	2.15	0.56	
S/A (Error)	296	1137.54	3.84		
<u>Within SS</u>					
Provider (B)	2	752.18	376.09	194.83	<.0001*
A*B	5	9.20	1.53	0.79	ns
S/AB (Error)	592	1142.77	1.93		
Service (C)	5	517.52	103.50	125.07	<.0001*
A*C	15	14.02	0.93	1.13	ns
S/AC (Error)	1480	1224.81	0.83		
B*C	10	996.87	99.69	267.87	<.0001*
A*B*C	30	6.88	0.23	0.62	ns
SC/AB (Error)	2960	1101.56	0.37		
Total	5398	6909.80			

*p<.01

Highest Degree in Discipline

A breakdown of mean ratings of the perceived level of qualifications of school psychologists, school counselors, and school social workers as reported by school mental health service providers with different degree levels are reported in Table 41, 42, and 43.

Ratings of School Psychologists. Data reported in Table 41 suggest that the ratings provided by school mental health service providers about school psychologist's qualifications were very similar, despite their differences in level of degree. School mental professionals across the different degree levels reported that school psychologists had their highest qualifications to provide normative assessments and consultation. Interestingly, school mental health professionals that had a specialist degree were more likely to rate school psychologists as qualified to provide a wider range of mental health services than professionals that had a masters or doctoral degree. This outcome may be the result of the large number of school psychology respondents which held specialist degrees (see Table 3).

Table 41

Mean Ratings of Perceived Level of Qualifications of School Psychologists to Provide MH Services as Reported by School MH Providers by Degree Level

Services	M	SD
Masters Degree		
Counseling	3.91	1.02
Consultation	4.29	0.75
Normative Assessment	4.88	0.30
Authentic Assessment	4.12	1.00
Prevention	3.69	0.95
Intervention	4.11	0.83
Specialist Degree		
Counseling	4.00	0.87
Consultation	4.64	0.49
Normative Assessment	4.89	0.25
Authentic Assessment	4.47	0.79
Prevention	3.97	0.73
Intervention	4.39	0.59
Doctoral Degree		
Counseling	3.99	0.92
Consultation	4.54	0.56
Normative Assessment	4.89	0.23
Authentic Assessment	4.22	0.97
Prevention	3.85	0.89
Intervention	4.35	0.73

Note: Response Scale:

5: highly qualified and no supervision needed

4: qualified and minimal supervision needed

3: somewhat qualified and supervision is needed

2: minimally qualified and intense supervision needed

1: Not qualified

Ratings of School Counselors. Data in Table 42 show that across all school mental health service groups, school counselors were rated as being more qualified to provide services in intervention, prevention, and consultation as compared to other services. School social workers were rated as minimally qualified to provide services in normative assessment. In sum, the ratings provided across the three different groups about school counselors' qualifications were fairly consistent.

Ratings of School Social Workers. As is shown in Table 43, ratings were not consistent across the three different service provider groups for school social worker qualifications. However, the pattern of response was similar for school mental health professionals with masters and doctoral degrees. Respondents with masters and doctoral degrees rated school social workers as being most qualified to provide prevention services and they were rated as being least qualified to provide authentic assessments. Notably, although the pattern of response was similar for the two groups, respondents with masters' degrees provided higher ratings of qualifications in the individual service areas than respondents with doctoral degrees. For school mental health service providers with specialist degrees they rated school social workers to have the highest qualifications in counseling and the least qualifications in normative assessments.

Table 42

Mean Ratings of Perceived Level of Qualifications of School Counselors to Provide MH Services as Reported by School MH Providers by Degree Level

Services	M	SD
Masters Degree		
Counseling	3.94	0.97
Consultation	4.06	0.73
Normative Assessment	2.83	1.14
Authentic Assessment	3.49	1.14
Prevention	4.14	0.64
Intervention	4.29	0.64
Specialist Degree		
Counseling	3.75	0.89
Consultation	3.69	0.86
Normative Assessment	1.95	1.03
Authentic Assessment	3.35	1.24
Prevention	3.95	0.68
Intervention	4.00	0.77
Doctoral Degree		
Counseling	3.60	1.02
Consultation	3.79	0.85
Normative Assessment	2.09	1.18
Authentic Assessment	3.26	1.19
Prevention	4.07	0.69
Intervention	4.03	0.83

Note: Response Scale:

- 5: highly qualified and no supervision needed
- 4: qualified and minimal supervision needed
- 3: somewhat qualified and supervision is needed
- 2: minimally qualified and intense supervision needed
- 1: Not qualified

Table 43

Mean Ratings of Perceived Level of Qualifications of School Social Workers to Provide MH Services as Reported by School MH Providers by Degree Level

Services	M	SD
Masters Degree		
Counseling	4.01	1.13
Consultation	3.65	1.06
Normative Assessment	2.58	1.14
Authentic Assessment	2.47	1.18
Prevention	4.05	0.77
Intervention	3.91	0.96
Specialist Degree		
Counseling	4.00	0.76
Consultation	3.86	0.99
Normative Assessment	1.84	0.83
Authentic Assessment	2.29	1.28
Prevention	3.96	0.74
Intervention	3.67	0.91
Doctoral Degree		
Counseling	3.69	1.04
Consultation	3.22	0.90
Normative Assessment	1.96	1.21
Authentic Assessment	1.89	1.08
Prevention	3.81	1.09
Intervention	3.42	1.19

Note: Response Scale:

- 5: highly qualified and no supervision needed
- 4: qualified and minimal supervision needed
- 3: somewhat qualified and supervision is needed
- 2: minimally qualified and intense supervision needed
- 1: Not qualified

Test of Differences in Perceptions between School Mental Health Service Providers by Highest Degree Earned

To determine if school mental health service providers differed in their perceptions of the qualifications of school psychologists, school counselors, and school social workers, as a function of their educational level (i.e., highest degree earned), data were subjected to a one between- two within-subjects analysis of variance (ANOVA) procedure. The between-subjects factor was degree level. The within-subjects factors were type of service provider (i.e., the school psychologist, the school counselor, and the school social worker) and type of mental health service (i.e., counseling, consultation, normative assessment, authentic assessment, prevention, and intervention).

Examination of Table 44 reveals no statistically significant interaction effects for HD x Provider x Service, $F(20, 2980) = 1.47, p > .05$, and HD x Service, $F(10, 1490) = 4.50, p > .05$. However, significant interaction effects were observed for Provider x Service, $F(10, 2980) = 225.73, p < .0001$ and HD x Provider, $F(4, 596) = 12.93, p < .0001$, employing the Huynh-Feldt adjustment. Significant main effects were observed for type of provider, $F(2, 596) = 209.03, p < .0001$, however, statistically significant main effects were not found for type of service, $F(5, 1490) = 108.45, p > .05$. For the between subjects effects, the main effect for degree level was statistically significant, $F(2, 296) = 4.58, p < .05$.

Table 44

Analysis of Variance of Ratings of Perceived Qualifications of MH Service Providers to Provide MH Services by Degree Level

Source	df	SS	MS	F	HF
<u>Between SS</u>					
Highest Degree (HD) (A)	2	33.85	16.92	4.58*	
S/A (Error)	296	1102.23	3.69		
<u>Within SS</u>					
Provider (B)	2	743.65	371.82	209.03	<.0001*
A*B	4	91.99	22.99	12.93	<.0001*
S/AB (Error)	596	1060.18	1.78		
Service (C)	5	442.26	88.45	108.45	ns
A*C	10	36.74	3.67	4.50	ns
S/AC (Error)	1490	1215.24	0.82		
B*C	10	834.54	83.45	225.73	<.0001*
A*B*C	20	10.90	0.54	1.47	ns
SC/AB (Error)	2980	1101.73	0.37		
Total	5415	6673.31			

*p<.01

HD x Provider Interaction

To determine whether the type of degree held influenced the ratings of school mental health service providers about the qualifications of school psychologists, school counselors, and school social workers, post hoc analyses were conducted using Dunn's test. A graph of the interaction effect is shown in Figure 8.

Results of these analyses revealed that there were significant differences in the perceived level of qualifications of school psychologists, school counselors, and school social workers by school mental health service providers with a specific degree level. School mental health service providers who held masters degrees rated school psychologists as having significantly higher qualifications than school social workers to provide mental health services. Respondents with specialist and doctorate degrees reported that school psychologists were more qualified to provide mental health services than *both* school counselors and school social workers.

In conclusion, across the three categories of degree levels, school psychologists were perceived as having the highest qualifications to provide mental health services. Consequently, the type of degree earned moderated the beliefs of school mental health service providers relative to the level of qualifications of school psychologists, school counselors, and school social workers.

Figure 8

Interaction Effect of Respondent's Degree Level and the Type of Service Provider on the Mean Ratings of the Qualifications of MH Service Providers to Provide MH Services

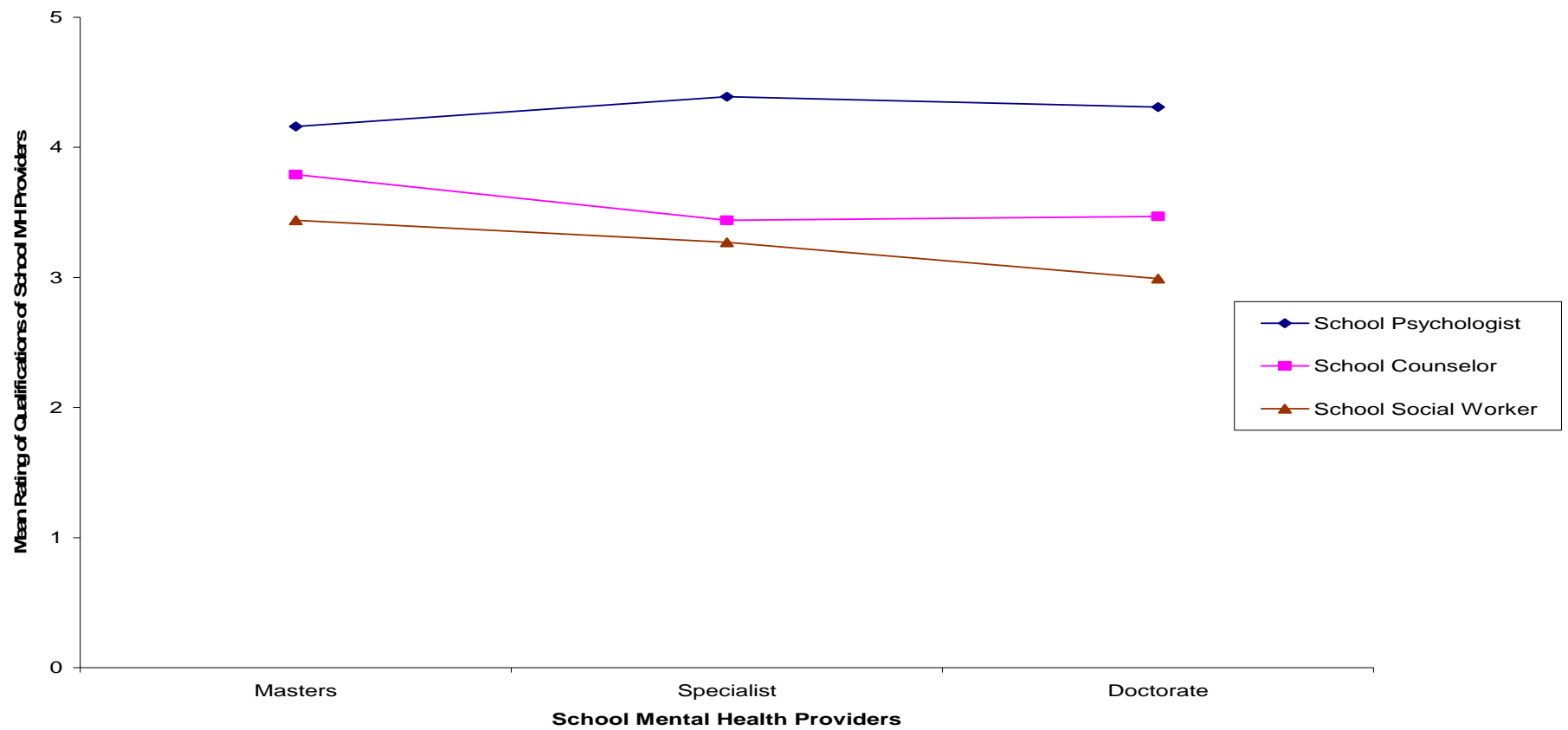


Table 45				
<i>Mean Ratings of Perceived Level of Qualifications of Service Providers to Provide Overall MH Services by Respondent's Degree Level</i>				
	<u>Masters Degree</u>	<u>Specialist Degree</u>	<u>Doctoral Degree</u>	<u>Marginal Mean</u>
	M	M	M	M
School Psychologist Overall MH Service	4.16	4.39	4.31	
School Counselor Overall MH Service	3.79	3.44	3.47	
School Social Worker Overall MH Service	3.44	3.27	2.99	
Marginal Mean	3.79	3.70	3.59	3.69

Summary of Results for Research Question 5

In summary, the following conclusions can be made for research question 5: 1) For school psychologists, school mental health service providers that had been in the field between 6-15 years often reported school psychologists as being qualified to provide more mental health services than those respondents who were new to their professions (1-5 years) and those that were veterans (15+ years). However, school mental health service providers with differing years of experience provided a consistent pattern of responses about school counselors' and school social workers' levels of qualification to provide mental health services, and 2) Interestingly, across the three different degree level types, school mental health service providers rated school psychologists as having the highest qualifications, based on training and experience, to provide school mental health services.

Research Question 6: School Level and SES of School and School MH Providers' Perceived Impact of MH Services on Students' Academic and Behavioral Outcomes

The sixth research question sought to determine the extent to which the school level in which a school mental health service provider was employed and the SES status of the school served to moderate school mental health service providers' perceptions regarding the impact of mental health services on the academic and behavioral outcomes of students.

Test of Differences in Ratings of Impact between School Mental Health Service Providers by School Level and SES

To determine if there were significant differences in the ratings of impact of mental health services on academic and behavioral outcomes from the perspective of school mental health service providers by school level and SES status of school served, two separate two between- one within-subjects analysis of variance (ANOVA) procedures were conducted. The between-subjects factors were school level (i.e., elementary, middle, high, and multiple school levels) and school SES status (Title I or Non-Title I) and the within-subjects factor was type of mental health service (i.e., counseling, consultation, normative assessment, authentic assessment, prevention, and intervention).

Academic Outcomes

A breakdown of mean ratings by school level, school SES status, and type of service (counseling, consultation, normative assessment, authentic assessment, prevention, and intervention) is reported in Table 55. The data from Table 55 show that school mental health service providers across the different school levels and SES status of schools perceived school mental health services as having a strong to fairly strong impact on academic outcomes. Interestingly, respondents that were employed primarily in Title I middle schools reported the greatest number of ratings that indicated that school mental health services had a strong impact on

academic outcomes. The service reported as having the least impact on academic outcomes, across all school levels in Title I and non-Title I settings, was normative assessment

Table 46

Mean and Standard Deviation of Ratings of Perceived Impact of Mental Health Services on Academic Outcomes by School Level and SES Status of School

MH Service	School Level				<u>Marginal Mean</u> M
	<u>Title I</u>		<u>Non-Title I</u>		
	M	SD	M	SD	
Elementary					
Counseling	4.00	0.81	3.93	0.96	
Consultation	4.07	0.71	4.13	0.74	
Normative Assessment	3.48	1.08	3.41	1.14	
Authentic Assessment	4.11	0.97	3.81	1.07	
Prevention	3.72	0.75	3.72	0.84	
Intervention	3.87	0.71	3.86	0.79	
Marginal Mean	3.88		3.81		3.85
Middle					
Counseling	4.29	0.86	4.10	0.85	
Consultation	4.19	0.74	4.07	0.80	
Normative Assessment	3.43	1.41	3.82	0.86	
Authentic Assessment	4.25	0.83	4.25	0.87	
Prevention	4.08	0.81	3.99	0.76	
Intervention	4.19	0.71	3.88	0.82	
Marginal Mean	4.07		4.02		4.04
High					
Counseling	3.75	0.93	4.01	0.91	
Consultation	4.16	0.62	4.06	0.74	
Normative Assessment	3.00	1.29	3.49	0.90	
Authentic Assessment	4.19	0.96	4.09	0.98	
Prevention	3.93	0.75	3.85	0.69	
Intervention	3.80	0.82	3.87	0.69	
Marginal Mean	3.81		3.89		3.85
Multiple					
Counseling	3.95	0.85	3.70	1.06	
Consultation	3.96	0.64	4.01	0.69	
Normative Assessment	3.36	0.95	3.26	1.10	
Authentic Assessment	4.00	0.95	4.03	0.92	
Prevention	3.74	0.76	3.67	0.84	
Intervention	3.84	0.84	3.76	0.83	
Marginal Mean	3.81		3.74		3.77

Note: Response Scale:
 5= Very strong impact
 4= Strong impact
 3= Fairly strong impact
 2= Minimal impact
 1= No impact

Summary data for the two between- one-within-subjects ANOVA for perceived impact on academic outcomes are reported in Table 47. Examination of this table reveal that the interaction effects for Service x SL x SES, $F(15, 1605) = 0.55, p > .05$, Service x SES, $F(5, 1605) = 0.95, p > .05$, and Service x SL, $F(15, 1605) = 0.71, p > .05$ were not statistically significant. The main effect for service, however, was statistically significant, $F(5, 1605) = 26.13, p < .05$.

For the between-subjects factors the SL x SES interaction effect was not statistically significant, $F(3, 321) = 0.17, p > .05$; nor were the main effects for SES, $F(1, 321) = 0.13, p > .05$ and SL, $F(3, 321) = 1.52, p > .05$. Thus, the school level in which a school mental health service provider was employed and the SES status of the school did not serve to moderate school mental health providers' perceptions regarding the impact of mental health services on the academic outcomes of students.

Table 47

Analysis of Variance about the Perceived Impact of Mental Health Services on Academic Outcomes by School Level and SES

Source	df	SS	MS	F	
<u>Between Ss</u>					
School Level (A)	3	10.73	3.57	1.52	
SES (B)	1	0.32	0.32	0.13	
A*B	3	1.21	0.40	0.17	
S/AB (error)	321	755.75	2.35		
<u>Within Ss</u>					
MH Service (C)	5	58.11	11.62	26.13	<.0001*
C*A	15	4.71	0.31	0.71	ns
C*B	5	2.10	0.42	0.95	ns
C*A*B	15	6.63	0.44	0.99	ns
SC/AB (error)	1605	713.80	0.44		
Total	1973	1553.36			

* $p < .025$

Service Main Effect. To determine which mental health services the school mental health service providers rated as statistically significant, Tukey’s HSD post hoc test was employed (alpha level = .05). Results of these analyses revealed that school mental health service providers perceived counseling, authentic assessment, prevention, intervention, and consultation as having a significantly stronger impact ($p < .05$) on academic outcomes than normative assessments. School mental health service providers also reported that both consultation and authentic assessments had a significantly stronger impact on academic outcomes than prevention services (see Table 48).

Table 48

Mean and Standard Deviation of Ratings of Perceived Impact of Mental Health Services on Academic Outcomes

MH Service	M	SD
Counseling	3.93	0.92
Consultation	4.06	0.71
Normative Assessment	3.42	1.05
Authentic Assessment	4.04	0.96
Prevention	3.75	0.77
Intervention	3.83	0.76

Note: Response Scale:
 5= Very strong impact
 4= Strong impact
 3= Fairly strong impact
 2= Minimal impact
 1= No impact

Behavioral Outcomes

A breakdown of mean ratings by school level, school SES status, and type of service (counseling, consultation, normative assessment, authentic assessment, prevention, and intervention) is reported in Table 49. The data from Table 49 indicated that school mental health service providers across the different school levels and SES status of schools perceived school mental health services as having a strong to minimal impact on behavioral outcomes of students, depending on the service. The service that was rated across the different school levels as having a minimal impact on behavior was authentic assessment. Interestingly, respondents that were employed primarily in non-Title I middle and high schools reported that all school mental health services had a strong to fairly strong impact on behavioral outcomes.

Table 50 provides summary data for the two between- one-within-subjects ANOVA for perceived impact of mental health services on behavioral outcomes as a function of school level and SES of school served. As is shown, for the within subjects factor the interaction effects for Service x SL x SES, $F(15, 1560) = 1.07, p > .05$, Service x SES, $F(5, 1560) = 0.61, p > .05$, Service x SL, $F(15, 1560) = 1.81, p > .05$ are not significant. The main effect for type of service is statistically significant, $F(5, 1560) = 141.83, p < .001$.

For the between-subjects factors, the SL x SES interaction effect is not statistically significant, $F(3, 312) = 0.16, p > .05$; the main effects for SES, $F(1, 312) = 0.05, p > .05$ and school level, $F(3, 312) = 0.60, p > .05$, also were not significant.

Table 49

Mean and Standard Deviation of Ratings of Perceived Impact of Mental Health Services on Behavioral Outcomes by School Level and SES Status of School

MH Service	School Level				<u>Marginal Mean</u> M
	<u>Title I</u>		<u>Non-Title I</u>		
	M	SD	M	SD	
Elementary					
Counseling	4.28	0.81	4.35	0.74	
Consultation	4.36	0.89	4.52	0.72	
Normative Assessment	3.11	1.14	3.16	1.05	
Authentic Assessment	2.66	1.16	2.37	1.17	
Prevention	4.00	0.79	4.05	0.79	
Intervention	4.18	0.63	4.22	0.71	
Marginal Mean	3.77		3.78		3.78
Middle					
Counseling	4.46	0.86	4.40	0.68	
Consultation	4.45	1.04	4.30	0.86	
Normative Assessment	3.08	1.06	3.39	1.07	
Authentic Assessment	2.92	1.29	3.03	1.31	
Prevention	4.10	0.83	4.20	0.64	
Intervention	4.43	0.53	4.12	0.76	
Marginal Mean	3.91		3.90		3.91
High					
Counseling	3.81	1.16	4.31	0.74	
Consultation	4.50	0.75	4.16	0.93	
Normative Assessment	3.13	1.30	3.33	0.96	
Authentic Assessment	2.81	1.56	3.25	1.13	
Prevention	4.20	0.63	4.06	0.67	
Intervention	4.12	0.84	4.21	0.71	
Marginal Mean	3.76		3.89		3.83
Multiple					
Counseling	4.27	0.69	4.17	0.95	
Consultation	4.16	0.72	4.38	0.87	
Normative Assessment	3.15	0.76	3.08	1.11	
Authentic Assessment	2.95	1.00	2.85	1.27	
Prevention	4.06	0.68	3.92	0.84	
Intervention	4.13	0.71	4.09	0.71	
Marginal Mean	3.79		3.75		3.77

Note: Response Scale:
 5= Very strong impact
 4= Strong impact
 3= Fairly strong impact
 2= Minimal impact
 1= No impact

Table 50

*Analysis of Variance about the Perceived Impact of Mental Health Services on **Behavioral Outcomes** by School Level and SES*

Source	df	SS	MS	F	
<u>Between Ss</u>					
School Level (A)	3	4.50	1.50	0.60	
SES (B)	1	0.11	0.11	0.05	
A*B	3	1.19	0.39	0.16	
S/AB (error)	312	783.57	2.51		
<u>Within Ss</u>					
MH Service (C)	5	348.60	69.72	141.83	<.0001*
C*A	15	13.34	0.89	1.81	ns
C*B	5	1.49	0.29	0.61	ns
C*A*B	15	7.87	0.52	1.07	ns
SC/AB (error)	1560	766.86	0.49		
Total	1919	1927.53			

*p<.025

Service Main Effect. To determine which mental health services the school mental health service providers rated as statistically significant, Tukey's HSD post hoc test was employed. Results of these analyses revealed that school mental health service providers perceived counseling, prevention, intervention, and consultation as having a significantly stronger impact on behavioral outcomes than normative assessments. However, normative assessments were reported as having a significantly stronger impact on behavioral outcomes than authentic assessments. Additionally, consultation, counseling, prevention, and intervention were also rated as having a significantly stronger impact on behavioral outcomes than authentic assessments (see Table 51).

Table 51

Mean and Standard Deviation of Ratings of Perceived Impact of Mental Health Services on Behavioral Outcomes

MH Service	M	SD
Counseling	4.28	0.79
Consultation	4.34	0.84
Normative Assessment	3.17	1.04
Authentic Assessment	2.77	1.19
Prevention	4.02	0.75
Intervention	4.15	0.69

Note: Response Scale:

5= Very strong impact

4= Strong impact

3= Fairly strong impact

2= Minimal impact

1= No impact

Summary of Results for Research Question 6

Academic Outcomes. In conclusion, it can be suggested that school mental health service providers perceived school mental health services as having a strong to fairly strong impact on academic outcomes. Although school mental health service providers did not consistently rate which service had the strongest impact on academic outcomes, school mental health service providers unanimously rated, normative assessment as having the least impact on academic outcomes across school levels and SES of the schools. However, it should be noted that normative assessments, although rated as having the least impact on academic outcomes of all of the services, was still perceived as having a fairly strong impact on academic outcomes.

Behavioral Outcomes. Examination of previous data in Table 49 shows that there was no consistent response pattern among school mental health service providers employed in the four school level categories, in either Title I or non-Title I settings, about the impact of mental health services on behavioral outcomes. However, authentic assessment was reported by school mental health service providers in both Title I and non-Title I settings and across the four school levels, as having the least impact on behavioral outcomes. The majority of school mental health service providers rated authentic assessments as having a minimal impact on behavioral outcomes.

CHAPTER FIVE
SUMMARY, DISCUSSION, IMPLICATIONS, AND DIRECTIONS FOR
FUTURE RESEARCH

Providing school-based mental health services is indicative of an advanced industrial society; however, school systems and school mental health service providers often struggle to make it a reality (Cooper, 2008). School-based mental health services continue to be fragmented, even with the push from the President's New Freedom Commission Report to incorporate school-based mental health services into the wider public health and educational agenda (Adelman & Taylor, 2002; Cooper, 2008). Despite the existence of evidence indicating the need for school based mental health services (Adelman & Taylor, 2000; Owens & Murphy, 2004; U.S. Department of Health and Human Services, 1999), many schools still do not have access to prevention and intervention programs (Cooper, 2008). Of those schools that *do* have access to services there is little evidence of the effectiveness, with respect to improving academic and behavioral student outcomes (Cooper, 2008).

In this era of accountability it is imperative that services are linked to data-driven student outcomes in order to receive continued support, in the form of federal and state funding. Since school mental health service providers are often the primary individuals delivering the school mental health services, they are also the professionals expected to provide data demonstrating the effectiveness of the services. Therefore, it is critical that school mental health service providers are the driving force behind this accountability movement and demonstrate competence and skills in the provision of services which are believed to be linked to student outcomes. Lastly, it is important that district leaders are made aware of the impact of school mental health services on student academic and behavioral outcomes. Specifically, district leaders' perceptions about the

impact of school mental health services on student outcomes influence the school mental health service providers' job descriptions and priorities of school-based mental health service providers (Dixon, 2007).

The purpose of this chapter is to provide a summary of the findings for this study, explanations for the findings, limitations, and to describe practice and research implications. The chapter is organized first by a response to the research questions and then a summary of the findings of the research questions are presented within the context of previous literature on school based mental health. Then major design and methodological limitations are discussed. The chapter concludes with a discussion about the implications for practice and future directions.

Research Question 1

According to Rones & Hoagwood (2000), school-based mental health services include a broad spectrum of assessment, prevention, intervention, postvention, counseling, consultation, and referral activities and services. The findings from this present study suggest that school mental health professionals (i.e., school psychologists, school counselors, and school social workers) considered several services and programs, such as counseling, suicide prevention, crisis intervention, and mental health consultation to be school-based mental health services. However, it was less likely that school mental health professionals perceived services that were directly linked to removing barriers to academic learning and measured academic progress, such as DIBELS (dynamics indicators of early basic literacy skills), CBM (curriculum based measurement), school-wide screenings/early intervention, academic consultation, or test taking/study skill training to be school-based mental health services.

This finding is important in light of the fact that approximately 25% of all 10 to 17 year olds in the United States are behind their grade level in school (Dryfoos, 1990) and up to 20% of all students are retained at least once in their academic careers (Durlak, 1995). These academic problems, which can be detected by services like DIBELS, CBM, or through academic

consultation, have been shown to be predictors for a variety of emotional and behavioral difficulties (Eccles, Lord, Roeser, Barber, & Jozefowicz, 1997). In addition, these findings are consistent with previous research that examined school-based mental health services. Other studies have found that school professionals and school mental health service providers often reported the more traditional services and programs (i.e., counseling, prevention, and intervention) as being school mental health services, while non-traditional services and programs were often not perceived to be school mental health services (Adelman & Taylor, 2000; Roeser, Eccles, & Strobel, 1998).

The Policy Leadership Cadre for Mental Health in Schools (2001) defined school mental health services as programs or supports that addressed barriers to student learning and performance and provided support to assist students in being successful in their educational environment. Upon closer examination of the overall findings from research question one, it is revealed that school psychologists, school counselors, and school social workers were not in complete agreement about which services were and were not school mental health services. More specifically, school counselors reported, to a lesser degree than both school psychologists and school social workers, services (e.g. individual therapy, family therapy, mental health consultation, and parent training) as being mental health services. Similar findings were found in earlier research, indicating that school mental health professionals often could not agree about the types of services that were mental health services in schools (Charles, 1987). This finding of incongruence among school mental health professionals is important because according to the American Academy of Pediatrics (2004) Policy Statement on School Based Mental Health, in order to have an effective school-based mental service delivery system, *all* school mental health professionals need to agree upon and understand which services are school-based mental health services. By understanding which services are and are not school mental health services, school mental health service providers are better able to define their roles within the school mental

health system so that they are understood not only by the school mental health professional themselves but also by students, families, and all school staff members (American Academy of Pediatrics, 2004).

Research Question 2

School Psychologists

For more than 50 years, leaders in the field of school psychology have called for changes in the role of the school psychologist (Bradley-Johnson & Dean, 2000). School psychologists have expressed a desire that school staff see them as qualified to provide a wider range of services other than just assessment. However, in this current study the consensus across all *three* school mental health service provider groups was that school psychologists were most qualified, based on training and experience, to provide normative and authentic assessments. These results are congruent with previous literature that has found that despite the opportunities for role expansion, school psychologists still are perceived to be most qualified to provide assessment and thus the actual practice of school psychologists in many parts of the country is that they devote a large portion of their time to assessment-related duties (Fagan & Wise, 2000).

It is important to mention, however, that upon closer examination of the results for school psychologists that it was the school social worker that defined school psychologists as having the narrowest professional role. Results provided by school counselors indicated that school psychologists had more training qualifications and experience than school social workers to provide intervention services and consultation in schools, in addition to normative and authentic assessment. Furthermore, school psychologists provided ratings which suggested that they perceived themselves as having a broad professional role. In addition to normative and authentic assessment, they rated themselves as being most qualified of the three providers to deliver counseling services, consultation, and intervention. This result is not surprising as it is often those that are within their identified field that perceive themselves to have more skills to provide mental

health services, than those whom are outside of the field (Nastasi, Varjas, Bernstein, & Pluymer, 1998).

School Counselors

According to a report by the American School Counselor Association (Scarborough, 2002), the school counseling professional associations, their accreditation bodies, and the training programs have made great strides in defining the role and duties of school counselors; however research continues to indicate that there is conflict between the actual role functions of school counselors and what has been identified as best practice role functions, based on training and experience (Scarborough, 2002). A plausible explanation for this role conflict is, in part, due to the lack of clarity in the beliefs held by other school professionals outside of school counseling about the qualifications of school counselors (Scarborough, 2002).

In this current study school counselors reported that they had higher qualifications than school social workers to provide normative and authentic assessment and consultation. They also rated themselves as more qualified than both school psychologists and school social workers to provide prevention and intervention. However, across the three different service provider groups, school counselors were only consistently rated as being more qualified to provide authentic assessment than school social workers. Interestingly, authentic assessment is not a service in which previous literature has reported to be a part of the school counselors' role. Typically school counselors have been reported as most qualified to provide students with individual counseling, small group counseling, classroom guidance, and consultation (Burnham & Jackson, 2000). Perhaps this current finding is a reflection of the expanded service delivery of school counselors in light of educational reform movements such as Response to Intervention (RtI).

Finally it is important to mention that while school social workers reported authentic assessment as the *only* service which school counselors had the highest qualifications to provide, school psychologists also reported school counselors as having more qualifications to provide

intervention and consultation than school social workers. Thus these findings, which are similar to previous research, highlight the disagreements held by school professionals about the actual role and qualifications of the school counselor (Fitch, Newby, Ballester, & Marshall, 2001).

School Social Workers

Until the late 1990's school social workers in some states held the title of "visiting teacher" and were given the status of guest in school settings (Weiner, 2006). This perceived role as a school guest has often left school social workers with an ambiguous role identity. According to recent research, there is a dichotomy between school social workers and other school professionals groups (e.g., administrators, school mental health professionals) about the perceptions of school social workers' roles and qualifications (Weiner, 2006). An earlier finding (Dane & Simon, 1991) attributed this dichotomy to the lack of clarity about which tasks belong to school social workers or members of other disciplines (e.g., school counselor or school psychologist) (Dane & Simon, 1991). A previous study by Agresta (2004), reported that school social workers spent their time engaged in counseling and consultation and that they indicated that they would like to spend more time engaged in individual and group counseling.

In this current study, no consistent ratings were found across the three groups of school mental health providers regarding the qualifications of school social workers to provide mental health services. However, school social workers perceived themselves as being the most qualified to provide counseling and prevention services in the schools, while school counselors reported that the school social workers only were more qualified than school psychologists to provide prevention services in schools. Notably, school psychologists did not report school social workers as being significantly more qualified than school counselors or school psychologists to provide any of the school mental health services. Thus there appears to be some variability about what services the school social worker is indeed most qualified to provide in schools.

Research Question 3

School Psychologists

Almost 30 years ago, a study (Hughes, 1979) was conducted that investigated the consistency of perceptions held amongst administrators (directors of student services and superintendents) and school psychologists about the role of the school psychologist.

Administrators perceived school psychologists as best serving in the role as diagnostician, however, the school mental health service providers in this study believed that based on training and experience, the school psychologist would also be best qualified to provide intervention services, such as counseling and consultation.

When the results of the Hughes (1979) study are compared to the current study, the findings are strikingly similar to previously held beliefs about the perceived qualifications of school psychologists. In the current study, across the three provider groups (i.e., directors of student services, supervisors, and school mental health service providers) school psychologists were reported to be more qualified than school counselors and school social workers to provide normative assessments. Directors and supervisors also reported that school psychologists had higher qualifications than school social workers to deliver authentic assessments. Therefore, as the results of research question three suggested, administrators still held views about school psychologists which were much more limited and traditional. In contrast, school mental health service providers perceived school psychologists as having a wider range of skills and qualifications. School mental health service providers reported that not only did school psychologists have higher qualifications to deliver assessments, but that when compared to school social workers they had higher qualifications to deliver intervention services and consultation.

School Counselors

School counselors, similar to school psychologists, were viewed as having a limited professional role regarding which services they were best qualified to provide across the three

provider groups. All three provider groups reported that school counselors had higher qualifications than school social workers to provide authentic assessment. Supervisors reported that, in addition to authentic assessment, school counselors were more qualified than school social workers to provide intervention services. School mental health service providers stated that in addition to authentic assessment and intervention, school counselors were more qualified than school social workers to provide normative assessment and consultation and they were more qualified than school psychologists to provide prevention services. Notably, both supervisors *and* directors rated to a lesser degree than did school mental health service providers, school counselors as being most qualified to provide the majority of school mental health services.

In sum, these results support previous research (Paisley & Border, 1995) about the perceptions of school counselors' qualifications. The previous study (Paisley & Border, 1995) indicated that there were often inconsistencies about school counselors "ideal" and "actual" roles and qualifications. This is due perhaps to the influence of individuals without a background in school counseling, to whom school counselors are directly accountable (i.e., directors of student services and supervisors). These directors and supervisors may hold views that are different than those of school counselors, have their own agendas, and as suggested in the current study, have little knowledge of the school counseling profession and the qualifications of counselors to provide mental health services (Paisley & Border, 1995).

School Social Workers

Since the seventies, the school social work profession has sought to answer the question, "Who is the school social worker?" (Allen-Meares, 1977). This ambiguity about who the social worker is has led to a gap between what school social workers "actually do" in the mental health service delivery system and what their professional role is "perceived to be" (Franklin, 2000). In this era of accountability and standards, school social workers are struggling to determine how their professional work in the schools translates to increased student outcomes (Weiner, 2006).

The current study indicates that administrators (directors and supervisors) and school mental health professionals are unable to report a clear definition about the functioning and qualifications of the school social worker. Across the three provider groups, school social workers were not rated as having significantly more qualifications or training experiences than school psychologists or school counselors to provide any of the mental health services. Thus, approximately 30 years later there still exists confusion about the definition, role, and qualification of the school social worker (Allen-Meares, 1977).

Research Question 4

An examination of district and school characteristics, such as district size, school level (elementary, middle, high, and multiple schools), and SES status of the school served (Title I or Non-Title I) revealed that some of the variables moderated perceptions about who is best qualified to provide specified mental health services.

District Size

Previous research found that the size of a school district impacted the need for mental health services and the role of mental health service providers (U.S. Department of Health and Human Services, 2003). Larger districts reported that they had a higher need for mental health services because of a higher level of student mental health concerns and a shortage of school mental health staff (U.S. Department of Health and Human Services, 2003). Additionally, a previous study (Overbay, 2003) showed that smaller school districts often had increased attendance, lower discipline referrals for behavior, and lower dropout rates (Overbay, 2003) and they often employed sufficient mental health staff to meet the needs of their children.

Based on the previous literature regarding the different mental health needs by district size (U.S. Department of Health and Human Services, 2003; Overbay, 2003), it was surprising that in this current study the main effect and interaction effect for district size was not significant. The data reported that district size was not a variable that moderated school mental health service

providers' perceptions about the levels of qualification of school mental health service providers. An explanation for this result could be the distribution of the sample sizes across the different district sizes. The majority of participants in this study were employed in either large or very large districts (see Table 7).

School Level

The United States Department of Health and Human Services (2003) conducted a study that examined mental health service use by school level. The results of that study suggested that there was a difference in the mental health needs of students at the elementary, middle, and high school level. Mental health services provided at the elementary school level often addressed aggressive and disruptive behavior problems, while at the middle school level it addressed interpersonal, social, and family issues and aggression and disruptive behavior problems, and at the high school level it addressed issues related to depression, anxiety, substance abuse, interpersonal/social issues, and aggression and disruptive behaviors (United States Department of Health and Human Services, 2003). Therefore, it was hypothesized that because the mental health needs of the students differed by school level then the perceptions about the mental health staff qualifications would also differ depending upon the school level in which the respondent was employed.

The data from the current study found that the perceived qualifications of school mental health service providers did differ based upon the school level in which the school mental health service providers were primarily employed. For example, school mental health service providers employed at the elementary school level perceived the role of the school psychologist and the school counselor to be quite similar, with the exception of normative assessments, which the respondents reported the school psychologist as being the most qualified to provide. At the elementary school level, school psychologists and school counselors were perceived to be most qualified in service areas such as consultation, assessment, and intervention. These services

reflect the kinds of needs typically addressed at the elementary level. This result is not surprising as the mental health services actually provided at the elementary level include assessment for emotional and behavioral problems, behavior management consultation, behavior intervention, and referral for specialized programs (United States Department of Health and Human Services, 2003). The typical elementary school was found to provide very little counseling and prevention services and it was reported that services were primarily delivered by the school counselor or school psychologist, with very little involvement from the school social worker (United States Department of Health and Human Services, 2003). Therefore, it can be suggested that there is a reciprocal interaction between the actual services that are provided at the elementary school level and the perceptions held regarding school mental health service providers' qualifications to provide those services.

Studies about the types of mental health services provided at the middle school level revealed similar findings as those at the elementary school level (e.g., consultation, assessment, and intervention), with the inclusion of substance abuse prevention and counseling being delivered in middle schools (United States Department of Health and Human Services, 2003). The qualifications of both school psychologists and school counselors were perceived to be very similar to one another. School psychologists were seen as most qualified to provide normative and authentic assessment and more qualified than school social workers to implement prevention programs and consult with individuals in and outside of the school. School counselors were seen as being more qualified than school social workers to provide the same services (e.g., consultation, prevention, normative and authentic assessment). It makes sense that respondents at the middle school level, unlike at the elementary school level, reported school psychologists and school counselors as being qualified to provide prevention services. At the middle school level there is an increased focus on prevention services such as substance abuse prevention and

counseling, which is often not present in elementary settings (United States Department of Health and Human Services (2003).

Respondents at the high school level indicated that school psychologists were qualified to provide a wider range of services (e.g., counseling, assessment, consultation, intervention) when compared to the ratings of respondents employed at the other school levels. However, school counselors were perceived as having a more limited role in regards to qualifications (e.g., consultation and intervention) when compared to the ratings of respondents employed in levels other than the high school level. The findings from this study are consistent with previous results that examined the level of involvement of school mental health service providers at the high school level. Direct mental health services at the high school level are typically less likely to be provided by school counselors, while school psychologists at the high school level often become more involved in providing additional direct services (United States Department of Health and Human Services (2003). This may explain why respondents at the high school level rated school counselors as having qualifications to a lesser degree than school psychologists to provide a number of mental health services (e.g., counseling, consultation, intervention).

Lastly, respondents employed across multiple school levels held similar perceptions about school psychologists as those employed at the elementary school level. However, for school counselors, respondents employed at multiple school levels stated that school counselors were only more qualified than school social workers to provide authentic assessment. Notably, it was only the individuals employed at multiple school levels that reported school social workers as more qualified than another mental health professional (i.e., school counselors) to provide a particular mental health service (i.e., counseling). This finding is more likely because many of the respondents in this study employed across multiple school levels were school social workers.

SES Status of School

More than 50% of impoverished children are at-risk for mental health problems (Howell, 2004). Unfortunately, children from low-income backgrounds often are not provided with adequate mental health care services (Adelman, & Taylor, 1998). When these children do receive mental health services in the community or school, those services are often of poorer quality when compared to those students who are not from low-income backgrounds and/or attend predominantly low-income schools (Howell, 2004). Based on previous literature about disparities in mental health by income level (Howell, 2004; Adelman & Taylor, 1998), it was expected that the SES status of the school in which a respondent was employed would moderate their perceptions about mental health service providers' qualifications.

In the current study, the data suggested that school mental health service providers in both Title I and Non Title I schools perceived school psychologists, in comparison to school counselors and school social workers, as being significantly more qualified overall to provide school-based mental health services. However, it is important to note that providers reported previously in this study that school psychologists were typically rated to be most qualified to provide the service of normative assessment. Thus, if school psychologists were seen as most skilled to provide normative assessment then perhaps, instead of being qualified to provide students with a wide range of services to treat mental health needs, they are evaluating students for special education. This is a plausible explanation, considering that neither the school counselor nor the school social worker were reported by respondents employed in Title I and non-Title I schools as being significantly more qualified to provide any of the mental health services.

Research Question 5

An examination of provider characteristics, such as years of professional work experience and highest degree in discipline revealed that some of the variables held by the respondents

moderated their perceptions about who is best qualified to provide specified mental health services.

Years of Professional Work Experience

Previous research found that the number of years of experience a school mental health professional had was related to the type of professional activities in which they were engaged (Agresta, 2002; Curtis, Hunley, & Grier, 2002; Pope, 2007). Research has shown that school psychologists with more years of experience performed more special education re-evaluations, served more students through consultation, and provided more in-service programs than their peers with less experience (Curtis, Hunley, & Grier, 2002). School counselors with more years of experience were more likely to spend more hours engaged in primarily academic advisement and less time providing intervention, prevention, or consultation with teachers and parents than their peers with fewer years of experience (Agresta, 2002). Finally, research (Agresta, 2002) has reported that the educational training of new school social workers is evolving to meet the changing educational climate (e.g., intervention, prevention). As a result, it would be expected that school social workers with fewer years of experience would be trained to provide a wider range of services than their more experienced colleagues (Pope, 2007). Consequently, it is hypothesized that the newer school social workers would attempt to be involved in providing intervention, prevention, and consultation, in addition to the services typically provided by more experienced colleagues such as outreach and counseling (Pope, 2007).

Based on previous results (Agresta, 2002; Curtis, Hunley, & Grier, 2002; Pope, 2007) it would be expected that the respondents would perceive the qualifications of school psychologists, school counselors, and school social workers differently as a result of the respondents' years of experience. However, this study found that the number of years of district experience of the respondents did not moderate their perceptions regarding the perceived level of qualifications of school mental health service providers. This finding may be the result of the disproportioned

samples sizes across the number of years of district experience. The majority of respondents in the school mental health service provider sample had been the field for more than 15 years (see Appendix A).

Degree Level

Similar to previous research (Agresta, 2002; Curtis, Hunley, & Grier, 2002; Pope, 2007), in this study it was hypothesized that respondent's degree level would moderate their perceptions about school mental health service providers' qualifications to deliver mental health services. It was expected that school mental health professionals with higher degree levels would be qualified to engage in a wider range of mental health service delivery based upon their advanced training in more concentrated and specialized areas (Cimino, 2007). The results of this study concluded that across the three different degree levels (masters, specialist, and doctoral) respondents perceived school psychologists as having the highest qualifications, overall, to provide mental health services. More specifically, respondents in the study with specialist and doctoral degrees reported that school psychologists had more qualifications than both school counselors and school social workers to provide mental health services, while respondents in the study with masters degrees reported school psychologists were only more qualified than school social workers to provide mental health services.

Research Question 6

Previous research demonstrated that a relationship exists between mental health services and student outcomes (Willcutt & Pennigton, 2000; Arnold et al., 2005; Tremblay et al., 1992; Petras et al., 2004; Scott & Shearer-Lingo, 2002; Ginsburg-Block and Fantuzzo, 1998). In this study, the researcher examined whether respondents employed at different school levels and that worked in either Title I or non-Title I schools reported significant differences regarding the impact of mental health services on student outcomes (academic and behavior). Previous research (United States Department of Health and Human Services, 2003) demonstrated that the types of

mental health services provided differ based on whether it is an elementary, middle, or high school (United States Department of Health and Human Services, 2003). Additionally, previous research reported that impoverished schools are often overburdened and stressed with a number of mental health concerns and are more likely to provide less efficient services that are not linked to measurable student outcomes (Howell, 2004; Adelman & Taylor, 1998).

Schools are struggling to fund mental health services given the current budget constraints of our public education system. Spending related to the No Child Left Behind (NCLB) legislation has pushed school systems to implement accountability measures to establish the link to increased academic and behavioral outcomes. If the providers of mental health services, across all school levels and in both Title I and Non-Title I schools, cannot demonstrate that the services increase educational outcomes, then those services are at risk during budget reductions (Foster, Rollefson, Doksum, Noonan, Robinson , 2005).

Overall, the findings revealed that the school level and SES status of the school served did not moderate perceptions regarding the impact of mental health services on student academic and behavioral outcomes. However, it was found that the school mental health service providers, regardless of the school level or the SES status of the school served, reported that most of the mental health services they provided were perceived to increase academic and behavioral outcomes. Normative assessment was the only service reported to have the least impact on academic outcomes. Authentic assessment was perceived to have the least impact on behavioral outcomes. Overall, school mental health service providers reported that the school mental health services in schools had a strong to fairly strong impact on student academic and behavioral outcomes.

Limitations

The first limitation of this study was the participants in this study were employed only in the state of Florida. The results of this study can be generalized to school mental health professionals and administrators employed within the state of Florida (Cozby, 2001).

A second limitation of this study again relates to the participant sample. This is a limitation because only school mental health service providers who had a professional association membership were included in this study. This study did not account for the possibility that school-based mental health service providers who joined a professional association may have differed from those who did not join. Therefore, the results from this sample could not be easily generalized to a larger target population of individuals who did not participate in the study (Cozby, 2001).

A third limitation is related to the data collection measures. The instrument asked directors, supervisors, and school mental health service providers to recall the qualifications of school mental health service providers to deliver a number of services. Potentially, there was a problem of recall bias (Schweigert, 1994). The instrument did not provide a specific criterion regarding levels of qualification for the school-based mental health providers. Therefore, it is possible that the respondents held different beliefs from one another about what made a school mental health professional “highly qualified” versus “qualified” versus “not qualified.” This would be particularly true if the respondents used their perceived qualifications of specific professionals with whom they were in contact with in their district to rate school mental health professionals overall. As a result, it is possible that directors, supervisors, and school mental health service providers may have incorrectly recalled the actual degree of qualification of a school mental health service provider.

A fourth limitation was the potential threat to internal validity. It is possible that the participants may have provided socially desirable responses (Cozby, 2001). By administering a

survey about mental health service delivery in the schools, the researcher was assuming that providers believed that mental health services were being provided at some level, within schools. If a district or school mental health service provider was providing few or no mental health services, respondents may have been inclined to inflate the range of mental health services offered to students. They may also have been inclined to inflate their perceptions of the relationship between mental health services and student outcomes (e.g., academic or behavior). Allowing participants to know the purpose of the study may have contributed to inaccurate or false information about the relationship between mental health services and student outcomes (Cozby, 2001).

A fifth limitation of this study is the time periods for the data collection for directors and supervisors and school mental health providers. Data were collected for the directors and supervisors during the academic year of 2006-2007, while the data were collected for the school mental health providers the following academic year of 2007-2008. Therefore it is possible that certain issues or events may have arisen over the course of the two different time periods that impacted respondents' ratings.

For example, nationally improving K-12 public education was one of lawmakers' top priorities for the 2007-2008 legislative sessions. On a national level, legislators boosted k-12 funding by 15%, provided \$15 million for the creation of drop-out prevention programs, and boosted disadvantaged student supplemental funding (DSSF) by \$ 6 million to allow local education agencies to meet the needs of at-risk students (Luebke, 2008). More specifically, in the state of Florida there were political changes that occurred during the two different data collection periods. In 2007-2008 Charlie Crist was elected to the position of Governor. The previous Governor during the year of 2006-2007 was Jeb Bush who had served a term of 8 years in Florida. Although Jeb Bush and Charlie Crist were members of the Republican Party, Charlie Crist expressed a stronger commitment to increased funding for k-12 education. Additionally,

Charlie Crist's role on the Commissioner's Blue Ribbon Committee on Education Governance informed him of the many challenges that the educational system faced and caused him to be a stronger advocate for educational reform. As a result of his commitment to education, early on his term Charlie Crist increased educational funding by more than 7%, reduced class sizes, and requested a 14% increase in the educational funding to promote a stronger reading initiative (Crist, 2007). Thus it is possible that because during the 2007-2008 year there were changes in both the political climate and the national and state commitment to increased student resources, that the respondents from the two different time periods (2006-2007 and 2007-2008) held beliefs which reflected those changes and events.

Implications for Practice

The concept of role theory states that professionals will experience conflict if they believe they are qualified to perform one set of roles but in fact others around them perceive them to be qualified, or in many cases, require them to perform a different set of roles in their actual practice (Pope, 2007). This current study was conducted as an expansion of a previous study by Dixon (2007) which examined the beliefs of district leaders regarding school mental health service providers' qualifications (Dixon, 2007). The previous study by Dixon (2007) found that school mental health service providers were more likely encouraged to deliver only those mental health services which they were perceived by administrators to be qualified to provide, even if they perceived that they possessed the skills and training to provide other services (Dixon, 2007). For example, in the previous study the results revealed that the mental health services which administrators perceived school psychologists, school counselors, and/or school social workers as "most" qualified to provide (normative assessment, authentic assessment and consultation) were also the services in the district which were most frequently provided. Thus, perceptions about the types of mental health services which school mental health service providers were qualified to

provide was linked to the range of mental health services offered in districts (Adelman & Taylor, 1998).

Dixon (2007) assumed that if school mental health service providers perceived themselves as having more qualifications to deliver a wider range of services than what administrators believed they possessed, then school mental health service providers would experience role conflict regarding their actual and ideal qualifications and roles. The results of this current study indicated that in the case of school psychologists, school mental health service providers perceived school psychologists as being more qualified to provide a wider range of services to students and families than what directors and supervisors believed. In the case of school counselors and school social workers the school mental health service providers, directors, and supervisors did not report consistent perceptions about school counselors' and school social workers' qualifications. This indicated that there was no clear understanding about what school counselors or school social workers were actually most qualified to provide in schools.

This incongruence in the perceptions about the qualifications of school mental health service providers contributes to the ineffectiveness (e.g., providing services that do not demonstrate improved student outcomes) within the school mental health system. The current study concluded that there is no consistent agreement between district leaders and school mental health service providers about which specific services school mental health service providers are most qualified to provide. Moreover, Dixon (2007) found that the few services which district leaders believed school mental health service providers were qualified (e.g., assessment) to provide were also the same services that were believed not to impact student outcomes. Lastly, district leaders believed no one was highly qualified to provide the services (e.g., counseling, interventions) that were believed to impact student outcomes.

When school mental health service providers' beliefs are examined, the data show that often the school mental health service providers are unclear as to which services they are most

qualified to provide. However, school mental health service providers report that they believe that the majority of services which are provided in schools, positively impact student outcomes. School mental health service providers must clearly articulate and demonstrate to school staff and leaders which services they can provide and that the services which they are *qualified* to provide are linked to student outcomes. If they can not do this, then district leaders will never re-conceptualize the role of school mental health service providers as valuable professionals that are qualified to provide services which significantly improve student outcomes.

Legislation has emphasized the importance of promoting school success. It is expected that school mental health service providers will have a clear understanding of what their role is within this mandate (U.S. Department of Education, 2001). They are expected to be highly trained and qualified to deliver services that are linked to academic and behavioral outcomes. Additionally, federal and state laws emphasize school accountability (U.S. Dept of Education, 2001). Evidence of school accountability is demonstrated through positive student outcomes. Federal and state laws support accountability by providing funding for services and programs which are shown to positively influence student outcomes. Thus, it is alarming when the data shows that school mental health service providers and administrators seem to understand *which* services will demonstrate this accountability, but are unsure as to *who* is best qualified to provide those services.

Funding for education has been drastically reduced and district leaders are making tough decisions about which programs and professional positions to cut. In light of this, it is problematic when school mental health providers report ambiguity about their professional identity and the significance of their role in meeting educational standards. School-based mental health services and the providers of those services must positively demonstrate a positive impact on student academic and behavioral outcomes in order to receive continual district and school

support. If they do not do so, the future of school-based mental health services could possibly be at stake.

Not only do the results of this study reveal the importance of school mental health service providers being able to articulate their qualifications amongst themselves and with other school staff or demonstrate the positive impact which school mental health services have on student outcomes, but the findings from the study also have implications for improving school mental health services. The results of this study demonstrate the importance of acknowledging the marginalized state of school mental health services. Additionally, the results allude to the importance of developing an accountability system for school mental health providers. In order to increase providers' mental health service delivery, the districts and/or training programs may need to provide updated continuing education training, support, and supervision for the services which school mental health service professionals will be required to deliver in schools. In addition to ensuring that school mental health service providers have the basic required skills, districts should, in consultation with the school mental health service providers, develop professional plans that outline which provider(s) will deliver specified services in the schools. This will allow districts and schools to continuously assess if the school mental health service providers are delivering, at minimum, the designated services. Also by developing a professional plan for mental health service delivery the districts can increase their chances that they will have a more widespread school mental health service delivery system.

Implications for Future Research

Based on the current research, there are several recommendations that are suggested for future research. First, this study should be conducted with a national sample to determine the consistency of results about school mental health services across states. Research has shown that there are differences in service use and unmet need for children's mental health services across states (McDaniel & Edwards, 2004). Many of those differences are driven by state-level factors,

such as policy, legislation, and funding for children's mental health care (McDaniel & Edwards, 2004). For example, in a district like the Memphis City Schools, funding is provided by the Tennessee Department of Education and the Department of Health and Human Services and lead by the department of school mental health services. The perceived qualifications of the school psychologist, school social worker, and school counselor, as state licensed/certified mental health clinicians, may differ drastically depending on the source of funding and the organizational structure of the school or agency (Paavola, Hannah, & Nichol, 1989).

A qualitative study should be conducted to further explore the perceptions about qualifications of school mental health service providers to provide mental health services. On some of the surveys returned, school mental health service providers commented on district sanctions that prohibited them from providing certain types of mental health services. Additionally, one school psychologist wrote that they were initially qualified to provide a wider range of services. However, the restriction imposed by the district on their actual activities (e.g., assessment) resulted in their belief that they were less qualified to provide certain services. A school counselor wrote that although they were qualified to provide more services, the principal of their school required that they perform more administrative duties and thus their role and "perceived qualifications" looked different depending upon the school employed or their current principal. Additionally, a qualitative study could further examine the ambiguity which existed in the school mental health provider's ratings about the qualifications of school mental health professionals. A qualitative study could pose questions which could examine the theme of "professional reputation." It is possible that some of the ambiguity in the school mental health providers' ratings may be attributed to the fact that each provider was trying to protect their individual professional reputations. School mental health providers may have been hesitant to endorse the skills of others or report that school mental health providers could provide a similar service because of the perceived threat to job security. Conducting a qualitative study, using

interviews or focus groups, would allow the researcher to further delve into these types of potential issues surrounding ratings of qualifications.

Third, future research should include an examination of the relationship between student mental health services and actual student outcomes (academic and/or behavior). In the current study a number of mental health services were endorsed as having an impact on student's academic and behavioral outcomes. It would be beneficial to examine the actual impact of certain mental health services on student outcomes, particularly the services which district leaders and school mental health service providers reported that school mental health professionals were most qualified to provide. The study would look at the bi-directional relationship of increasing academic and behavioral competence, while decreasing emotional and social problems, using the mental health services endorsed by the respondents in this study as being most effective.

Conclusion

The present study examined perceptions of Florida school mental health service providers about the types of mental health services provided in schools. Moreover, the study examined perceptions regarding school mental health service providers' qualifications to provide the specified services. Additionally, the study investigated the level of agreement between school-based mental health service providers, supervisors, and directors regarding school mental health service providers' qualifications to provide mental health services. Finally, this study investigated the perceptions of mental health service providers regarding the impact of school mental health services on student outcomes. School mental health service providers considered several services and programs, such as family counseling and mental health consultation, to be school mental health services. Services typically not seen as mental health services were assessments (authentic and normative assessments), consultation related to improving academic concerns, early-intervention, universal screenings, and specialized intervention programs such as study or test taking skill programs. School mental health professionals often rated individuals in their same

profession as having more qualifications to provide a wider range of services. Across the three school mental health service provider groups, school psychologists were rated as being qualified to provide normative assessments and consultation. There was no consistency across the three school mental health service provider groups about which services school counselors and school social workers were most qualified to provide. When perceptions of school mental health service providers, combined, were contrasted to those held by directors and supervisors, the results were similar to the findings reported for the three school mental health service provider groups. The following variables served to moderate the perceptions about the qualifications of school mental health service providers: school level, SES status of school, and degree level. Lastly, the school level and SES status of the school, in which a respondent was employed, did not serve to moderate their perceptions about the impact of mental health services on academic and behavioral outcomes.

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APPENDICES

APPENDIX A: SCHOOL MENTAL HEALTH SERVICE PROVIDER

DEMORGRAPHICS AND PROFESSIONAL CHARACTERISTICS

Personal and Professional Demographics of School Mental Health Service Providers (AY 2007-2008)

Demographics	N	%
Professional Role		
School Psychologist	167	47
School Counselor	143	40
School Social Worker	48	13
Gender		
Male	64	18
Female	294	82
Race		
White/Caucasian	282	79
Latino/Hispanic	37	10
Black/African American	23	6
Other Race/Ethnicities	13	4
Highest Degree Earned		
Masters	184	52
Educational Specialist	134	38
Doctorate	38	11
Area Degree Earned		
Special Education	2	1
General Education	13	4
Counseling	115	34
School Psychology	155	46
Social Work	38	11
Administration	11	3
Area in which credentialed		
Psychology only	154	44
Counseling only	130	37
Social work only	47	13
Multiple credentials	23	7
Years of Experience in Current Position		
1-5 years	89	25
6-10 years	80	23
11-15 years	44	12
More than 15 years	142	40

APPENDIX B: PERCEPTION OF SCHOOL MENTAL HEALTH SERVICES SURVEY: PRACTITIONER VERSION (1)

NOTE: If you are not a professional currently practicing in the schools, please do not complete this survey. Thank you.

Section I: Demographic Information

For each item below please check the option that best corresponds to your response:

1. Size of school district (FL DOE designation) in which you currently work:
 1. Small
 2. Small/Medium
 3. Medium
 4. Large
 5. Very Large
2. Primary employment location that best describes the majority of the school you serve: (Please check only one)
 1. Large City
 2. Small City
 3. Suburban
 4. Rural
3. School level:
 1. Works Primarily in Elementary School
 2. Works Primarily in Middle School
 3. Works Primarily in High School
 4. Works Equally Across Multiple Levels
4. Socioeconomic status of students/families that best describes the majority of schools you serve:
 1. Title I School
 2. Non Title I School
5. Your gender:
 1. Male
 2. Female
6. Race/Ethnicity:
 1. White/Caucasian
 2. Latino/Hispanic
 3. Black/African-American
 4. Asian/Pacific Islander
 5. Native American/Alaskan Native
 6. Other (Please Specify)
7. Your highest degree earned in your discipline:
 1. Bachelor's Degree
 2. Masters Degree
 3. Specialist Degree
 4. Doctoral Degree
8. Area in which you earned your highest degree:
 1. Special Education
 2. General Education
 3. Counseling
 4. Psychology/School Psychology
 5. Social Work
 6. Administration
9. Area in which you are credentialed:
 1. School Psychology
 2. School Guidance and Counseling
 3. School Social Work
10. Your years of experience in current position:
 1. 1-5
 2. 6-10
 3. 11-15
 4. More than 15
11. Check the one that best describes your professional role:
 1. School Psychologist
 2. School Guidance Counselor
 3. School Social Worker

12. For each service listed, place a check mark (✓) in the column labeled “**Mental Health Service**” if you consider the service to be a mental health service; if you do not consider the service to be a mental health service, place a checkmark in the column labeled “**Not a Mental Health Service.**”

Example	Mental Health Service	Not a Mental Health Service
Item X	✓ _____	_____
Item XX	_____	✓ _____

<u>Service</u>	<u>Mental Health Service</u>	<u>Not a Mental Health Service</u>
<u>Counseling</u>		
1. Individual therapy/counseling	_____	_____
2. Family therapy/counseling	_____	_____
3. Group therapy/counseling	_____	_____
<u>Consultation</u>		
1. Mental health consultation	_____	_____
2. Behavior management consultation	_____	_____
3. Academic consultation/interventions	_____	_____
<u>Norm-Referenced Assessments</u>		
1. Intelligence Assessment	_____	_____
2. Achievement Assessment	_____	_____
3. Personality Assessment	_____	_____
4. Behavior Rating Scale	_____	_____
<u>Authentic Assessments</u>		
1. Dynamic Indicators of Basics Early Literacy Skills	_____	_____
2. Curriculum Based Measurement	_____	_____

Service

Mental Health Service

Not a Mental
Health Service

Prevention

1. Early intervention services/School-wide screenings
2. Home Visitations/Community Outreach
3. Character Education
4. Parent Training
5. Substance Abuse Prevention/Counseling
6. Violence Prevention/Counseling
7. Suicide Prevention
8. Pregnancy Prevention/Support
9. Bullying Prevention
10. Dropout Prevention
11. Peer mediation/support groups

Intervention

1. Positive Behavior Support
2. Social skills training
3. Test taking and study skills training
4. Crisis intervention
5. Anger Control Training
6. Relaxation Training
7. Self-Control Training

13. For each of the following **services** listed below, please rate the level at which the service is provided to students/families in your school district.

Use the following response scale:

- 5=Provided to all student(s)/families who need the service**
- 4=Provided to most students/families who need the service**
- 3=Provided to some student(s)/families when the service is available**
- 2=Provided to student(s)/families on a very limited basis**
- 1=Not provided to student(s)/families/Service is unavailable**

Please circle the rating that best represents your response.

<u>Service</u>	<u>Level Provided</u>				
<u>Counseling</u>					
1. Individual therapy/counseling	5	4	3	2	1
2. Family therapy/counseling	5	4	3	2	1
3. Group therapy/counseling	5	4	3	2	1
<u>Consultation</u>					
1. Mental health consultation	5	4	3	2	1
2. Behavior management consultation	5	4	3	2	1
3. Academic consultation/interventions	5	4	3	2	1
<u>Norm-Referenced Assessments</u>					
1. Intelligence Assessment	5	4	3	2	1
2. Achievement Assessment	5	4	3	2	1
3. Personality Assessment	5	4	3	2	1
4. Behavior Rating Scale	5	4	3	2	1
<u>Authentic Assessments</u>					
1. Dynamic Indicators of Basics Early Literacy Skills	5	4	3	2	1
2. Curriculum Based Measurement	5	4	3	2	1

<u>Service</u>	<u>Level Provided</u>				
<u>Prevention</u>					
1. Early intervention services/School-wide screenings	5	4	3	2	1
2. Home Visitations/Community Outreach	5	4	3	2	1
3. Character Education	5	4	3	2	1
4. Parent Training	5	4	3	2	1
5. Substance Abuse Prevention/Counseling	5	4	3	2	1
6. Violence Prevention/Counseling	5	4	3	2	1
7. Suicide Prevention	5	4	3	2	1
8. Pregnancy Prevention/Support	5	4	3	2	1
9. Bullying Prevention	5	4	3	2	1
10. Dropout Prevention	5	4	3	2	1
11. Peer mediation/support groups	5	4	3	2	1
<u>Intervention</u>					
1. Positive Behavior Support	5	4	3	2	1
2. Social skills training	5	4	3	2	1
3. Test taking and study skills training	5	4	3	2	1
4. Crisis intervention	5	4	3	2	1
5. Anger Control Training	5	4	3	2	1
6. Relaxation Training	5	4	3	2	1
7. Self-Control Training	5	4	3	2	1

14. For each **service** listed below, please rate the extent to which you believe *a) the school psychologist, b) the social worker, and c) the school counselor* is *qualified* to provide the service, based on their knowledge and skills acquired through their educational training and experience.

Use the following response scale:

5= highly qualified no supervision needed

4=qualified and minimal supervision needed

3=somewhat qualified and supervision is needed

2= minimally qualified and intense supervision needed

1=Not qualified

Please circle the rating that best represents your response for each service provider.

<u>Service</u>	<u>Level of Qualification</u>		
	<u>School Psychologist</u>	<u>School Counselor</u>	<u>Social Worker</u>
<u>Counseling</u>			
1. Individual therapy/counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Family therapy/counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Group therapy/counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
<u>Consultation</u>			
1. Mental health consultation	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Behavior management consultation	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Academic consultation/interventions	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
<u>Norm-Referenced Assessments</u>			
1. Intelligence Assessment	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Achievement Assessment	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Personality Assessment	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
4. Behavior Rating Scale	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

<u>Service</u>	<u>School Psychologist</u>	<u>School Counselor</u>	<u>Social Worker</u>
<u>Authentic Assessments</u>			
1. Dynamic Indicators of Basics Early Literacy Skills	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Curriculum Based Measurement	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
<u>Prevention</u>			
1. Early intervention services/School-wide screenings	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Home Visitations/Community Outreach	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Character Education	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
4. Parent Training	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
5. Substance Abuse Prevention/Counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
6. Violence Prevention/Counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
7. Suicide Prevention	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
8. Pregnancy Prevention/Support	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
9. Bullying Prevention	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
10. Dropout Prevention	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
11. Peer mediation/support groups	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
<u>Intervention</u>			
1. Positive Behavior Support	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Social skills training	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Test taking and study skills training	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
4. Crisis intervention	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
5. Anger Control Training	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
6. Relaxation Training	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
7. Self Control Training	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

15. For each of the following **services** please rate the degree of impact that you believe the service has in
 a) student academic and b) student behavioral outcomes of students.

Using the following rating scale for each outcome (academic and behavioral), please circle the best rating that best represents your response.

- 5= Very strong impact*
- 4= Strong impact*
- 3= Fairly strong impact*
- 2= Minimal impact*
- 1= No impact*

Please circle the rating that best represents your response as shown in the example below.

Example	<u>Academic</u>	<u>Behavior</u>
Item 1	(5) 4 3 2 1	5 4 3 2 (1)
<u>Service</u>	<u>Academic</u>	<u>Behavior</u>
<u>Counseling</u>		
1. Individual therapy/counseling	5 4 3 2 1	5 4 3 2 1
2. Family therapy/counseling	5 4 3 2 1	5 4 3 2 1
3. Group therapy/counseling	5 4 3 2 1	5 4 3 2 1
<u>Consultation</u>		
1. Mental health consultation	5 4 3 2 1	5 4 3 2 1
2. Behavior management consultation	5 4 3 2 1	5 4 3 2 1
3. Academic consultation/interventions	5 4 3 2 1	5 4 3 2 1
<u>Norm-Referenced Assessments</u>		
1. Intelligence Assessment	5 4 3 2 1	5 4 3 2 1
2. Achievement Assessment	5 4 3 2 1	5 4 3 2 1

<u>Service</u>	<u>Academic</u>	<u>Behavior</u>
3. Personality Assessment	5 4 3 2 1	5 4 3 2 1
4. Behavior Rating Scale	5 4 3 2 1	5 4 3 2 1
<u>Authentic Assessment</u>		
1. Dynamic Indicators of Basics Early Literacy Skills	5 4 3 2 1	5 4 3 2 1
2. Curriculum Based Measurement	5 4 3 2 1	5 4 3 2 1
<u>Prevention</u>		
1. Early intervention services	5 4 3 2 1	5 4 3 2 1
2. Home Visitations/Community Outreach	5 4 3 2 1	5 4 3 2 1
3. Character Education	5 4 3 2 1	5 4 3 2 1
4. Parent Training	5 4 3 2 1	5 4 3 2 1
5. Substance Abuse Prevention/Counseling	5 4 3 2 1	5 4 3 2 1
6. Violence Prevention/Counseling	5 4 3 2 1	5 4 3 2 1
7. Suicide Prevention	5 4 3 2 1	5 4 3 2 1
8. Pregnancy Prevention/Support	5 4 3 2 1	5 4 3 2 1
9. Bullying Prevention	5 4 3 2 1	5 4 3 2 1
10. Dropout Prevention	5 4 3 2 1	5 4 3 2 1
11. Peer mediation/support groups	5 4 3 2 1	5 4 3 2 1
<u>Intervention</u>		
1. Positive Behavior Support	5 4 3 2 1	5 4 3 2 1
2. Social skills training	5 4 3 2 1	5 4 3 2 1
3. Test taking and study skills training	5 4 3 2 1	5 4 3 2 1
4. Crisis intervention	5 4 3 2 1	5 4 3 2 1
5. Anger Control Training	5 4 3 2 1	5 4 3 2 1
6. Relaxation Training	5 4 3 2 1	5 4 3 2 1
7. Self Control Training	5 4 3 2 1	5 4 3 2 1

APPENDIX B: PERCEPTION OF SCHOOL MENTAL HEALTH SERVICES SURVEY: PRACTITIONER VERSION (2)

NOTE: If you are not a professional currently practicing in the schools, please do not complete this survey. Thank you.

Section I: Demographic Information

For each item below please check the option that best corresponds to your response:

1. Size of school district (FL DOE designation) in which you currently work:
 1. Small
 2. Small/Medium
 3. Medium
 4. Large
 5. Very Large
2. Primary employment location that best describes the majority of the school you serve: (Please check only one)
 5. Large City
 6. Small City
 7. Suburban
 8. Rural
3. School level:
 1. Works Primarily in Elementary School
 2. Works Primarily in Middle School
 3. Works Primarily in High School
 4. Works Equally Across Multiple Levels
4. Socioeconomic status of students/families that best describes the majority of schools you serve:
 1. Title I School
 2. Non Title I School
5. Your gender:
 1. Male
 2. Female
6. Race/Ethnicity:
 1. White/Caucasian
 2. Latino/Hispanic
 3. Black/African-American
 4. Asian/Pacific Islander
 5. Native American/Alaskan Native
 6. Other (Please Specify)
7. Your highest degree earned in your discipline:
 1. Bachelor's Degree
 2. Masters Degree
 3. Specialist Degree
 4. Doctoral Degree
8. Area in which you earned your highest degree:
 1. Special Education
 2. General Education
 3. Counseling
 4. Psychology/School Psychology
 5. Social Work
 6. Administration
9. Area in which you are credentialed:
 4. School Psychology
 5. School Guidance and Counseling
 6. School Social Work
10. Your years of experience in current position:
 1. 1-5
 2. 6-10
 3. 11-15
 4. More than 15
11. Check the one that best describes your professional role:
 1. School Psychologist
 2. School Guidance Counselor
 3. School Social Worker

12. For each service listed, place a check mark (✓) in the column labeled “**Mental Health Service**” if you consider the service to be a mental health service; if you do not consider the service to be a mental health service, place a checkmark in the column labeled “**Not a Mental Health Service.**”

Example	Mental Health Service	Not a Mental Health Service
Item X	✓ _____	_____
Item XX	_____	✓ _____

<u>Service</u>	<u>Mental Health Service</u>	<u>Not a Mental Health Service</u>
<u>Counseling</u>		
1. Individual therapy/counseling	_____	_____
2. Family therapy/counseling	_____	_____
3. Group therapy/counseling	_____	_____
<u>Consultation</u>		
1. Mental health consultation	_____	_____
2. Behavior management consultation	_____	_____
3. Academic consultation/interventions	_____	_____
<u>Norm-Referenced Assessments</u>		
1. Intelligence Assessment	_____	_____
2. Achievement Assessment	_____	_____
3. Personality Assessment	_____	_____
4. Behavior Rating Scale	_____	_____
<u>Authentic Assessments</u>		
1. Dynamic Indicators of Basics Early Literacy Skills	_____	_____
2. Curriculum Based Measurement	_____	_____

Service

Mental Health Service

Not a Mental Health Service

Prevention

1. Early intervention services/School-wide screenings
2. Home Visitations/Community Outreach
3. Character Education
4. Parent Training
5. Substance Abuse Prevention/Counseling
6. Violence Prevention/Counseling
7. Suicide Prevention
8. Pregnancy Prevention/Support
9. Bullying Prevention
10. Dropout Prevention
11. Peer mediation/support groups

Intervention

1. Positive Behavior Support
2. Social skills training
3. Test taking and study skills training
4. Crisis intervention
5. Anger Control Training
6. Relaxation Training
7. Self-Control Training

13. For each of the following **services** listed below, please rate the level at which the service is provided to students/families in your school district.

Use the following response scale:

- 5=Provided to all student(s)/families who need the service**
- 4=Provided to most students/families who need the service**
- 3=Provided to some student(s)/families when the service is available**
- 2=Provided to student(s)/families on a very limited basis**
- 1=Not provided to student(s)/families/Service is unavailable**

Please circle the rating that best represents your response.

<u>Service</u>	<u>Level Provided</u>				
<u>Counseling</u>					
1. Individual therapy/counseling	5	4	3	2	1
2. Family therapy/counseling	5	4	3	2	1
3. Group therapy/counseling	5	4	3	2	1
<u>Consultation</u>					
1. Mental health consultation	5	4	3	2	1
2. Behavior management consultation	5	4	3	2	1
3. Academic consultation/interventions	5	4	3	2	1
<u>Norm-Referenced Assessments</u>					
1. Intelligence Assessment	5	4	3	2	1
2. Achievement Assessment	5	4	3	2	1
3. Personality Assessment	5	4	3	2	1
4. Behavior Rating Scale	5	4	3	2	1
<u>Authentic Assessments</u>					
1. Dynamic Indicators of Basics Early Literacy Skills	5	4	3	2	1
2. Curriculum Based Measurement	5	4	3	2	1

<u>Service</u>	<u>Level Provided</u>				
<u>Prevention</u>					
1. Early intervention services/School-wide screenings	5	4	3	2	1
2. Home Visitations/Community Outreach	5	4	3	2	1
3. Character Education	5	4	3	2	1
4. Parent Training	5	4	3	2	1
5. Substance Abuse Prevention/Counseling	5	4	3	2	1
6. Violence Prevention/Counseling	5	4	3	2	1
7. Suicide Prevention	5	4	3	2	1
8. Pregnancy Prevention/Support	5	4	3	2	1
9. Bullying Prevention	5	4	3	2	1
10. Dropout Prevention	5	4	3	2	1
11. Peer mediation/support groups	5	4	3	2	1
<u>Intervention</u>					
1. Positive Behavior Support	5	4	3	2	1
2. Social skills training	5	4	3	2	1
3. Test taking and study skills training	5	4	3	2	1
4. Crisis intervention	5	4	3	2	1
5. Anger Control Training	5	4	3	2	1
6. Relaxation Training	5	4	3	2	1
7. Self-Control Training	5	4	3	2	1

14. For each **service** listed below, please rate the extent to which you believe *a) the school psychologist, b) the social worker, and c) the school counselor* is *qualified* to provide the service, based on their knowledge and skills acquired through their educational training and experience.

Use the following response scale:

5= highly qualified no supervision needed

4=qualified and minimal supervision needed

3=somewhat qualified and supervision is needed

2= minimally qualified and intense supervision needed

1=Not qualified

Please circle the rating that best represents your response for each service provider.

<u>Service</u>	<u>Level of Qualification</u>		
	<u>School Psychologist</u>	<u>School Counselor</u>	<u>Social Worker</u>
<u>Counseling</u>			
1. Individual therapy/counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Family therapy/counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Group therapy/counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
<u>Consultation</u>			
1. Mental health consultation	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Behavior management consultation	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Academic consultation/interventions	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
<u>Norm-Referenced Assessments</u>			
1. Intelligence Assessment	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Achievement Assessment	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Personality Assessment	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
4. Behavior Rating Scale	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

<u>Service</u>	<u>Level of Qualification</u>		
	<u>School Psychologist</u>	<u>School Counselor</u>	<u>Social Worker</u>
<u>Authentic Assessments</u>			
1. Dynamic Indicators of Basics Early Literacy Skills	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Curriculum Based Measurement	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
<u>Prevention</u>			
1. Early intervention services/School-wide screenings	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Home Visitations/Community Outreach	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Character Education	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
4. Parent Training	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
5. Substance Abuse Prevention/Counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
6. Violence Prevention/Counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
7. Suicide Prevention	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
8. Pregnancy Prevention/Support	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
9. Bullying Prevention	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
10. Dropout Prevention	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
11. Peer mediation/support groups	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
<u>Intervention</u>			
1. Positive Behavior Support	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Social skills training	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Test taking and study skills training	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
4. Crisis intervention	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
5. Anger Control Training	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
6. Relaxation Training	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
7. Self Control Training	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

15. For each **service** listed below please rate the degree of impact that you believe the service has on a) student academic and b) student behavioral outcomes.

Using the following rating scale for each outcome (academic and behavioral), please circle the best rating that best represents your response.

- 5= Very strong impact**
- 4= Strong impact**
- 3= Fairly strong impact**
- 2= Minimal impact**
- 1= No impact**

Please circle the rating that best represents your response as shown in the example below.

Example	<u>Academic</u>	<u>Behavior</u>
Item XX	(5) 4 3 2 1	5 4 3 2 (1)

Level of Impact

<u>Service</u>	<u>Academic Outcomes</u>	<u>Behavioral Outcomes</u>
<u>Counseling</u>		
1. Individual therapy/counseling	5 4 3 2 1	5 4 3 2 1
2. Family therapy/counseling	5 4 3 2 1	5 4 3 2 1
3. Group therapy/counseling	5 4 3 2 1	5 4 3 2 1
<u>Consultation</u>		
1. Mental health consultation	5 4 3 2 1	5 4 3 2 1
2. Behavior management consultation	5 4 3 2 1	5 4 3 2 1
3. Academic consultation/interventions	5 4 3 2 1	5 4 3 2 1

Level of Impact

Norm-Referenced Assessments

Service

1. Intelligence Assessment
2. Achievement Assessment
3. Personality Assessment
4. Behavior Rating Scale

Academic Outcomes

- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1

Behavioral Outcomes

- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1

Authentic Assessment

1. Dynamic Indicators of Basics Early Literacy Skills
2. Curriculum Based Measurement

- 5 4 3 2 1
- 5 4 3 2 1

- 5 4 3 2 1
- 5 4 3 2 1

Prevention

1. Early intervention services
2. Home Visitations/Community Outreach
3. Character Education
4. Parent Training
5. Substance Abuse Prevention/Counseling
6. Violence Prevention/Counseling
7. Suicide Prevention
8. Pregnancy Prevention/Support
9. Bullying Prevention
10. Dropout Prevention
11. Peer mediation/support groups

- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1

- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1

Intervention

1. Positive Behavior Support
2. Social skills training
3. Test taking and study skills training
4. Crisis intervention
5. Anger Control Training
6. Relaxation Training
7. Self Control Training

- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1

- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1
- 5 4 3 2 1

APPENDIX B: PERCEPTION OF SCHOOL MENTAL HEALTH SERVICES SURVEY: PRACTITIONER VERSION (3)

NOTE: If you are not a professional currently practicing in the schools, please do not complete this survey. Thank you.

For each item below please check the option that best corresponds to your response:

1. Size of school district (FL DOE designation) in which you currently work:
 1. Small
 2. Small/Medium
 3. Medium
 4. Large
 5. Very Large
2. Primary employment location that best describes the majority of the school you serve: (Please check only one)
 9. Large City
 10. Small City
 11. Suburban
 12. Rural
3. School level:
 1. Works Primarily in Elementary School
 2. Works Primarily in Middle School
 3. Works Primarily in High School
 4. Works Equally Across Multiple Levels
4. Socioeconomic status of students/families that best describes the majority of schools you serve:
 1. Title I School
 2. Non Title I School
5. Your gender:
 1. Male
 2. Female
6. Race/Ethnicity:
 1. White/Caucasian
 2. Latino/Hispanic
 3. Black/African-American
 4. Asian/Pacific Islander
 5. Native American/Alaskan Native
 6. Other (Please Specify)
7. Your highest degree earned in your discipline:
 1. Bachelor's Degree
 2. Masters Degree
 3. Specialist Degree
 4. Doctoral Degree
8. Area in which you earned your highest degree:
 1. Special Education
 2. General Education
 3. Counseling
 4. Psychology/School Psychology
 5. Social Work
 6. Administration
9. Area in which you are credentialed:
 7. School Psychology
 8. School Guidance and Counseling
 9. School Social Work
10. Your years of experience in current position:
 1. 1-5
 2. 6-10
 3. 11-15
 4. More than 15
11. Check the one that best describes your professional role:
 1. School Psychologist
 2. School Guidance Counselor
 3. School Social Worker

12. For each service listed, place a check mark (✓) in the column labeled “**Mental Health Service**” if you consider the service to be a mental health service; if you do not consider the service to be a mental health service, place a checkmark in the column labeled “**Not a Mental Health Service.**”

Example	Mental Health Service	Not a Mental Health Service
Item X	✓ _____	_____
Item XX	_____	✓ _____

<u>Service</u>	<u>Mental Health Service</u>	<u>Not a Mental Health Service</u>
<u>Counseling</u>		
1. Individual therapy/counseling	_____	_____
2. Family therapy/counseling	_____	_____
3. Group therapy/counseling	_____	_____
<u>Consultation</u>		
1. Mental health consultation	_____	_____
2. Behavior management consultation	_____	_____
3. Academic consultation/interventions	_____	_____
<u>Norm-Referenced Assessments</u>		
1. Intelligence Assessment	_____	_____
2. Achievement Assessment	_____	_____
3. Personality Assessment	_____	_____
4. Behavior Rating Scale	_____	_____
<u>Authentic Assessments</u>		
1. Dynamic Indicators of Basics Early Literacy Skills	_____	_____
2. Curriculum Based Measurement	_____	_____

Service

Mental Health Service

Not a Mental Health Service

Prevention

1. Early intervention services/School-wide screenings
2. Home Visitations/Community Outreach
3. Character Education
4. Parent Training
5. Substance Abuse Prevention/Counseling
6. Violence Prevention/Counseling
7. Suicide Prevention
8. Pregnancy Prevention/Support
9. Bullying Prevention
10. Dropout Prevention
11. Peer mediation/support groups

Intervention

1. Positive Behavior Support
2. Social skills training
3. Test taking and study skills training
4. Crisis intervention
5. Anger Control Training
6. Relaxation Training
7. Self-Control Training

13. For each of the following **services** listed below, please rate the level at which the service is provided to students/families in your school district.

Use the following response scale:

- 5=Provided to all student(s)/families who need the service**
- 4=Provided to most students/families who need the service**
- 3=Provided to some student(s)/families when the service is available**
- 2=Provided to student(s)/families on a very limited basis**
- 1=Not provided to student(s)/families/Service is unavailable**

Please circle the rating that best represents your response.

<u>Service</u>	<u>Level Provided</u>				
<u>Counseling</u>					
1. Individual therapy/counseling	5	4	3	2	1
2. Family therapy/counseling	5	4	3	2	1
3. Group therapy/counseling	5	4	3	2	1
<u>Consultation</u>					
1. Mental health consultation	5	4	3	2	1
2. Behavior management consultation	5	4	3	2	1
3. Academic consultation/interventions	5	4	3	2	1
<u>Norm-Referenced Assessments</u>					
1. Intelligence Assessment	5	4	3	2	1
2. Achievement Assessment	5	4	3	2	1
3. Personality Assessment	5	4	3	2	1
4. Behavior Rating Scale	5	4	3	2	1
<u>Authentic Assessments</u>					
1. Dynamic Indicators of Basics Early Literacy Skills	5	4	3	2	1
2. Curriculum Based Measurement	5	4	3	2	1

<u>Service</u>	<u>Level Provided</u>				
<u>Prevention</u>					
1. Early intervention services/School-wide screenings	5	4	3	2	1
2. Home Visitations/Community Outreach	5	4	3	2	1
3. Character Education	5	4	3	2	1
4. Parent Training	5	4	3	2	1
5. Substance Abuse Prevention/Counseling	5	4	3	2	1
6. Violence Prevention/Counseling	5	4	3	2	1
7. Suicide Prevention	5	4	3	2	1
8. Pregnancy Prevention/Support	5	4	3	2	1
9. Bullying Prevention	5	4	3	2	1
10. Dropout Prevention	5	4	3	2	1
11. Peer mediation/support groups	5	4	3	2	1
<u>Intervention</u>					
1. Positive Behavior Support	5	4	3	2	1
2. Social skills training	5	4	3	2	1
3. Test taking and study skills training	5	4	3	2	1
4. Crisis intervention	5	4	3	2	1
5. Anger Control Training	5	4	3	2	1
6. Relaxation Training	5	4	3	2	1
7. Self-Control Training	5	4	3	2	1

14. For each **service** listed below, please rate the extent to which you believe a) *the school psychologist*, b) *the social worker*, and c) *the school counselor* is *qualified* to provide the service, based on their knowledge and skills acquired through their educational training and experience.

Use the following response scale:

5= highly qualified no supervision needed

4=qualified and minimal supervision needed

3=somewhat qualified and supervision is needed

2= minimally qualified and intense supervision needed

1=Not qualified

Please circle the rating that best represents your response for each service provider.

<u>Service</u>	<u>Level of Qualification</u>		
	<u>Social Worker</u>	<u>School Psychologist</u>	<u>School Counselor</u>
<u>Counseling</u>			
1. Individual therapy/counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Family therapy/counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Group therapy/counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
<u>Consultation</u>			
1. Mental health consultation	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Behavior management consultation	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Academic consultation/interventions	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
<u>Norm-Referenced Assessments</u>			
1. Intelligence Assessment	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Achievement Assessment	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Personality Assessment	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
4. Behavior Rating Scale	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

<u>Service</u>	<u>Social Worker</u>	<u>School Psychologist</u>	<u>School Counselor</u>
<u>Authentic Assessments</u>			
1. Dynamic Indicators of Basics Early Literacy Skills	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Curriculum Based Measurement	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
<u>Prevention</u>			
1. Early intervention services/School-wide screenings	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Home Visitations/Community Outreach	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Character Education	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
4. Parent Training	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
5. Substance Abuse Prevention/Counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
6. Violence Prevention/Counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
7. Suicide Prevention	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
8. Pregnancy Prevention/Support	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
9. Bullying Prevention	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
10. Dropout Prevention	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
11. Peer mediation/support groups	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
<u>Intervention</u>			
1. Positive Behavior Support	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Social skills training	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Test taking and study skills training	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
4. Crisis intervention	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
5. Anger Control Training	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
6. Relaxation Training	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
7. Self Control Training	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

15. For each of the following **services** please rate the degree of impact that you believe the service has in
 a) student academic and b) student behavioral outcomes of students.

Using the following rating scale for each outcome (academic and behavioral), please circle the best rating that best represents your response.

- 5= Very strong impact**
- 4= Strong impact**
- 3= Fairly strong impact**
- 2= Minimal impact**
- 1= No impact**

Please circle the rating that best represents your response as shown in the example below.

Example	<u>Academic</u>	<u>Behavior</u>
Item 1	(5) 4 3 2 1	5 4 3 2 (1)
<u>Service</u>	<u>Academic</u>	<u>Behavior</u>
<u>Counseling</u>		
1. Individual therapy/counseling	5 4 3 2 1	5 4 3 2 1
2. Family therapy/counseling	5 4 3 2 1	5 4 3 2 1
3. Group therapy/counseling	5 4 3 2 1	5 4 3 2 1
<u>Consultation</u>		
1. Mental health consultation	5 4 3 2 1	5 4 3 2 1
2. Behavior management consultation	5 4 3 2 1	5 4 3 2 1
3. Academic consultation/interventions	5 4 3 2 1	5 4 3 2 1

Norm-Referenced Assessments

1. Intelligence Assessment	5 4 3 2 1	5 4 3 2 1
2. Achievement Assessment	5 4 3 2 1	5 4 3 2 1
<u>Service</u>	<u>Academic</u>	<u>Behavior</u>
3. Personality Assessment	5 4 3 2 1	5 4 3 2 1
4. Behavior Rating Scale	5 4 3 2 1	5 4 3 2 1

Authentic Assessment

1. Dynamic Indicators of Basics Early Literacy Skills	5 4 3 2 1	5 4 3 2 1
2. Curriculum Based Measurement	5 4 3 2 1	5 4 3 2 1

Prevention

1. Early intervention services	5 4 3 2 1	5 4 3 2 1
2. Home Visitations/Community Outreach	5 4 3 2 1	5 4 3 2 1
3. Character Education	5 4 3 2 1	5 4 3 2 1
4. Parent Training	5 4 3 2 1	5 4 3 2 1
5. Substance Abuse Prevention/Counseling	5 4 3 2 1	5 4 3 2 1
6. Violence Prevention/Counseling	5 4 3 2 1	5 4 3 2 1
7. Suicide Prevention	5 4 3 2 1	5 4 3 2 1
8. Pregnancy Prevention/Support	5 4 3 2 1	5 4 3 2 1
9. Bullying Prevention	5 4 3 2 1	5 4 3 2 1
10. Dropout Prevention	5 4 3 2 1	5 4 3 2 1
11. Peer mediation/support groups	5 4 3 2 1	5 4 3 2 1

Intervention

1. Positive Behavior Support	5 4 3 2 1	5 4 3 2 1
2. Social skills training	5 4 3 2 1	5 4 3 2 1
3. Test taking and study skills training	5 4 3 2 1	5 4 3 2 1
4. Crisis intervention	5 4 3 2 1	5 4 3 2 1
5. Anger Control Training	5 4 3 2 1	5 4 3 2 1
6. Relaxation Training	5 4 3 2 1	5 4 3 2 1
7. Self Control Training	5 4 3 2 1	5 4 3 2 1

APPENDIX C: INFORMED CONSENT

Dear [Insert School mental health service provider],

You are receiving this letter because your name was randomly selected from the Florida Association of [Insert Mental Health Provider] database of "regular" members whose membership registration indicates that they are practicing [insert mental health provider]. As providers of students support services, we are sure you are well aware that conditions contributing to student mental health problems—substance abuse, poverty, homelessness, community violence, and physical abuse—are rapidly becoming a part of the “normal” family culture within which many students grow and develop. These conditions do not foster an environment in which children can meet expected developmental, cognitive, social and emotional demands. However, schools are expected to educate all students, including the growing population of students whose mental health problems often impede or interfere with their learning. According to the Elementary and Secondary Education Act of 2001, No Child Left Behind, schools are also expected to create environments in which all students can succeed and providing mental health services in the school is a way that schools can create this type of successful environment.

Decia N. Dixon, a 4th year school psychology doctoral candidate at the University of South Florida is conducting a dissertation study entitled “Mental Health Service Delivery Systems and Perceived Qualifications of School-based mental health service providers to Provide Mental Health Services in School Settings” to determine the beliefs of school-based mental health service providers as they relate to school based mental health services and delivery. The information in this letter is provided to help you decide whether or not you want to take part in this research study. Please read this information carefully. If you have any questions or concerns, please contact the principal investigator (Decia N. Dixon, School Psychology Doctoral Candidate).

General Information about the Research Study

You are being asked to complete a brief (15-20 minute) survey developed to acquire information about your beliefs of school based mental health services. Mental health issues embody those characteristics and factors, which closely relate to mental well-being. The lack of mental well-being is characterized by an inability to adapt to one’s environment and regulate behavior (Webster’s, 2002).

Your input is very important and it will be used to develop a state database regarding the range in types of mental health services provided to students in school districts throughout Florida. It will also be used to examine the impact of mental health services on student behavior and academic outcomes. The results from this study can be used in pre-service training for mental health professionals, by providing information about how school-based mental health service providers view mental health services in the schools. Secondly, your input can contribute to school based mental health policy literature.

Plan of Study

The enclosed survey contains 12 items, 8 items which are district demographic information and 4 items that collect data about the types of mental health services provided and the perceptions about those who provide these mental health services and the impact of specified mental health services on academic and behavioral outcomes. The total time needed to complete this survey is estimated to be less than 30 minutes. Please make sure that all items are completed before submitting the survey. **For your convenience, we have provided you with a postage-paid envelope to use in returning the survey to us by DATE.**

Compensation

Four participants who return the completed survey will be randomly selected to receive a **\$25.00 Visa Gift Card** which can be used virtually everywhere in the United States that welcomes Visa Cards. Ten additional participants who return completed surveys will also be randomly selected to receive the newly published book by the National Association of State Directors of Special Education, ***Response to Intervention: Policy Considerations and Implementation***. Even though each participant will not receive direct personal benefits from this study, by participating in this study you may increase our overall knowledge of issues surrounding the provision of school mental health services and its impact on student outcomes.

Risks or Discomfort

There are no known risks to those who take part in this study.

Confidentiality of Your Records

Your privacy and research records will be kept confidential to the extent of the law. Authorized research personnel, employees of the Department of Health and Human Services, and the USF Institutional Review Board, staff and other individuals acting on behalf of USF may inspect the records from this research project. The results of this study may be published. However, the data obtained from

you will be combined with data from others. The published results will not include your name or any other information that would personally identify you in any way.

Volunteering to Be Part of this Research Study

Your decision to participate in this research study is completely voluntary. You are free to participate in this research study or to withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive, if you stop taking part in the study. If you have questions about your rights as a person who is taking part in a study, call USF Division of Research Compliance and Integrity at (813) 974-9343. If you have any questions about this research study, contact Decia N. Dixon, M.A. at 678-524-5325 or at dndixon@mail.usf.edu or George Batsche, Ed.D., NCSP at 813-974-9472 or batsche@tempest.coedu.usf.edu. Thank you very much for your participation.

Sincerely,
Decia N. Dixon, M.A. & George M. Batsche, Ed.D.

Consent to Take Part in this Research Study

If you have agreed to take part in this study then please read the following statement and sign below:

I freely give my consent to take part in this study. I understand that this is research. I have received a copy of this consent form.

Signature
of Person taking part in study

Printed Name
of Person taking part in study

Date

[Optional] Signature of Witness

Printed Name of Witness

Date

APPENDIX D: DATA REQUESTS

Ms. Kim Berryhill
270 Eagleton Estates Blvd.
Palm Beach Gardens, FL 33418

Dear Ms. Berryhill,

Introduction

My name is Decia N. Dixon and I am a doctoral candidate at the University of South Florida. I am currently involved in my dissertation research and wish to *request a random computerized mailing label sample of your Florida membership*. My dissertation topic examines the qualifications of school psychologists, school counselors, and school social workers to provide mental health services in the state of Florida. I am the primary lead researcher for this project and my contact information is as follows:

Decia N Dixon
18107 Peregrines Perch, Pl #105
Lutz, FL 33558
678-524-5325 (cellular phone number)
decianicole@gmail.com

Purpose of Research

My dissertation study is entitled “Mental Health Service Delivery Systems and Perceived Qualifications of School-based mental health service providers to Provide Mental Health Services in School Settings.” The purpose of my research is to determine the beliefs of school-based mental health service providers as they relate to school based mental health services and delivery. The input from your members is very important and it is expected that their input will be used to develop a state database regarding the range in types of mental health services provided to students in school districts throughout Florida. It will also be used to examine the impact of mental health services on student behavior and academic outcomes. The results from this study can be used in pre-service training for mental health professionals, by providing information about how school-based mental health service providers view mental health services in the schools. Secondly, their input can contribute to school based mental health policy literature.

Research Questions

The following research questions will be addressed in this study:

1. What is the level of agreement within and across school-based mental health service providers (i.e., school psychologists, school counselors, and school social workers) regarding what they believe to be a *mental health* service in K-12 school settings?

2. To what extent do school-based mental health service providers concur about who is *qualified* to provide specified mental health services in K-12 school settings?
3. What is the level of agreement between school-based mental health service supervisors and directors and school-based mental health service providers regarding who is *qualified* to provide specified mental health services in K-12 school settings?
4. What is the relationship between the district size (e.g., large or small) and the geographic location of schools (e.g., rural or suburban) in which a mental health service provider is employed, years of professional work experience, education (degree level and degree area), and gender and the mental health service providers' perceptions regarding whom is *qualified* to provide specified mental health services in K-12 school settings?
5. To what extent do school-based mental health service providers concur regarding their perceptions of specified mental health services that have a *strong impact* on student academic outcomes and behavioral outcomes?

FASP Data Requested

I am asking for a random selection of at least 120 individuals from your membership roster. Specifically I am asking to have data collected on members that are practitioners in the schools and are not employed in university settings or are retired. In addition, I am asking to receive the mailing addresses of the selected members. I will collect data from a survey (see attached: *Perception of School Mental*

Health Services Survey: Practitioner Version) that was created and piloted by the lead researcher, in Jan.2007. The data collected from this survey will be anonymous (responses cannot be associated with the respondent).

Documentation of Institutional Review Board Approval

I have attached a copy of the confirmation letter from the University of South Florida Institutional Review Board indicating the approval of my study.

Potential Publication Outlets

It is expected that the data collected from this study will be beneficial for scholarly conference presentations at both the national and state levels for school mental health service providers. In addition, it is anticipated that the outcomes from this study will result in the development of both technical assistance and refereed scholarly journal publications regarding the perceptions of school based mental health service delivery systems.

Mr. Robert Lucio
Lucior@pcsb.org

Dear Mr. Lucio,

Introduction

My name is Decia N. Dixon and I am a doctoral candidate at the University of South Florida. I am currently involved in my dissertation research and wish to *request a random computerized mailing label sample of your Florida membership*. My dissertation topic examines the qualifications of school psychologists, school counselors, and school social workers to provide mental health services in the state of Florida. I am the primary lead researcher for this project and my contact information is as follows:

Decia N Dixon
18107 Peregrines Perch, Pl #105
Lutz, FL 33558
678-524-5325 (cellular phone number)
decianicole@gmail.com

Purpose of Research

My dissertation study is entitled “Mental Health Service Delivery Systems and Perceived Qualifications of School-based mental health service providers to Provide Mental Health Services in School Settings.” The purpose of my research is to determine the beliefs of school-based mental health service providers as they relate to school based mental health services and delivery. The input from your members is very important and it is expected that their input will be used to develop a state database regarding the range in types of mental health services provided to students in school districts throughout Florida. It will also be used to examine the impact of mental health services on student behavior and academic outcomes. The results from this study can be used in pre-service training for mental health professionals, by providing information about how school-based mental health service providers view mental health services in the schools. Secondly, their input can contribute to school based mental health policy literature.

Research Questions

The following research questions will be addressed in this study:

1. What is the level of agreement within and across school-based mental health service providers (i.e., school psychologists, school counselors, and school social workers) regarding what they believe to be a *mental health* service in K-12 school settings?

2. To what extent do school-based mental health service providers concur about who is *qualified* to provide specified mental health services in K-12 school settings?
3. What is the level of agreement between school-based mental health service supervisors and directors and school-based mental health service providers regarding who is *qualified* to provide specified mental health services in K-12 school settings?
4. What is the relationship between the district size (e.g., large or small) and the geographic location of schools (e.g., rural or suburban) in which a mental health service provider is employed, years of professional work experience, education (degree level and degree area), and gender and the mental health service providers' perceptions regarding whom is *qualified* to provide specified mental health services in K-12 school settings?
5. To what extent do school-based mental health service providers concur regarding their perceptions of specified mental health services that have a *strong impact* on student academic outcomes and behavioral outcomes?

FASSW Data Requested

I am asking for a random selection of at least 120 individuals from your membership roster. Specifically I am asking to have data collected on members that are school social workers in the schools and are not employed in university settings or are retired. In addition, I am asking to receive the mailing addresses of the selected members. I will collect data from a survey (see attached: *Perception of School*

Mental Health Services Survey: Practitioner Version) that was created and piloted by the lead researcher, in Jan.2007. The data collected from this survey will be anonymous (responses cannot be associated with the respondent).

Documentation of Institutional Review Board Approval

I have attached a copy of the confirmation letter from the University of South Florida Institutional Review Board indicating the approval of my study.

Potential Publication Outlets

It is expected that the data collected from this study will be beneficial for scholarly conference presentations at both the national and state levels for school mental health service providers. In addition, it is anticipated that the outcomes from this study will result in the development of both technical assistance and refereed scholarly journal publications regarding the perceptions of school based mental health service delivery systems.

Dr. Madelyn Isaacs
misaacs@fgcu.edu

Dear Dr. Isaacs,

Introduction

My name is Decia N. Dixon and I am a doctoral candidate at the University of South Florida. I am currently involved in my dissertation research and wish to *request a random computerized mailing label sample of your Florida membership*. My dissertation topic examines the qualifications of school psychologists, school counselors, and school social workers to provide mental health services in the state of Florida. I am the primary lead researcher for this project and my contact information is as follows:

Decia N Dixon
18107 Peregrines Perch, Pl #105
Lutz, FL 33558
678-524-5325 (cellular phone number)
decianicole@gmail.com

Purpose of Research

My dissertation study is entitled “Mental Health Service Delivery Systems and Perceived Qualifications of School-based mental health service providers to Provide Mental Health Services in School Settings.” The purpose of my research is to determine the beliefs of school-based mental health service providers as they relate to school based mental health services and delivery. The input from your members is very important and it is expected that their input will be used to develop a state database regarding the range in types of mental health services provided to students in school districts throughout Florida. It will also be used to examine the impact of mental health services on student behavior and academic outcomes. The results from this study can be used in pre-service training for mental health professionals, by providing information about how school-based mental health service providers view mental health services in the schools. Secondly, their input can contribute to school based mental health policy literature.

Research Questions

The following research questions will be addressed in this study:

1. What is the level of agreement within and across school-based mental health service providers (i.e., school psychologists, school counselors, and school social workers) regarding what they believe to be a *mental health* service in K-12 school settings?

2. To what extent do school-based mental health service providers concur about who is *qualified* to provide specified mental health services in K-12 school settings?
3. What is the level of agreement between school-based mental health service supervisors and directors and school-based mental health service providers regarding who is *qualified* to provide specified mental health services in K-12 school settings?
4. What is the relationship between the district size (e.g., large or small) and the geographic location of schools (e.g., rural or suburban) in which a mental health service provider is employed, years of professional work experience, education (degree level and degree area), and gender and the mental health service providers' perceptions regarding whom is *qualified* to provide specified mental health services in K-12 school settings?
5. To what extent do school-based mental health service providers concur regarding their perceptions of specified mental health services that have a *strong impact* on student academic outcomes and behavioral outcomes?

FSCA Data Requested

I am asking for a random selection of at least 120 individuals from your membership roster. Specifically I am asking to have data collected on members that are school counselors in the schools and are not employed in university settings or are retired. In addition, I am asking to receive the mailing addresses of the selected members. I will collect data from a survey (see attached: *Perception of School*

Mental Health Services Survey: Practitioner Version) that was created and piloted by the lead researcher, in Jan.2007. The data collected from this survey will be anonymous (responses cannot be associated with the respondent).

Documentation of Institutional Review Board Approval

I have attached a copy of the confirmation letter from the University of South Florida Institutional Review Board indicating the approval of my study.

Potential Publication Outlets

It is expected that the data collected from this study will be beneficial for scholarly conference presentations at both the national and state levels for school mental health service providers. In addition, it is anticipated that the outcomes from this study will result in the development of both technical assistance and refereed scholarly journal publications regarding the perceptions of school based mental health service delivery systems.

APPENDIX E: PERCEPTION OF SCHOOL MENTAL HEALTH SERVICES SURVEY (VERSION A)

Section I: Demographic Information

For each item below please check the option that best corresponds to your response:

1. Size of school district (FL DOE designation):
 1. Small
 2. Small/Medium
 3. Medium
 4. Large
 5. Very Large
2. Your highest degree earned:
 1. Bachelor's Degree
 2. Masters Degree
 3. Specialist Degree
 4. Doctoral Degree
3. Area in which you earned your highest degree:
 1. Special Education
 2. General Education
 3. Counseling
 4. Psychology
 5. Social Work
 6. Administration
4. Area(s) in which you are credentialed:
 1. Special Education
 2. General Education
 3. Counseling
 4. Psychology
 5. Social Work
 6. Administration
5. Your years of experience in current position:
 1. 1-5
 2. 6-10
 3. 11-15
 4. More than 15
6. Your total years of experience in educational setting:
 1. 1-5
 2. 6-10
 3. 11-15
 4. More than 15

Student Services Directors, please answer the following questions based upon information from your school district during the 2005-2006 school year:

7. Check the one that **best** describes your professional role:

- 1. ___ Student Services Director
- 2. ___ Student Services Director/ESE Director

8. Number of FTE* school/licensed psychologists employed/contracted in district:

9. Number of FTE* school counselors employed in district:

10. Number of FTE* school social workers employed in district:

11. Total number of students enrolled in district:

12. Total number (or percent) of students that are minority or non-white:

Number _____ Percent _____

13. Total number (or percent) of students on free/reduced lunch:

Number _____ Percent _____

14. Total number (or percent) of students who are enrolled in EH/SED programs:

Number _____ Percent _____

15. Total number (or percent) of students who are enrolled in alternative education programs:

Number _____ Percent _____

16. Total number (or percent) of students suspended:

Number _____ Percent _____

17. Total number (or percent) of students expelled:

Number _____ Percent _____

18. Total number of Baker Act referrals (including cases of students with multiple referrals):

* Full-Time Equivalent 5 days a week= 1 FTE
1 day a week= .2 FTE

Section II: Information on Mental Health Services

19. For each of the following **mental health services listed below**, please rate the level at which the service is provided to students/families in your district.

Use the following response scale:

- 5=Provided to all student(s)/families who need the service*
- 4=Provided to most students/families who need the service*
- 3=Provided to some student(s)/families when the service is available*
- 2=Provided to student(s)/families on a very limited basis*
- 1=Not provided to student(s)/families/Service is unavailable*

Please circle the rating that best represents your response.

<u>Service</u>	<u>Level Provided</u>				
<u>Counseling</u>					
1. Individual therapy/counseling	5	4	3	2	1
2. Family therapy/counseling	5	4	3	2	1
3. Group therapy/counseling	5	4	3	2	1
<u>Consultation</u>					
1. Mental health consultation	5	4	3	2	1
2. Behavior management consultation	5	4	3	2	1
3. Academic consultation/interventions	5	4	3	2	1
<u>Norm-Referenced Assessments</u>					
1. Intelligence Assessment	5	4	3	2	1
2. Achievement Assessment	5	4	3	2	1
3. Personality Assessment	5	4	3	2	1
4. Behavior Rating Scale	5	4	3	2	1

Authentic Assessments

- 1. Dynamic Indicators of Basics Early Literacy Skills 5 4 3 2 1
- 2. Curriculum Based Measurement 5 4 3 2 1

Prevention

- 1. Early intervention services/School-wide screenings 5 4 3 2 1
- 2. Home Visitations/Community Outreach 5 4 3 2 1
- 3. Character Education 5 4 3 2 1
- 4. Parent Training 5 4 3 2 1
- 5. Substance Abuse Prevention/Counseling 5 4 3 2 1
- 6. Violence Prevention/Counseling 5 4 3 2 1
- 7. Suicide Prevention 5 4 3 2 1
- 8. Pregnancy Prevention/Support 5 4 3 2 1
- 9. Bullying Prevention 5 4 3 2 1
- 10. Dropout Prevention 5 4 3 2 1
- 11. Peer mediation/support groups 5 4 3 2 1

Intervention

- 1. Positive Behavior Support 5 4 3 2 1
- 2. Social skills training 5 4 3 2 1
- 3. Test taking and study skills training 5 4 3 2 1
- 4. Crisis intervention 5 4 3 2 1
- 5. Anger Control Training 5 4 3 2 1
- 6. Relaxation Training 5 4 3 2 1

Other

- 1. Clinical Interviews 5 4 3 2 1
- 2. Behavioral Observations 5 4 3 2 1
- 3. Case Management (coordination of services) 5 4 3 2 1
- 4. Research and Evaluation 5 4 3 2 1
- 5. Other (Please Specify): _____ 5 4 3 2 1

20. For the following **mental health services offered** in your district, please rate the extent to which you believe *school psychologists, social workers, and school counselors* are *qualified* to provide each service, based on their educational and professional training.

Use the following response scale:

- 5= highly qualified no supervision needed**
- 4=qualified and minimal supervision needed**
- 3=somewhat qualified and supervision is needed**
- 2= minimally qualified and intense supervision needed**
- 1=Not qualified**

Please circle the rating that best represents your response for each service provider.

<u>Service</u>	<u>School Psychologist</u>	<u>School Counselor</u>	<u>Social Worker</u>
<u>Counseling</u>			
1. Individual therapy/counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Family therapy/counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Group therapy/counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
<u>Consultation</u>			
1. Mental health consultation	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Behavior management consultation	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Academic consultation/interventions	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
<u>Norm-Referenced Assessments</u>			
1. Intelligence Assessment	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Achievement Assessment	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Personality Assessment	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
4. Behavior Rating Scale	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

Authentic Assessments

- | | | | |
|---|-----------|-----------|-----------|
| 1. Dynamic Indicators of Basics Early Literacy Skills | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 2. Curriculum Based Measurement | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |

Prevention

- | | | | |
|---|-----------|-----------|-----------|
| 1. Early intervention services/School-wide screenings | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 2. Home Visitations/Community Outreach | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 3. Character Education | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 4. Parent Training | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 5. Substance Abuse Prevention/Counseling | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 6. Violence Prevention/Counseling | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 7. Suicide Prevention | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 8. Pregnancy Prevention/Support | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 9. Bullying Prevention | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 10. Dropout Prevention | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 11. Peer mediation/support groups | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |

Intervention

- | | | | |
|--|-----------|-----------|-----------|
| 1. Positive Behavior Support | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 2. Social skills training | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 3. Test taking and study skills training | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 4. Crisis intervention | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 5. Anger Control Training | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 6. Relaxation Training | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 7. Self Control Training | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |

Other

- | | | | |
|---|-----------|-----------|-----------|
| 1. Clinical Interviews | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 2. Behavioral Observations | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 3. Case Management (coordination of services) | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 4. Research and Evaluation | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |

21. For each of the following mental health services please rate the degree of impact that you believe the service has in a) academic and b) behavioral outcomes of students?

Using the following rating scale for each outcome (academic and behavioral), please circle the best rating that best represents your response.

- 5= *Very strong impact*
- 4= *Strong impact*
- 3= *Fairly strong impact*
- 2= *Minimal impact*
- 1= *No impact*

Please circle the rating that best represents your response as shown in the example below.

Example	<u>Academic</u>	<u>Behavior</u>
Item 1	(5) 4 3 2 1	5 4 3 2 (1)
<u>Service</u>	<u>Academic</u>	<u>Behavior</u>
<u>Counseling</u>		
1. Individual therapy/counseling	5 4 3 2 1	5 4 3 2 1
2. Family therapy/counseling	5 4 3 2 1	5 4 3 2 1
3. Group therapy/counseling	5 4 3 2 1	5 4 3 2 1
<u>Consultation</u>		
1. Mental health consultation	5 4 3 2 1	5 4 3 2 1
2. Behavior management consultation	5 4 3 2 1	5 4 3 2 1
3. Academic consultation/interventions	5 4 3 2 1	5 4 3 2 1

Norm-Referenced Assessments

- | | | |
|----------------------------|-----------|-----------|
| 1. Intelligence Assessment | 5 4 3 2 1 | 5 4 3 2 1 |
| 2. Achievement Assessment | 5 4 3 2 1 | 5 4 3 2 1 |
| 3. Personality Assessment | 5 4 3 2 1 | 5 4 3 2 1 |
| 4. Behavior Rating Scale | 5 4 3 2 1 | 5 4 3 2 1 |

Authentic Assessment

- | | | |
|---|-----------|-----------|
| 1. Dynamic Indicators of Basics Early Literacy Skills | 5 4 3 2 1 | 5 4 3 2 1 |
| 2. Curriculum Based Measurement | 5 4 3 2 1 | 5 4 3 2 1 |

Prevention

- | | | |
|--|-----------|-----------|
| 1. Early intervention services | 5 4 3 2 1 | 5 4 3 2 1 |
| 2. Home Visitations/Community Outreach | 5 4 3 2 1 | 5 4 3 2 1 |
| 3. Character Education | 5 4 3 2 1 | 5 4 3 2 1 |
| 4. Parent Training | 5 4 3 2 1 | 5 4 3 2 1 |
| 5. Substance Abuse Prevention/Counseling | 5 4 3 2 1 | 5 4 3 2 1 |
| 6. Violence Prevention/Counseling | 5 4 3 2 1 | 5 4 3 2 1 |
| 7. Suicide Prevention | 5 4 3 2 1 | 5 4 3 2 1 |
| 8. Pregnancy Prevention/Support | 5 4 3 2 1 | 5 4 3 2 1 |
| 9. Bullying Prevention | 5 4 3 2 1 | 5 4 3 2 1 |
| 10. Dropout Prevention | 5 4 3 2 1 | 5 4 3 2 1 |
| 11. Peer mediation/support groups | 5 4 3 2 1 | 5 4 3 2 1 |

Intervention

- | | | |
|--|-----------|-----------|
| 1. Positive Behavior Support | 5 4 3 2 1 | 5 4 3 2 1 |
| 2. Social skills training | 5 4 3 2 1 | 5 4 3 2 1 |
| 3. Test taking and study skills training | 5 4 3 2 1 | 5 4 3 2 1 |
| 4. Crisis intervention | 5 4 3 2 1 | 5 4 3 2 1 |
| 5. Anger Control Training | 5 4 3 2 1 | 5 4 3 2 1 |
| 6. Relaxation Training | 5 4 3 2 1 | 5 4 3 2 1 |
| 7. Self Control Training | 5 4 3 2 1 | 5 4 3 2 1 |

Other

1. Clinical Interviews	5 4 3 2 1	5 4 3 2 1
2. Behavioral Observations	5 4 3 2 1	5 4 3 2 1
3. Case Management (coordination of services)	5 4 3 2 1	5 4 3 2 1
4. Research and Evaluation	5 4 3 2 1	5 4 3 2 1

22. For each support service listed below, please indicate the extent to which it is **actually** utilized to monitor the progress of students who have returned to school after receiving an involuntary examination according to Baker Act statutes.

Use the following response scale:

- 5= *Always used*
- 4= *Frequently used*
- 3= *Sometimes used*
- 2= *Seldom used*
- 1= *Not Used*

Please circle the rating that best represents your response.

Service

Level Provided

Intervention

1. Referred to school based intervention team	5 4 3 2 1
2. Referred to community based mental health service provider for counseling	5 4 3 2 1
3. Referred to school based psychologist for counseling	5 4 3 2 1
4. Referred to guidance counselor for counseling	5 4 3 2 1
5. Referred to social worker for counseling	5 4 3 2 1
6. Referred to school nurse	5 4 3 2 1
7. Referred to Safe and Drug Free School Staff	5 4 3 2 1
8. Home-school intervention/collaboration.	5 4 3 2 1

Assessment

- 1. Referred to student services personnel for special education evaluation. 5 4 3 2 1
- 2. Referred to student services personnel for a Functional Behavior Assessment. 5 4 3 2 1

Consultation

- 1. Student service personnel assigned as case manager. 5 4 3 2 1
- 2. Consultation provided by community mental health provider. 5 4 3 2 1
- 3. Consultation provided to classroom teachers. 5 4 3 2 1

APPENDIX F: PERCEPTION OF SCHOOL MENTAL HEALTH SERVICES SURVEY (VERSION B)

Section I: Demographic Information

For each item below please check the option that best corresponds to your response:

1. Size of school district (FL DOE designation):
 1. Small
 2. Small/Medium
 3. Medium
 4. Large
 5. Very Large
2. Your highest degree earned:
 1. Bachelor's Degree
 2. Masters Degree
 3. Specialist Degree
 4. Doctoral Degree
3. Area in which you earned your highest degree:
 1. Special Education
 2. General Education
 3. Counseling
 4. Psychology/School Psychology
 5. Social Work
 6. Administration
4. Area(s) in which you are credentialed:
 1. Special Education
 2. General Education
 3. Counseling
 4. Psychology/School Psychology
 5. Social Work
5. Your years of experience in current position:
 1. 1-5
 2. 6-10
 3. 11-15
 4. More than 15
6. Your total years of experience in educational setting:
 1. 1-5
 2. 6-10
 3. 11-15
 4. More than 15
7. Check the *one* that best describes your professional role:
 1. Director/Supervisor of Psychological Services
 2. Director/Supervisor of Guidance and Counseling Services

Section II: Information on Mental Health Services

8. For each of the following **mental health services listed below**, please rate the level at which the service is provided to students/families in your district.

Use the following response scale:

- 5=Provided to all student(s)/families who need the service*
- 4=Provided to most students/families who need the service*
- 3=Provided to some student(s)/families when the service is available*
- 2=Provided to student(s)/families on a very limited basis*
- 1=Not provided to student(s)/families/Service is unavailable*

Please circle the rating that best represents your response.

<u>Service</u>	<u>Level Provided</u>				
<u>Counseling</u>					
1. Individual therapy/counseling	5	4	3	2	1
2. Family therapy/counseling	5	4	3	2	1
3. Group therapy/counseling	5	4	3	2	1
<u>Consultation</u>					
1. Mental health consultation	5	4	3	2	1
2. Behavior management consultation	5	4	3	2	1
3. Academic consultation/interventions	5	4	3	2	1
<u>Norm-Referenced Assessments</u>					
1. Intelligence Assessment	5	4	3	2	1
2. Achievement Assessment	5	4	3	2	1
3. Personality Assessment	5	4	3	2	1
4. Behavior Rating Scale	5	4	3	2	1

Authentic Assessments

- 1. Dynamic Indicators of Basics Early Literacy Skills 5 4 3 2 1
- 2. Curriculum Based Measurement 5 4 3 2 1

Prevention

- 1. Early intervention services/School-wide screenings 5 4 3 2 1
- 2. Home Visitations/Community Outreach 5 4 3 2 1
- 3. Character Education 5 4 3 2 1
- 4. Parent Training 5 4 3 2 1
- 5. Substance Abuse Prevention/Counseling 5 4 3 2 1
- 6. Violence Prevention/Counseling 5 4 3 2 1
- 7. Suicide Prevention 5 4 3 2 1
- 8. Pregnancy Prevention/Support 5 4 3 2 1
- 9. Bullying Prevention 5 4 3 2 1
- 10. Dropout Prevention 5 4 3 2 1
- 11. Peer mediation/support groups 5 4 3 2 1

Intervention

- 1. Positive Behavior Support 5 4 3 2 1
- 2. Social skills training 5 4 3 2 1
- 3. Test taking and study skills training 5 4 3 2 1
- 4. Crisis intervention 5 4 3 2 1
- 5. Anger Control Training 5 4 3 2 1
- 6. Relaxation Training 5 4 3 2 1
- 7. Self-Control Training 5 4 3 2 1

Other

- 1. Clinical Interviews 5 4 3 2 1
- 2. Behavioral Observations 5 4 3 2 1
- 3. Case Management (coordination of services) 5 4 3 2 1
- 4. Research and Evaluation 5 4 3 2 1
- 5. Other (Please Specify): _____ 5 4 3 2 1

9. For the following **mental health services offered** in your district, please rate the extent to which you believe *school psychologists, social workers, school counselor* are *qualified* to provide each service, based on their educational and professional training.

Use the following response scale:

5= highly qualified no supervision needed

4=qualified and minimal supervision needed

3=somewhat qualified and supervision is needed

2= minimally qualified and intense supervision needed

1=Not qualified

Please circle the rating that best represents your response for each service provider.

<u>Service</u>	<u>School Psychologist</u>	<u>School Counselor</u>	<u>Social Worker</u>
<u>Counseling</u>			
1. Individual therapy/counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Family therapy/counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Group therapy/counseling	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
<u>Consultation</u>			
1. Mental health consultation	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Behavior management consultation	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Academic consultation/interventions	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
<u>Norm-Referenced Assessments</u>			
1. Intelligence Assessment	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Achievement Assessment	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Personality Assessment	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
4. Behavior Rating Scale	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

Authentic Assessments

- | | | | |
|---|-----------|-----------|-----------|
| 1. Dynamic Indicators of Basics Early Literacy Skills | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 2. Curriculum Based Measurement | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |

Prevention

- | | | | |
|---|-----------|-----------|-----------|
| 1. Early intervention services/School-wide screenings | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 2. Home Visitations/Community Outreach | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 3. Character Education | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 4. Parent Training | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 5. Substance Abuse Prevention/Counseling | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 6. Violence Prevention/Counseling | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 7. Suicide Prevention | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 8. Pregnancy Prevention/Support | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 9. Bullying Prevention | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 10. Dropout Prevention | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 11. Peer mediation/support groups | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |

Intervention

- | | | | |
|--|-----------|-----------|-----------|
| 1. Positive Behavior Support | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 2. Social skills training | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 3. Test taking and study skills training | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 4. Crisis intervention | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 5. Anger Control Training | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 6. Relaxation Training | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 7. Self Control Training | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |

Other

- | | | | |
|---|-----------|-----------|-----------|
| 1. Clinical Interviews | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 2. Behavioral Observations | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 3. Case Management (coordination of services) | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| 4. Research and Evaluation | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |

10. For each of the following mental health services please rate the degree of impact that you believe the service has in a) academic and b) behavioral outcomes of students?

Using the following rating scale for each outcome (academic and behavioral), please circle the best rating that best represents your response.

- 5= *Very strong impact*
- 4= *Strong impact*
- 3= *Fairly strong impact*
- 2= *Minimal impact*
- 1= *No impact*

Please circle the rating that best represents your response as shown in the example below.

Example	<u>Academic</u>	<u>Behavior</u>
Item 1	(5) 4 3 2 1	5 4 3 2 (1)
<u>Service</u>	<u>Academic</u>	<u>Behavior</u>
<u>Counseling</u>		
1. Individual therapy/counseling	5 4 3 2 1	5 4 3 2 1
2. Family therapy/counseling	5 4 3 2 1	5 4 3 2 1
3. Group therapy/counseling	5 4 3 2 1	5 4 3 2 1
<u>Consultation</u>		
1. Mental health consultation	5 4 3 2 1	5 4 3 2 1
2. Behavior management consultation	5 4 3 2 1	5 4 3 2 1
3. Academic consultation/interventions	5 4 3 2 1	5 4 3 2 1

Norm-Referenced Assessments

- 1. Intelligence Assessment 5 4 3 2 1 5 4 3 2 1
- 2. Achievement Assessment 5 4 3 2 1 5 4 3 2 1
- 3. Personality Assessment 5 4 3 2 1 5 4 3 2 1
- 4. Behavior Rating Scale 5 4 3 2 1 5 4 3 2 1

Authentic Assessment

- 1. Dynamic Indicators of Basics Early Literacy Skills 5 4 3 2 1 5 4 3 2 1
- 2. Curriculum Based Measurement 5 4 3 2 1 5 4 3 2 1

Prevention

- 1. Early intervention services 5 4 3 2 1 5 4 3 2 1
- 2. Home Visitations/Community Outreach 5 4 3 2 1 5 4 3 2 1
- 3. Character Education 5 4 3 2 1 5 4 3 2 1
- 4. Parent Training 5 4 3 2 1 5 4 3 2 1
- 5. Substance Abuse Prevention/Counseling 5 4 3 2 1 5 4 3 2 1
- 6. Violence Prevention/Counseling 5 4 3 2 1 5 4 3 2 1
- 7. Suicide Prevention 5 4 3 2 1 5 4 3 2 1
- 8. Pregnancy Prevention/Support 5 4 3 2 1 5 4 3 2 1
- 9. Bullying Prevention 5 4 3 2 1 5 4 3 2 1
- 10. Dropout Prevention 5 4 3 2 1 5 4 3 2 1
- 11. Peer mediation/support groups 5 4 3 2 1 5 4 3 2 1

Intervention

- 1. Positive Behavior Support 5 4 3 2 1 5 4 3 2 1
- 2. Social skills training 5 4 3 2 1 5 4 3 2 1
- 3. Test taking and study skills training 5 4 3 2 1 5 4 3 2 1
- 4. Crisis intervention 5 4 3 2 1 5 4 3 2 1
- 5. Anger Control Training 5 4 3 2 1 5 4 3 2 1
- 6. Relaxation Training 5 4 3 2 1 5 4 3 2 1
- 7. Self Control Training 5 4 3 2 1 5 4 3 2 1

Other

1. Clinical Interviews	5 4 3 2 1	5 4 3 2 1
2. Behavioral Observations	5 4 3 2 1	5 4 3 2 1
3. Case Management (coordination of services)	5 4 3 2 1	5 4 3 2 1
4. Research and Evaluation	5 4 3 2 1	5 4 3 2 1

11. For each support service listed below, please indicate the extent to which it is **actually** utilized to monitor the progress of students who have returned to school after receiving an involuntary examination according to Baker Act statutes.

Use the following response scale:

- 5= *Always used*
- 4= *Frequently used*
- 3= *Sometimes used*
- 2= *Seldom used*
- 1= *Not Used*

Please circle the rating that best represents your response.

Service

Level Provided

Intervention

1. Referred to school based intervention team	5 4 3 2 1
2. Referred to community based mental health service provider for counseling	5 4 3 2 1
3. Referred to school based psychologist for counseling	5 4 3 2 1
4. Referred to guidance counselor for counseling	5 4 3 2 1
5. Referred to social worker for counseling	5 4 3 2 1

- 6. Referred to school nurse 5 4 3 2 1
- 7. Referred to Safe and Drug Free School Staff 5 4 3 2 1
- 8. Home-school intervention/collaboration. 5 4 3 2 1

Assessment

- 1. Referred to student services personnel for special education evaluation. 5 4 3 2 1
- 2. Referred to student services personnel for a Functional Behavior Assessment. 5 4 3 2 1

Consultation

- 1. Student service personnel assigned as case manager. 5 4 3 2 1
- 2. Consultation provided by community mental health provider. 5 4 3 2 1
- 3. Consultation provided to classroom teachers. 5 4 3 2 1

APPENDIX G: INFORMED CONSENT FOR DIRECTORS OF STUDENT SERVICES (VERSION A)

You are receiving this letter because you were selected from the Florida Student Support Services Directory from the Florida Department of Education. As providers of students support services, we are sure you are well aware that conditions contributing to student mental health problems—substance abuse, poverty, homelessness, community violence, and physical abuse—are rapidly becoming a part of the “normal” family culture within which many students grow and develop. These conditions do not foster an environment in which children can meet expected developmental, cognitive, social and emotional demands. However, schools are expected to educate all students, including the growing population of students whose mental health problems often impede or interfere with their learning. According to the Elementary and Secondary Education Act of 2001, No Child Left Behind, schools are also expected to create environments in which all students can succeed and providing mental health services in the school is a way that schools can create this type of successful environment.

Decia N. Dixon, a school psychology doctoral student at the University of South Florida is conducting a thesis study entitled “Perceptions of School Based Mental Health Services by Directors and Supervisors of Student Services” to determine the beliefs of directors/supervisors of student services as they relate to school based mental health services and delivery. The information in this letter is provided to help you decide whether or not you want to take part in this research study. Please read this information carefully. If you have any questions or concerns, please contact the principal investigator (Decia N. Dixon, School Psychology Doctoral Student).

General Information about the Research Study

You are being asked to complete a brief (15-20 minute) survey developed to acquire information about your beliefs of school based mental health services. Mental health issues embody those characteristics and factors, which closely relate to mental well-being. The lack of mental well-being is characterized by an inability to adapt to one’s environment and regulate behavior (Webster’s, 2002).

Your input is very important and it will be used to develop a state database regarding the range in types of mental health services provided to students in school districts throughout Florida. It will also be used to examine the impact of mental health services on student behavior and academic outcomes. The results from this study can be used in pre-service training for mental health professionals, by providing information about how directors and supervisors of student services view mental health services in the schools. Secondly, your input can contribute to school based mental health policy literature.

Plan of Study

The enclosed survey contains 22 items, 18 items which are district demographic information and 4 items that collect data about the types of mental health services provided and the perceptions about those who provide these mental health services and the impact of specified mental health services on academic and behavioral outcomes. The total time needed to complete this survey is estimated to be less than 30 minutes. Please make sure that all items are completed before submitting the survey. **For your convenience, we have provided you with a postage-paid envelope to use in returning the survey to us by Jan 5th, 2007.**

Compensation

Three participants who return the completed survey will be randomly selected to receive a **\$25.00 American Express Gift Card** which can be used virtually everywhere in the United States that welcomes American Express Cards. Ten additional participants who return completed surveys will also be randomly selected to receive the newly published book by the National Association of State Directors of Special Education, ***Response to Intervention: Policy Considerations and Implementation***. Even though each participant will not receive direct personal benefits from this study, by participating in this study you may increase our overall knowledge of issues surrounding the provision of school mental health services and its impact on student outcomes.

Risks or Discomfort

There are no known risks to those who take part in this study.

Confidentiality of Your Records

Your privacy and research records will be kept confidential to the extent of the law. Authorized research personnel, employees of the Department of Health and Human Services, and the USF Institutional Review Board, staff and other individuals acting on behalf of USF may inspect the records from this research project. The results of this study may be published. However, the data obtained from you will be combined with data from others. The published results will not include your name or any other information that would personally identify you in any way.

Volunteering to Be Part of this Research Study

Your decision to participate in this research study is completely voluntary. You are free to participate in this research study or to withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive, if you stop taking part in the study. If you have questions about your rights as a person who is taking part in a study, call USF Division of Research Compliance and Integrity at (813) 974-9343. If you have any questions about this research study, contact Decia N. Dixon, M.A. at 678-524-5325 or at ddixon@mail.usf.edu or George Batsche, Ed.D., NCSP at 813-974-9472 or batsche@tempest.coedu.usf.edu. Thank you very much for your participation.

Sincerely,
Decia N. Dixon, M.A. & George M. Batsche, Ed.D.

Consent to Take Part in this Research Study

If you have agreed to take part in this study then please read the following statement and sign below:

I freely give my consent to take part in this study. I understand that this is research. I have received a copy of this consent form.

Signature
of Person taking part in study

Printed Name
of Person taking part in study

Date

[Optional] Signature of Witness

Printed Name of Witness

Date

APPENDIX H: INFORMED CONSENT FOR SUPERVISORS OF STUDENT SERVICES (VERSION B)

You are receiving this letter because you were selected from the Florida Student Support Services Directory from the Florida Department of Education. As providers of students support services, we are sure you are well aware that conditions contributing to student mental health problems—substance abuse, poverty, homelessness, community violence, and physical abuse—are rapidly becoming a part of the “normal” family culture within which many students grow and develop. These conditions do not foster an environment in which children can meet expected developmental, cognitive, social and emotional demands. However, schools are expected to educate all students, including the growing population of students whose mental health problems often impede or interfere with their learning. According to the Elementary and Secondary Education Act of 2001, No Child Left Behind, schools are also expected to create environments in which all students can succeed and providing mental health services in the school is a way that schools can create this type of successful environment.

Decia N. Dixon, a school psychology doctoral student at the University of South Florida is conducting a thesis study entitled “Perceptions of School Based Mental Health Services by Directors and Supervisors of Student Services” to determine the beliefs of directors/supervisors of student services as they relate to school based mental health services and delivery. The information in this letter is provided to help you decide whether or not you want to take part in this research study. Please read this information carefully. If you have any questions or concerns, please contact the principal investigator (Decia N. Dixon, School Psychology Doctoral Student).

General Information about the Research Study

You are being asked to complete a brief (15-20 minute) survey developed to acquire information about your beliefs of school based mental health services. Mental health issues embody those characteristics and factors, which closely relate to mental well-being. The lack of mental well-being is characterized by an inability to adapt to one’s environment and regulate behavior (Webster’s, 2002). Mental health services are those services provided directly by a mental health professional (i.e. school psychologist, school counselor, school social worker), at the district, building, classroom, or individual student level. These services are targeted at optimizing developmental skills or behaviors that increase the probability of school success.

Your input is very important and it will be used to develop a state database regarding the range in types of mental health services provided to students in school districts throughout Florida. It will also be used to examine the impact of mental health services on student behavior and academic outcomes. The results from this study can be used in pre-service training for mental health

professionals, by providing information about how directors and supervisors of student services view mental health services in the schools. Secondly, your input can contribute to school based mental health policy literature.

Plan of Study

The enclosed survey contains 11 items, 7 items which are district demographic information and 4 items that collect data about the types of mental health services provided and the perceptions about those who provide these mental health services and the impact of specified mental health services on academic and behavioral outcomes.

The total time needed to complete this survey is estimated be less than 30 minutes. Please make sure that all items are completed before submitting the survey. **For your convenience, we have provided you with a postage-paid envelope to use in returning the survey to us by Jan 5th, 2007.**

Compensation

Three participants who return the completed survey will be randomly selected to receive a **\$25.00 American Express Gift Card** which can be used virtually everywhere in the United States that welcomes American Express Cards. Ten additional participants who return completed surveys will also be randomly selected to receive the newly published book by the National Association of State Directors of Special Education, ***Response to Intervention: Policy Considerations and Implementation***. Even though each participant will not receive direct personal benefits from this study, by participating in this study you may increase our overall knowledge of issues surrounding the provision of school mental health services and its impact on student outcomes.

Risks or Discomfort

There are no known risks to those who take part in this study.

Confidentiality of Your Records

Your privacy and research records will be kept confidential to the extent of the law. Authorized research personnel, employees of the Department of Health and Human Services, and the USF Institutional Review Board, staff and other individuals acting on behalf of USF may inspect the records from this research project. The results of this study may be published. However, the data obtained from you will be combined with data from others. The published results will not include your name or any other information that would personally identify you in any way.

Volunteering to Be Part of this Research Study

Your decision to participate in this research study is completely voluntary. You are free to participate in this research study or to withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive, if you stop taking part in the study. If you have questions about your rights as a person who is taking part in a study, call USF Division of Research Compliance and Integrity at (813) 974-9343. If you have any questions about this research study, contact Decia N. Dixon, M.A. at 678-524-5325 or at ddixon@mail.usf.edu or George Batsche, Ed.D., NCSP at 813-974-9472 or batsche@tempest.coedu.usf.edu). Thank you very much for your participation.

Sincerely,
Decia N. Dixon, M.A. & George M. Batsche, Ed.D.

Consent to Take Part in this Research Study

If you have agreed to take part in this study then please read the following statement and sign below:

I freely give my consent to take part in this study. I understand that this is research. I have received a copy of this consent form.

Signature
of Person taking part in study

Printed Name
of Person taking part in study

Date

[Optional] Signature of Witness

Printed Name of Witness

Date

APPENDIX I: PILOT STUDY COVER LETTER AND REVIEW FORM FOR STUDENT SERVICES DIRECTORS (VERSION A)

You are receiving this letter because you were selected from the Florida Student Support Services Directory from the Florida Department of Education. The purpose of this letter is to ask for your participation in the pilot version of the “Perceptions of School Based Mental Health Services by Directors and Supervisors of Student Services” study. Decia N. Dixon, a school psychology doctoral student at the University of South Florida and primary investigator of this study is conducting a thesis study. It is entitled “Perceptions of School Based Mental Health Services by Directors and Supervisors of Student Services”. The purpose of this study is to find out the beliefs of directors/supervisors of student services as they relate to school based mental health services and delivery and student academic and behavioral outcomes.

Your role in this study is to evaluate the current survey for understanding of content and clarity of response choices, wording of questions, and the total time needed to complete the survey. Your feedback from the pilot study will be used to make changes to the survey, if needed. Your input will also assist the researcher in maximizing the response rate and error rate when beginning the larger final study throughout the state of Florida.

To make this pilot study successful and effective, we ask that you complete the following steps when evaluating the survey:

- 1) Complete the survey in its entirety, while paying close attention to the survey’s directions, wording, response choices and content.
- 2) Using the attached pilot rating form entitled *PSMHS Version A*, please follow the directions on the form and rate the items that you completed on the survey. Feel free to add suggestions/comments under the appropriate section.
- 3) Mail both the survey and the attached pilot rating form in the pre-addressed, postage paid envelope to the following address by **Nov. 15th, 2006**.

Your input is important and we appreciate your willingness to take part in this pilot study. If you have questions about your rights as a person who is taking part in a pilot study, call USF Division of Research Compliance and Integrity at (813) 974-9343. If you have any questions about this research study, contact Decia N. Dixon, M.A. at 678-524-5325 or at ddixon@mail.usf.edu or George Batsche, Ed.D., NCSP at 813-974-9472 or batsche@tempest.coedu.usf.edu.

PSMHS Version A

Section I. Questions 1-17. Please review each of the questions. Please determine if the question is clear or is unclear. If unclear, please make a suggestion or comment.

Question	Clear	Unclear	Suggestion/Comment
1. Size of school district: 1. ___ Small 2. ___ Small/Medium 3. ___ Medium 4. ___ Large 5. ___ Very Large	___ ___ ___ ___ ___	___ ___ ___ ___ ___	_____ _____ _____ _____ _____
2. Your highest degree earned: 1. ___ Bachelor's Degree 2. ___ Masters Degree 3. ___ Specialist Degree 4. ___ Doctoral Degree	___ ___ ___ ___	___ ___ ___ ___	_____ _____ _____ _____
3. Area in which you earned your highest degree: 1. ___ Special Education 2. ___ General Education 3. ___ Counseling 4. ___ Psychology 5. ___ Social Work 6. ___ Administration	___ ___ ___ ___ ___ ___	___ ___ ___ ___ ___ ___	_____ _____ _____ _____ _____ _____

	Clear	Unclear	Suggestion/Comment
4. Area(s) in which you are credentialed:	_____	_____	_____
1. _____ Special Education			
2. _____ General Education			
3. _____ Counseling			
4. _____ Psychology			
5. _____ Social Work			
6. _____ Administration			
5. Your years of experience in current position:	_____	_____	_____
1. _____ 1-5			
2. _____ 6-10			
3. _____ 11-15			
4. _____ More than 15			
6. Your total years of experience in educational setting:	_____	_____	_____
1. _____ 1-5			
2. _____ 6-10			
3. _____ 11-15			
4. _____ More than 15			
7. Number of FTE* school/licensed psychologists employed/contracted in district:	_____	_____	_____

	Clear	Unclear	Suggestion/Comment
8. Number of FTE* school counselors employed in district: _____	_____	_____	_____
9. Number of FTE* school social workers employed in district: _____	_____	_____	_____
10. Total number of students enrolled in district: _____	_____	_____	_____
11. Total number (or percent) of students that are minority or non-white: Number _____ Percent _____	_____	_____	_____
12. Total number (or percent) of students on free/reduced lunch: Number _____ Percent _____	_____	_____	_____
13. Total number (or percent) of students who are enrolled in EH/SED programs: Number _____ Percent _____	_____	_____	_____

	Clear	Unclear	Suggestion/Comment
14. Total number (or percent) of students who are enrolled in alternative education programs: Number _____ Percent _____	_____	_____	_____
15. Total number (or percent) of students suspended: Number _____ Percent _____	_____	_____	_____
16. Total number (or percent) of students expelled: Number _____ Percent _____	_____	_____	_____
17. Total number of Baker Act Referrals (including cases of students with multiple referrals): _____	_____	_____	_____

Section II.

1. Are the instructions for completing the survey clearly written and understandable?

Acceptable

Needs modification

Unacceptable

Suggestions/Comments:

2. In Section II, Mental Health Services are organized in seven areas. Please review each area and the services provided under each area. Make a recommendation to *include* the specific service or *exclude* the specific service. If you believe that additional services should be included under the area, please suggest the service.

Counseling

- 1. Individual therapy/counseling
- 2. Family therapy/counseling
- 3. Group therapy/counseling

Consultation

- 1. Mental health consultation
- 2. Behavior management consultation
- 3. Academic consultation/interventions

Norm-Referenced Assessments

- 1. Intelligence Assessment
- 2. Achievement Assessment
- 3. Personality Assessment
- 4. Behavior Rating Scale

Include	Exclude	Additional Service(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

	Include	Exclude	Additional Service(s)
<u>Authentic Assessments</u>			
1. Dynamic Indicators of Basics Early Literacy Skills	_____	_____	_____
2. Curriculum Based Measurement	_____	_____	_____
<u>Prevention</u>			
1. Early intervention services/School-wide screenings	_____	_____	_____
2. Home Visitations/Community Outreach	_____	_____	_____
3. Character Education	_____	_____	_____
4. Parent Training	_____	_____	_____
5. Substance Abuse Prevention/Counseling	_____	_____	_____
6. Violence Prevention/Counseling	_____	_____	_____
7. Suicide Prevention	_____	_____	_____
8. Pregnancy Prevention/Support	_____	_____	_____
9. Bullying Prevention	_____	_____	_____
10. Dropout Prevention	_____	_____	_____
11. Peer mediation/support groups	_____	_____	_____
<u>Intervention</u>			
1. Time management training	_____	_____	_____
2. Social skills training	_____	_____	_____
3. Test taking and study skills training	_____	_____	_____
4. Crisis intervention	_____	_____	_____
5. Anger Control Training	_____	_____	_____
6. Relaxation Training	_____	_____	_____
8. Moral Reasoning Training	_____	_____	_____
<u>Other</u>			
1. Clinical Interviews	_____	_____	_____
2. Behavioral Observations	_____	_____	_____
3. Case Management (coordination of services)	_____	_____	_____
4. Research and Evaluation	_____	_____	_____
5. Other (Please Specify):	_____	_____	_____

3. In Section II Support Services are organized in three areas. Please review each area and the services provided under each area. Make a recommendation to *include* the specific service or *exclude* the specific service. If you believe that additional services should be included under the area, please suggest the service.

	Include	Exclude	Additional Service(s)
<u>Intervention</u>			
1. Referred to school based intervention team	_____	_____	_____
2. Referred to community based mental health service provider for counseling	_____	_____	_____
3. Referred to school based psychologist for counseling	_____	_____	_____
4. Referred to guidance counselor or social worker for counseling	_____	_____	_____
5. Home-school intervention/collaboration	_____	_____	_____
<u>Assessment</u>			
1. Referred to student services personnel for special education evaluation	_____	_____	_____
2. Referred to student services personnel for a Functional Behavior Assessment	_____	_____	_____
<u>Consultation</u>			
1. Student service personnel assigned as case manager	_____	_____	_____
2. Consultation provided by community mental health provider	_____	_____	_____
3. Consultation provided to classroom teachers	_____	_____	_____

Area

4. How long did it take to complete the entire survey?

5. Are there any recommendations for additional areas or sections in the survey that are currently not present?

APPENDIX J: PILOT STUDY COVER LETTER AND REVIEW FORM FOR STUDENT SERVICES SUPERVISORS
(VERSION B)

You are receiving this letter because you were selected from the Florida Student Support Services Directory from the Florida Department of Education. The purpose of this letter is to ask for your participation in the pilot version of the “Perceptions of School Based Mental Health Services by Directors and Supervisors of Student Services” study. Decia N. Dixon, a school psychology doctoral student at the University of South Florida and primary investigator of this study is conducting a thesis study entitled “Perceptions of School Based Mental Health Services by Directors and Supervisors of Student Services” to determine the beliefs of directors/supervisors of student services as they relate to school based mental health services and delivery and student academic and behavioral outcomes.

The purpose of the pilot study is assess the current scale for understanding of content and response choices, wording of questions, and the total time needed to complete the survey. Feedback from the pilot study will be used to make changes to the scale, if needed. Input will also assist the researcher in maximizing the response rate and error rate when beginning the larger final study throughout the state of Florida.

You are being asked to complete a brief survey developed to acquire information about your beliefs of school based mental health services. Mental health issues embody those characteristics and factors, which closely relate to mental well-being. The lack of mental well-being is characterized by an inability to adapt to one’s environment and regulate behavior (Webster’s, 2002). Mental health services are those services provided directly by a mental health professional (i.e. school psychologist, school counselor, school social worker), at the district, building, classroom, or individual student level. These services are targeted at optimizing developmental skills or behaviors that increase the probability of school success.

The enclosed survey contains 11 items, 7 items which are district demographic information and 4 items that collect data about the types of mental health services provided and the perceptions about those who provide these mental health services and the impact of specified mental health services on academic and behavioral outcomes.

Please make sure that all items are completed before submitting the survey. For your convenience, we have provided you with a postage-paid envelope to use in returning the survey to us.

Your participation in this pilot study is crucial to the overall success of this study. By participating in the pilot study, you will assist the investigator(s) in assessing the scale for understanding and the total time needed to complete the survey. Your feedback on the survey will also help to maximize the response rate for this study and minimize participant's error rates on answers.

In order to make this pilot study successful and effective, we ask that you complete the following steps when completing and conducting the review of the survey:

- 1) Complete the survey in its entirety, while paying close attention to the survey's directions, wording, response choices and content.
- 2) Using the attached form entitled *PSMHS Version B*, please follow the directions on the form and rate the items that you completed on the survey. Feel free to add suggestions/comments under the appropriate section.
- 3) Mail both the survey and the attached pilot rating form in the pre-addressed, postage paid envelope to the following address by **Nov. 15th, 2006**.

Mailing Address

Decia Dixon, MA

University of South Florida

College of Education, Psychological and Social Foundations

School Psychology Program, EDU 162, Suite 180

Tampa, FL 33162

Your privacy and research records will be kept confidential to the extent of the law. Authorized research personnel, employees of the Department of Health and Human Services, and the USF Institutional Review Board, staff and other individuals acting on behalf of USF may inspect the records from this research project. The results of the study may be published. However, the data obtained from you will be combined with data from others. The published results will not include your name or any other information that would personally identify you in any way.

Your input is very important and we thank you in advance for your willingness to participate in this pilot study. If you have questions about your rights as a person who is taking part in a pilot study, call USF Division of Research Compliance and Integrity at (813) 974-9343. If you have any questions about this research study, contact Decia N. Dixon, M.A. at 678-524-5325 or at dndixon@mail.usf.edu.

PSMHS Version B

Section I. Questions 1-7. Please review each of the questions. Please determine if the question is clear or is unclear. If unclear, please make a suggestion or comment.

Question	Clear	Unclear	Suggestion/Comment
1. Size of school district: 1. ___ Small 2. ___ Small/Middle 3. ___ Middle 4. ___ Large 5. ___ Very Large	___	___	_____
2. Your highest degree earned: 1. ___ Bachelor's Degree 2. ___ Masters Degree 3. ___ Specialist Degree 4. ___ Doctoral Degree	___	___	_____
3. Area in which you earned your highest degree: 1. ___ Special Education 2. ___ General Education 3. ___ Counseling 4. ___ Psychology 5. ___ Social Work 6. ___ Administration	___	___	_____

	Clear	Unclear	Suggestion/Comment
4. Area(s) in which you are credentialed:	_____	_____	_____
1. _____ Special Education			
2. _____ General Education			
3. _____ Counseling			
4. _____ Psychology			
5. _____ Social Work			
6. _____ Administration			
5. Your years of experience in current position:	_____	_____	_____
1. _____ 1-5			
2. _____ 6-10			
3. _____ 11-15			
4. _____ More than 15			
6. Your total years of experience in educational setting:	_____	_____	_____
1. _____ 1-5			
2. _____ 6-10			
3. _____ 11-15			
4. _____ More than 15			

7. Check the one that best describes _____
 your professional role:
1. _____ Director/Supervisor of Psychological Services
 2. _____ Director/Supervisor of Guidance and Counseling Services
 3. _____ Director/Supervisor of Social Work Services

Section II.

1. Are the instructions for completing the survey clearly written and understandable?

Acceptable Needs modification Unacceptable

Suggestions/Comments:

2. In Section II, Mental Health Services are organized in seven areas. Please review each area and the services provided under each area. Make a recommendation to *include* the specific service or *exclude* the specific service. If you believe that additional services should be included under the area, please suggest the service.

Counseling

1. Individual therapy/counseling
2. Family therapy/counseling
3. Group therapy/counseling

Include Exclude

Additional Service(s)

	_____	_____	
	_____	_____	
	_____	_____	

Consultation

1. Mental health consultation
2. Behavior management consultation
3. Academic consultation/interventions

	_____	_____	
	_____	_____	
	_____	_____	

Norm-Referenced Assessments

- 1. Intelligence Assessment _____
- 2. Achievement Assessment _____
- 3. Personality Assessment _____
- 4. Behavior Rating Scale _____

Authentic Assessments

- 1. Dynamic Indicators of Basics Early Literacy Skills _____
- 2. Curriculum Based Measurement _____

Prevention

- 1. Early intervention services/School-wide screenings _____
- 2. Home Visitations/Community Outreach _____
- 3. Character Education _____
- 4. Parent Training _____
- 5. Substance Abuse Prevention/Counseling _____
- 6. Violence Prevention/Counseling _____
- 7. Suicide Prevention _____
- 8. Pregnancy Prevention/Support _____
- 9. Bullying Prevention _____
- 10. Dropout Prevention _____
- 11. Peer mediation/support groups _____

Intervention

- 1. Time management training _____
- 2. Social skills training _____
- 3. Test taking and study skills training _____
- 4. Crisis intervention _____
- 5. Anger Control Training _____
- 6. Relaxation Training _____
- 8. Moral Reasoning Training _____

Other

- | | | | |
|---|-------|-------|-------|
| 1. Clinical Interviews | _____ | _____ | _____ |
| 2. Behavioral Observations | _____ | _____ | _____ |
| 3. Case Management (coordination of services) | _____ | _____ | _____ |
| 4. Research and Evaluation | _____ | _____ | _____ |
| 5. Other (Please Specify): | _____ | _____ | _____ |
| _____ | | | |

3. In Section II Support Services are organized in three areas. Please review each area and the services provided under each area. Make a recommendation to *include* the specific service or *exclude* the specific service. If you believe that additional services should be included under the area, please suggest the service.

	Include	Exclude	Additional Service(s)
<u>Intervention</u>			
1. Referred to school based intervention team	_____	_____	_____
2. Referred to community based mental health service provider for counseling	_____	_____	_____
3. Referred to school based psychologist for counseling	_____	_____	_____
4. Referred to guidance counselor or social worker for counseling	_____	_____	_____
5. Home-school intervention/collaboration	_____	_____	_____
<u>Assessment</u>			
1. Referred to student services personnel for special education evaluation	_____	_____	_____
2. Referred to student services personnel for a Functional Behavior Assessment	_____	_____	_____
<u>Consultation</u>			
1. Student service personnel assigned as case manager	_____	_____	_____

3. Consultation provided by community
mental health provider

4. Consultation provided to
classroom teachers

Area

4. How long did it take to complete the entire survey?

5. Are there any recommendations for additional areas or sections in the survey that are currently not present?

ABOUT THE AUTHOR

Decia Nicole Dixon received her Bachelor of Arts Degree in Psychology from Spelman College on May 16, 2004. She entered the PhD program in School Psychology in August 2004, earning a Master of Arts degree in School Psychology in August 2005. While enrolled in the University of South Florida School Psychology Program, she specialized in school-based and community mental health. Decia also developed an interest in additional areas such as, response to intervention and advocacy for urban and disadvantaged youth and communities. Decia completed an APA-approved internship at the University of Tennessee Professional Psychology Internship Consortium in Memphis, Tennessee. She has experience providing psychological services to families, children, adolescents, and parents addressing a wide range of mental health concerns.