1-1-2013

West Virginia School Psychologists' Role in Providing Mental Health Services in Schools

Cassandra K. Richardson
sandy.richardson1124@yahoo.com

WEST VIRGINIA SCHOOL PSYCHOLOGISTS' ROLES IN PROVIDING MENTAL HEALTH SERVICES IN SCHOOLS

A thesis submitted to
the Graduate College of
Marshall University

In partial fulfillment of
the requirements for the degree of
Education Specialist

in

School Psychology

by

Cassandra K. Richardson

Approved by
Sandra S. Stroebel, Ph.D., Committee Chairperson
Fred Jay Krieg, Ph.D.
Edna Meisel, Ed.D

Marshall University

August 2013

Acknowledgments

This thesis would not have been possible without the guidance and help of several individuals who contributed and provided their time and invaluable knowledge in the preparation and completion of this study. I would like to thank Dr. Stroebel, my committee chair, for taking my interest of mental health and allowing me to be a part of this study. Thank you for your guidance and encouragement throughout this process. You have my utmost gratitude for your patience, kindness, and unfailing support you have provided through this process. To Dr. Krieg, you have always offered words of wisdom and provided wonderful insight about where to take my research focus. To Dr. Meisel, I want to thank you for offering your time and expertises in helping me analyze and produce my data. Also, I want to thank the West Virginia School Psychology Association (WVSPA) work group for providing us the data for this research.

To my family, most importantly my husband and children, thank you so much for your love and understanding throughout the duration of this program. When I considered giving up, a kind word from you encouraged me to keep going. And last, but certainly not least, I would like to thank God for his direction, and for leading me and guiding me throughout my life. Without him, I would be lost (Jeremiah 29:11).

TABLE OF CONTENTS

List of Tables

List of Figures

ABSTRACT

The purpose of this study was to examine the current roles of practicing school psychologists in West Virginia in providing mental health services in schools. A needs-assessment survey developed by the West Virginia School Psychologist Association (WVSPA) was distributed to all the school psychologists in West Virginia in order to determine the main services being provided in the state. The results indicated that school psychologists in West Virginia are spending a very small amount of their time providing school-based mental health services such as counseling and crisis intervention. Results also indicated that no relationship exists between years of experience, highest degree earned, and number of schools served and providing counseling and crisis intervention services.

West Virginia School Psychologist's Role in Providing Mental Health Services in Schools

Chapter 1: Review of the Literature

The number of children and adolescents suffering from mental illness constitutes a public health crisis in this country. One in five children and adolescents suffers from a mental disorder of some kind, and one in 10 children has a serious emotional disorder that affects his or her ability to function daily; the prevalence of mental health disorders is increasing (National Institute of Healthcare Management Resources and Education Foundation, 2005). Children with emotional and behavioral disorders often show deficits in academic achievement in all subject areas when compared to peers. If left untreated, these disorders can cause negative and often times tragic long-term consequences. Some of these consequences include dropping out of high school, substance abuse, a lack of vocational success, an inability to live and function independently, health problems, and suicide. Unfortunately, four out of five children who need mental health services do not receive them (NIHCM, 2005).

A growing body of research supports the need for mental health services in schools (Doll & Cummings, 2008). New programs, task forces, and commissions have been formed to develop, implement and evaluate mental health service provided in the school systems. The Surgeon General's report on Children's Mental Health (U.S. Department of Health and Human Services, 2007) and the President's New Freedom Commission report, *Achieving the Promise, Transforming Mental Health Care in America* (2003), recognize schools as a major setting for mental health care and a critical avenue for enhancing service utilization. The President's New Freedom Commission report includes as one of its nineteen direct recommendations to "improve and expand school mental health programs (pg. 11)."

School mental health programs have significantly greater access to children and adolescents relative to community mental health centers. Seventy to eighty percent of children and adolescents who receive mental health services access services in the school settings (Substance Abuse and Mental Health Services Administration, 2006). Approximately 96% of children follow through with school mental health services after the initial referral; while only 13% of children follow through with referrals to community mental health center (Center for School Mental Health, 2011).

Teaching and learning in schools have strong social, emotional and academic components. Emotions can facilitate or impede children's academic engagement, work ethic, commitment, and ultimate schools success (Zins, Weissberg, Wang & Walberg, 2004). Because emotional processes affect how and what we learn, schools must effectively address this for the benefit of all students. The goals of Social Emotional Learning (SEL) programs are to foster the development of five interrelated sets of cognitive, affective, and behavioral competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision making (Payton, et al., 2008). According to the article *The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School Based Universal Interventions*, SEL programs yielded significant positive effects on:

- attitudes about self, others, and schools
- pro-social behaviors
- reduced conduct and internalizing problems
- improved academic performance on achievement tests and grades

(Durlak, Dymnicki, Schellinger, & Weissberg, 2011).

Models of School-Based Mental Health Services

Different models of mental health services are being delivered in schools. This literature review will focus on only two of the most prevalent delivery models: a school-based clinic model and a learning support model component. The school is the ideal setting for delivering universal and preventative services that serve a variety of factors affecting children's physical and mental health. Because more than 97% of 5-17 year-olds is enrolled in school, schools are in a unique position not only to identify mental health problems but also to provide links to appropriate services. Further, because students' mental health is essential to learning as well as to social and emotional development, schools must play a role in meeting the mental health needs of students (Brener, Weist, Adelman, Taylor & Vernon-Smiley, 2006).

> Section 4101 in the Patient Protection and Affordable Care Act (i.e. Obama care) provides for grants for school-based health centers, which will offer "comprehensive health assessments, diagnosis, and treatment of minor, acute, and chronic medical conditions" and "mental health and substance use disorder assessments, crisis intervention, counseling, treatment, and referral to a continuum of services including emergency psychiatric care, community support programs, inpatient care, and outpatient programs"(Tennant 2010).

The term *expanded school mental health* describes School-based Health Centers (SBHC) programs and services and incorporate some key elements: (a). school-family-community agency partnerships, (b) commitment to a full continuum of mental health education, mental health promotion, assessment, problem prevention, early intervention, and treatment, and (c) services for all youth, including those in general and special education (Paternite, 2005). The vast

majority of school-based services are provided by school employed school counselors, school psychologists, and social workers. Realizing that schools cannot do the work alone, there is an emphasis on collaboration between schools and community agencies (mental health centers, health departments etc.)

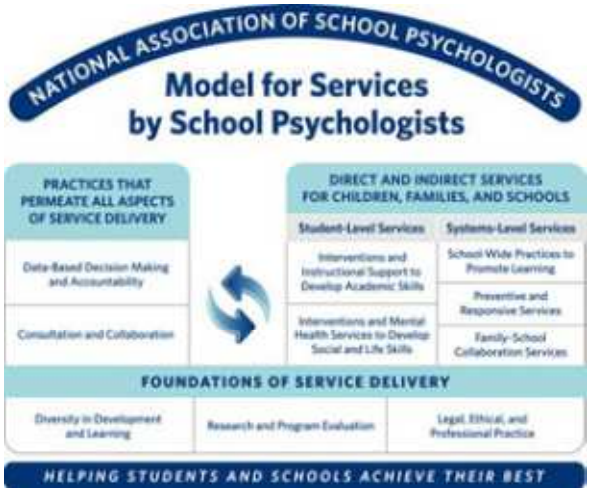
Current prevailing policy and plans for turning around, transforming, and continuously improving schools are primarily shaped by a two component framework. In this two component framework, there is an instructional component (direct facilitation of learning) and a management component (governance, resources, and operations). In this *learning support component* model of school-based mental health centers, the focus is shifting from a two- to a three-component framework, the third component being the enabling component. The third component is to ensure that schools are well positioned to: Enable students to get around barriers to learning and to re-engage them in the classroom instruction (Adelman & Taylor, 2012).

School Psychologist Role in Mental Health Services

Many different personnel, including guidance counselors, social workers, teachers, principals, schools nurses, and community resource personnel play key roles in the design, implementation, management, and evaluation of mental health services in schools (Adelman & Taylor, 2006). With their backgrounds in child development, social/ emotional functioning, and educational needs, school psychologists are well equipped to provide mental health services and social and emotional learning services (SEL) in schools. The description of the role of the school psychologist found in the NASP publication, What is a School Psychologist (National Association of School Psychologists, NASP, 2010), clearly includes mental health as a central component. School psychologists work with educators and families to: implement appropriate

social-emotional and behavioral strategies such as those that are designed to improve attention, strengthen motivation, and promote student problem-solving (NASP, 2010).

In order to identify the specific services in which school psychologists should be adequately trained and practicing on a daily basis, NASP created the *Model of Comprehensive and Integrated School Psychological Services*. The purpose of the *Model* is to act as a guide to both the organization and delivery of services delivered by school psychologists at the federal, state, and local levels. For schools implementing the *Model*, the recommended ratio is one school psychologist for 500-700 students. The *Model* contains 10 general domains of school psychology: data-based decision making and accountability, consultation and collaboration, interventions and instructional support to develop academic skills, interventions and mental health services to develop social and life skills, school-wide practices to promote learning, preventive and responsive services, family-school collaboration services, diversity in development and learning, research program evaluation, and legal, ethical, and professional practice (NASP, 2010).



Luis, Curtis, Suldo, Kromrey, and Weinberg (2007) provided information on factors associated with school-based mental health services delivered by school psychologists. The study found that as the student to school psychologist ratio increased the variety of mental health services being delivered decreased. Ratios have been recommended by professional associations such as the NASP. NASP has recommended a student to school psychologist ratio of 1,000:1 since 1984. Another finding of this study indicated that whether a psychologist was in his/her first or 30th year of service, he/she was likely to deliver a similar amount of mental health services.

Miller (2010) revealed that 75% of school psychologists agreed that providing mental health services was their role. However, of those who said it was their role to provide mental health services only 65.3% actually reported that they provided these services. Fifty percent reported providing individual/group counseling. The majority (50%) of participants spent less than 20% of their time per week providing mental health services to students. Regarding individual/group counseling, 55.1% of participants who provided individual/group counseling spent less than 10% of their time providing it. It is important to note, that of the 34.7% of participants who did not provide mental health services, the majority (65.3%) reported that they would like to provide mental health services (Miller, 2010).

Over the next decade, initiatives to restructure education, community health and human services will reshape the experience of all students and all professionals who work with them. By coordinating and integrating the services provided by the community and the educational system, great opportunities for children could be realized. By addressing barriers in mental health care services now, and realizing that schools are more likely a place where students mental health needs are discovered and addressed, students of this generation and the next will be the

beneficiaries of an improved system of health and educational care (Center for School Mental Health, 2011).

Need for the Current Study

While other studies have looked at the amount of mental health services being provided by school psychologists on a national level, this study was conducted in West Virginia to compare our state to the national studies. How much time does the School Psychologist spend providing counseling services? How much time does the School Psychologist spend providing crisis intervention services? This research will examine the relationship between the highest degree earned, years of experience, and number of schools served based on the time spent by the School Psychologist providing crises intervention services and counseling services. This research will also look at the type of mental health services being provided by West Virginia School Psychologists. The hypotheses for this study are:

1. School psychologists practicing in the state of West Virginia spend a very small amount of time providing mental health services within the school environment.
2. There will be a relationship between the years of experience and the delivery of mental health services.
3. There will be a relationship between the highest degree earned and the delivery of mental health services.
4. There will be a relationship between the number of schools served and the delivery of mental health services.

Chapter 2: Method

Participants

Participants in this study were 53 school psychology practitioners who are members of the West Virginia School Psychologists Association WVSPA. Originally, 65 school psychologists completed the survey, yet subjects were deleted due to incomplete surveys or if they were not currently practicing school psychologists.. However, only current practitioners were used in the sample, and only respondents who completed all aspects of the survey analyzed in this study, thus reaching the final number of 53 respondents.

Procedures

In order to complete this research, the researcher examined surveys completed by members of the WVSPA. The survey was developed by a workgroup of WVSPA to examine the current role of school psychologists in West Virginia. The work group was charged with developing a model of service delivery for West Virginia school psychologists. The survey was designed to gather data to aid in the development of the model. The majority of the survey was developed between the fall of 2010 and March of 2011.

This study focused on several questions from the survey in order to examine West Virginia school psychologists' role in providing mental health services. Responses to the following survey items were examined:

- How many years of experience do you have as a school psychologist?
- How many schools do you serve?
- What is your highest degree level in School Psychology?
- Please estimate the percentage of time spent performing counseling (individual or group).
- Please estimate the percentage of time spent performing crisis intervention.
- Please describe your role in providing school-based mental health services.

At the April 2011 WVSPA Conference, school psychologists were encouraged to take the survey. As an incentive, there was a lottery drawing for three or four school psychologists to win a membership for WVSPA (each membership is about a $50 value). Surveys were also sent out by e-mail in May of 2011 to all members of the WVSPA. The last respondent answered on October 1, 2011 to the survey. The data were created as an online form and were collected in an online database called "Google Docs."

Duplicate Survey Responses

After the surveys were obtained, they were examined for duplication by the work group..There were two identified duplicates, one from Ritchie County and one from the West Virginia Department of Education (WVDE). The work group removed the earlier records of these two and maintained the final submission as their final record. Next, the work group recoded some of the answers and standardized some of the responses for recording purposes (e.g., Kanawha County as "KANAWHA," and Marshall University/COGS/Marshall University School Psychology Program as "MUGC").

Conversion Problem

There was a problem in inserting the typical work-day hours – for example, a participant typed in 8/4 (8 *slash* 4), the computer converted it to a random number that was non-meaningful. The work group fixed the problem by changing it back to the appropriate time.

Coding Time Chart Responses

Respondents were asked to estimate the amount of time they spend performing specific roles by identifying one of five allotted time percentages: 0% of the time, 1-10%, 10-20%, 20-50%, or 50% or more time. In order to efficiently analyze the responses, time percentages were

coded on a 1 to 5 scale: 1 = 0% of the time, 2 = 1-10% of the time, 3 = 20-50% of the time, and so on. (You may want to explicitly indicate the rest of the scale here.)

Blank Data

The work group requested names or a PIN from the school psychologists upon completing the survey, so in case county of employment was left blank and the work group knew where the school psychologist worked, the work group would plug that in to decrease the amount of missing data. When there were missing data for target variables (for example, with time chart), the work group would code the blanks for 0% (or appropriate) – if it made sense in respect to other responses made by that individual. This happened in 5 records, for an average of two fields per record, where the person's position and role explained what the answer would be. For example, if you are an IEP Specialist in a county, you are not practicing direct intervention. Therefore, the missing data for that question regarding the amount of time spent on direct intervention would be coded to 0%.

Instruments

The instrument used for data collection in this study was a survey developed by a WVSPA work group. The work group developed the survey to examine the current role of West Virginia school psychologists. This survey included Likert scale items and qualitative items for which respondents were asked to write answers in detail. A copy of the survey is available in Appendix A.

Data Analysis

Analysis was completed using the PASW statistical software package. For the current study, the significance level was set at $p < .05$. The data taken from the questions regarding the

highest degree earned, years of experience, and numbers of schools served were coded as follows:

Highest Degree Earned	Years of Experience	Number of Schools Served
1 = Master's Level	1 = 0-9 years	1 = 0-4 schools
2 = Specialist	2 = 10-19 years	2 = 5-9 schools
3 = Doctorate	3 = >20 years	3 = 10-14 schools
4 = Other		4 = >15 schools

Definitions

For purposes of this research topic, the definition of mental health services will be providing counseling (individual or group) or crisis intervention services.

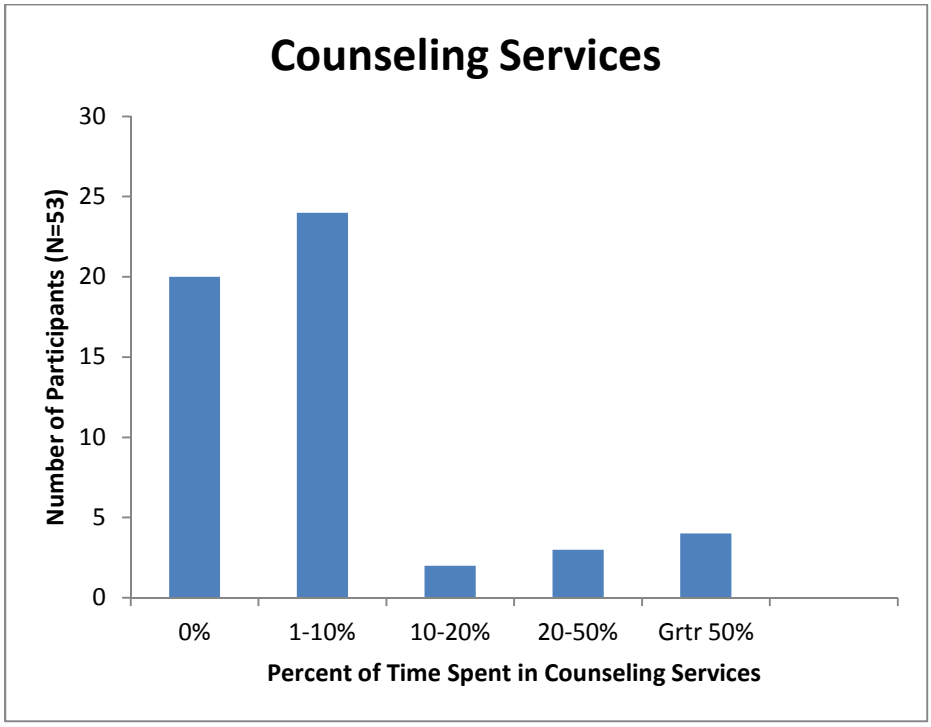
Institutional Review Board

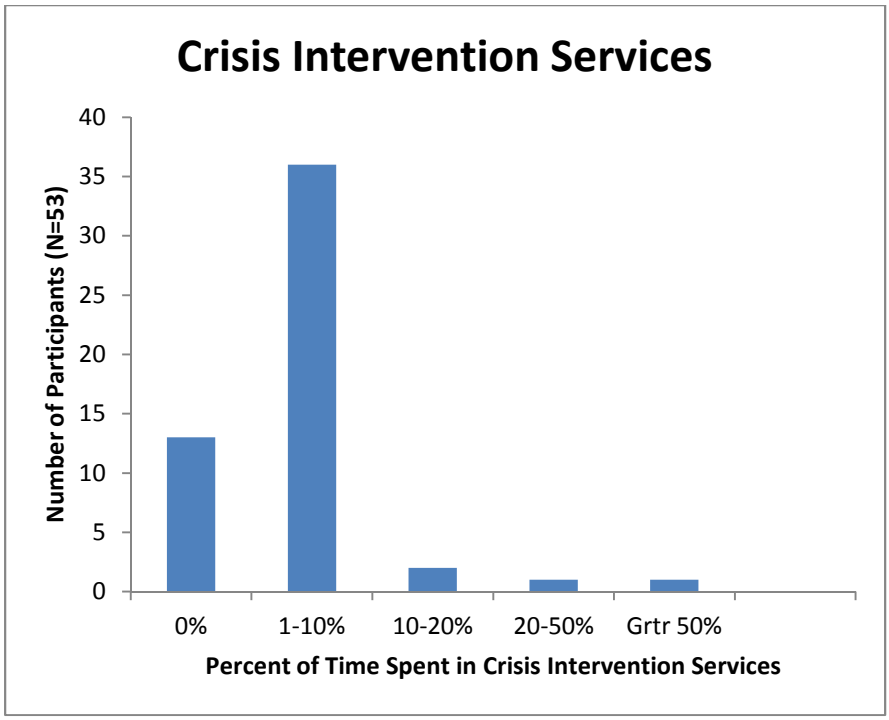
The current study was examined by the Marshall University Institutional Review Board (IRB) and was deemed not human subject research due to the fact that the examiner was provided with the data with all identifying information removed. The letter from the IRB is provided in Appendix B.

Chapter 3: Results

Data from participants concerning time spent in Counseling and Crisis Intervention was analyzed using descriptive percentages and the Chi Square test. The time spent was determined by coding responses from the survey question "Please check the services you provide an estimate the percentage of time spent performing each role" and examining responses from the "counseling" and "crisis intervention" only.

As shown in Table 1, there was a significant difference in the response frequencies. From the choices available on the survey most participants most participants selected spending 0% or 1-10% of their time in Counseling and Crisis Intervention services. See Figures 1 and 2 for the full range of responses.





To first see if a relationship existed between time spent providing mental health services and demographic variables, a Spearman Rho was utilized to examine whether years of experience as a school psychologist, the number of schools served, and the highest degree earned were related to time spent providing counseling and crisis intervention services. As shown in Table 2 there was no relationship between years of experience, number of schools served, or the highest degree earned and time spent providing counseling or crisis intervention services. Since no relationship was found, a predictor regression was not utilized.

Short Answer Responses

School psychologists were requested to describe their role in providing school-based mental health services. The majority of respondents (approximately 65%) reported performing some type of mental health services. Analysis of each participants answer indicated that:

32.7% performs counseling and crisis intervention services

16.3% performs crisis only services

16.3% provides limited mental health services or as needed only basis

34.7% provides no mental health services.

Chapter 4: Discussion

The purpose of this study was to examine the amount of time school psychologists practicing in West Virginia spend performing mental health services. The findings of this study support the hypothesis that school psychologists practicing in West Virginia are spending a very small amount of their time providing mental health services (see Table 1). The NASP Practice Model encourages the school psychologist to provide mental health services to develop social and life skills, to promote learning in the entire school, and to provide preventative and responsive services. This model also recommends the ratio for one school psychologist for every 500-700 students. The majority of the participants in this study indicate that they serve 1,000 students or more. This finding could explain the reason for school psychologists providing only a small amount of mental health services due to the fact that they are serving more than the recommended ratio of students to school psychologists.

A study by Miller (2010), "Mental health practices of school psychologists" revealed that a majority (75%) of school psychologists reported that they agreed that providing mental health services was their role. However, of those who said it was their role to provide mental health services only 65.3% actually reported that they provided the services. Of this subset, 50% of the participants spent less than 20% of their time per week providing mental health services to students. The current study is consistent with these findings. Sixty-Five and three/tenths percent of West Virginia school psychologists provide some type of mental health services to students. However, of this subset 31.1% of participants reported providing mental health services 0% of their time and 56.6% of participants reported 1-10% of their time is spent providing mental health services to students. The current study reveals that even a larger number of school

psychologists than the Miller (2010) study are spending a minimal amount of time providing mental health services.

No relationship was found between years of experience, highest degree earned, and number of schools served and providing counseling and crisis intervention services. (see Table 2) This is not consistent with Luis et al (2007) that discovered that the larger the caseload the less time was spent providing mental health services. One possible explanation for the lack of a relationship between the demographic variable and the provision of mental health services could be the small percentage of time that counseling and crisis intervention services are being provided. Thus making it more difficult to show a relationship exists.

Another variable to consider is the majority of WV school psychologist's caseloads of 1000 students or more, making it difficult to examine the provision of mental health services for school psychologists with small caseloads. West Virginia school psychologists seem to be following the model of 1:1000 ratios of school psychologists to students and following the traditional model of assessment. Possibly if West Virginia would change to the practice model recommended ratio of 1: 500-700, this would give school psychologists a change to provide more mental health services.

A review of the responses to the short answer questions, "describe your role in providing school-based mental health services" indicated that the majority of respondents (approximately 65%) reported performing some type of mental health services. Although school psychologists spend time providing mental health services, it is very small in relationship to their other responsibilities. Thirty-five percent report that they are not providing any mental health services. Statements from a few of the survey participants provide some insight into a possible reason for

not providing mental health services during their work week. It also gives information about the types of activities school psychologists are performing:

- "I feel like my time is very limited in this area, although an overwhelming need exists. I spend the majority of my time in this area performing indirect services, such as consultation with teachers and administrators. I also try to help my school-based teams understand the mental health issues with our students and work with them on understanding and implementing appropriate interventions."
- "We have At-Risk referrals for students who need them. We do not, however, provide direct services."
- "Crisis intervention only services."
- "Serve as a member of each school's Crisis Management Team; provide crisis counseling."
- "I do not have time in my schedule to provide counseling services, at this time."
- "Provide very little counseling. More as a crisis intervention, not on going."

The above statements seem to indicate that any mental health services provided are more likely to be crisis interventions. Data supports this statement by revealing that 32.6% of participants provide mental health services only during crisis or an "as needed" basis.

There were many limitations of this study. The structure of the survey and its questions contributed to problems in interpreting data. Certain questions and potential research variables from the survey were rejected from the current research due to overlapping data. Numerous questions from the survey requested the practitioners to estimate the time spent performing certain roles within their occupation. However, the response choices frequently overlapped in the percentage time spent performing roles. The response choices were 0% of the time, 1-10% of the

time, 10-20% of the time, 20-50% of the time, and 50% or more time. Therefore, it is impossible to indicate what true percentage of time practitioners perform certain tasks. For example, if a school psychologist indicates he or she spends 50% or more time on consultation, there is no way to distinguish what percentage of time the school psychologist truly means due to the structure of the question. By responding "50% or more time," the school psychologist could mean any percentage of time from 50% to 100%.

In examining the questions even further, the wording of many questions is vague. For instance, one question involved checking the percentage of time spent in crisis intervention. The question does not directly define what they mean by crisis intervention. Does this mean counseling or a crisis scenario? The wording of the questions on the survey is vague and should be clearly defined in order to examine what crisis intervention and other services truly mean. The overlapping percentages make it impossible to determine a true allotment of time spent on a given task. Time allotment data could have proven very useful to determine the percentage of time spent on crisis intervention and counseling activities.

Future research inquiring about time spent on mental health related activities might reconsider the structure of the questions in order to determine how a school psychologist spends 100% of his or her time. The WVSPA survey was designed to create a model of service delivery for West Virginia school psychologists. The survey did not aim to specifically analyze mental health services being provided. This study used the data from the survey in an attempt to analyze West Virginia school psychologist's time being spent providing mental health services. To better answer the question of school psychologists providing mental health services, a new survey with clearly defined questions regarding the true definitions of school-based mental health services would need to be developed.

In conclusion, years of experience as a school psychologist, number of schools served, or highest degree earned does not have a relationship with school psychologists providing counseling or crisis intervention services. However, this researcher's hypothesis that school psychologist only provide a very small amount of mental health services was supported. A majority of school psychologists only spend 10% or less of their time providing counseling or crisis intervention services. Future studies need to examine what factors predict school psychologists increase their provision of mental health services and to understand why school psychologists are not spending more of their time providing these services.

The needs of our students are constantly changing, and it is expected that the role of the school psychologist will do the same as well. This study is just a small step forward in understanding the role school psychologists have in providing mental health services in the state of West Virginia.

West Virginia School Psychologist Survey January 2011

The West Virginia School Psychologist Association (WVSPA) is conducting a survey in order to determine the role and function of school psychologists in West Virginia. Additionally, WVPSA would also like to collect basic demographic information including the average salary, contract length and experience of school psychologists in West Virginia. The information you provide will be reported collectively to the WVSPA membership and no personal identifying information will be shared. Your input may also be used in a best practice document detailing the role of the school psychologists in our state. Please take a few minutes to respond to this survey. It is important that we receive input from all school psychologists across the state to fully represent the actual practice of school psychologists in West Virginia.

* Required

What is your name? * If you prefer to remain anonymous, please submit a unique pin number for the prize drawings.

Demographic Information

What is your gender? *

- Female
- Male

What is your age? *

What is the name of the School Psychology Program you attended? *

What is your race/ethnicity? *

- Asian
- Black/African American
- Native American/Alaskan
- Hispanic
- Multiracial (Two or more races)
- Pacific Islander

- White (not Hispanic)

What is your highest degree level in School Psychology? *

- Masters
- Specialist
- Doctorate
- Other:

What is your job title? *

- School psychologist practitioner
- School psychology intern
- Special education coordinator, specialist or administrator
- Faculty or trainer
- Other:

How many years of experience do you have as a School Psychologist? *

What is your current salary as a School Psychologist? *

If you are a licensed School Psychologist, please indicate level of licensure. *

- Level I
- Level II
- I am currently working toward obtaining licensure.
- I am not a licensed School Psychologist nor actively working toward licensure.

Please list any careers you had prior to becoming a school psychologist (e.g., teacher/educator, business professional.) *

Information about You as a School Psychologist

What is your county(ies) or agency of employment (salaried and/or contracted)?

What is your length of contract? Example 1: 200 days for a salaried position; Example 2: 40 days per year for a contracted or 1099 position

Describe your work hours (e.g., 8 AM to 4 PM)

On average, how many hours do you spend each week working on School Psychologists responsibilities (e.g., report writing) beyond your regular paid work hours?

How many schools do you serve?

What is the estimated populations of your schools served?

Do you receive extra duty contracts to provide psychological services during the summer?

- Yes, every summer
- Yes, sometimes
- No, never
- School year contract already includes summer hours

If applicable, please name any other extra duty contracts you receive. Example; after school tutoring, coaching, counseling and evaluations 

Please check all services you provide as a School Psychologist and estimate the percentage of time spent performing each role.

	0% of time	1-10% of time	10-20% of time	20-50% of time	50% or more time
Assessment	☐	☐	☐	☐	☐
Report writing	☐	☐	☐	☐	☐
Intervention planning and team meetings (e.g., grade level, student assistance, and behavior intervention team meetings)	☐	☐	☐	☐	☐
Eligibility/ IEP / and 504 meetings	☐	☐	☐	☐	☐
Program evaluation / research	☐	☐	☐	☐	☐
Consultation	☐	☐	☐	☐	☐
Direct academic or social skill intervention (individual or group)	☐	☐	☐	☐	☐
Counseling (individual or group)	☐	☐	☐	☐	☐
Crisis Intervention	☐	☐	☐	☐	☐
University College Teacher or Trainer	☐	☐	☐	☐	☐

Please describe your role in the Response to Intervention as both an intervention process and a process for identifying students with specific learning disabilities.

Please describe your role in providing school-based mental health services.

What services do you provide as a School Psychologist in your district that no other school staff provides.

In what way has your role as a School Psychologist changed in the last five years? If you have less than 5 years experience, please skip this question.

Describe the major advantages of being a School Psychologist in your district. Include mention of any variables or job roles within your district that heighten job satisfaction.

Describe the major obstacles of being a School Psychologist in your district(s).

What factors would cause you to leave your current job to move to a neighboring county or state?

- ☐ More pay
- ☐ Better work environment
- ☐ Family considerations
- ☐ More desirable location
- ☐ Other:

Information about Other School Psychologists in your District

Please do not include clinical psychologists or counselors in your answers.

How many salaried School Psychologists (including yourself if applicable) does your county employ? (Count those with benefits only)

How many contracted School Psychologists (including yourself if applicable) does your county hire? (1099 employees or those without fringe benefits who are paid per diem or case)

How many of these School Psychologists (including yourself if applicable) primarily serve students with disabilities or students suspected of disabilities?

What is the starting salary for a School Psychologist in your county?

If applicable, how much of a supplement does your county pay School Psychologists? (Do not include supplement for NCSP)

How many school psychologists in your county (including yourself if applicable) are Nationally Certified?

Do school psychologists in your county get additional county pay for the National Certification (NCSP)?

Yes

If you receive a supplement or additional pay for NCSP, please list the amount.

WVPSA Roles and Responsibilities

Please rate the importance of the items in terms of issue WVPSA should be addressing.

	Not at All Important - Do not want WVPSA to address	2	3	4	Very Important - WVPSA should be spending considerable time focusing on this issue.
Development of a work group for those seeking national certification.	☐	☐	☐	☐	☐
Establishing or maintaining competitive salaries.	☐	☐	☐	☐	☐
Defining the role of WV School Psychologists.	☐	☐	☐	☐	☐
Obtaining the same economic benefits as teachers such as early declaration of retirement and national certification pay parity with teachers and other school personnel.	☐	☐	☐	☐	☐
Right to practice legislative issues – The movement of APA/WVPA to limit certified school psychologists practice.	☐	☐	☐	☐	☐
Legislative activism.	☐	☐	☐	☐	☐
Recruitment and retention of school psychologists in WV.	☐	☐	☐	☐	☐
Provision of professional development to school psychologists to improve services to children and youth.	☐	☐	☐	☐	☐
Provide mentoring and support for new and less experienced school psychology practitioners.	☐	☐	☐	☐	☐

What information do you wish to receive on the WVPSA listserv?

	No, I do not wish to receive this information on the listserv.	I don't mind receiving or not receiving this information on the listserv.	Yes, I want to receive this information on the listserv.
Access to participate in research studies.	☐	☐	☐
Announcements regarding professional development opportunities.	☐	☐	☐
Legislative announcements.	☐	☐	☐
WVSPA meetings/conference notices.	☐	☐	☐
Best practices as a School Psychologist	☐	☐	☐
Regional meetings	☐	☐	☐
Sharing questions and dilemmas from other School Psychologists across WV	☐	☐	☐

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Submit

Appendix B

MARSHALL UNIVERSITY
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Office of Research Integrity

May 4, 2012

Sandra Stroebel, Ph.D.
Professor
School Psychology Department
Marshall University Graduate College

Dear Dr. Stroebel:

This letter is in response to the submitted abstract for your project titled "WVSPA Survey regarding School Psychologist Roles." After assessing the abstract it has been deemed not to be human subject research and therefore exempt from oversight of the Marshall University Institutional Review Board (IRB). The Code of Federal Regulations (45CFR46) has set forth the criteria utilized in making this determination. Since the information in this study consists solely of deidentified archival data provided by West Virginia School Psychology Association (WVSPA) it is not human subject research and therefore not subject to Common Rule oversight. If there are any changes to the abstract you provided then you will need to resubmit that information for review and determination.

I appreciate your willingness to submit the abstract for determination. Please feel free to contact the Office of Research Integrity if you have any questions regarding future protocols that may require IRB review.

Sincerely,

Bruce F. Day, Th.D., CIP
Director
Office of Research Integrity

References

Adelman H & Taylor (2006) *Mental Health in Schools and Public Health* Public Health Report 2006 May-Jun; 121(3): 294–298.

Adelman H & Taylor L (2012) *Mental Health in Schools: Moving in the New Directions.* Contemporary School Psychology 16: 8-19.

Brener N, Weist M, Adelman H, Taylor L & Vernon-Smiley, M (2006) *Mental health and social services: results from the School Health Policies and Programs Study 2006.* School Health 77: 486-499.

Center for School Mental Health (2011) *The Impact of School Mental Health: Educational, Emotional, and Behavioral Outcomes,* pg. 1-10. Retrieved from csmh.umaryland.edu/Resources/OtherResources/CSMHImpactofSMH.pdf

Doll, B. & Cummings, J. (2008) *Transforming school mental health services: Population based approaches to promoting the competency and wellness of children.* Thousand Oaks, Calif: Corwin Press.

Durlak J., Dymnicki A., Schellinger K. & Weissberg R (2011) *The impact of school-based social and emotional development programs on academic performance.* (Master's thesis in progress) University of Illinois Chicago

Luis E., Curtis M., Suldo S., Kromrey J., & Weinberg, R. (2007) "*Factors associated with school-based mental health services delivered by school psychologists"* (Graduate School Theses and dissertations). University of South Florida. Tampa

Miller, D. (2010) "*Mental health practices of school psychologists."* (Dissertation) University of Iowa, Iowa City

National Association of School Psychologists (2010) *Model for Comprehensive and Integrated*

School Psychological Services, NASP Practice Model Overview. [Brochure] Bethesda, MD.

National Institute of Healthcare Management Resources and Education Foundation (2005) *Children's Mental Health: An Overview and Key Considerations for Health System Stakeholders.* NIHCM

Paternite, Carl E. (2005) *School Based Mental Health Programs and Services: Overview and Introduction to the Special Issue.* Journal of Abnormal Psychology 33: 657-663.

Payton, J., Weissberg, R, Durlak, J., Dymnicki, A.B., Taylor, R.D., Schellinger, K.B., & Pachan, M. (2008). *The positive impact of social and emotional learning for kindergarten to eighth grade students: Findings from three scientific reviews.* Chicago, IL: Collaborative for Academic, Social, and Emotional Learning (CASEL).

President's New Freedom Commission Report, Achieving the Promise, Transforming Mental Health Care in America (2003). Retrieved June 2, 2013 from http://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/downloads/downloads.html

Substance Abuse and Mental Health Services Administration In Forum (2006) *School Mental Health Services in the United States.* Retrieved from http://mentalhealth.samhsa.gov/publications/allpubs/CA-0004/default.asp.

Tennant, M (2010). *The New World Of Obama-care* The New American. Retrieved from http://www.thenewamerican.com/usnews/health-care/item/1780-the-new-world-of-obamacare

U.S. Department of Health and Human Services, Centers for disease Control and Prevention. (August 2007). *School mental Health Services* Legislator Policy Brief. Retrieved from http://www.healthystates.csg.org/NR/rdonlyres/0DA27BE6-8FB0-4E26-9946-234391B5E2A8/0/SchoolMentalHealthLPB.pdf

Zins J. E., Weissberg R. P., Wang M. C., & Walberg, H. J. (Eds.). (2004). *Building academic success on social and emotional learning: What does the research say?* New York: Teachers College Press.

Table 1 Percentage of time spent providing Counseling or Crisis Intervention

Time Spent	Counseling Frequencies N=53	Counseling Percentages	Counseling Chi Square	Crisis Intervention Frequencies N=53	Crisis Intervention Percentages	Crisis Intervention Chi Square
0%	20	37.7%	Test Statistic = 41.8 Attained p level = 0.000*	13	24.5%	Test Statistic = 85.8 Attained p level = 0.000*
1-10%	24	45.3%		36	67.9%	
10-20%	2	3.8%		2	3.8%	
20-50%	3	5.7%		1	1.9%	
Greater than 50%	4	7.5%		1	1.9%	

*Significance attained at $p<0.05$

Table 2 Relationship between Variables

Factor	Counseling Spearman Rho Correlation Coefficient	Counseling *Attained p level	Crisis Intervention Spearman Rho Correlation Coefficient	Crisis Intervention *Attained p level
Years of Experience	0.059	0.677	-0.039	0.784
Highest Degree Earned	0.063	0.655	-0.078	0.577
Number of Schools Served	-0.224	0.149	-0.251	0.105

* Significance attained at $p<0.05$

Figure 1 Percent of Time spent Providing Counseling Services

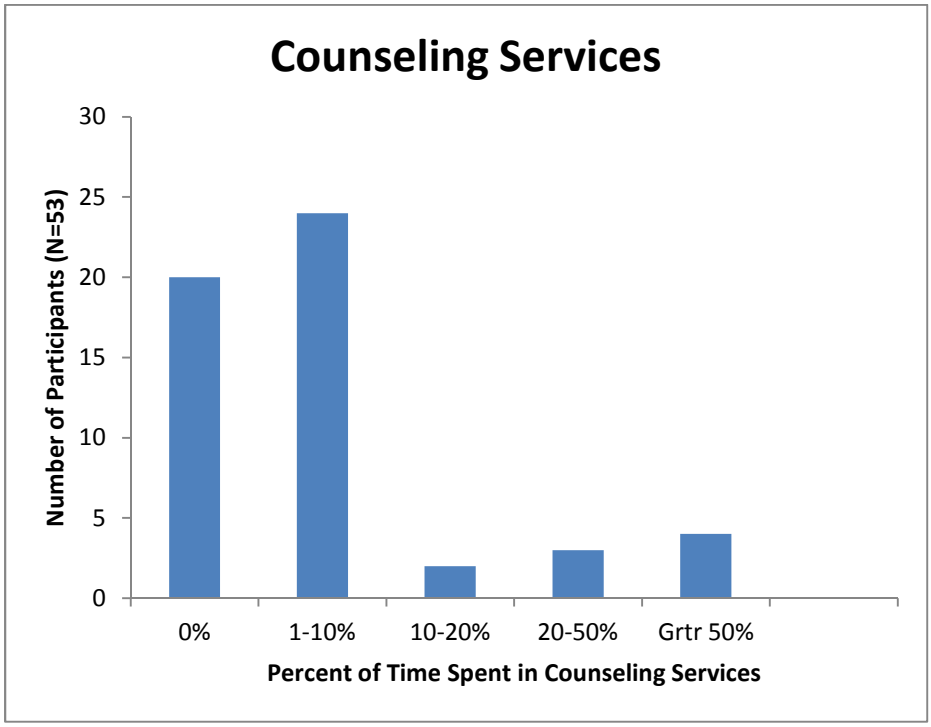

Figure 2 Percent of time Providing Crisis Intervention