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Parent's Perceptions of Positive Traits for School Psychologists

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PARENTS' PERCEPTIONS OF
POSITIVE TRAITS FOR SCHOOL PSYCHOLOGISTS

An Ed. S. Field Project

Presented to the Department of Psychology

And the

Faculty of the Graduate College

University of Nebraska

In Partial Fulfillment

Of the Requirements for the Degree

Specialist in Education

University of Nebraska at Omaha

By

Angela Nelson

October 2002

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EDS FIELD PROJECT ACCEPTANCE

Acceptance for the faculty of the Graduate College,
University of Nebraska, in partial fulfillment of the
requirements for the degree Specialist in Education,
University of Nebraska at Omaha.

Committee

John W. Hill

Carey S. Ryan

Chairperson Robert H. Woodley

Date October 4, 2002

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Abstract

Parents are important consumers of school psychologists' services. It is essential that school psychologists understand the needs of parents and what characteristics they perceive as important. This study examined the perspectives of 39 families in the midwest who have a child with a disability. Parents completed a questionnaire that assessed the child's type of disability, current primary educational placement, perceived severity of the child's disability, parental contacts with school psychologists, overall satisfaction, and the Consultant Effectiveness Scale (CES). The CES assessed Interpersonal Skills, Problem-Solving Skills, Consultation Process and Application Skills, and Ethical and Professional Practices Skills. Type of disability influences the traits that mothers find important. Mothers with children with hearing impairments, orthopedic impairments, traumatic brain injury, or visual impairments find Consultation Process and Application Skills, and Ethical and Professional Practices Skills not as important as mothers of children with other disabilities. No other significant results were obtained. Implications of these findings are discussed.

Parents' Perceptions of Positive Traits for School Psychologists

Parental involvement in schools should have positive consequences for their children (Christenson & Sheridan, 2001; Haynes, Comer, & Hamilton-Lee, 1989). The field of school psychology has, however, limited knowledge of what traits parents value in school psychologists. Communication with parents is an important process within the role of a school psychologist. "Communicating frequently and effectively with parents should be as important a part of the school psychologist's job as assessing students and consultation with teachers" (Wise, 1995, p. 279)

Assessment is a major role of school psychologists. The purpose of assessment is to provide parents and teachers with information that could be useful in decision-making and problem solving (Human & Teglasi, 1993).

Consultation is another major role of a school psychologist. Consultation is an indirect model of service delivery in which parents, teachers, and a school psychologist, in the role of a consultant, work together to address the academic, social, or behavioral needs of a child (Sheridan, 2000). The consultation process includes identifying, defining, and collecting data relevant to the problem. These tasks are conducted through interactions between parents and teachers, with the help of a school psychologist.

The field of school psychology has investigated teachers' perceptions of school psychologists, but has seemingly neglected another vital participant in the schools, namely, the parent. ". . . little research evaluates assessments from the perspective of parents. A limited number of studies in psychoeducational settings have included follow-through with recommendations, parent satisfaction, and problem improvement as

outcome measures” (Human & Teglas, 1993, p. 449). Specifically, “A study by Zins and Fairchild indicated that only 13.3% of a national sample of school psychologists gather accountability data from parents” (as cited in Wise, 1995, p. 285). The present study extends research that has examined teacher’s perceptions to investigate parents’ perceptions of school psychologists.

Parental Involvement in School Settings

Regardless of the quality, nature, or frequency of contacts, a relationship between a family and a school always exists (Christenson & Sheridan, 2001). As Fish (2002) states: “Despite the clear benefits of cooperative involvement and collaboration, the active participation of parents of children with disabilities in the education process has not yet been fully realized” (p. 364). Consultation within the field of school psychology was established in an attempt to promote a partnership model that allowed opportunities for families and schools to work together for the common interest of the child: “Within this framework, a family's strengths (rather than deficits) are recognized, and their interactions within broader social contexts are considered” (Sheridan, 2000, p. 345).

Parental involvement in schools has been positively linked with improved grades, test scores, attitude toward schoolwork, behavior, self-esteem, and homework (Christenson & Sheridan, 2001), and to enhanced perception of the school climate for both the parents and the students (Haynes, Comer, & Hamilton-Lee, 1989). Therefore, it is essential that school psychologists encourage parents to become involved in the schooling of their children.

Parents need to be involved actively throughout the special education process, which would include the initial diagnosis of a disability, educational planning, and goal setting. Horne (1982) found that parents with a child who has an exceptionality often have feelings of “guilt, denial, futility, and rejection” (p. 81). Within the special education process, the role of the school psychologist as a consultant is evident (Christenson & Sheridan, 2001). Wise (1995) indicates: “If the parents believe that the school psychologist working with their child is likely to have a positive impact on the child’s learning or behavior, then through the ‘self-fulfilling prophecy’ or the power of positive thinking, the impact is more likely to occur” (p. 282).

During a National Association of School Psychology (NASP) Parent Interview, parents were asked what services they would like to receive from the school. The most frequent requests were for more information from school and interaction with school staff (Christenson & Hurley, 1997). In other words: “Parents generally want educators to take a personal interest in their children and them. They want to be included in the dialogue about their children’s education and to share important perceptions they have about their children” (Christenson & Sheridan, 2000, p.78).

School psychologists are encouraged to distribute information, keep in regular contact with parents and actively involve parents in service delivery. Furthermore, Wise (1995) indicated that communication with parents is important. Good communication between parents and school psychologists can benefit children. In order to communicate effectively with parents it is important to recognize that parents come from different backgrounds. Some parents are new to special education, whereas other parents have had

extensive experience. There are also passive parents and assertive parents. The knowledge of parentally-desired characteristics is linked to establishing building-level public relations. If school psychologists can identify desired traits, then the services provided could be matched better with the parent-desired traits. Kelly (1995) offers suggestions for increasing parental contact. In order to meet all of these parents' needs, school psychologists must be aware of their particular needs and desired traits. If school psychologists are to be successful scientist-practitioners, the role of working with parents must be more thoroughly examined.

Teachers' Perceptions of School Psychologists

Past research, dating back to 1975, indicates that knowledge of consumers is an essential tool for school psychologists in the field. Researchers have investigated the perceptions that teachers possess about school psychologists: "A school psychologist's effectiveness as a consultant often is mediated as much or more by the subjective perceptions of a consultee as by objective reality" (Gutkin, 1986, p. 375). Medway (1977) examined what teachers knew about the school psychologist that serviced his/her school building. In order to accurately assess teachers' perceptions of the roles of school psychologists, the school psychologists recorded the time spent at certain behaviors, such as test administration, report writing, diagnostic interviews, classroom observation, principal consultation, teacher consultation, and counseling (as outlined in Fairchild, 1975). The actual records of the roles that the school psychologists played in the building were then compared to the teachers' perceptions of the roles of the school psychologist. Medway found that the participating teachers were not accurate when asked to report the

activities and time spent at the different behaviors. The teachers were only accurate in their perception of time spent on classroom observations and principal consultation.

Teachers' perceptions have also been investigated by use of case studies in which the teacher was an active participant (Brady, 1985). The teacher was questioned in five areas, which included: (a) contact prior to assessment; (b) assessment/diagnosis; (c) written and oral communication; (d) recommendations/interventions; and (e) personal/profession variables. The results indicated the teachers were highly satisfied with all of the services that they had received from the respective school psychologist. Teachers were, however, less satisfied with their school psychologist's availability and the interval of time it took between referral of a student to any action taking place.

Consumer feedback forms have been used to investigate performance of school psychology interns. This type of information gathering was found to have disadvantages and advantages (Fairchild, 1985). Two disadvantages were sampling bias and unclear assessment standards. Advantages to consumer feedback included the knowledge gained by interns and trainers regarding the quality of services provided to teachers, parents, and students, along with accountability techniques. Furthermore, there was the ability to correct any problems that were occurring for a particular intern immediately versus having to wait for failure with a student in order to suggest change. This type of feedback is important to ensure effective interactions for the consumers of school psychologists' services.

A specific example of information that can be gathered using the consumer feedback method was presented by Gutkin (1986). Using the Consultation Feedback

Questionnaire, Gutkin found that teachers' perceptions of the school psychologist's communication skills were related to the teachers' perceptions of outcomes. Also, consultant enthusiasm and interest in intervention programs predicted consultees' satisfaction with programs that were generated from consultation interactions. This finding supports the notion that teachers often need adult support. However, the number of contacts with a consultant was not statistically related to the perceived satisfaction of consultation services. This type of information is beneficial in providing effective services to all consumers.

In order to examine teachers' perceptions more thoroughly, Knoff, McKenna, and Riser (1991) used the Consultant Effectiveness Scale (CES); using a Likert scale to indicate preference for a particular trait. This scale was revised by Knoff, Hines, and Kromrey (1995) and was given to school psychologists who had been in the role of consultee and consultant. The CES consists of 52 items organized into four related factors. Factor I: Interpersonal Skills (24 items) describes behaviors and skills that a consultant would use to build and maintain rapport. Items from the CES include "shows respect for the consultee," and "Trustworthy." Factor II: Problem-Solving Skills (14 items) describes behaviors and skills that a consultant would use to identify problems and analyze the referred problem, for example "skillful," and "good facilitator." Factor III: Consultation Process and Application Skills (11 items) describes ways that consultants can help consultees moderate and understand the overall expectations of the consultation process, for example, "evaluates/focuses ideas," and "active." Factor IV: Ethical and Professional Practice Skills (7 items) includes items such as "practices in an ethical

manner,” and “maintains confidentiality.” This factor describes behaviors that are essential to the integrity of the consultation process.

The Consultant Effectiveness Scale was then given to teachers (Knoff, Sullivan, & Liu 1995); it was found that they differed in their responses according to age, level of educational degree, and years of experience. Only two factors emerged from the common factor analysis technique. These uncorrelated ($r = .14$) factors were Factor I: Consultation Knowledge, Process, and Application Skills (35 items) and Factor II: Consultant Interpersonal and Problem-Solving Skills and Qualities (33 items). Factor I items were rated significantly lower for teachers between the ages of 25 and 30 years of age, teachers with bachelor degrees as their highest degree earned, and teachers with fewer than 16 years of teaching experience. Factor II items were rated significantly lower by male teachers. The results also indicated that consultation is extremely important because the average rating of the traits was 4.0, indicating that the traits were largely rated as important and extremely important.

The Present Study

The roles that teachers have with schools and school psychologists are direct, but the role of parents in schools is less direct. In order to investigate parents' perceptions of school psychologists, the area of parental involvement in schools should be taken into account.

Previous research has examined teachers' perceptions of school psychologists (Medway, 1977; Gutkin, 1986; Brady, 1985; Fairchild, 1985). Teachers are an integral part of a student's education and parental involvement has lead to increases in academic

achievement (Christenson & Sheridan, 2001). In order to carry out the role of school psychologist as a consultant, school psychologists need to know what characteristics parents desire or prefer from them.

Investigating what characteristics parents desire in school psychologists, the present study surveyed a sample of midwestern parents of children with disabilities. Two research questions guided this study. First, using the Consultant Effectiveness Scale (Knoff, Hines, & Kromrey, 1995), what do parents perceive as the most desired attributes of school psychologists? Second, do these perceptions differ based on the parents' and children's characteristics, that is gender of parent, age of parent, age of child, type of disability, child's current primary educational placement, and perceived severity of the child's disability?

Method

Participants

Parents who attended Parent Resource Information and Support Meetings (PRISM) sponsored by the Ollie Webb Center in Omaha, Nebraska, participated in this study. The Ollie Webb Center provides information, education and support to parents and families with children who have been diagnosed with mental retardation and other developmental disorders. PRISM holds educational and informational sessions on issues relating to disabilities each month. These sessions are of interest to parents of children of all ages (The Ollie Webb Center, n.d.).

The demographic characteristics of the participants are summarized in Table 1. Forty-eight parents responded to the questionnaire, representing 39 families with a mean

age of 39.66 ($SD = 7.77$). Thirty-three mothers ($M = 38.94$) and fifteen fathers ($M = 41.36$) responded. The 39 families represented 48 children with disabilities with the mean age of 10.06 ($SD = 7.26$). The frequency of the types of disabilities for these children and their current educational placement are presented in Table 1. The mean amount of time that the families have known about their children's disabilities was 107.27 months (8.94 years) with a standard deviation of 113.87 and a range of 526 months.

Instrumentation

A two-part questionnaire was used in the study. The first section dealt with demographic information of the respondents (see Appendix A). Items in this section included the following information: gender of the parent; age of the parent; age of the child; type of disability; current educational placement of the child (Hardman, Drew, & Egan, 1999); the perceived severity of the child's disability; length of time the parent knew about the disability; types of contacts the parent has had with a school psychologist; and satisfaction with consultation.

The second part of the questionnaire was the Consultant Effectiveness Scale (CES), presented in Appendix B (Knoff, Hines, & Kromrey, 1995; with permission from Knoff via e-mail correspondence). Because the services that parents are most likely to receive are consultative in nature, this scale was an effective way to measure the desired or preferred characteristics. Parents rated characteristics on a five-point Likert scale. These characteristics included those that a school psychologist *should* have, and were not based on any past interactions the parents have had with school psychologists. The

finalized CES reported positive interfactor correlations between the four factors (Interpersonal Skills, Problem-Solving Skills, Consultant Process and Application Skills, and Ethical and Professional Practice Skills). In addition, eigenvalues and internal consistency data were obtained on the four factors: Factor I (16.377; .95); Factor II (6.118; .89); Factor III (2.235; .88); Factor IV (1.985; .81), showing high values (Knoff, Hines, et al.).

Procedure

The researcher attended PRISM two consecutive months during the school year. The researcher sat next to the childcare check-in table and asked every parent who attended to complete the questionnaire. The parents were instructed to complete the questionnaire and return it to the researcher that evening. Using this type of distribution contributed to the overall return rate and participation of parents. Fifty-six questionnaires were distributed with 48 being returned to the researcher (85.71% return rate). Furthermore, complete confidentiality was assured by having parents place their completed questionnaires in an envelope. If both parents of a family completed the questionnaire, they were instructed to inform the researcher and their envelopes were stapled together. A cover sheet contained directions on how to complete the demographic information and questionnaire, as well as the confidentiality of their responses to the scale.

The present study was submitted to the regulatory body of research within the “exempt” category. See Appendix C for approval confirmation.

The parents were provided with a definition of consultation that was slightly modified from the original study by Knoff, Hines, and Kromrey (1995): “Consultation is a collaborative, problem-solving process in which two [people (i.e., a parent and a school psychologist)] engage in efforts to benefit another person (i.e., a student) for whom they bear some level of responsibility” (Curtis & Meyers, 1985, p. 80).

Data Analysis

To avoid violating the statistical assumption of independent errors, only the data for the oldest child in each family were analyzed. The oldest child was used because he or she would represent the first contact a family had with a school psychologist. The disabilities (see Table 1) were collapsed into four groups: (a) mental handicaps; (b) multiple impairments; (c) hearing impairments, orthopedic impairments, traumatic brain injury and visual impairments; and (d) autism, behavioral disorder, other health impairments, specific learning disability, and speech-language impairments. Only one disability category was used per child. For some children, more than one disability was indicated. For these cases seven school psychology colleagues and the researcher independently placed the child into 1 of the 4 categories based on the disability that had been reported for that child. Agreement for placement was 100%. Furthermore, educational placement was collapsed into two categories: regular classroom (mainstreamed) or special education. Contacts were recoded into three categories: multiple types of contacts, single type of contact, or no contact.

Correlations were computed among parent age, child age, perceived severity of the disability, the amount of contact with school psychologists, overall satisfaction with

consultation with a school psychologist, and the CES items averaged for each of the four factors determined by Knoff, Hines, and Kromrey (1995). Scores for each factor ranged between 1 and 5 with higher values indicating more importance.

Three one-way ANOVAs were conducted for each dependent measure: the four factor scores, perceived severity and overall satisfaction. The three independent variables were educational placement of the child, type of disability, and type of contacts.

Results

The correlations among the dependent variables are presented in Table 2. The four factors were highly correlated for both mothers and fathers. This indicates that the parents tended to respond globally to the items. Mothers' and fathers' responses were also correlated, indicating that overall, they responded similarly to the items. The measure of overall satisfaction was not correlated with the factor scores for the mothers or the fathers.

The correlations among the independent variables, along with overall satisfaction with consultation interactions are presented in Table 3. The ages of the mothers, fathers, and children were highly correlated. Mothers' and fathers' perceived severity and overall satisfaction were highly correlated indicating that they perceive severity and are satisfied similarly. Mothers and fathers indicated similar types of contacts. Mothers who perceived their children's disability to be more severe had significantly more contacts with a school psychologist. Mothers of older children also had more contact with school psychologists. Finally, older mothers reported higher overall satisfaction than did younger mothers.

Mean scores on the dependent measures as a function of disability categories are reported in Table 4. The analyses indicated that mothers' ratings of the importance of Factor III: Consultation Process and Application Skills and the importance of Factor IV: Ethical and Professional Practice Skills differed as a function of the child's disability. Factor III, $F(3, 28) = 3.038, p < .05$, and Factor IV, $F(3, 28) = 3.634, p < .05$. Therefore, the type of disability influenced responses to the CES as to what traits were seen as important by the mothers. Factors III and IV were found not be as important to mothers with a child with hearing impairments, orthopedic impairments, traumatic brain injury, or visual impairments. These differences were not found for the father; however, there were only 15 fathers in the sample. No significant results were found using these categorical variables; all were $p > .05$. Because of lack of significance, these other analyses are not reported herein.

Ten parents (20.8%) responded to the open-ended request to "add any other comments that you think might help us better understand how school psychologists can provide more effective consultation to parents" at the end of the questionnaire. See Appendix D for responses.

Discussion

The present study used the Consultant Effectiveness Scale (CES) with a small sample of parents to determine their perceptions of desired traits in a school psychologist. The research expanded on results from other studies that had been conducted with teachers by using parents as the respondents.

The parents responding to the questionnaire rated most of the CES items as important, which indicates that parents perceived all of the items to have some importance to consultation. Overall, the interpretation of the results suggests that parents view all items of fairly equal importance, regardless of parent age, age of the child, educational placement, perceived severity of the disability, amount of time that they have known about the disability, type of contacts, and overall satisfaction with consultation.

Mothers and fathers who perceived their children's disabilities as more severe had more contacts with school psychologists and they were also more satisfied. Mothers' views about importance of traits were found to differ when looking at the type of disability with which her child had been diagnosed. In particular, those mothers whose children have been diagnosed with hearing impairments, orthopedic impairments, traumatic brain injury, or visual impairments ranked all the traits as less important. These lower rankings lead to two factors, Factor III: Consultation Process and Application Skills, and Factor IV: Ethical and Professional Practice Skills being significantly different for the mothers of children with the previously mentioned disabilities.

No significant findings were found in fathers' judgments of school psychologists. This could have been due to fewer fathers having responded to the questionnaire, thereby reducing the power of statistical tests.

These findings may help school psychologists improve their interactions with parents. School psychologists need to be aware of the background of the parents with whom they work (Wise, 1995). School psychologists working with parents of a child having a physical disability should be aware that their input and consultation skills might

not be viewed as important as parents with children with other types of disabilities. One possible explanation for this finding could be that those disabilities in the category require more medical supervision and that school officials may not be trained to help with these matters in a way that parent's desire. It is important to note that no differences were found in the overall satisfaction with interactions with a school psychologist in a consultative role based on disability, indicating that overall satisfaction was not impacted by disability type.

It was interesting to note that the other variables did not predict responses on the CES regarding the importance of different traits, such as types of contacts with school psychologists. Furthermore, both fathers' and mothers' ages were not correlated with the factor scores and perceived severity. Teachers responding to the CES did differ in responses based on age, educational level, and teaching experience (Knoff, Sullivan, & Lui, 1995). It was thought that perhaps those parents having more experience with consultation practices with a school psychologist would identify different traits as being important as compared with new parents to the system. This was not supported through this research.

The parents' response to the open-ended request at the end of the questionnaire yielded interesting insight. Parents want to be heard in meetings. They also want to know what school psychologist's role is in connection with their child. If school psychologists truly follow a consultative model, then the parents, teachers and school psychologist, should be working together to address the needs of the child (Sheridan, 2000). However, one of the potential draw-backs to consultation within a school system is that it is

difficult not to take sides when dealing with schools and parents but to remember to be “team players” and work for the best interest of the child (Conoley & Conoley, 1992). This issue is addressed by a parent that states, “they [school psychologists] are less professional and their views are colored by their contacts with the teacher instead of seeing all sides and confronting the teacher on areas she could improve upon.”

Another area of concern that a parent addressed was the issue of knowing the child and acting like an expert. The parent indicated “it’s frustrating when psychologists are ‘experts’ and parents are treated as incompetent.” Consultation should be a model in which information is shared equally among the participants in order to reach a goal. “Consultants and consultees work together to solve problems, and it is highly desirable for them to do so within a relationship that emphasizes trust, openness, and sharing of responsibilities and expertise” (Zins & Erchul, 2002, p. 627).

Further research should be conducted in this area to investigate parents’ perceptions of and experiences with school psychologists. One possible direction for research could be parental knowledge of the role of a school psychologist within the school system. With more knowledge about the role of a school psychologist, a parent might be better able to benefit from the school psychologist. Another potential research question could include using the CES with teachers and parents together in connection to the psychologist that services both parties. Also, teacher’s views could be examined based on the type of classroom they work in (i.e. general education, self-contained special education) and the types of disabilities that they come in contact with.

Caution should be taken about generalizing from this research. The number of overall participants was fewer than desired because of difficulty finding parents who were willing to participate. Also, the parents were from a local area and were voluntarily participating in ways to help them deal with their child's disability. A random selection procedure was not used with this research. This could have impacted their responses and might not be typical of all parents whose child has a disability.

Parents are important consumers of school psychologists' services. Parents have a role and function within a multidisciplinary team. The entire team should share information and participate in the decision-making process (Wise, 1995). If school psychologists can find ways to better perform their roles within that team by knowing what parents think of as important traits, then the team maybe able to work more effectively. Generally, parents should continue to be active members in their child's education. Through future research perhaps their desired traits can be better outlined.

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Table 1.

Demographic Characteristics of Participants

| Characteristic | Number | Percentage |
|--------------------------------------|--------|------------|
| Relationship to the Child | | |
| Mother | 33 | 68.75 |
| Father | 15 | 31.25 |
| Parent Age in Years | | |
| <30 | 2 | 4.25 |
| 30-40 | 32 | 68.09 |
| 41-50 | 7 | 14.89 |
| 51-60 | 6 | 12.77 |
| Type of Disability | | |
| Autism | 7 | 10.61 |
| Behavioral Disorder | 2 | 3.03 |
| Deaf-Blindness | 0 | 0.00 |
| Hearing Impairments | 1 | 1.52 |
| Mental Handicaps | 18 | 27.27 |
| Multiple Impairments | 9 | 3.03 |
| Orthopedic Impairments | 4 | 6.06 |
| Other Health Impairments | 8 | 12.12 |
| Specific Learning Disability | 2 | 3.03 |
| Speech-Language Impairment | 5 | 7.58 |
| Traumatic Brain Injury | 6 | 9.09 |
| Visual Impairments | 4 | 6.06 |
| Type of Educational Placement | | |
| Regular Classroom | 15 | 31.3 |
| Resource Room | 6 | 12.5 |
| Separate Class | 17 | 35.4 |
| Separate Facility | 1 | 2.1 |
| Residential Facility | 1 | 2.1 |
| Home | 6 | 12.5 |

Table 1 continued.

Demographic Characteristics of Participants

| Characteristic | Number | Percentage |
|--|--------|------------|
| Perceived Level of Severity of the Child's Disability | | |
| Mother | | |
| Mild | 3 | 8.8 |
| Between Mild and Moderate | 13 | 38.2 |
| Moderate | 10 | 29.4 |
| Between Moderate and Severe | 4 | 11.8 |
| Severe | 4 | 11.8 |
| Father | | |
| Mild | 1 | 6.3 |
| Between Mild and Moderate | 6 | 37.5 |
| Moderate | 3 | 18.8 |
| Between Moderate and Severe | 5 | 31.3 |
| Severe | 1 | 6.3 |
| Type of Contact with a School Psychologist | | |
| Mother | | |
| Team Meeting | 23 | 37.7 |
| Individual Meeting | 11 | 18.0 |
| Phone Conversation | 9 | 14.8 |
| Written Communication | 11 | 18.0 |
| No Contact | 7 | 11.5 |
| Father | | |
| Team Meeting | 10 | 40.0 |
| Individual Meeting | 6 | 24.0 |
| Phone Conversation | 3 | 12.0 |
| Written Communication | 3 | 12.0 |
| No Contact | 3 | 12.0 |

Table 2.

Correlations among Dependent Variables

| Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-------------------------|----|--------|--------|--------|-------|-------|--------|--------|--------|--------|
| 1. Mother Factor I | -- | .913** | .868** | .824** | .017 | .679 | .838** | .735* | .612 | -.154 |
| 2. Mother Factor II | -- | -- | .906** | .889** | -.003 | .629 | .779* | .701 | .530 | -.229 |
| 3. Mother Factor III | -- | -- | -- | .868** | -.090 | .577 | .640 | .651 | .486 | -.255 |
| 4. Mother Factor IV | -- | -- | -- | -- | .025 | .770* | .935** | .865** | .737* | -.079 |
| 5. Mother Satisfaction | -- | -- | -- | -- | -- | -.125 | -.427 | -.299 | -.132 | .940** |
| 6. Father Factor I | -- | -- | -- | -- | -- | -- | .974** | .985** | .991** | .269 |
| 7. Father Factor II | -- | -- | -- | -- | -- | -- | -- | .979** | .968** | .160 |
| 8. Father Factor III | -- | -- | -- | -- | -- | -- | -- | -- | .989** | .176 |
| 9. Father Factor IV | -- | -- | -- | -- | -- | -- | -- | -- | -- | .275 |
| 10. Father Satisfaction | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |

* $p < .05$ ** $p < .01$

Table 3.

Correlations among Independent Variables with Satisfaction

| Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--------------------------------|----|-------|--------|-------|--------|-------|--------|-------|--------|
| 1. Mother's Age | -- | .821* | .728** | .230 | .194 | .202 | .165 | .397* | .915** |
| 2. Father's Age | -- | -- | .927** | -.150 | -.392 | .233 | .170 | .658 | .449 |
| 3. Child's Age | -- | -- | -- | .274 | -.386 | .364* | .340 | .266 | .396 |
| 4. Mother's Perceived Severity | -- | -- | -- | -- | .958** | .397* | .650 | .331 | -.240 |
| 5. Father's Perceived Severity | -- | -- | -- | -- | -- | .302 | .176 | -.270 | .234 |
| 6. Mother's Contact | -- | -- | -- | -- | -- | -- | .882** | .166 | .000 |
| 7. Father's Contact | -- | -- | -- | -- | -- | -- | -- | -.462 | -.203 |
| 8. Mother's Satisfaction | -- | -- | -- | -- | -- | -- | -- | -- | .940** |
| 9. Father's Satisfaction | -- | -- | -- | -- | -- | -- | -- | -- | -- |

* $P < .05$
 ** $P < .01$

Table 4.

Mean Scores of Dependent Variables by Disability Category

| Disability Category | 1 | 2 | 3 | 4 |
|---------------------|------|------|------|------|
| Mother Factor I | 4.30 | 4.44 | 3.82 | 4.20 |
| Mother Factor II | 4.40 | 4.37 | 3.80 | 4.17 |
| Mother Factor III | 4.31 | 4.48 | 3.65 | 4.18 |
| Mother Factor IV | 4.49 | 4.45 | 3.71 | 4.23 |
| Mother Satisfaction | 3.43 | 3.63 | 3.33 | 3.25 |
| Father Factor I | 3.44 | 4.19 | 3.52 | 4.03 |
| Father Factor II | 3.50 | 3.92 | 3.50 | 4.09 |
| Father Factor III | 3.61 | 4.12 | 3.50 | 4.09 |
| Father Factor IV | 3.55 | 4.15 | 3.57 | 4.02 |
| Father Satisfaction | 2.33 | 4.00 | 2.00 | 3.25 |

Disability Categories:

- 1: Mental Handicap
- 2: Multiple Impairments
- 3: Hearing Impairments, Orthopedic Impairments, Traumatic Brain Injury, and Visual Impairments
- 4: Autism, Behavioral Disorder, Other Health Impairments, Specific Learning Disability, and Speech-Language Impairments.

Appendix A.

The purpose of this project is to find what traits parents desire from school psychologists in a consultant role. Please be assured your responses will be kept confidential. Your assistance is greatly appreciated.

1. Your relationship to the child with a disability: _____
2. Your age (to nearest year) _____
3. Age of your child with a disability _____
4. Type of Disability: (check only one)

| | |
|----------------------------|------------------------------------|
| Autism _____ | Orthopedic Impairments _____ |
| Behavioral Disorder _____ | Other Health Impairments _____ |
| Deaf-Blindness _____ | Specific Learning Disability _____ |
| Hearing Impairments _____ | Speech-Language Impairment _____ |
| Mental Handicaps _____ | Traumatic Brain Injury _____ |
| Multiple Impairments _____ | Visual Impairments _____ |
5. The best description of the current primary educational placement of your child:

| |
|----------------------------|
| Regular Classroom _____ |
| Resource Room _____ |
| Separate Class _____ |
| Separate Facility _____ |
| Residential Facility _____ |
6. In your personal opinion, how severe is your child's disability? (check only one)

| |
|-----------------------------------|
| Mild _____ |
| Between Mild and Moderate _____ |
| Moderate _____ |
| Between Moderate and Severe _____ |
| Severe _____ |
7. For how many months have you known about your child's diagnosable disability? _____
8. Please indicate types of contacts you have had with a school psychologist (check more than one if appropriate):

| |
|-----------------------------|
| _____ Team Meeting |
| _____ Individual Meeting |
| _____ Phone Conversation |
| _____ Written Communication |
| _____ No Contact |

9. Satisfaction with consultation interactions with school psychologists (check only one):

| | |
|-------------------|-------|
| Very Satisfied | _____ |
| Satisfied | _____ |
| Neutral | _____ |
| Dissatisfied | _____ |
| Very Dissatisfied | _____ |

Appendix B

Your assistance is needed to collect data on characteristics and behaviors of school psychologists who you, as a parent, perceive to be most important to effective consultation. Consultation is defined as a collaborative, problem-solving process in which two people (i.e., a parent and a school psychologist) engage in efforts to benefit another person (i.e., a student) for whom they bear some level of responsibility. Please rate the consultant characteristics/behaviors below according to their important to effective psychological consultation.

How important is each of the school psychologist characteristics or behaviors listed below?

1. Not at all important
2. Of little importance
3. Somewhat important
4. Important
5. Extremely important

| | | | | | |
|----------------------------|---|---|---|---|---|
| 1. Warm | 1 | 2 | 3 | 4 | 5 |
| 2. Active | 1 | 2 | 3 | 4 | 5 |
| 3. Tactful | 1 | 2 | 3 | 4 | 5 |
| 4. Skillful | 1 | 2 | 3 | 4 | 5 |
| 5. Flexible | 1 | 2 | 3 | 4 | 5 |
| 6. Specific | 1 | 2 | 3 | 4 | 5 |
| 7. Tolerant | 1 | 2 | 3 | 4 | 5 |
| 8. Pleasant | 1 | 2 | 3 | 4 | 5 |
| 9. Empathetic | 1 | 2 | 3 | 4 | 5 |
| 10. Attentive | 1 | 2 | 3 | 4 | 5 |
| 11. Encouraging | 1 | 2 | 3 | 4 | 5 |
| 12. Trustworthy | 1 | 2 | 3 | 4 | 5 |
| 13. Open-minded | 1 | 2 | 3 | 4 | 5 |
| 14. Approachable | 1 | 2 | 3 | 4 | 5 |
| 15. A Team Player | 1 | 2 | 3 | 4 | 5 |
| 16. Self-Disclose | 1 | 2 | 3 | 4 | 5 |
| 17. A Good Facilitator | 1 | 2 | 3 | 4 | 5 |
| 18. An Active Listener | 1 | 2 | 3 | 4 | 5 |
| 19. Identify Clear Goals | 1 | 2 | 3 | 4 | 5 |
| 20. Evaluate/Focus Ideas | 1 | 2 | 3 | 4 | 5 |
| 21. Clarify His/Her Role | 1 | 2 | 3 | 4 | 5 |
| 22. Encourage Ventilation | 1 | 2 | 3 | 4 | 5 |
| 23. Skilled In Questioning | 1 | 2 | 3 | 4 | 5 |
| 24. Review Client Records | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|---|---|---|---|---|---|
| 25. Interested (Concerned) | 1 | 2 | 3 | 4 | 5 |
| 26. Willing to Get Involved | 1 | 2 | 3 | 4 | 5 |
| 27. Have a Positive Attitude | 1 | 2 | 3 | 4 | 5 |
| 28. Maintain Confidentiality | 1 | 2 | 3 | 4 | 5 |
| 29. Good at Problem-Solving | 1 | 2 | 3 | 4 | 5 |
| 30. An Efficient User of Time | 1 | 2 | 3 | 4 | 5 |
| 31. Give and Receive Feedback | 1 | 2 | 3 | 4 | 5 |
| 32. Able to Overcome Resistance | 1 | 2 | 3 | 4 | 5 |
| 33. Aware of Relationship Issues | 1 | 2 | 3 | 4 | 5 |
| 34. Accepting (Non-judgmental) | 1 | 2 | 3 | 4 | 5 |
| 35. Skilled in Conflict Resolution | 1 | 2 | 3 | 4 | 5 |
| 36. Practice in an Ethical Manner | 1 | 2 | 3 | 4 | 5 |
| 37. Have a Clear Sense of Identity | 1 | 2 | 3 | 4 | 5 |
| 38. Pursue Issues/Follow Through | 1 | 2 | 3 | 4 | 5 |
| 39. Show Respect for the Consultee | 1 | 2 | 3 | 4 | 5 |
| 40. An Astute Observer/Perceptive | 1 | 2 | 3 | 4 | 5 |
| 41. Anticipate Possible Consequences | 1 | 2 | 3 | 4 | 5 |
| 42. Effective at Establishing Rapport | 1 | 2 | 3 | 4 | 5 |
| 43. Express Affection (Supportive) | 1 | 2 | 3 | 4 | 5 |
| 44. Emotionally Well-Adjusted/Stable | 1 | 2 | 3 | 4 | 5 |
| 45. Document for Clear Communication | 1 | 2 | 3 | 4 | 5 |
| 46. Collaborative (Share Responsibility) | 1 | 2 | 3 | 4 | 5 |
| 47. Take Risks/Be Willing to Experiment | 1 | 2 | 3 | 4 | 5 |
| 48. Gives Clear, Understandable Directions | 1 | 2 | 3 | 4 | 5 |
| 49. Employ Appropriate Personal Distance | 1 | 2 | 3 | 4 | 5 |
| 50. Specify the Contract (Time, Effort, Cost) | 1 | 2 | 3 | 4 | 5 |
| 51. Maintain an "I'm OK – You're OK" Position | 1 | 2 | 3 | 4 | 5 |
| 52. Having Feelings and Behaviors that are Consistent | 1 | 2 | 3 | 4 | 5 |

Please add any other comments that you think might help us better understand how school psychologists can provide more effective consultation to parents.

**Thank you very much for your time in filling out this questionnaire.
Hopefully this research will yield benefit to children.**

Appendix C



NEBRASKA'S HEALTH SCIENCE CENTER
A Partner with Nebraska Health System

Institutional Review Board (IRB)
Office of Regulatory Affairs (ORA)

February 13, 2002

Angela Nelson
Psychology - ASH 347
UNO - VIA COURIER

IRB#: 040-02-EX

TITLE OF PROTOCOL: Parents Perceptions of Positive Traits for School Psychologist

Dear Ms. Nelson:

The IRB has reviewed your Exemption Form for the above-titled research project. According to the information provided, this project is exempt under 45 CFR 46:101b, category 2. You are therefore authorized to begin the research.

It is understood this project will be conducted in full accordance with all applicable sections of the IRB Guidelines. It is also understood that the IRB will be immediately notified of any proposed changes that may affect the exempt status of your research project.

Please be advised that the IRB has a maximum protocol approval period of three years from the original date of approval and release. If this study continues beyond the three year approval period, the project must be resubmitted in order to maintain an active approval status.

Sincerely,

A handwritten signature in black ink that reads "Ernest Prentice PhD/BOK".

Ernest D. Prentice, Ph.D.
Co-Chair, IRB

EDP/gdk

Appendix D

Parents responses to “Please add any other comments that you think might help us better understand how school psychologists can provide more effective consultation to parents.”

- It has been my personal experience that sometimes school psychologists are friends with the teachers and then are less able to look beyond the friendship to help the child’s best interests; they are less professional and their views are colored by their contacts with the teacher instead of seeing all sides and confronting the teacher on areas she could improve upon.
- The better the family can be educated on what the issues of concern are and the options, the better the family/parents can “advocate” better for their child, which will eventually lead to that child becoming more independent and successful.
- There seems to be too many students to one school psychologist. I understand most districts only have one. I have little to no contact with the school psych., more with the school counselor – and I wish the case load was lower there too. Consistency and following through leave much to be desired with counselor. With the school psych, I haven’t been able to meet with one-on-one. Just twice in my (now) 12 year olds 2 previous IEP meetings.
- Parents know their children – they’ve lived with them. We do have our blind spots, but it’s frustrating when psychologists are “experts” and parents are treated as incompetent.
- In early years, explain better the process of testing and how often it will be done – what part of the whole team will play in your child’s education.
- Our school psychologist is very approachable and even discusses issues in the summer in preparation for the new school year. She is willing to be contacted through the district or called at home. She is very compassionate and looks at the whole picture, not just certain school parts. She works very closely with the school counselor and always gets back to you to see how things are going. If the situation changes she gets back to you right away. (Papillion School District.)
- Have a clearly defined role in the education of children. “I’m your child’s school psychologist and my specific job/goal for you child/ in working with your child is . . .” Create a strong sense of identity as a part of the team. So many different people I have to be reminded who my child’s school psychologist is.

- Get to know the child! Especially with autism you will find that no two children with autism are the same. Their “issues” and ways of dealing with them are going to be completely different than another child with. . . or without autism. Be seen! Let the parents and teachers know that you’re around whether it be by phone, mail, e-mail or a visit to conferences. We like to know that you’re around on you own rather than just when we’re calling.
- School psychologists can be more effective by having more time to spend with the kids that do have physical and severe mental problems and by having the other kids understand the physical challenges of those disabled kids.
- Wish school counselor be more involved.