EDUCATIONAL AND SCHOOL PSYCHOLOGISTS' USE OF THEORY IN PRACTICE

By

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ABSTRACT

The current research explored the reports of Educational and School Psychologists in Atlantic Canada regarding their use of theory in practice, the importance of formal use of theory in practice, as well as the specific theories used to inform their practice. All English speaking school districts in Atlantic Canada were invited to participate in the current study. Educational and School Psychologists employed by the school districts who approved the research received an e-mail invitation to complete a survey. The survey was gathering information on the use of theory in practice, the importance of formal theory in practice, and specific theories used in relation to the established standards of practice for Educational and School Psychologists identified by the Newfoundland and Labrador English School District. The results indicated a variety of theories being implemented by the participants in the study. Results also demonstrated that formal theory was being used by the majority of Educational and School Psychologists in the sample. The current thesis explores these findings in relation to current research and discusses potential ideas for future research in this area.

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CHAPTER 1

LITERATURE REVIEW

The following literature review is an exploration of theory in School and Educational Psychology. The historical and current practice of School Psychology in Canada is discussed. Following this, the training and standards of practice of School and Educational Psychologists is explored with an emphasis on the focus of theory in training programs. Finally, there is an examination of the current theory, strategies, and research of theoretical frameworks commonly used by Educational and School Psychologists.

The Practice of School Psychology in Canada

It is important to acknowledge the use of the terms School and Educational Psychology and School and Educational Psychologists throughout this work. In Newfoundland and Labrador (NL), Psychologists working with the Newfoundland and Labrador English School District (NLESD) have the title 'Educational Psychologist', while 'School Psychologist' is more commonly used throughout North America (Joy et al., 2016; Martin, 2001). It has been suggested that the title 'Educational Psychologist' was selected in NL because of its connection to the United Kingdom (Harris, Joy, Paul & Pickett, 2012 Martin, 2001). Martin (2001) suggests that this is a difference in title only by identifying that the practice of School Psychology has been ongoing in Newfoundland and Labrador since 1970. Throughout this current work, when discussing Psychologists employed by the NLESD, the title 'Educational Psychologist' will be used. When discussing all other groups, the title 'School Psychologist' will be used, as this is the more commonly used title throughout North America (Harris et al., 2012; Martin, 2001).

School Psychology developed in the early 20ᵗʰ century as a profession, but with limited training available (Saklofske et al., 2007). In the 1970's, formal School Psychology programs began to develop in response to the move toward inclusive educational practices in Canada (Jorden et al, 2009). The Ontario Institute for Studies in Education (OISE) at the University of Toronto was the first Canadian center to include school psychology as an area of specialty within its graduate programs (Jordan et al, 2009). The University of Alberta, the University of Calgary, and the University of British Colombia closely followed with the development of their programs in School Psychology (Saklofske et al., 2007). In the 1980's, the Canadian Association of School Psychologists was formed and has played a crucial role in the development of national standards of practice for School Psychology. School Psychology focuses on learning, behaviour, the evaluation of programs and interventions, assessment and intervention, and evidence-based practice (Canadian Psychological Association, 2007; CPA, 2011; National Association of School Psychology, 2000). Currently, in Canada, Psychologists working in a school setting typically have completed a masters or doctoral degree from a program housed in a Faculty of Education at a Canadian university (CPA, n.d). School Psychologists work with all systems involved in a child's life including school, district, and community-based teams and bring their expertise in child development (CPA, 2007, NASP, 2010). School and Educational Psychologists also bring an evidence-based approach to assess and intervene with the presenting concern of the student (CPA, 2007).

Currently, Psychologists in schools work collaboratively with school personnel, students, parents, and other health professionals to create a healthy learning environment and to improve the functioning of all children (CPA, 2007). Practitioners provide a multitude of services to school districts, teachers, students, and families (CPA, 2007). In Canada, psychoeducational

assessment is a crucial role of School Psychologists (Jordan, Hindes and Saklofske, 2009). In a Canadian wide survey of School Psychologists, participants reported spending the majority of their time completing intellectual assessment (Jordan et al, 2009). Canadian School Psychologists engage in a variety of other professional duties including intervention, prevention, consultation, research, administration, and in-services (Corkym, French & Dorey, 2007; Harris & Joy, 2010; Jordan et al., 2009).

In Newfoundland and Labrador, the Newfoundland and Labrador English School District (NLESD) outlines a set of governing principles that identify the expectations for knowledge and skills for Educational Psychologists in their practice (Government of Newfoundland and Labrador, EECD, 2014). The standards of practice outlined are as follows:

Standard 1 Comprehensive Work Plan

The Educational Psychologist, after consultation with the administration of each school, will develop one comprehensive work plan that outlines the psychological services he/she will provide throughout the school year.

Standard 2 Diversity

The Educational Psychologist understands the dimensions of human diversity and the possible influence they may have on child/adolescent development.

Standard 3 Comprehensive Assessment

The Educational Psychologist understands the assessment process and its implications for student learning.

Standard 4 Collaboration & Consultation

The Educational Psychologist collaborates and consults with families, educators and the school community.

Standard 5 Behaviour & Mental Health

The Educational Psychologist works with districts and the school community to address issues related to student behaviour and mental health.

Standard 6 Crisis Intervention

The Educational Psychologist participates in the development and implementation of a response plan for possible crisis situations.

Standard 7 Guidelines & Policies

The Educational Psychologist understands department and district guidelines and policies as they pertain to student support services.

Standard 8 Ethical Responsibilities

The Educational Psychologist understands the ethical requirements in providing psychological services to the school community.

As these standards suggest, Educational Psychologists are expected to demonstrate a variety of competencies. Considering the multiple roles of Educational and School Psychologists, individuals within the profession need to acquire specialized training in both mental health and education (Canadian Psychological Association, 2018). The National

Association of School Psychologists identifies ten practices that encompass the range of

knowledge and skills that School Psychologists provide (NASP 2019). Of particular importance

is their knowledge of school and systems structure, organization and theory that promote

learning, as well as mental and behavioural health (NASP, 2019). Below is a discussion of the

role of theory in the training and practice of Educational and School Psychologists.

Theory in the Training and Practice of School Psychology

Research emphasizes theory to be a core component of counsellor development and

preparation (Corey, 2012; Harris & Flood, 2015; Truscott, 2010). As is highlighted above, many

School Psychologists complete Masters level degrees housed in the Faculty of Education of

Canadian universities. Harris and Flood (2015) reviewed 24 universities across Canada focused

on preparing practitioners with expertise in counselling. Their research discovered that most

programs presented a range of theoretical approaches while providing students the freedom to

choose theories that best aligned with their counselling philosophy (Harris & Flood, 2015).

Literature suggests that it is a common trend in counselling preparation to present a range of

theoretical frameworks to facilitate integrative counselling orientation (Cheston, 2000; Harris &

Flood, 2015; Kelly 1997). Harris and Flood (2015) also reported that several syllabi focused on

the connection of theory and practice and elaborated on specific skills linked to particular

theories.

Theory is an integral component of the therapeutic process, and competent therapists

utilize theory to establish "road maps or treatment plans for their clients" (Jones-Smith, 2016, p.

1). Theory is often used as a framework to hypothesize potential solutions for presenting

concerns and plays an essential role in the development and evaluation of treatment interventions

(Gladding, 2009). Considering the vulnerability of children and youth, individuals working with

this population must be educated in theoretical principals (Hughes, 2000; Pattison et al., 2008). Without using theory to inform practice, practitioners risk operating carelessly (Gladding, 2009). When choosing an intervention, the evidence supporting the theoretical framework is essential to consider (Burns, 2011; Tharinger, 2000). Burns (2011) encourages School Psychologists to avoid interventions that do not have a theoretical foundation as "theoretical and conceptual frameworks provide a structure to guide practices and solve problems" (p. 133).

The literature supports that when practitioners are working with children, the practice should be informed by theory (Burns, 2011; Hughes, 2000; Jones-Smith, 2016; Tharinger, 2000). Currently, literature suggests that Cognitive Behavioural Therapy (CBT) should be the first line of treatment for children and youth (Flanagan, Allen, & Levine, 2015; Compton et al., 2004). CBT has been demonstrated to be effective to treat behaviuor disorders, depression, and anxiety in youth (Collins & Dozois, 2008; Eyberg, Nelson, & Boggs, 2008; Flanagan, Allen, & Levine, 2015; Horowitz & Garber, 2006). Solution Focused Brief Therapy is increasingly being used in schools due to its efficient and flexible nature and its effectiveness with youth dealing with behavioural problems (Bond et al., 2013; Franklin, Hopson, & Moore, 2008). Below is a review of current theoretical frameworks implemented in Educational and School Psychology.

Theoretical Frameworks in School Psychology

As described by Kazdin (2000), theory refers to a theoretical approach or orientation to therapy that discusses broad processes applicable to many different intervention targets and procedures. Theoretical frameworks in counselling and psychotherapy are dynamic and continually evolving bodies of intellectual knowledge (Kazdin, 2000). Below is an overview of counselling theoretical frameworks, the strategies associated with these frameworks and relevant

research regarding the efficacy of this treatment for the school aged population (Jones-Smith, 2016; Nelson-Jones, 2011).

Psychodynamic Theories

Theory

Psychoanalysis, primarily associated with Sigmund Freud, focuses on transformation and the exchange of energy within the personality (Gladding, 2015). Psychoanalytic theory presumes that individuals have a conscious mind that is attuned and aware of the outside world, a preconscious mind that contains hidden memories or forgotten experiences, and an unconscious mind that operates using instinctual and repressed forces (Gladding, 2015). Freud suggests that the personality consists of three components: The Id, Ego, and Superego (Mcleod, 2013). Another defining feature of psychoanalytic theory is the psychosexual developmental stages that Freud postulated every individual passes through (Mcleod, 2013). According to Freud, an individual can become fixated at a specific level of development and can then become overly dependent on the use of defense mechanisms (Neukrug, 2011). Practitioners who work from the psychoanalytic framework practice as an expert (Jones-Smith, 2016). They create an atmosphere where the client can feel comfortable expressing difficult thoughts and encourage their clients to talk about whatever comes to their mind, with a focus on childhood experiences (Jones-Smith, 2016). The primary focus of Psychoanalysis is a personal adjustment and to assist the client in becoming more aware of their unconscious thoughts and beliefs (Gladding, 2015). In addition, the practitioner assists the client to work through developmental stages to help the client live more productively (Shedler, 2010).

After Freud's death, the psychoanalytic practice redefined itself and reclaimed their work as Psychodynamic (Jones-Smith, 2016). The Psychodynamic perspective is most influenced by

Anna Freud and Erik Erikson (Jones-Smith, 2016). Shelder (2010) identified seven features of Psychodynamic therapy. The first is the focus on the expression of emotion. Second is a focus on the attempts to avoid distressing thoughts and feelings. Third is the identification of recurring themes and patterns of past experience. Fourth is the focus on interpersonal relations, including attachment with a focus on the therapy relationship, which can include transference and countertransference issues, and fifth includes the exploration of fantasy life (Shedler, 2010). Psychodynamic practitioners use specific techniques to assist their clients in this process. Below is a review of these strategies.

Strategies

Free Association encourages clients to abandon their normal way of censoring their thoughts and instead say whatever comes to mind, even if the thought seems silly, irrational, or sensitive (Jones-Smith, 2016; Neukrug, 2011). Through this technique the unconscious mind is exposed and the client and counsellor can interpret it (Jones-Smith, 2016; Neukrug, 2011). Dream analysis is also used by Psychoanalytic therapists, by encouraging clients to dream and remember the dreams (Gladding, 2015). The counsellor is especially sensitive to the manifest content, or the obvious meaning, as well as the latent content, or the hidden meaning (Gladding, 2015). Transference refers to the client transferring their experiences had with another person, often a parent, onto the practitioner (Neukrug, 2011). In contemporary practice, this technique can be integrated with the practitioner initially being aware of any potential transference occurring (Murdin, 2009). Once there is a strong therapeutic relationship, the therapist can invite the client's attention to the transference and explore its meaning in relation to other relationships in the client's life (Murdin, 2009). Countertransference is another concept identified by psychoanalytic theory. This concept refers to the practitioner projecting strong feelings towards

their client that often have little to do with the client (Kottler & Montgomery, 2011). Below is a discussion of the use of Psychodynamic techniques with a school age population.

Efficacy Research with School Age Children

Stefani et al. (2017) compared CBT and Psychodynamic therapy (PDT) for the treatment of bulimia nervosa (BN) in female adolescents using a randomized control trial design. Eighty-one female adolescents with a diagnosis of Bulimia Nervosa received an average of 36.6 sessions of either PDT or CBT. Outcome measures were completed by trained psychologists, who were blind to treatment condition, at baseline, during, after treatment, and 12 months post treatment. The primary outcome measure was the rate of remission, which was defined as a lack of a BN diagnosis using the DSM-IV criteria. Remission rates for CBT and PDT were 33.3% and 31.0 % respectively with no significant differences between them (Stefanie, 2017).

Psychoanalytic therapy represents the first force in psychology (Jones-Smith, 2016). The conceptualization of personality is still used to inform practice by some and the theory of the unconscious is still used in contemporary practice (Jones-Smith, 2016; Kottler & Montgomery, 2011). The second-force of psychotherapy is considered to be Cognitive and Behavioural therapies. A discussion of these theories and their influence on School Psychology is below.

Behavioural Theories

Theory

Behavioural theories date back to the beginning of the 20th century; the focus of these theories is on how to reinforce, extinguish, and modify behaviours (Gladding, 2009). B.F Skinner is attributed as the founding father of the behavioural approach. He developed the concept of operant conditioning which involves the use of reinforcers or punishment to make a behaviour more or less likely to occur (Jones-Smith, 2016). Ivan Pavlov was also instrumental

in the development of behavioural theories and conducted experiments identifying classical

conditioning (Nelson-Jones, 2015). The behavioural perspective assumes that behaviour is

learned and that learning can be useful in changing adaptive and maladaptive behaviours

(Gladding, 2015). Practitioners focus on the process associated with observable behaviour and

work with clients to learn new behaviours or make changes to current behaviours (Pear &

Simister 2015). Counsellors working from a behaviorist framework implement a variety of

techniques (see below for a selection of these techniques).

<div align="center">**Strategies**</div>

Reinforcers are events that when following an action, increase the likelihood that the

action will occur again (Neukrug, 2011). Positive reinforcement is considered a pleasurable

experience by the client while negative reinforcement in considered to be an un-pleasurable

experience, however both reinforcers increase the likelihood of a behaviour increasing when they

occur directly after the target behaviour occurs (Kottler & Montgomery, 2011). Shaping occurs

when a new behaviour is learned in steps through approximation of the target skill (Kottler &

Montgomery, 2011). Generalization involves demonstrating skills in multiple environments,

aside from the environment where the skill was originally learned (Trolley & Siuta, 2014).

Maintenance refers to the consistent performance of a skill without requiring continued reward

or reinforcement (Trolley & Siuta, 2014). Extinction refers to the elimination of a behaviour by

removing the reinforcement that is rewarding the behaviour. Punishment is the presentation of an

adverse event to eliminate a particular behaviour (Jones-Smith, 2016). Applied behavioural

analysis is the application of operant and classical conditioning to modify behaviour or to teach

individuals new skills, and replace undesirable behaviour with desirable behaviour (Jones-Smith,

2016).

Exposure therapies are another set of techniques implemented in behavioural therapy (Schare, 2015). Techniques include increasing awareness of the physiology of anxiety, cognitive restructuring and relaxation exercises (Kendall et al., 2005; Kingery et al., 2006). Stimuli can be presented using a graduated or a non-graduated method to facilitate exposure to the stimuli while preventing the individual from engaging in escape or avoidance behaviours (Schare, 2015). Behavioural therapies have been demonstrated to be an effective treatment for the following disorders: autism spectrum disorder, anxiety disorders, depression, chronic pain, stress, disordered eating, and addiction concerns (Pear & Simister 2015). Behavioural therapies are frequently implemented in schools to assist children with various diagnoses (Trolley & Siuta, 2014). Below is a review of research regarding the use of Behavioural therapy with a school-age population.

Research with School Age Population

Grindle et al. (2012) completed an evaluation of the mainstream school-based model of Applied Behavioural Analysis (ABA) intervention for children who had a diagnosis of Autism Spectrum Disorder. Eleven children, nine male and two female, who were receiving ABA intervention were selected and compared to 18 children, 16 male and two female, from a two-year follow up study who received Early Intervention Behaviour Intervention (EIBI). Children who received the ABA intervention received individual therapy based on their developmental needs for 25 hours a week in a mainstream school setting. The authors report that children who received the ABA intervention, demonstrated large effect size changes over one year in IQ and adaptive behaviour. In comparison to the control group, the students receiving ABA intervention demonstrated a significant increase in adaptive functioning skills.

Chu et al. (2015) evaluated the impact of group behavioural activation therapy (GBAT) on reported experiences with unipolar depression, dysthymia or an anxiety disorder in a school setting. Thirty-five students aged 12-14 years with a diagnosis of either unipolar depression or dysthymia or an anxiety disorder were recruited for the study. Participants were randomly assigned to a group based behavioural activation therapy, consisting of 10 weekly hour long treatments or a 15-week waitlist control group. The first five sessions of the GBAT focused on the core principals of Behavioural Activation while the last five sessions focused on exposure to practice the developed skills. Pre-treatment, post-treatment and 4-month follow-up (FU) assessments were conducted. The results indicated that the GBAT was associated with greater post-treatment remission rates than the waitlist in principal diagnosis, secondary diagnosis, and a greater improvement in the clinical global impairment severity ratings (Chu et al., 2015). GBAT also produced greater post-treatment behavioural activation and fewer negative thoughts.

Behavioural Therapies are focused on assisting clients to better understand that changes in behaviour can lead to changes in their lived experience. Behaviourism is frequently implemented with school age population; however, it is one of many theories integrated into this setting (Jones-Smith 2016; Trolly & Siuta, 2014). Below is a review of the theory and strategies of Reality Therapy and research with a school age population.

Reality Therapy

Theory

Reality therapy is a present-centered approach to therapy. The goal is to encourage clients to take responsibility for their own choices and learn more adaptive and healthy behaviours to fulfill their own needs (Parsons & Zhang, 2014). Reality therapy is most informed by William Glasser, the founding theorist (Jones-Smith, 2016). Glasser postulates that we are born with five

basic needs: survival, belonging and love, power, freedom, and fun (Glasser, 2000). If a person fails to meet one or more of these needs, he or she feels bad. Glasser suggests that our brains are continually assessing if our needs are being met (Glasser 1998). When there is a gap identified between a person's needs and their current state, they choose behaviour to close the gap between their needs and wants (Jones-Smith, 2016). The reality therapist is friendly, warm, and optimistic (Jones-Smith, 2016). Practitioners practicing within the reality therapy framework believe that individuals function best when they can meet their own needs (Nystul, 2011; Parsons & Zhang, 2014). Practitioners believe their role is to assist the client in recognizing that they can make better choices in their life and receive better results (Parsons & Zhang, 2014).

Strategies

The overarching goal of reality/choice therapy is to help clients better meet their needs for love, belonging, survival, freedom, and fun (Jones-Smith, 2016). Therapists emphasize choice and responsibility, focus on the present, and avoid focusing on the client's symptoms (Nystol, 2016). Reality practitioners help their client to identify their wants, focus on what they are doing, evaluate their selves, and make specific plans for change (Wubbolding, 2016). This approach is referred to as the WDEP system of reality therapy (Wubbolding 2000, 2011). The skillful use of the WDEP system of reality therapy can enhance client involvement in, and commitment to, treatment (Glasser, 1998, 2000; Wubbolding 2000, 2011, 2015; Wubbolding & Brickell, 2015). Practitioners can use this exploration style and questions to develop more formal treatment plans collaboratively with the client (Wubbolding, Casstevens, & Fulkerson 2017). Both the therapist and the client evaluate the plan to ensure that the plan is well-understood, is achievable, and that there are concrete steps to achieve the plan (Wubbolding, 2016). Reality

therapy is currently used in a number of settings with children and youth including school settings and youth rehabilitation centers (Jones-Smith, 2016).

Research in School Age Population

A Florida Elementary School, Tropic Isles, implemented reality therapy with the goal of increasing student achievement, improving student behaviour, and making Tropic Isles an enjoyable place to learn. Teachers received training and certification in choice theory and reality therapy. After the school-wide implementation of reality therapy principals, Tropic Isle students placed in the top 1.8% in reading performance, the top 2.1 % in math, and the top 3.5% in science, the top 16% in writing, the top 1.2 % in total state school grade points earned, compared to 609 elementary, middle, and high school schools with similar demographics in Florida. Student detention rates within one year was calculated as 1.7% per 100 students in comparison to the district school average of 3.0% per 100 students.

Celik and Odaci (2017) explored the efficacy of a psycho-educational group intervention based on reality therapy to treating youth with academic procrastination. Participants comprised a total of 36 university students with 18 in the experimental and 18 in the control group. Participants were recruited from a state university located in the Eastern Black Sea Region of Turkey. The Coping with Academic Procrastination Training Program was administered for 10 weeks, sessions occurred weekly and lasted from 120 to 150 min. Pre-test, post-test, and follow-up measures were provided to the experimental and control groups. The results indicated that the mean points obtained from the academic procrastination scale post-test and follow-up tests in the experimental group were significantly lower than the mean points obtained from the pre-test as well as significantly lower than the mean points obtained post-test and follow-up for the control group. Indicating that the training program based on Reality

Therapy had a significant impact on lowering procrastination behaviours in students (Celik &

Odaci, 2017). Reality therapy is one of many theories implemented with a school age population,

below is a review of Cognitive Behavioural Therapy.

Cognitive Behavioural Therapy

Theory

Cognitive Behavioural Therapy is rooted in a variety of foundational theoretical

approaches. Albert Ellis', Rational Emotive Behavioural Therapy (REBT), Aaron Beck's

Cognitive Therapy, and Donald Meichenbaums' Cognitive Behavioural Modification (CBM) are

the most prevalent (Gladding 2009; Jones-Smith, 2016). REBT proposes that psychological

problems are a result of irrational thought patterns, inappropriate feelings, or dysfunctional

behaviours (The Albert Ellis Institute, 2014). Ellis suggests that perfectionist views (e.g., should

and must statements) promote frustration, anxiety, and dysfunction within the client's life

(Neukrug, 2011). Ellis postulates that psychological change is occurring when the client can

engage in cognitive restructuring and modify their views of reality (Kottler & Montgomery,

2011). Beck's Cognitive Therapy reflects on how an individual's life experiences influence their

thought process (Jones-Smith, 2016; Neukrug, 2011). Beck proposes that an individual's

response to another is a reflection of their subjective interpretations of the person's intentions

(Nystul, 2011). Beck suggests that thoughts are related to emotional reactions and that a person's

thoughts are adaptive or maladaptive (Porter, 2014). Clients are invited to explore specific

cognitions and to explore the evidence supporting each of these (Porter, 2014). Donald

Meichenbaum, who is considered to be one of the founding fathers of CBT, developed Cognitive

Behavioural Modification (CBM) (Jones-Smith, 2016). CBM focuses on a client's self-talk and

encourages clients to become aware of their self-talk to make changes to their behaviour (Porter,

2014). Throughout his many years working with clients in clinical practice, Meichenbaum concluded that helping people to talk to themselves differently and constructively could bring about behavioural change (Meichenbaum, 1994). Each theory is integrated into the practice and theory of CBT or was influential in the development of CBT.

The central tenet underlying CBT is that therapeutic change occurs when an individual challenges and modifies their cognitions and behaviours that are not serving them (Craske, 2010). CBT postulates that an individual's perception and thoughts about a situation have an influence on their emotional, physiological, and behavioural responses (Beck Institute for CBT, 2016). When an individual is distressed, their perceptions are often distorted, and these distorted perceptions lead to dysfunctional automatic thoughts (Beck Institute for CBT, 2016). CBT addresses dysfunctional thoughts through a variety of cognitive re-structuring techniques that challenge unrealistic self-statements, beliefs, and expectations (Craske, 2010). Below is a discussion of the strategies and techniques integrated by CBT therapists.

Strategies

Eliciting automatic thoughts is a technique used to help the client identify thoughts that are typically outside of their awareness (Neukrug, 2011). Practitioners work with clients to also identify how these thoughts are linked to negative feelings and dysfunctional behaviours (Neukrug, 2011). This understanding allows the client to accept that when an event or situation is interpreted negatively, then it will be associated with negative feelings (Neukrug, 2011).

After developing an understanding of the underlying assumptions of automatic thoughts and beliefs, practitioners work with clients to engage in cognitive restructuring (Sharf, 2012). Cognitive restructuring is the process of learning to identify automatic and distorted thoughts and challenge them (Gladding, 2009). Cognitive distortions are classified into at least nine specific

categories (e.g., overgeneralization, labelling, catastrophizing) (Gladding, 2009). Once clients can identify and challenge automatic thoughts, practitioners work with clients to assess their belief system and assist them in developing more adaptive beliefs (Nystul, 2016). CBT is an effective intervention implemented with adults and children (Beck, 1995). A discussion of the effectiveness of CBT with a school age population is below.

Research with School Age Population

Evidence suggests that CBT can be beneficial for younger children if the treatment delivery is developmentally appropriate (Grave & Blissett, 2004). Research demonstrates that school-based cognitive-behavioural interventions, that focus on small groups or individual students, yield improvements in emotional, behavioural, social, and academic functioning (Kazdin & Weisz, 2003). Grave and Blissett (2004) reported that CBT could be adapted for youth by implementing simpler, less verbally based cognitive restructuring techniques, concrete examples, frequent summaries and reviews, mnemonic aids, metaphors, experiential learning, and constant practice.

O'Callaghan and Cunningham (2016) investigated the impact of group based CBT treatments on symptoms of anxiety and depression in primary students. Nine students (three girls and six boys) took part in the intervention (8–11 years old). All students were assessed using the Anxiety, Depression and Self-concept inventories of the Beck Youth Inventories (second edition). Students received the Cool Connections intervention, a ten-session, group-based, early intervention, CBT program. This manual-based program used illustrations, games, theory, and fun activities, to encourage more positive ways of thinking and dealing with worries and anxieties. The sessions were supervised by an Educational Psychologist and were implemented by a teacher, an education welfare officer and two classroom assistants. Results from the study

indicated that the students who received the intervention demonstrated statistically significant improvements in symptoms of depression and anxiety but not in self-concept from pre-intervention to post-intervention.

Wood et al. (2009) investigated the impact that a CBT program had on children with a diagnosis of Autism Spectrum Disorder (ASD) and a comorbid anxiety disorder. Forty children (ages 7-11) were randomly assigned to a treatment group or a waitlist control group. Children assigned to the treatment group received 16 sessions of CBT. The modular CBT program emphasized behavioural experimentation, parent-training, and school consultation (Wood et al., 2009). Pre and post-treatment structured diagnostic interviews were conducted by independent evaluators who were blind to the treatment condition. Parents and children also completed anxiety symptom checklists at baseline. The results indicated that 78.5% of the CBT group met the Clinical Global Impressions-Improvement scale criteria for positive treatment response at posttreatment (Wood et al., 2009). In the waitlist control group, 8.7% of the group met the criteria.

CBT is focused on developing an understanding of an individual's cognitions and beliefs about a situation and how these thoughts impact the emotional response an individual has to that situation. The theory has been proven effective with children and youth with a variety of diagnosis including; anxiety, depression and PTSD, among others (O'Callaghan & Cunningham, 2016; Wood et al., 2009). CBT heavily influenced the development of the third-wave of cognitive and behavioural therapies which adopt mindfulness as a central component (Jones-Smith, 2016). Below is a discussion of these mindfulness based approaches.

Mindfulness Based Approaches

Theory

The mindfulness-based intervention focuses on developing mindfulness, which can be described as an awareness "that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience" (Kabat-Zinn, 2003, p. 145). Mindfulness-based interventions intend to cultivate a particular perspective of the present experience (Davis, 2012). The mindful view orients towards direct experience as opposed to conceptualization or abstract thinking (Kabat-Zinn, 2003). Mindfulness involves having a flexible cognitive state that is not governed by rules and the ability to approach a situation with many perspectives (Carson & Langer, 2006). This cognitive flexibility allows the individual to consider a broader range of possibilities when making decisions (Coyne & Wilson, 2004; Davis 2012).

Strategies

The predominant mindfulness-based approaches include Mindfulness-Based Cognitive Therapy (MBCT), Dialectical Behaviour Therapy (DBT), and Acceptance and Commitment Therapy (ACT) (Burke, 2003). The primary focus of each of these interventions is on developing mindfulness, while the methods to teach the practice vary with each approach (Burke, 2003).

Mindfulness skills are promoted in DBT through the practice of non-judgmental observation of thoughts, emotions, and the environment (Burke, 2003). Throughout DBT, clients acquire emotion regulation and distress tolerance skills (Baer, 2003). DBT mindfulness goals are established based on the individual's ability to engage with the practices (Linehan, 1994).

MBCT incorporates elements of cognitive therapy and facilitates a detached view of thoughts (Baer, 2003; Segal, Williams, & Teasdale, 2002). MBCT utilizes techniques including

inviting in difficult experiences, being aware of 'autopilot' and integrating kindness and self-compassion into daily life (Hammond, 2015).

ACT is a behavioural therapy designed to increase cognitive flexibility and the ability to engage with the present moment and to change behaviour to better serve one's values (Neukrug, 2015). ACT incorporates the following concepts: 1) acceptance and willingness, (2) defusion, (3) contact with the present moment, (4) self and perspective taking, (5) values, and (6) committed action. Acceptance and willingness is promoted by focusing on difficult experiences and practicing being accepting toward these experiences rather than avoiding (Gordon, Borushok, & Polk, 2017). Defusion involves disrupting the functions of thoughts so that they no longer have the same influence on behaviour (Neukrug, 2015; Gordon, Borushok, & Polk, 2017). Contact with the present moment involves encouraging the client to cultivate intention and curiosity for the present moment. Values are addressed in the therapeutic process and individuals are guided through the process of choosing their values and identifying goals to help them live according to those values (Dahl et al., 2014). Committed action involves working with the client to develop short-term and long-term goals concerning their values (Blackledge, Ciarrochi, & Deane, 2009; Dahl et al., 2014).

While the techniques may vary for each specific intervention, the overarching goal for mindfulness-based therapies is to cultivate awareness of the present moment. Below is a discussion on the implementation of these therapies with a school-age population.

Research with School Age Population

Bigel et al. (2009) completed a randomized clinical trial to investigate the effect of mindfulness based stress reduction program for adolescents aged 14-18 years old who were receiving services from an outpatient psychiatric facility. Participants were either assigned to an

intervention group or a treatment as usual group. Participants receiving the intervention received weekly classes for eight weeks. Clinical measures of mental health as well as information on the Diagnostic and Statistical Manual of Mental Disorders 4 and current level of general psychological and social functioning were obtained from institution records at three time points. In addition to this a variety of self-reported measures of mental health were completed by participants to assess psychological stress, distress, and well-being. MBSR participants also completed a weekly mindfulness practice diary where participants responded to a brief series of questions on the mindfulness practices. Results indicated that the MBSR treatment group demonstrated a clinically significantly higher percentage of diagnostic improvement as well as significant increases in global assessment of functioning scores relative to the controls. Mindfulness Based Approaches are one of the many theories implemented with school age children and youth. Below is an overview of Humanistic theory and its implementation with a school age population.

Humanistic Theory

Theory

Humanistic psychology focuses on the potential of an individual's ability to actively choose and intentionally decide about matters that are related to themselves and their environments (Gladding, 2015). Professionals who work from this perspective assist individuals to become more aware by experiencing their feelings and embracing the notion that individuals are responsible for their development and growth. Humanistic theory encompasses three specific approaches: Person-centered, Gestalt and Existential. Person-centered theory suggests that people are inherently good (Rogers, 1961) and are deserving of unconditional positive regard. This theory postulates that each individual is continuously moving toward self-actualization

(Jones-Smith, 2016). Carl Rogers, the founder of Person-centered counselling, believed that "the organism has one basic tendency and striving, to actualize, maintain, and enhance the experiencing organism" (1961, p. 487). The focus of Person-centered therapy is on the individual and not on their problems.

The Existential approach emphasizes the freedom that human beings have to choose what to make of their circumstances (Fernando, 2007). Rollo May and Victor Frankel are two of the most influential scholars in Existential therapy (Jones-Smith, 2016). Existentialists believe that all humans search for meaning in life and that although people are alone in the world, they long to connect with others (Jones-Smith, 2016; May, 1961). People create their values and are free when they choose freely and accept the consequences of their actions (Yalom, 1991). Existentialists contend that life is either fulfilled or restricted by the choices that we all have to make (Jones-Smith, 2016).

Gestalt therapy is associated with the school of thought that stresses the perception of completeness and wholeness (Kottler & Montgomery, 2011). Fritz Pearls is considered to be a significant contributor to Gestalt Therapy (Jones-Smith, 2016). Gestalt theory suggests that an individual discovers different aspects of themselves through experience, not talk, and a person's assessment and interpretation of their life is most important (Jones-Smith, 2016). The Gestalt therapist is responsible for creating an atmosphere that promotes a client's ability to explore what they need to grow (Kottler & Montgomery, 2011).

Strategies

The practitioner's role is to assist individuals in learning how to cope with situations; to do this, the individual must first become a fully functioning individual with no need to apply defense mechanisms (Gladding, 2015). Person-centered therapists promote a therapeutic

relationship and environment where the individual feels free and is encouraged to explore all aspects of themselves (Rogers, 1951). Within this therapeutic relationship, the client is considered to be a person in process who directs the therapeutic direction (Moon, 2007). In Person-Centered therapy, the relationship between client and therapist is the most essential therapeutic technique that encourages change and development (Mcleod, 2016). In addition to the therapeutic relationship, Rogers (1957) identified core conditions of counselling: psychological contact, incongruence of the client, empathy, unconditional positive regard, and congruence. Rogers (1957) described a practitioner's embodiment of empathy to mean sensing "the clients hurt anger and confusion as if it were your own, without your own hurt, anger, and confusion getting bound up in it" (p. 210). To do this, a practitioner must put aside their values and enter another's perspective without judgement lay aside their values to fully enter another's world without prejudice or judgement (Rogers, 1957). Unconditional positive regard is the therapist's willingness to accept all communication from the client as being their authentic experience without judgement (Moon, 2007). Congruence is known as the practitioner's willingness to be known and their ability to present responses that are an authentic representation of their feelings related to the client (Barrett-Lennard, 1986; Mearns & Thorne, 2007; Rogers 1961).

Existential practitioners are not limited to specific techniques and are encouraged to borrow ideas and implement their personal and professional skills (Neukrug, 2011). The most effective technique in Existential therapy is the therapeutic relationship (Mcleod, 2013). Existential practitioners, at times, use confrontation to address the idea that every individual is responsible for their own life (Neukrug, 2011). The goal of Existential counselling is to help the

client to recognize the importance of meaning, awareness, freedom, and potential and to take responsibility for their own lives (Gladding, 2015).

Techniques used by Gestalt practitioners include experiments and exercises. Exercises include the enactment of fantasies, role-playing, and psychodrama (Gladding, 2015). Experiments include activities that grow from the interaction between the therapist and the client; these activities are unplanned and are often a surprise to both the client and the therapist (Jones-Smith, 2016). Another common technique used is the empty chair. This technique involves that client talking to the various parts of their personality; in this dialogue, both rational and irrational parts of the client can surface (Jones-Smith, 2016). Gestalt practitioners also make use of confrontation to confront incongruent behaviours and feelings (Gladding, 2015).

Humanistic theories privilege the therapeutic relationship and view this as the most important therapeutic technique, while also pulling from other techniques to encourage the client to make new choices in their life (Neukrug, 2011). Below is a review of these techniques with a school-age population.

Research with School Age Population

Humanistic therapies have been found to be most successful in treating problems associated with relational and interpersonal difficulties as well as those with depression (Elliott et al., 2012). Mclean et al. (2017) investigated the relationship between changes in PTSD and depression for adolescent females when receiving prolonged exposure therapy (PE) and Client Centered Therapy (CCT). This review will focus on the findings of client centered therapy. Sixty-one female adolescents with sexual assault related PTSD were randomized to one of the above treatment conditions. Participants completed the Beck Depression Inventory and the Child PTSD symptom scale at pre, mid, and post treatment and before each intervention session. CCT

intervention consisted of up to 14 weekly 60–90-minute individual sessions. Results indicated that CCT intervention resulted in significant improvement from pre-to post-treatment in overall PTSD.

Alabi and Lambi (2015) investigated the efficacy of client-centered and Rational Emotive Behaviour Therapies in reducing bullying behaviour in adolescents in Nigeria. The Bullying identifier questionnaire, a self-report questionnaire, was used to select the participants. A total of 72 participants with high scores on bullying items and low scores on victimization were selected to participate in the treatment. Participants were recruited from three public schools in Nigeria and were assigned to one of three groups: CCT treatment group, REBT treatment group, or the control group. Treatment involved one, one hour session per week, and occurred over an 8-week period. The findings revealed a reduction in the bullying behaviour of the in-school adolescents exposed to experimental treatments. Both Client-Centered Therapy (CCT) and Rational-Emotive Behaviour Therapy (REBT) produced significant reduction in the bullying behaviour of the in-school adolescents.

With its unique focus on the therapeutic alliance, humanistic theories have contributed to the development of other therapeutic approaches; most specifically, Motivational Interviewing (Miller & Rollnick, 2002). Below is a discussion of Motivational Interviewing and its implementation with a School Age Population.

Motivational Interviewing

Theory

Motivational interviewing (MI) is a client-centered and directive method that enhances intrinsic motivation to change by exploring and resolving ambivalence (Miller & Rollnick, 2002). MI focuses on positive regard for the client, and privileges the client's autonomy

(Hendrickson, Moyers, & Miller, 2005; Miller & Rollnick, 2002). MI was initially developed by William Miller (Jones-Smith, 2016). While supervising a group of Psychologists, Miller was forced to verbalize his therapeutic model, and he began to recognize that his approach involved responding to clients with significant empathy and a Person-Centered style (Miller & Rose, 2009). MI was initially conceptualized as guiding the client from pre-contemplation or contemplation into preparation and action by increasing motivation and commitment to change (Miller, 1983). MI contends that people tend to become more committed to concepts they hear themselves defend (Hetemma, Setlle, & Miller, 2005). MI suggests that as clients hear themselves explain their motivations for change, their commitment to that change is strengthened (Hetemma et al., 2005; Miller & Rose 2009). Therapists practicing from an MI framework implement specific techniques when engaging with the client.

Strategies

Four principals guide the MI process: expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy (Miller & Rollnick, 2002). Practitioners working with a MI framework express empathy through reflective listening which includes re-stating the client's message to ensure that they interpreted it correctly and also to encourage more disclosure from the client (Miller & Rollnick, 1991, 2002; Rollnick & Miller, 1995). Developing discrepancy is described by Miller and Rollnick (2002) as "presenting an unpleasant reality so the person can confront it and be changed by it" (p. 38). The practitioner's goal is to develop and increase discrepancy without confronting or selling behaviour change (Miller & Rollnick, 2002). The third principle is that clinicians should avoid arguments with the client, as this is counterproductive (Miller & Rollnick, 2013). The fourth principle, roll with resistance, encourages practitioners to resist asserting their agenda and to resist pushing change onto the

client (Miller & Rollnick, 2002). The final principle, support self-efficacy, involves reminding clients of their unique successes in life and asking permission before educating or providing change plan options (Miller& Rollnick, 2002).

Miller and Rollnick (2010) claim that there are four fundamental processes involved in MI: engaging, focusing, evoking, and planning, these processes are described as follows. Engaging is the foundation of MI, which uses a person-centered counselling style concentrates on listening to understand the client and their unique perspective and values (Miller & Rollnick, 2010). Focusing involves guiding the client to discover a target behaviour that is valuable to him/her (Miller & Rollnick, 2013). Evoking occurs when the practitioner evokes the client's motivation for change; this happens when the practitioner engages in selective eliciting, responding and summaries (Miller & Rollnick, 2013). The fourth fundamental process involves planning client change (Miller & Rollnick, 2013). The clinician and the client develop a change plan and establish the client's commitment to change. Miller and Rollnick (2010) have affirmed that motivational interviewing can occur without the planning stage, should the client refuse to engage in this process. MI has made several contributions to the literature by emphasizing the critical nature of change during psychotherapy (Jones-Smith, 2016). MI is a promising intervention for a broad spectrum of problems and literature supporting MI is extensive (Burke, Arkowitz, Menchola, 2003; Erickson, Gerstle, & Feldstein, 2005; Hettema, et al., 2005). Below is a review of Motivational Interviewing with a school-age population.

Research with School Age Population

Strait et al. (2012) addressed the concern of academic performance and self-efficacy using motivational interviewing with a sample of 103 students in sixth, seventh, and eighth grade. Students were assigned to either a motivational interviewing intervention group or a

waitlist control group. The intervention group received one intervention session from a trained professional. The results from this study indicated that students who participated in the MI intervention were significantly more likely than the control group to report increases in participation and overall positive academic behaviour. In addition to this the findings were associated with significant improvement in math grades for the intervention group, but not those in the control condition.

Freira et al. (2017) investigated the impact that Motivational Interviewing Intervention had on depression subscale scores of adolescents with obesity. Eight hundred participants from eight high schools were randomly selected, a sample size of 97 students was achieved. Inclusion criteria for the study was the presence of the following: (a) age between 14 and 19 years-old and (b) obesity or overweight according to World Health Organization (WHO) body mass index (BMI) criteria. Participants selected were assigned to either a motivational interviewing group or a conventional intervention group. Intervention in both conditions consisted of three thirty-minute individual and confidential face-to-face counselling sessions that were held three months apart. The results from this study indicated that Motivational Interviewing resulted in a decrease in the score of self-reported depressive symptoms in comparison to the conventional intervention group.

MI has been demonstrated as an effective therapy for a variety of presenting concerns (Miller & Rose, 2009). MI is influenced by humanistic approaches and is considered to belong with the 'third-force' of psychotherapy (Jones-Smith, 2016; Miller & Rollnick, 2002). Below begins the discussion of Postmodern approaches, which focus on human participation in the construction of knowledge (Jones-Smith, 2016).

Narrative Therapy

Theory

Narrative therapy is a post-modern approach that presents the idea that individuals attribute meaning to their unique experiences, which shapes their perceptions of the stories they develop about who they are (Jones-Smith, 2016; Looyeh et al., 2012). Michael White and David Epston are known for their implementation of narrative therapy (Corey, 2013). Narrative therapy is grounded in the social constructivism world view (Lambie & Milsom, 2010). Social constructivism supports the notion that realities and knowledge are constructed and shaped through a social process (White & Epstom, 1990; Lambie & Milsom 2010). Narrative therapy views problems as developing from a client's interaction with society and its influence on their personal narratives (Lambie & Milsom, 2010). Narrative therapy focuses on the stories that individuals create based on events that are privileged (Narrative Therapy Center of Toronto, 2018). The theory suggests that as one story develops, the teller is invited to privilege this story over others to fit within the already developed story (Narrative Therapy Center of Toronto, 2018). Narrative practitioners use a variety of techniques to assist the individual to become aware of their narratives; below is an outline of these practices.

Strategies

Narrative practitioners often begin by inviting the individual to tell their story and discuss their presenting concerns, which detail despair and little hope (Payne, 2006). These stories are problem-saturated stories (Payne, 2006). The practitioner's role is to listen and accept the individual's story as they tell it while distinguishing that this is likely not the entire story (Payne, 2006). The individual is encouraged to name the problem and provide it with a specific label (Combs & Freedman, 2004). This process allows problem to be externalized and returns control

back to the individual (Payne, 2006). Individuals are also encouraged to use externalizing language to distinguish that the problem is impacting the person but is not existing within them (Epston, 1993). Once the problem-saturated story is understood, the practitioner can encourage the client to begin to consider an alternative story. The alternative story can start with the deconstructing of unique outcomes, a technique where clients focus on unique events that do not fit within their problem-saturated story (Combs & Freedman, 2012; Morgan, 2000). Clients are invited to develop a fuller alternative story by re-experiencing the unique outcome through the re-telling of the story (Freedman & Combs, 1993, 1996, 2012). At this point in the process, individuals are invited to decide to remain dominated by the problem-saturated story, or to engage with the new story that they have developed (Payne, 2006).

The literature suggests the effectiveness of narrative techniques for addressing the needs of children with emotional and behavioural challenges (Kamali et al., 2013). Below is a review of the current research on Narrative therapy with a school-age population.

Research with School Age Population

Looyeh et al. (2014) reviewed the effectiveness of a Narrative approach in a group setting with male students diagnosed with social phobia. Treatment was conducted in a school based setting with fourth graders, for 14 sessions at approximately 90 minutes each session. The results from this study indicated that group narrative therapy had a significant effect on reducing symptoms of social phobia at home and school as reported by parents and teachers, respectively. Reduction in symptoms was still present compared to a wait-list control group thirty days after treatment (Looyeh et al., 2014).

Kamali and Looyeh (2012) implemented a group narrative intervention with pre-adolescent girls who were diagnosed with ADHD. The group intervention was held in a school

setting and consisted of twelve, sixty minute sessions with homework between sessions. A comparison of pre-test and post-test scores for the intervention group showed a significant decline in symptom scores at one week and 30 days after completion of therapy. Participants in the wait-list group showed no significant change in symptom scores after one week and 30 days following treatment.

Beaudoin, Evare, and Moersch (2016) examined the effectiveness of Narrative Therapy in increasing 8-10 year old children's social and emotional skills in school. Data was collected from 353 children across two years. Children's personal accounts of their attempts to solve problems and conflicts in their lives were collected before and after a series of narrative conversations. These stories were compared to the same stories collected from a control group. The control data included a set of stories from waitlisted participants and those from students assigned to only a control group. The results of the study show that children receiving narrative therapy intervention showed a significant improvement in self-awareness, self-management, social awareness/empathy, and responsible decision making when compared to their own first stories and the stories from children in the control group.

Narrative Therapy focuses on understanding the stories that we construct and learning to challenge and create new stories that better serve the individual (Jones-Smith, 2016). The therapy has demonstrated to be effective with children and youth with a variety of diagnoses, including but not limited to: Major depressive disorder, Autism Spectrum Disorder, eating disorders and anxiety (Dulwich Center, 2015). Narrative theory takes a non-expert perspective and approaches counselling as a collaborate experience between client and counsellor. Solution focused counselling shares this post-modern approach to counselling and this theory and techniques are reviewed below (Murphy, 2014).

Solution Focused Therapy

Theory

Solution Focused Therapy (SFT) is a short-term therapy characterized by its strengths-based orientation that assists clients to identify pre-existing resources that can assist them in coping with life's stressors (Gladding, 2015). SFT views the individual as an expert in their own life and asserts that people have the capacity to create change (Walter & Peller, 2000). Rather than challenging the existence of problems, SFT maintains that problems are best understood in relation to their solutions (De Shazer, 1985). This framework takes a non-expert approach and assumes that the practitioner's expertise exists in the way in which the conversation is conducted (Bobele, Gardner, & Biever, 1995; DeJong & Berg, 2002). Solution-focused practitioners assist clients to make change through a variety of effective strategies.

Strategies

Practitioners working from this framework assume that all individuals have an innate ability to create change and identify concrete, realistic goals to work toward with the client (Harris & White, 2013). Practitioners exercise curiosity about their client's solution focused future and create a collaborative environment to assist the client (Corcoran & Stephenson, 2000). One technique used by SF practitioners is the miracle question in which they ask their client to imagine that in the middle of the night there is a miracle and their problem is solved (De Shazer, 1988; Mckeel, 2012). The practitioner encourages the client to identify the changes that would need to be made for this to occur (De Shazer, 1988; Harris & White, 2013). SF practitioners use scaling questions to assist clients to assess their current situations on a scale of one-ten (Mckeel, 2012). Clients are encouraged to think about what they would need to do to get to the next point on the scale (McKeel, 2012). Coping questions are another technique used by practitioners.

Clients are encouraged to refocus onto what they are doing to survive their pain and circumstances (DeJong & Berg, 2002). SF practitioners also draw the clients' attention to exceptions or times when the problem was not occurring to potentially identify previous solutions that may help resolve the current situation (Cotton, 2010). SFT techniques can be effective in a school-based setting (Fernie & Cubeddu, 2016; Stobie, Boyle & Woolfson, 2005). Below is a review of its effectiveness with a school-aged population.

Research with School Age Population

Ferrington et al. (2011) evaluated the effect of Solution Focused Counselling (SFC) on the academic performance of six fifth grade students. Specifically, the authors evaluated the effects of SFC on the completion of math assignments for students who were not completing assignments but had the skills to do so. Each student received one individual weekly SFC intervention session for five weeks, in a school based setting. Immediately following the implementation of the intervention, each student reportedly demonstrated an increase in assignment completion with no concomitant increases in untreated students. This study suggests SFC may enhance academic engagement and performance in students who have the prerequisite skill to complete assigned work, but frequently do not attempt to do this work.

Newsome (2004) investigated the effectiveness of SFC in a group setting with students at risk for academic underachievement and school non-attendance, measured by grade point average (GPA) and school attendance. Twenty-Six junior high students who received SFC intervention were compared to 26 students who did not receive the intervention. Newsome (2004) found that students in the treatment group increased their GPA from pre-treatment to post-treatment, however no significant differences were noted on attendance between both groups.

Franklin et al. (2008) evaluated the effectiveness of SFC with children exhibited classroom related behavioural difficulties. Sixty-Seven students were recruited for the study, 30 were assigned to the experimental group and 29 to the control group. Students were referred for behaviour problems including: inattentiveness, tardiness, difficulty completing tasks, social problems that impacted with school performance. Participants were evaluated with pre and post-test measures. The measures used to evaluate externalizing and internalizing behaviours were: Youth Self Report Form (YSR), Teacher Report Form (TRF), and the Child Behaviour Checklist (CBCL). Intervention involved a combination of individual sessions of Brief SFT, teacher training, consultations, and collaborative meetings. Results indicated that the experimental group showed significant reduction of internalizing and externalizing behaviour on the TRF and a reduction in externalizing behaviours reported by the YSR. There was a significant difference in externalizing and internalizing behaviours between groups with the TRF measure and a significant difference in externalizing behaviours between groups with the YSR measure.

SFT emphasizes solution talk rather than focusing on problem talk. Client are encouraged to speak in terms of their strengths and abilities and what they can do to produce change. SFT is an effective approach for a variety of presenting physiological concerns (Gingerich, Kim, & MacDonald, 2012; Trepper & Franklin, 2012). A discussion regarding the development of Family Systems Theory and its integration into the practice of School Psychology is below.

Family Systems Theory

Theory

Family systems therapy, also referred to as Bowen Family System Therapy, was developed by Michael Kerr and Murray Bowen. The theory views the family as a succinct emotional unit, and uses systemic thinking to describe the family interactions (The Bowen

Center for the study of the family, 2018). Family systems therapy suggests that there is chronic anxiety in all of life and that some individuals are more impacted than others because of the way previous generations within their family have transmitted this anxiety (Gladding, 2015). The focus of family systems therapy is the differentiation of self and family and intellect and emotion and to encourage family members to become aware of inter-generational patterns that have influenced how they interact with each other (Gladding, 2015). Post-modern family therapists reject the notion of singular family functioning. Therapists recognize that each family member has multiple subjective realities that are influenced by the dominant political, social and economic discourse (Jones-Smith, 2016). Family Systems Therapy is not technique oriented, and change is considered to be process-oriented that is brought about with the use of strategies (Gladding, 2015).

Strategies

The techniques most frequently implemented are genograms, going home again, de-triangulation, person-to-person relationships, and differentiation of self. A genogram is a visual representation of a family tree (Neukrug, 2011). They include information about family relationships over at least three generations (Gladding, 2015; Neukrug, 2011). This diagram assists clients and practitioners to view family composition and hypothesize and track any relationship changes (Neukrug, 2011). Practitioners may encourage clients to return home to get to know their family of origin better, to assist individuals in differentiating themselves and they can then operate more fully in all family contexts (Gladding, 2015). When implementing de-triangulation, practitioners are encouraging clients to resolve their anxiety over specific family situations, and not to project their feelings onto anyone else.

Additionally, practitioners assist their clients to separate themselves from conflict within their family and refuse to allow themselves to become scapegoats for family members (Gladding, 2015). Person to person relationships promotes family members simply relating to one another about each other. Finally, differentiation of self involves the client being able to distinguish between the subjective feeling and the more objective process (Gladding, 2015). Family systems theory has been demonstrated as an effective intervention for a variety of challenges in children and youth and appears to be more effective than individual counselling when the presenting problems involve family members (Gurman, 1983). Family therapy is an effective intervention to decrease presenting problem behaviours in children and adolescents (Carr, 2009). Below is a discussion on some of the research with school-aged populations.

Research with School Age Population

Rayburn et al. (2016) investigated the systems family framework in a school setting with a case study design. Assessment Support Center 's (ASC) centers are school-based mental health programs in the rural North Carolina Appalachian Mountains. The purpose of the ASC school mental health center is to provide supportive counselling services to promote academic success. This model is centered around multiple systemic perspectives. The authors report that giving careful attention to the patterns that are evident in the family and school system's interactions can improve student functioning. This case study took place over an eight-month period and all family and individual sessions occurred in the school setting. After moving through all four phases of the intervention, the family and the client reported significant improvements in their lives. The client reported having reduction of stress and nightmares and reported improvement in her relationships with peers. Although the findings are preliminary and based on a case study, the

findings of the positive impact that a systems approach can have in a school setting are encouraging.

Cross et al. (2012) investigated the impact of a system based approach on bullying behaviours. Participants included students in grade two, grade four, and grade six from 20 randomly selected primary schools in Australia. The grade four and grade six cohorts were the focus of this research. All participating schools agreed to random assignment to experimental conditions: high, moderate, and low intervention and participants received these interventions for three years. The high intervention schools received an additional three hours of team training in each study year to increase their ability to engage parents as well as a series of awareness raising and skill building activities for parents and families (Cross et al, 2012). Both high and moderate intervention groups were comprised of four levels of intervention: whole school, classroom, family and individual. The intervention provided was the 'Friendly Schools, Friendly Family Program' that addressed the students life using a whole-school, system based approach. "The framework suggests ecological, cognitive and psychosocial risk and protective factors that are potentially amenable to change, and that can be regulated or mediated at the school, classroom, family and/or individual levels to reduce bullying" (Cross et al., 2012, p. 397). The behavioural outcomes used to measure the effect of the intervention were as follows: a student self-report of how often they were bullied, how often they bullied, and telling someone if they were bullied. These measures were gathered at the end of term each year for three years. Results indicated that the high intensity intervention was somewhat more effective than the moderate intensity and substantially more effective than the low intensity. The high intervention was significantly more effective than the low at encouraging students to report being bullied in post-test one and two for the grade six cohort only. The high intervention was more effective compared to the low

intervention in reducing the rates of being bullied frequently and being bullied less often or not at all (Cross et al., 2012). Significant differences for bullying others were only noted in the grade four cohort. The high intensity grade four intervention group was significantly less likely to bully others than the moderate group at post-test two and three. The grade four high intensity group was less likely than the low intensity group to bully others at post-test three. Families are an integral part of a child's life, including the family system in the school community is important, considering that families are an integral part of a child's life (Cross et al., 2012).

Educational Psychologists make recommendations and provide evidence-based interventions to students and administer and interpret standardized tests (CPA, 2014; NASP, 2010; Saklofske et al., 2007). Below is a discussion of intelligence construct theory as well as a review of current assessments used by Educational and School Psychologists to assess Intelligence Quotient (IQ) with students.

Intelligence Testing

Theory

The first developments in the field of intelligence theories and testing are attributed to Alfred Binet and Francis Galton (Greenwood, 2015). Galton's work in the 1880's is often credited as the origin of contemporary intelligence testing (Kugler & Suzuki, 2012). Galton identified individual differences in sensory and motor reaction times through data collection on nearly 20,000 people (Kugler & Suzuki, 2012). Galton completed this by employing physical and sensory acuity measures, such as head size, physical strength, visual and auditory acuity, and reaction time (Kugler & Suzuki, 2012). Alfred Binet and Théophile Simon developed a test for measuring children's intelligence to assess the child's mental level. The assessment was based on direct measures of comprehension, problem solving, and logical and analogical

reasoning and scales consisted of 31 items that were ranked in order of difficulty (Greenwood, 2015). Following this, Lewis Terman (1916) published the Stanford Revision and Extension of the Standford-Binet scale, an adaptation of the above mentioned assessment to reflect American culture (Kaufman, 2000). David Wechsler then identified the need for verbal and non-verbal scales and the Wechsler Intelligence Scale for Children and the Wechsler Adult Intelligence Scale were developed (Kaufman, 2000). The history of IQ theory and testing created the foundation for the development of new tests and the interpretation of existing tests. A review of the current IQ assessments being implemented in the practice of School Psychology is below.

Assessment

Educational and School Psychologists have a variety of assessments to choose from when completing psychological assessments. The Kaufman Brief Intelligence Test, Second Edition, is a brief measure of verbal and non-verbal intelligence. It can be used with individuals aged 4-90 and takes approximately 15-30 minutes to complete (Issarraras & Matson 2018). There are three subtests which produce a verbal score, non-verbal score and an Intelligence Quotient (IQ) composite (Shaw, 2007). This assessment can be used as a screening measure or a tool to re-evaluate a student (Madle, 2007). The Wechsler Intelligence Scale for Children, five (WISC-V) consists of 21 subtests and can be used with children aged 6-16 years 11 months (Issarraras & Matson 2018). The full scale IQ score can be generated from selected subtests of the WISC-V (Wechsler, 2014). In addition to this, analysis and interpretation can occur from the primary index scale, the ancillary index scale, and the complementary index scale (Benson, 2017). The Standford-Binet Intelligence Scales, fifth edition (SB-5), were designed to assess intelligence in individuals aged 2-90 years 9 months (Roid, 2003). The SB-5 uses five abilities to measure

general intelligence (Roid, 2003). These provide five factor index scores as well as Non-Verbal IQ, Verbal IQ, and a full-scale IQ.

Intellectual assessments are often used by Psychologists in a school setting to provide a measure of intellectual functioning. In a Canadian wide survey of School Psychologists, participants reported spending the largest amount of time completing intellectual assessment compared to their other work responsibilities (Jordan et al., 2009).

Conclusion

The field of School Psychology has made significant advancements since its development in the early 20th century. School and Educational Psychologists fulfil a variety of roles in the school environment, the primary being to enhance the learning environment of all children through their knowledge of child development (Corkym, French & Dorey, 2007; Harris & Joy, 2010; Jordan et al., 2009). As outlined above, there are a wide selection of theories that may be implemented by Educational and School Psychologists. Theory is an essential component of the therapeutic process and individuals working with children and youth should be educated in theory (Hughes, 2000; Pattison et al., 2008). School Psychologists should rely on theoretical foundations as they provide structure to practice (Burns, 2011). Tharinger (2000) emphasizes that effective treatment delivery for children requires an integration of theoretical frameworks, with the developmental perspective being at the forefront. The current study explored Educational and School Psychologists' self-reported integration of theory in each of the standards of practice outlined by the NLESD and identified above. The following section is a review of the methodology used to collect the data for this study.

CHAPTER TWO

METHODOLOGY

Purpose

This study investigated Atlantic Canadian Educational and School Psychologists' use of theory in practice. Specifically, this research aimed to gather data on the theories most used by Educational and School Psychologists' and their beliefs regarding the importance of theory in practice. It also intended to collect information on Educational and School Psychologists' current use of theory in the standards of practice for Educational Psychologists identified by the Newfoundland and Labrador English School District. As well as participants' perceived level of preparedness to implement theory in their practice. Finally, the research aimed to collect information on the value placed on professional development by participants.

Research Design

A cross sectional survey research design was selected for this research. Cross sectional survey designs are used to collect data regarding current attitudes, beliefs, and practices of individuals in one moment of time (Creswell, 2015). The cross sectional survey design was selected for this research as the identified research questions inquired about Educational and School Psychologists' current beliefs, practices, and attitudes concerning theory in practice. Specifically, the survey gathered data about the participants' perception of the importance of theory in practice, their use of theory in their current employment roles, their beliefs regarding their level of preparedness to implement theory, and their value placed on professional development. A web-based questionnaire was selected for this survey design. This method was selected for its effective and economical ability to conveniently access participants living in different provinces and different geographical regions within each province (Creswell, 2015).

Data Collection

Educational and School Psychologists in Newfoundland and Labrador, New Brunswick, Nova Scotia, and Prince Edward Island were surveyed through an electronically administered survey using the Survey Monkey platform. Following ethics approval, the writer requested approval to administer the survey with the appropriate persons in each school district(s) within each province. Educational and School Psychologists practicing in the school districts that approved the research were sent an e-mail (See Appendix B) from a representative within the school district they were employed by. This e-mail introduced the researcher, Jessica Cowan, and the purpose of the study. It also provided details regarding participation in the survey as well as a link to the informed consent form and the survey. By clicking the link to the survey, participants were directed to the informed consent form (see Appendix C). Participants were instructed that clicking 'next' on the informed consent and submitting the survey constituted consent and implied their agreement to the stipulations presented. Participants were also advised that participation in the survey was voluntary, all information was confidential and not in any way linked to their identification, and participation would not have any impact on their employment status. As an incentive to participate, participants could enter their email, through the use of a separate web link, not linked to the survey, to be entered in a random draw for a 50$ Visa gift card.

This survey (see Appendix D) was adapted by the author, Jessica Cowan, from a questionnaire developed by Shelly Coleman and Dr. Gregory Harris. The survey was administered by Survey Monkey, an online survey-development software program. The survey consisted of 15 questions that gathered information on the use of theory in the practice of Educational and School Psychology. The survey gathered information on non-identifying

demographics of the practitioner. This included their age-range, sex, education, location of school (urban or rural), and years of experience as an Educational or School Psychologist. The survey also gathered information regarding participants' perceptions of the importance of integrating theory into practice and inquired about the specific theories used in standards of practice for Educational and School Psychologists. In addition, the survey collected information on participants' views of professional development and training in the field of Educational and School Psychology.

Sampling

Initially, the study sought to investigate Educational Psychologists' use of theory in practice in Newfoundland and Labrador. However, due to a response rate of 21%, the study was expanded to include School Psychologists in Nova Scotia, New Brunswick, and Prince Edward Island. Ethics approval was initially received from Memorial University's Interdisciplinary Committee on Ethics in Human Research (ICEHR) for permission to collect data in the Newfoundland and Labrador English School District. Permission was also obtained from the Newfoundland and Labrador English School District. Following the decision to expand the study, the writer applied and received approval for an amendment to the ICEHR ethics approval to include all school districts located in Nova Scotia, New Brunswick and Prince Edward Island (See Appendix A). Separate permissions were then obtained from each district in each province.

Information was gathered through a survey which was distributed electronically. At the time the survey was distributed, there were a reported total of 72 Educational and School Psychologists working in the school districts that approved participation in the research. Of the 72 Educational and School Psychologists invited to participate, a total of 32 responded, providing a response rate of approximately 44%. Table 1 outlines the school districts contacted,

the status to administer the survey within the school district, and the number of Educational and

School Psychologists reported to be working in the district at the time of survey distribution.

Table 1: Approval to Conduct Research According to Province

Province	School District	Approval Status	Educational/ School Psychologists invited to participate
Nova Scotia	Tri-County Regional School Board	Approved	5
Nova Scotia	Cape Breton Regional School Board	Declined	0
Nova Scotia	Strait Regional School Board	Declined	0
Nova Scotia	Halifax Regional School Board	Declined	0
Nova Scotia	Annapolis Valley Regional School Board	No response	0
Nova Scotia	Chignecto Central Regional School Board	Approved	15
Nova Scotia	South Shore Regional School Board	No response	0
New Brunswick	Anglophone North School District	Approved	3
New Brunswick	Anglophone South School District	Approved	3
New Brunswick	Anglophone West School District	Approved	3
New Brunswick	Anglophone East School District	No response	0

Prince Edward Island	PEI Public School Branch	Approved	6
Newfoundland and Labrador	Newfoundland and Labrador English School District	Approved	37

Analysis of data

The data collected was mainly descriptive in nature, as such inferential techniques and measures of frequency were primarily used to examine the data. The anecdotal data that was provided regarding participants' personal experiences as an Educational or School Psychologist, their use of theory in practice, as well as their desire for additional training was examined for common themes, words, and phrases.

Conclusion

This chapter is a summary of the methodology used in the current study. It provides a review of the sampling procedure, the methods used to collect data, and an overview of the research design including the development and distribution of the survey. The next chapter will present the findings.

CHAPTER 3

RESULTS

In total, 72 Educational and School Psychologists were invited to participate in the study. Of those invited to participate, 32 individuals completed the survey, providing a 44% response rate. This chapter presents the findings of the current study including participant demographics, data regarding formal theory use in practice, data on theory used in the professional roles of Educational Psychologists outlined by the Newfoundland and Labrador English School District (NLESD), and information gathered about participants' training and their views on professional development related to theory.

Demographics

Table 2 is a representation of the demographic data collected through the survey. The data that was collected includes the participants' identified sex, age, years of experience, school location and the grades serviced within that school, and finally the participant's education and professional designation.

Table 2. Demographic Characteristics

Characteristic	N	Percentage of sample
Sex		
Male	5	15.63%
Female	25	78.13%
Other	0	0.00
Undisclosed	2	6.25%
Total	32	100%
Age		

>30	7	21.88%
31-40	9	28.13%
41-50	10	31.25%
51-60	4	12.5%
61+	0	0
Undisclosed	2	6.25%
Total	32	100%
Years of Experience		
0-5	9	28.13%
6-10	9	28.13%
11-15	3	9.38%
16-20	3	9.38%
21-25	4	12.50%
26+	2	6.25%
Undisclosed	2	6.25%
Total	32	100%
Location of School		
Rural	14	43.75%
Urban	3	9.38%
Both	13	40.63%
Undisclosed	2	6.25%
Total	32	100%

Schools Serviced		
K-12	29	90.63%
K-8	1	3.13%
Undisclosed	2	6.25%
Total	32	100%
Education		
M.Ed	12	
M.A in School Psychology	9	
M.A	6	
M.Sc	1	
PhD.	3	
PsyD	1	
Undisclosed	3	
Designation		
Registered/Licensed Psychologist	18	56.25%
Provisionally Registered/ Candidate Register Psychologist	7	21.88%
Undisclosed	7	21.88%
Total	32	100%

Theory in the Practice of School and Educational Psychology

Participants were asked as series of questions about their use of theory in practice and were asked to rank order their most used theories on a scale of 1-5, with one being their most commonly used theory and five being their fifth most commonly used theory. The responses to these questions are presented in table 3a and figure 1. A selection of the most noteworthy responses are presented below. Approximately 61% (N=19) of participants reported having a formal theoretical underpinning and 39% (N=12) reported not having a formal theoretical underpinning. When asked if Educational and School Psychologists should have a theoretical underpinning, participants reported the following: 9.7% (N=3) reported never, 6.5% (N=2) reported somewhat never, 35.5% (N=11) reported being unsure, 38.7% (N=12) reported somewhat always, and 9.7% (N=3) reported always. Participants were also asked to rank order the top five theoretical frameworks that were integrated in their practice. Participants were asked to consider how they incorporated these theories in their role as a whole, rather than in specific roles. Fifty percent (N=16) of the respondents reported Cognitive Behavioural Therapy being the theory most used in their practice. Roughly 12% (N=4) of the respondents reported Cognitive Theories as the most used theory in their practice. Additionally, roughly 12% (N=4) of the respondents reported Behavioural Theories as the most used theory in their practice. There was more discrepancy on the reporting of the second, third, fourth, and fifth most used theories in practice. Table 3 and Fig 1 describe the data reported regarding most used theories ranked from 1-5.

Table 3a: First most subscribed theories

Theoretical Orientation	N	% of sample

Adlerian	0	0.00
Existential	0	0.00
Reality	0	0.00
Behavioural	4	12.50%
Gestalt	0	0.00
Cognitive	4	12.50%
Humanistic	1	3.13%
Psychoanalytic	0	0.00
Cognitive Behavioural Therapy	16	50.00%
Systems/Family	0	0.00
Solution Focused	2	6.25%
Narrative	0	0.00
Social Cognitive	1	3.13%
Trait Factor	0	0.00
Developmental Self-Concept	0	0.00
Work Adjustment	0	0.00
Feminist	0	0.00
Constructivism	0	0.00
Multicultural (Please specify specific theory if possible) _____	0	0.00
Transactional Analysis	0	0.00
Motivational Interviewing	0	0.00
Triarchic	0	0.00

Field Theory	0	0.00
Information Processing	0	0.00
Multiple Intelligence	0	0.00
Consultation Model	1	3.13%
Mindfulness Based Approaches	0	0.00
Strength Based Model	2	6.25%
Undisclosed	1	3.13%
Total	32	100%

Table 3b: Second most subscribed theories

Theoretical Orientation	N	% of sample
Adlerian	0	0.00
Existential	0	0.00
Reality	0	0.00
Behavioural	6	18.75%
Gestalt	0	0.00
Cognitive	2	6.25%
Humanistic	3	9.38%
Psychoanalytic	1	3.13%
Cognitive Behavioural Therapy	4	12.5%
Systems/Family	0	0.00
Solution Focused	3	9.38%

Narrative	0	0.00
Social Cognitive	1	3.13%
Trait Factor	0	0.00
Developmental Self-Concept	0	0.00
Work Adjustment	0	0.00
Feminist	0	0.00
Constructivism	0	0.00
Multicultural (Please specify specific theory if possible) _____	0	0.00
Transactional Analysis	0	0.00
Motivational Interviewing	0	0.00
Triarchic	0	0.00
Field Theory	0	0.00
Information Processing	1	3.13%
Multiple Intelligence	1	3.13%
Consultation Model	1	3.13%
Mindfulness Based Approaches	3	9.38%
Strength Based Model	1	3.13%
Acceptance and Commitment Therapy	1	3.13%
Dialectical Behavioural Therapy	1	3.13%
Undisclosed	1	3.13%
Subscribes to fewer than two theories	2	6.25%
Total	32	100%

Table 3c: Third most subscribed theories

Theoretical Orientation	N	% of sample
Adlerian	0	0.00
Existential	0	0.00
Reality	1	3.13%
Behavioural	3	9.38%
Gestalt	0	0.00
Cognitive	3	9.38%
Humanistic	1	3.13%
Psychoanalytic	0	0.00
Cognitive Behavioural Therapy	4	12.50%
Systems/Family	1	3.13%
Solution Focused	7	21.88%
Narrative	1	3.13%
Social Cognitive	2	6.25%
Trait Factor	0	0
Developmental Self-Concept	1	3.13%
Work Adjustment	0	0.00
Feminist	0	0.00
Constructivism	0	0.00
Multicultural (Please specify specific theory if possible)	0	0.00

Transactional Analysis	0	0.00
Motivational Interviewing	1	3.13%
Triarchic	0	0.00
Field Theory	0	0.00
Information Processing	0	0.00
Multiple Intelligence	0	0.00
Consultation Model	0	0.00
Mindfulness Based Approaches	4	12.5%
Strength Based Model	0	0.00
Undisclosed	1	3.13%
Subscribes to fewer than three theories	2	6.25%
Total	32	100%

Table 3d: Fourth most subscribed theories

Theoretical Orientation	N	% of sample
Adlerian	0	0.00
Existential	0	0.00
Reality	1	3.13%
Behavioural	5	15.63%
Gestalt	0	0.00
Cognitive	1	3.13%
Humanistic	0	0.00

Psychoanalytic	0	0.00
Cognitive Behavioural Therapy	2	6.25%
Systems/Family	0	0.00
Solution Focused	4	12.5%
Narrative	1	3.13%
Social Cognitive	2	6.25%
Trait Factor	0	0.00
Developmental Self-Concept	0	0.00
Work Adjustment	0	0.00
Feminist	0	0.00
Constructivism	0	0.00
Multicultural (Please specify specific theory if possible) _____	0	0.00
Transactional Analysis	0	0.00
Motivational Interviewing	1	3.13%
Triarchic	0	0.00
Field Theory	0	0.00
Information Processing	1	3.13%
Multiple Intelligence	2	6.25%
Consultation Model	2	6.25%
Mindfulness Based Approaches	1	3.13%
Strength Based Model	3	9.38%
Undisclosed	1	3.13

Subscribed to fewer than four theories	5	15.63
Total	32	100

Table 3e: Fifth most subscribed theories

Theoretical Orientation	N	% of sample
Adlerian	0	0.00
Existential	0	0.00
Reality	1	3.13%
Behavioural	2	6.25%
Gestalt	0	0.00
Cognitive	2	6.25%
Humanistic	0	0.00
Psychoanalytic	0	0.00
Cognitive Behavioural Therapy	1	3.13%
Systems/Family	1	3.13%
Solution Focused	2	6.25%
Narrative	0	0.00
Social Cognitive	0	0.00
Trait Factor	0	0.00
Developmental Self-Concept	0	0.00
Work Adjustment	0	0.00
Feminist	0	0.00

Constructivism	0	0.00
Multicultural (Please specify specific theory if possible) _____	0	0.00
Transactional Analysis	0	0.00
Motivational Interviewing	1	3.13%
Triarchic	0	0.00
Field Theory	0	0.00
Information Processing	1	3.13%
Multiple Intelligence	1	3.13%
Consultation Model	2	6.25%
Mindfulness Based Approaches	6	18.75%
Strength Based Model	3	9.38%
Undisclosed	1	3.13%
Subscribed to fewer than 5 theories	8	25.00%
Total	32	100%

Fig. 1a.

First Most Subscribed Theories
- Behavioural
- Cognitive
- Humanistic
- Cognitive Behavioural Therapy
- Solution Focused
- Social Cognitive
- Consultation Model
- Strength Based Model
- Undisclosed

Fig 1b.

Fig 1c.

Third Most Subscribed Theories

- Reality
- Behavioural
- Cognitive
- Humanistic
- Cognitive Behavioural Therapy
- Systems/Family
- Solution Focused
- Narrative
- Social Cognitive
- Developmental Self-Concept
- Motivational Interviewing
- Mindfulness Based Approaches
- Undisclosed
- Subscribed to fewer than three theories

Fig 1d.

Fourth Most Subscribed Theories

Fig 1e.

Fifth Most Subscribed Theories

Legend:
- Reality
- Behavioural
- Cognitive
- Cognitive Behavioral Therapy
- Systems/Family
- Solution Focused
- Motivational Interviewing
- Information Processing
- Multiple Intelligence
- Consultation Model
- Mindfulness Based Approaches
- Strength Based Model
- Undisclosed
- Subscribed to fewer than five theories

Use of Theory in Professional Practice Standards
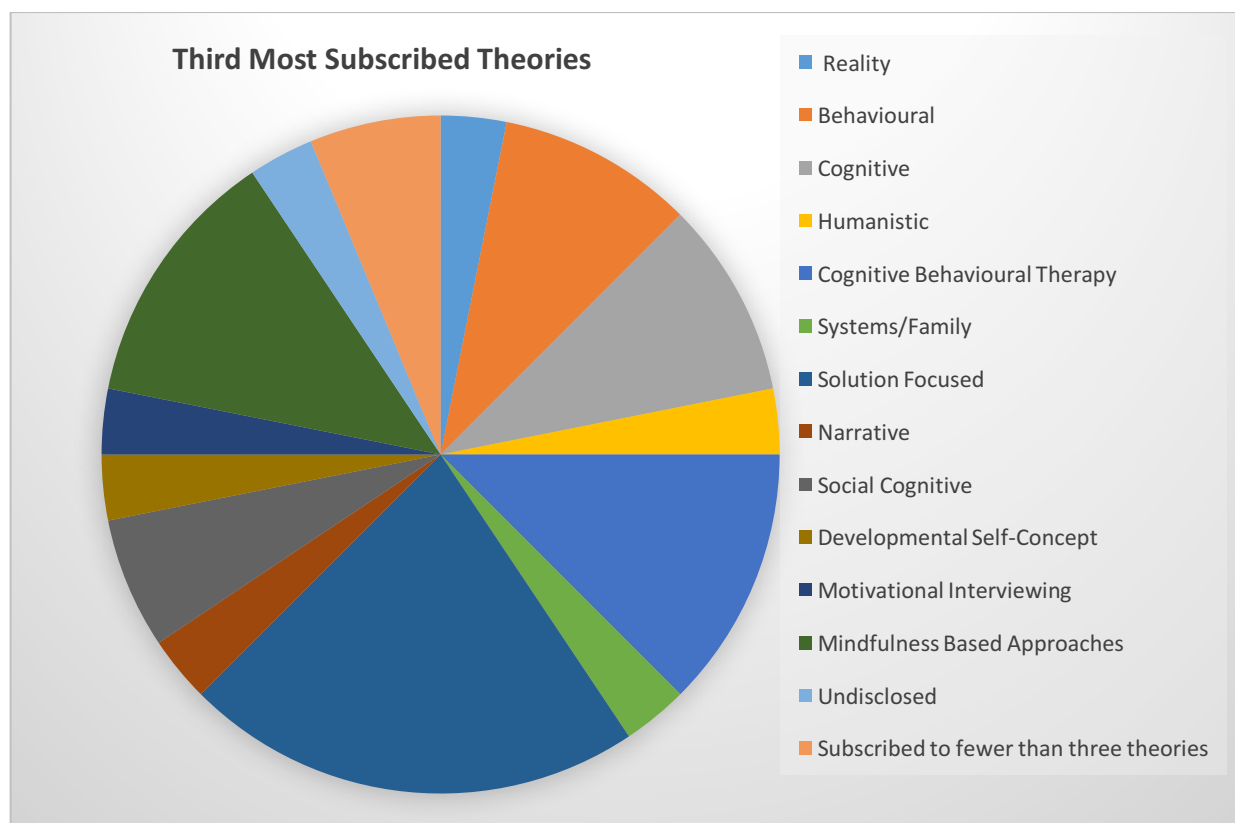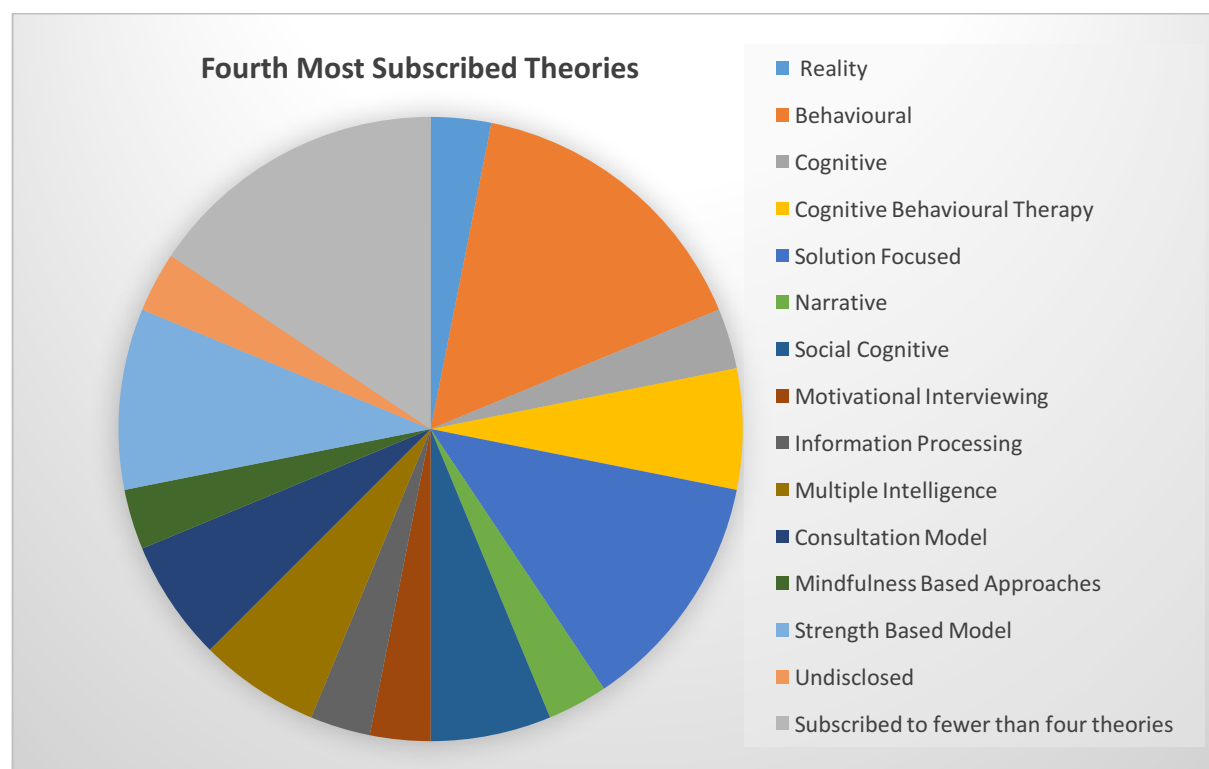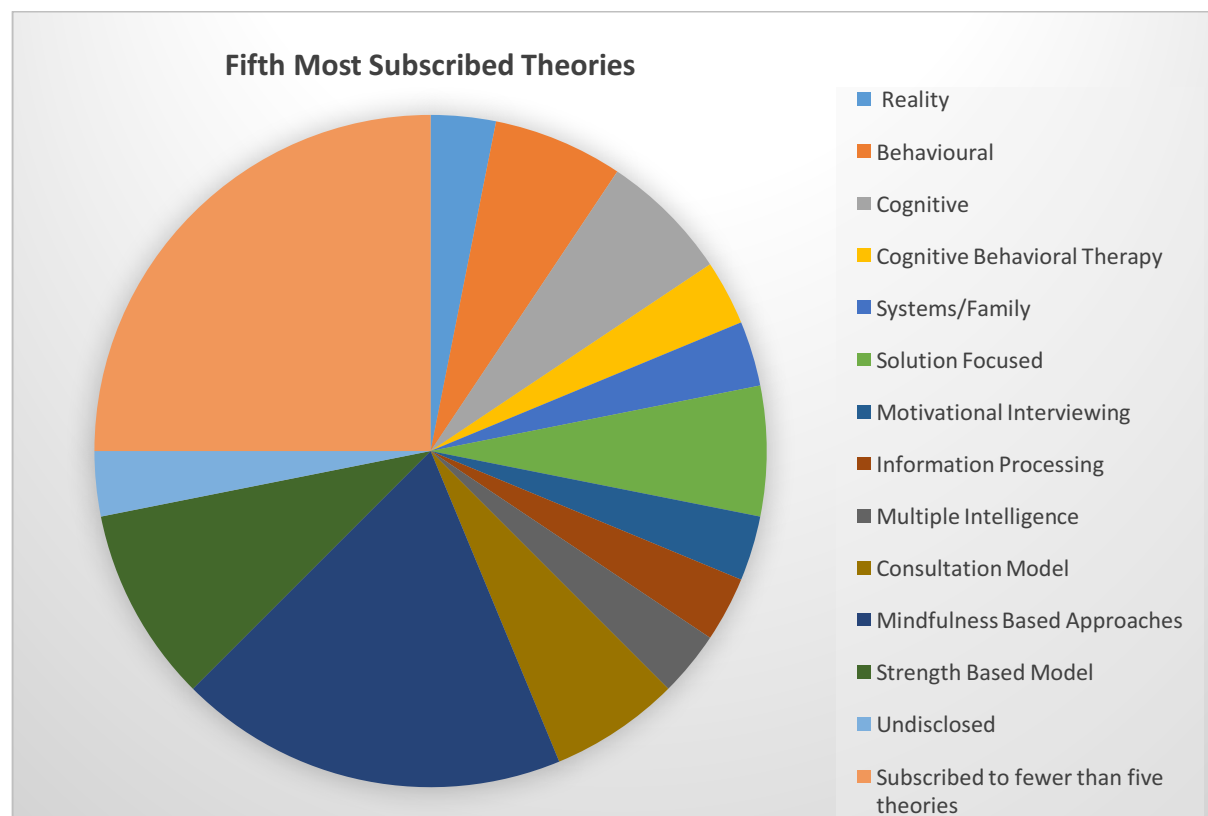
In addition to the above research question, participants were asked to reflect on how they implemented theory in professional standards that were outlined by the Newfoundland and Labrador English School District (NLESD). Considering each standard, participants were asked to identify the importance of theory to inform their practice in this role and were providing with the following rating scale: very important, somewhat important, unsure, somewhat not important, not at all important. The results collected are described in Table 4. Participants were also asked to identify the theory(s) used to inform their practice in this role. Participants were requested to respond with 'N/A' if they did not engage in the listed role and also to respond with NTU if they did not use theory in the listed role. A descriptive analysis of the data collected for the standards outlined in the literature review are also provided below.

Standard 1: Developing a comprehensive work program

The NLESD outlines this standard as developing one comprehensive work plan that outlines the psychological services he/she will provide throughout the school year, in collaboration with the school administration. Participants were asked to report the importance of implementing theory to inform practice in the above role. Of the participants who responded to this question (N=22), 57.14% (N=12) reported somewhat important (See Table 4).

Participants were asked to report the theory or theories that they used when participating in this role. Of the participants who responded (N=13), 23.07% (N=3) reported NTU, 7.69% (N=1) reported N/A. The remaining respondents (N=9) reported using one or a combination of the following theories: Solution Focused, Cognitive Behavioural Theory, Mindfulness, Solution Focused, Positive Psychology, Behavioural, Psycho Behavioural, Information Processing, Developmental Social-Cognitive, Trauma Based, Attachment/Development, Consultation, Cognitive and Behavioural.

Table 4: Importance of implementing theory to inform practice in Standard 1

Importance Rating	N	%
Very Important	0	0
Somewhat Important	12	57.14%
Unsure	3	14.29%
Somewhat Not Important	3	14.29%
Not At All Important	3	14.29%

Standard 2: Diversity

This NLESD outlines this standard as the Educational Psychologist understanding of the dimensions of human diversity and the possible influence they may have on child/adolescent

development. Participants were asked to report the importance of implementing theory to inform

practice in the above role. Of the participants who responded to this question (N=18),

approximately 55% reported it as somewhat important (See Table 4b).

Participants were asked to report the theory or theories they used when participating in

this role. The participants who responded (N=11) reported integrating one or a combination of

the following theories this role: inclusion philosophical view, cultural and positive psychology,

cognitive behavioural therapy, developmental and trauma informed, solution focused,

mindfulness, developmental and narrative.

Table 4.b: Importance of implementing theory to inform practice in Standard 2

Importance of theory in inform practice	N	%
Very Important	4	22.22%
Somewhat Important	10	55.56%
Unsure	2	11.11%
Somewhat Not Important	2	11.11%
Not At All Important	0	0.00

Standard 3: Comprehensive Assessment

This NLESD outlines this standard as the Educational Psychologists' understanding of

the assessment process and its implications for student learning. Participants were asked to report

the importance of implementing theory to inform practice in the above role. Of the participants

who responded to this question (N=18), 50% reported this as very important (See Table 4c).

Participants were asked to report the theory or theories that they used when participating

in this role. Of those who responded (N=11), approximately 9% (N=1) reported N/A. Others

reported integrating one or a combination of the following theories this role: CBT, Positive

Psychology, Mindfulness, Behavioural, Pattern of strengths and Weaknesses, Diagnostic and

Statistical Manual (DSM-5), Systems, Strength-Based, Solution Focused, Developmental,

Trauma Informed, Information Processing, Developmental, Psycho-Behavioural.

Table 4.c: Importance of implementing theory to inform practice in Standard 3

Importance Rating	N	%
Very Important	9	50.00%
Somewhat Important	6	33.33%
Unsure	0	0.00
Somewhat Not Important	3	16.67%
Not At All Important	0	0.00

Standard 4: Collaboration and Consultation with Service Delivery Teams

The NLESD defined this standard as the role in which the Educational Psychologist

collaborates and consults with service delivery teams. Participants were asked to report the

importance of implementing theory to inform practice in the above role. Of the participants who

responded (N=18), 50% (N=9) reported this to be somewhat important. Below is a representation

of all responses collected (See table 4d.).

Participants were asked to report the theory or theories that they used when participating

in this role. The participants who responded (N=11) reported integrating one or a combination of

the following theories this role: Solution Focused, Consultative, CBT, Positive Psychology,

Mindfulness, Behavioural, Trauma informed, Developmental, Social-Cognitive, Psycho

Behavioural, Personality, Information Processing.

Table 4.d: Importance of implementing theory to inform practice in Standard 4

Importance Rating	N	%

Very Important	6	33.33%
Somewhat Important	9	50.00%
Unsure	2	11.11%
Somewhat Not Important	0	0.00
Not At All Important	1	5.56%

Standard 5: Collaboration and Consultation with Parents and Guardians

According to the NLESD this standard is defined as the role in which the Educational Psychologist collaborates and consults with parents and guardians. Participants were asked to report the importance of implementing theory to inform practice in the above role. Of the participants who responded (N= 17), approximately 53% reported this as somewhat important. Below is a representation of all responses collected (See table 4e.).

Participants were asked to report the theory or theories that they used when participating in this role. Of the participants who responded (N=10), 10% (N=1) reported N/A. The remaining participants (N=9) reported integrating one or a combination of the following theories this role: Strength Based, CBT, Trauma Informed, Behavioural, Mindfulness, Developmental, Solution Focused, Systematic Training in effective Parenting.

Table 4e: Importance of implementing theory to inform practice in Standard 5

Importance Rating	N	%
Very Important	7	41.46%
Somewhat Important	9	52.94%
Unsure	0	0.00
Somewhat Not Important	0	0.00
Not At All Important	1	5.88%

Standard 6: Collaboration and Consultation with professionals outside the school

According to the NLESD this standard is defined as the role in which the Educational Psychologist collaborates and consults with professionals outside of the school. Participants were asked to report the importance of implementing theory to inform practice in the above role. Of the participants who responded (N= 18), approximately 44% reported very important. Below is a representation of all responses collected (See table 4f.).

Participants were asked to report the theory or theories that they used when participating in this role. Of the participants who responded (N=11), 10% (N=1) reported N/A, 18% (N=2) reported NTU. The remaining participants (N=8) reported integrating one or a combination of the following theories this role: Strengths Based, CBT, Mindfulness based, Trauma-informed, developmental, Dialectical Behavioural Therapy, Solution Focused, Positive Psychology.

Table 4f: Importance of implementing theory to inform practice in Standard 6

Importance of theory in inform practice	N	%
Very Important	5	27.78%
Somewhat Important	8	44.44%
Unsure	1	5.56%
Somewhat Not Important	2	11.11%
Not At All Important	2	11.11%

Standard 7: Working with the school community to address issues related to student behaviour

According to the NLESD, this standard refers to the role in which the Educational Psychologists address student behaviour. Participants were asked to report the importance of implementing theory to inform practice in the above role. Of the participants who responded (N=

18), approximately 44% reported very important. Below is a representation of all responses
collected (See table 4g).

       Participants were asked to report the theory or theories that they used when participating
in this role. The participants who responded (N=14) reported integrating one or a combination of
the following theories this role: Strengths Based, CBT, Mindfulness based, Trauma-Informed,
Behavioural, Solution-Focused, Social-Cognitive, Systems, Psycho-Behavioural.

Table 4g: Importance of implementing theory to inform practice in Standard 7

Importance Rating	N	%
Very Important	8	44.44%
Somewhat Important	9	50.00%
Unsure	1	5.56%
Somewhat Not Important	0	0.00
Not At All Important	0	0.00

Standard 8: Working with the school community to address issues related to mental health

       The NLESD reports that this standard refers to the role in which the Educational
Psychologist understands and address student mental health. Participants were asked to report the
importance of implementing theory to inform practice in the above role. Of the participants who
responded (N=18), approximately 44% reported this as very important. Below is a
representation of all responses collected (See table 4h).

       Participants were asked to report the theory or theories that they used when participating
in this role. The participants who responded (N=11) reported integrating one or a combination of
the following theories this role: Strengths Based, CBT, Mindfulness based, Trauma-Informed,
Behavioural, Solution-Focused, Social-Cognitive, Systems, Psycho-Behavioural.

Table 4h: Importance of implementing theory to inform practice in Standard 8

Importance Rating	N	%
Very Important	8	44.44%
Somewhat Important	9	50.00%
Unsure	1	5.56%
Somewhat Not Important	0	0.00
Not At All Important	0	0.00

Standard 9: Crisis Prevention and Intervention

According to the NLESD, this standard refers to the Educational Psychologist participation in the development and implementation of a response plan for possible crisis situations. Participants were asked to report the importance of implementing theory to inform practice in the above role. Of the participants who responded (N=18), approximately 55% reported this as important. Below is a representation of all responses collected (See table 4i).

Participants were asked to report the theory or theories that they used when participating in this role. The participants who responded (N=11) reported integrating one or a combination of the following theories this role: Strengths Based, CBT, Mindfulness based, Personality Affect Regulation Resiliency, Crisis Response, Critical Incident Stress Debriefing, Trauma-Informed, Behavioural, Solution-Focused, Consultative, Systems.

Table 4i: Importance of implementing theory to inform practice in Standard 9

Importance of theory to inform practice	N	%
Very Important	6	33.00 %
Somewhat Important	10	55.56 %

Unsure	2	11.11%
Somewhat Not Important	0	0.00
Not At All Important	0	0.00

Standard 10: Engaging in Ethical Practice

According to the NLESD, this standard refers to the Educational Psychologist understanding of the ethical requirements in providing psychological services to the school community. Participants were asked to report the importance of implementing theory to inform practice in the above role. Of the participants who responded (N=18), approximately 38% reported this as very important. Below is a representation of all responses collected (See table 4j).

Participants were asked to report the theory or theories that they used when participating in this role. Of the participants who responded (N=10), 10%(N=1) reported NTU and 10% (N=1) reported N/A. The remaining participants (N=8) reported integrating one or a combination of the following theories this role: Solution Focused, Strengths Based, Humanistic, CPA code of conduct, CBT, Psychology Association and Teachers Association Ethical Guidelines.

Table 4j: Importance of implementing theory to inform practice in Standard 10

Importance of theory to inform practice	N	%
Very Important	7	38.89%
Somewhat Important	6	33.33%
Unsure	3	16.67%
Somewhat Not Important	0	0.00
Not At All Important	2	11.11%

Standard 11: Guidelines and Policies

This standard refers to the Educational Psychologist understanding of the NLESD department and district guidelines and policies as they pertain to student support services. Participants were asked to report the importance of implementing theory to inform practice in the above role. Of the participants who responded (N=18), approximately 27% reported it as not at all important. Below is a representation of all responses collected (See table 4k).

Participants were asked to report the theory or theories that they used when participating in this role. Of the participants who responded (N=7), approximately 42% (N=3) reported NTU and 28% (N=2) reported N/A. The remaining participants (N=3) reported integrating one or a combination of the following theories this role: Developmental Theory, Educational Practices/ Structures.

Table 4k: Importance of implementing theory to inform practice in Standard 11

Importance of theory to inform practice	N	%
Very Important	4	22.22%
Somewhat Important	4	22.22%
Unsure	3	16.67%
Somewhat Not Important	2	11.11%
Not At All Important	5	27.78%

Other/ Role not Listed

Participants were provided the opportunity to list a role that they engaged in that was not listed in the survey. One participant reported Administration duties, and reported the use of theory in practice as somewhat important. The participant reported following the policy and guidelines of the employer when engaging in this role.

Training and Development

Participants were asked a selection of questions regarding the training that they received in theoretical frameworks. Participants were asked if they felt their training had adequately prepared them to use theory in their work as an Educational or School Psychologist. Table 5 provides an overview of participants' responses to this question. Of those who responded (N=18), approximately 61% (N=11) reported feeling mostly prepared.

Table 5: Self- Perceived Preparedness to use Theory in Practice

Level of Preparedness	N	%
Completely Prepared	2	11.11%
Mostly Prepared	11	61.11%
Unsure	2	11.11%
Somewhat Prepared	3	16.67%
Not at All	0	0.00

Participants were then asked if they value professional development opportunities regarding theory in relation to practice. Of those who responded (N=18), approximately 55% reported completely, 33% reported mostly, and 11% reported somewhat. Participants were asked if they would like access to professional development opportunities regarding theory as it relates to practice, approximately 89% reported yes. Participants were asked if they reported 'Yes' to specify the types of training that they would like to access. Of those who responded (N=15), four participants requested additional training in CBT. In addition to this, some participants (N=3) requested training in new developments and research in theories that related to school practice. One participant reported advanced in-person training in assessment. Other participants requested

training in specific therapies including play therapy, trauma, and manualized treatment programs to treat anxiety and depression in a school setting.

The writer asked participants if they had anything else to add to the survey regarding the use of theory in practice. Of the participants who responded (N=6), 50% expressed in some way that there is limited time within their role to deliver counselling services to students or to implement theory as the majority of their role is based in completing assessments or consulting. In addition to this, one participant notably reported "Our roles are so diverse, working in a rural area, that we are really pulled in different directions to such an extent that strictly adhering to one theoretical foundation is difficult. I often find myself pulling from several theories".

Conclusion

In conclusion, the survey results showed that approximately 61% of the respondents did have a formal theoretical underpinning. In addition, approximately 38% of the sample reported that Educational and School Psychologists should 'somewhat always' have a formal theoretical foundation. When asked to rank order theories most often used, 50% of respondents reported CBT as their most used theory applied in practice. These results are discussed in more detail below.

CHAPTER 4

DISCUSSION

This study aimed to consider Educational and School Psychologists' views on the importance of formal theoretical frameworks in practice and whether they used theoretical frameworks to inform their practice. Much of the current literature suggests that professional psychologists apply scientific knowledge and theory in their practice (Gladding, 2015; Jones-Smith 2016). As well, current literature supports the importance of implementing interventions with theoretical foundations as they provide an essential structure to guide practices and solve problems (Burns, 2011; Gladding 2009; Hughes, 2000; Tharinger, 2000). This chapter will interpret the findings of this research project and present the significance of the discoveries in relation to current literature on the use of formal theoretical frameworks in the practice of Educational and School Psychology.

Reported Use of Theory

It is well represented in the literature that theory is an essential component in the practice of counselling and psychology (Burns, 2011; Gladding, 2009; Hughes, 2000; Jones-Smith, 2016). Hughes (2000) suggests that if an intervention is not theoretically focused, practitioners cannot be sure of the mechanisms that are responsible for change. In line with current literature, approximately 61% of the participants in the present study reported having a formal theoretical underpinning. Interestingly, many of the participants who reported not having a formal theoretical underpinning did report implementing specific theoretical frameworks in some employment roles. When these participants were asked if they had a formal theoretical underpinning they reported no, but when asked about the theories that they implemented in specific employment roles (e.g., crisis intervention) some of these participants listed specific

theoretical frameworks (e.g., Cognitive Behavioural Therapy). These results indicate that the majority of the sample have a formal theoretical underpinning and the participants who identified as not having a specific formal theoretical underpinning are still integrating theory into at least some of their practice. This finding could be related to participants selecting the most appropriate theory for the particular employment role or in response to the unique presenting concerns of the student. It is possible that this finding is a reflection of integrative practice, where practitioners look beyond the limitations of single-therapy approaches to explore strategies from other theoretical therapy schools (Stricker, 2001). There are a variety of integrative practice models, many of which include working from a specific and consistent selection of theoretical frameworks (Norcross & Goldfried, 2005). Other integrative models, such as technical eclecticism, involve assimilating theories based on the client's presenting concerns (Jones-Smith, 2016). Technical eclecticism is a form of integrative therapy in which the practitioner chooses a selection of techniques from a variety of theories, based on what would be most useful for the client and their presenting problem (Norcross & Beutler, 2000; Preston,1998; Sandhu & Kaur, 2016). Further research could investigate Educational and School Psychologists' perspective on integrative practice models.

In the current study, the majority of participants reported having a formal theoretical framework to be somewhat important, while others reported being unsure of this necessity. These results are indicative of some discrepancy in the perception of the importance of theory informed practice in this sample. The Canadian Psychological Association recognizes evidence-based practice as best practice in psychology (2012). Evidence-based practice in psychology involves the integration of the best available research with a practitioner's clinical expertise (CPA, 2015). Clinical expertise involves a practitioner's self-reflection, knowledge of current

research, clinical and scientific training and theoretical knowledge (APA. 2006). While the present study did not specifically investigate evidence-based practice, it did investigate practitioners' use of theoretical knowledge. It could be beneficial to further research this finding to examine if this discrepancy is a function of practitioners applying different models of integrative practice, or if these findings are reflective of participants believing that theory should not always or somewhat always inform practice.

When asked about their most used theories, participants reported the most commonly used theory to be Cognitive Behavioural Therapy (CBT). These results are aligned with the contemporary literature summarizing treatment for children and youth, which primarily focuses on CBT both in an individual and group setting (Mash & Barkley, 2006; Weisz & Kazdin, 2011). CBT has been demonstrated to be effective with a wide variety of presenting problems in children and youth including: anxiety, depression, phobias, obsessive-compulsive disorder, and post-traumatic stress disorder (Barrett et al., 2004; Cartwright-Hatton et al., 2004; Flannery-Schroeder & Kendall, 2000).

When asked if they felt prepared to implement theory in their practice, most of the participants reported feeling mostly prepared, indicating that individuals who are implementing theory in their practice feel mostly prepared to do so. These results are in connection with the current literature, which represents a strong emphasis on training in counselling theory in Canadian counselling education and school psychology programs (CPA, 2011; Harris & Flood, 2015). Graduate programs in School Psychology also focus on emphasizing critical-thinking skills and evidence-based practice to assist in program evaluation (CPA, 2011).

Reported Use of Theory in Professional Standards of Practice

When considering the use of theory to inform their role in addressing issues in student behaviour and mental health, the majority of respondents identified it to be either important or very important. Considering the focus in the literature of evidence-based and theory informed practice in addressing mental health diagnosis in school psychology, this is not unexpected (Hughes, 2000;White & Kratochwill, 2005). When asked about the theories most often used to inform their practice in addressing student issues in mental health, participants reported using CBT. This finding links well with current literature as the American Psychological Association indicates that CBT should be the first treatment for youth (APA, 2006). When asked about the use of theory to inform their role in addressing student behaviour, respondents viewed this to be either important or very important. The most commonly reported theories were CBT and behavioural theories. Although this intervention was not directly referenced, this response fits with the current focus in schools across Canada to address student behaviour using a Positive Behavioural Supports approach, which has its roots in elements of applied behavioural analysis and radical behaviourism (Cooper, Heron, & Heward, 2007; Singher & Wang, 2009).

Participants valued the importance of implementing theory in their role of comprehensive assessment. This finding is not surprising, as psychological and psychoeducational assessments are based on substantial theoretical foundations. Implementing these assessments requires a significant understanding of these theoretical foundations to effectively implement, score, and interpret these assessments. However, assessment is not only limited to testing. The National Association of School Psychologists differentiates assessment from testing. Assessment is identified as the process of gathering information from multiple sources and using a variety of methods to best address the reasons for evaluation, while testing is considered to be limited to

the administration and scoring of tests (National Association for School Psychologist, 2003). It is also identified in the literature that assessment should primarily be used to inform intervention (Carey & Goodman, 2004). This differentiation is reflected in the results collected, as all participants reported their practice in assessment to be informed by an eclectic theoretical approach. While developmental and behavioural theories were most frequently reported, practitioners also identified this role being informed by a variety of other theories including CBT, mindfulness, positive psychology, and systems theory.

The majority of participants also identified theory to be important when collaborating with school service delivery teams and parents or guardians. Literature identifies consultation as one of the most important roles of School Psychologists and identifies that consultation should be the first point of service provided (Carey & Goodman, 2004). All participants reported informing their practice using an eclectic approach, but the theory most often identified was Brief Solution Focused Theory. Consultation and collaboration with outside agencies, including families and guardians, is an integral part of school counselling considering that the practitioner is collaborating with students who are below the age of consent (Truscott & Crook, 2013). Parents are often first to notice emerging symptoms of mental health disorders in their children and seek help (Boulter & Rickwood, 2013). Current literature identifies brief solution-focused therapy as an effective intervention when engaging with children and their families in a school setting (Conoley et al., 2003; Daki & Savage, 2011).

When asked about their use of theory when engaging in ethical practice, the majority of participants reported implementing the Canadian Psychology Association (CPA) Code of Ethics or ethical guidelines provided by their governing body. School psychologists have a duty to honour the CPA Code of Ethics and/or, where applicable, specific practice standards outlined or

adopted by regulatory bodies overseeing their practice of psychology in a given province (CPA, 2014).

When asked about their use of theory to inform promoting the holistic development of students through an understanding of the diversity of human growth, development, behaviour, and learning, many participants viewed this to be valuable. The theoretical approaches that participants reported engaging in were integrative, with no one theory most commonly being reported and many respondents reported their choice of theoretical framework to be influenced by the student and their presenting concerns. These results are in line with professional practice guidelines for School Psychology in Canada, which promotes consideration of the whole child be when selecting and implementing interventions with children or adolescents (CPA, 2007).

It is also important to acknowledge the limited participant response to the survey questions regarding their use of theory in professional standards of practice. Approximately 43% of participants did not respond to this set of questions. Some potential explanations for this are explored below. Participants could have felt uncomfortable disclosing this information. Participants may have not had the time to commit to answering these questions. Additionally, it is possible that participants from Nova Scotia, PEI and New Brunswick may have considered that these standards were not relevant to their role. However, it is important to note that before this population was included some participants from the NLESD also selected out of answering these questions.

Views of Professional Development

Many participants identified valuing access to professional development. When asked if they would like access to more professional development opportunities, 88% reported yes. Participants were provided the opportunity to list the trainings that they would like access to and

many respondents indicated a desire to access training to increase competency in specific

theoretical frameworks, most notably Cognitive Behavioral Therapy. Professional development

consists of formal learning activities that are relevant to psychological practice, education, and

science; enable psychologists to keep pace with emerging issues and technologies (APA, 2000).

Professional development also allows psychologists to maintain, develop, and increase

competencies in order to improve services to the public and enhance contributions to the

profession (APA, 2000). Ysseldyke et al. (2006) suggest that organizations have a duty to

support learning opportunities that enable practitioners to receive feedback and supervision in the

application of new skills. As CBT is the most reported commonly used theory within the sample

population of this research, and the first line of treatment for children and youth, continued

access to professional development in this approach would be beneficial (Mash & Barkley, 2006;

Weisz & Kazdin, 2011).

Other respondents reported a desire to gain more knowledge and information on

evidence-based practices, research about learning theory, advanced training in assessment tools,

and greater access to coaching and mentoring opportunities. School psychologists are expected

to stay up-to-date with current research findings to ensure they incorporate evidence-based

findings into their practice (CPA, 2007). Their primary duties involve administering and

interpreting standardized tests, making appropriate diagnoses, and providing recommendations

or evidence-based interventions to students (CPA, 2014; Jordan et al., 2009; NASP, 2010;

Saklofske et al., 2007). Continued access to professional development is an integral part in

maintaining these competencies. Professional development opportunities may be achieved

through a variety of mechanisms such as workshops, classrooms, collaborative groups, training

sessions, licensure/certification, reading, or mentoring (Elman et al., 2005). Educational and

School Psychologists showed a strong desire to engage in professional development opportunities, which could be of benefit considering only 11% of respondents reported feeling that their training has completely prepared them to integrate theory into their practice. This finding is surprising considering School Psychologists' are trained to use evidence-based practices and to stay up-to-date with current research (CPA, 2007). In addition to this, the CPA code of ethics identifies that Psychologists should "offer or carry out (without supervision) only those activities for which they have established their competence to carry them out to the benefit of others" (2017, p.19). In line with this ethical consideration, participants in the current study identified that continued access to supervision and/or mentorship would be a valuable professional development opportunity.

When asked if there was anything else that they wanted to add, some participants reported that they had very little time to engage in other roles such as counselling as much of their time was spent conducting assessments. The National Association of School Psychologists identifies that the traditional practice of the School Psychologist involves three basic roles: assessment, intervention, and consultation (2010). Participants from this study indicated that it is difficult to engage in roles such as counselling as much of their time is spent completing assessments and reports. The Canadian Psychological Association (2014) emphasizes using all the services school psychologists can offer and highlights that psychoeducational assessments are important but not the only aspect of the job. Further research could explore if the focus on psychoeducational assessments compromises other services that could be offered by Educational and School Psychologists.

Limitations

The current study used a survey methodology to assess Educational and School Psychologists' perceptions of their use of theory in practice. Participants responses were reflective of their perspective and experience at that moment in time and should be interpreted as such. In addition to this, the sample was small and not representative of the population. Locating and identifying Educational and School Psychologists throughout Atlantic Canada was a unique challenge as practitioners are governed by different entities in different provinces. This was echoed by Jordan et al. (2009) who reported the importance of a more efficient and effective system for school psychology practitioners to communicate and be counted. They described that not having a definitive reference for the number of School Psychologists in Canada posed a unique challenge in sampling and data collection efforts. Jordan et al. (2009) also referenced inconsistencies between the provinces that obstruct the efforts to gain this data. In addition to this, while efforts were made to do so, not all school districts or boards within each province in Atlantic Canada approved the current research and as such were not included in the study. Considering this, the results may not be generalizable to the population of Educational and School Psychologists in Atlantic Canada. Future research could consider some of the questions that have been identified through this research with a more representative sample as well as more advanced analysis and methodological designs.

Conclusion

It is well documented that practitioners should integrate theory in practice to provide direction in making progress and reaching specific goals with clients (Burns, 2011; Corey, 2013, Hughes, 2015). The majority of participants in the current study indicated they had a formal theoretical framework that they integrated into practice and reported implementing theory to

inform roles to be either important or very important. Participants also indicated feeling mostly prepared to integrate theory into their practice and their reports of the most commonly used theories aligned with current best practices for treatment of mental disorders in children and youth (Mash & Barkley, 2006; Weisz & Kazdin, 2011). The results from this study offer some insight into a sample of Educational and School Psychologists working in Atlantic Canada. Only 11% of participants reported feeling completely prepared to integrate theory into practice and reported wanting access to more professional development opportunities to enhance their competency with this. Considering this, further research could investigate Educational and School Psychologists' training in theory. In addition to this, future research could investigate Educational and School Psychologists' implementation of Evidence-Based Practice in their standards of practice.

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Appendix A

ICEHR Approval Letters

ICEHR Number:	**20171544-ED**
Approval Period:	February 16, 2017 – February 28, 2018
Funding Source:	
Responsible Faculty:	Dr. Greg Harris, Faculty of Education
Title of Project:	*Educational Psychologists' Use of Theory in Practice*

MEMORIAL
UNIVERSITY

**Interdisciplinary Committee on
Ethics in Human Research (ICEHR)**

St. John's, NL Canada A1C 5S7
Tel: 709 864-2561 icehr@mun.ca
www.mun.ca/research/ethics/humans/icehr

February 16, 2017

Jessica Cowan
Faculty of Education
Memorial University of Newfoundland

Dear Jessica Cowan:

Thank you for your submission to the Interdisciplinary Committee on Ethics in Human Research (ICEHR) seeking ethical clearance for your research project. The Committee appreciates the care and diligence with which you prepared your application. An anonymous mechanism is needed for entering the gift card draw, so that potential participants do not identify themselves by emailing you. The recruitment email and the consent form need to specify that participation is not a condition of employment by the school board and will not be reported to superiors. As well, the consent form should state that there are no foreseeable risks to participating in the study. It should also indicate that the thesis will be publically available via the QEII library.

The project is consistent with the guidelines of the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans* (TCPS2). *Full ethics clearance* is granted for one year from the date of this letter. ICEHR approval applies to the ethical acceptability of the research, as per Article 6.3 of the *TCPS2* (2014). Researchers are responsible for adherence to any other relevant University policies and/or funded or non-funded agreements that may be associated with the project.

If you need to make changes during the project, which may raise ethical concerns, please submit an amendment request with a description of these changes for the Committee's consideration. In addition, the *TCPS2* requires that you submit an annual update to ICEHR before February 28, 2018. If you plan to continue the project, you need to request renewal of your ethics clearance, and include a brief summary on the progress of your research. When the project no longer involves contact with human participants, is completed and/or terminated, you are required to provide the annual update with a final brief summary, and your file will be closed.

Annual updates and amendment requests can be submitted from your Memorial University Researcher Portal account by clicking the *Applications: Post-Review* link on your Portal homepage. We wish you success with your research.

Yours sincerely,

Russell J. Adams, Ph.D.
Chair, Interdisciplinary Committee on
  Ethics in Human Research
Professor of Psychology and Pediatrics
  Faculties of Science and Medicine

RA/th

copy: Supervisor – Dr. Greg Harris, Faculty of Education

Associate Dean, Graduate Programs and Research, Faculty of Education

ICEHR Number:	**20171544-ED**
Approval Period:	February 16, 2017 – February 28, 2018
Funding Agency:	Not Funded
Responsible Faculty:	Dr. Greg Harris, Faculty of Education
Title of Project:	*Educational Psychologists' Use of Theory in Practice*
Amendment #:	*01*

Interdisciplinary Committee on Ethics in Human Research (ICEHR)

St. John's, NL Canada A1C 5S7
Tel: 709 864-2561 icehr@mun.ca
www.mun.ca/research/ethics/humans/icehr

August 16, 2017

Jessica Cowan
Faculty of Education
Memorial University of Newfoundland

Dear Jessica Cowan:

The Interdisciplinary Committee on Ethics in Human Research (ICEHR) has reviewed the proposed modifications for the above referenced project, as outlined in your amendment request dated August 10, 2017, and is pleased to give approval to the recruitment of Educational Psychologists from through Atlantic Canada, as requested, provided all previously approved protocols are followed <u>and</u> **any appropriate approvals and/or permissions from the noted school districts have been obtained.**

If you need to make any other changes during the conduct of the research that may affect ethical relations with human participants, please submit an amendment request, with a description of these changes, via your Researcher Portal account for the Committee's consideration.

Your ethics clearance for this project expires February 28, 2018, before which time you <u>must submit an annual update to ICEHR</u>. If you plan to continue the project, you need to request renewal of your ethics clearance, and include a brief summary on the progress of your research. When the project no longer requires contact with human participants, is completed and/or terminated, you need to provide an annual update with a brief final summary, and your file will be closed.

Annual updates and amendment requests can be submitted from your Researcher Portal account by clicking the *Applications: Post-Review* link on your Portal homepage.

The Committee would like to thank you for the update on your proposal and we wish you well with your research.

Yours sincerely,

Kelly Blidook, Ph.D.
Vice-Chair, Interdisciplinary Committee on
   Ethics in Human Research

KB/lw

cc: Supervisor – Dr. Greg Harris, Faculty of Education

Appendix B

E-mail to Participants

Educational Psychologists,

Thank you for taking the time to open this e-mail. My name is Jessica Cowan and I am a student completing a Masters in Counselling Psychology at Memorial University of Newfoundland. You are receiving this email as you are an Educational Psychologist working within Atlantic Canada and you have been invited to participate in this research project.

The overall purpose of this study is to gather information on whether Educational Psychologists employed within Atlantic Canada implement formal theories in their professional roles. In addition to this I am also interested in Educational Psychologists Self- Perceived level of role effectiveness in each of these employment roles.

Below you will find a link to the survey which will lead you to a fifteen question survey gathering information on the above research areas. Participation in this survey is completely voluntary and all responses will be anonymous and the results will only report group trends. Should you have any questions please do not hesitate to contact me using the contact information listed below. You can also contact my supervisor Dr. Gregory Harris via e-mail (gharris@mun.ca) or telephone (709-864-6925). Copy and paste the URL below into your Internet browser if you are interested in learning more about this project and potentially participating. You can also enter your e-mail address in a draw for a chance to win a 50$ Visa gift card as a token of appreciation for your time.

Sincerely,

Jessica Cowan
709-770-1099
jessica.b.cowan@mun.ca

Appendix C

Informed Consent

Title: Educational Psychologists' Use of Theory in Practice

Researcher(s): Jessica Cowan, Master of Education in Counselling Psychology, Memorial University of Newfoundland.

Supervisor(s): Gregory Harris, Professor, Faculty of Education, Memorial University of Newfoundland

You are invited to take part in a research project entitled "Educational Psychologists' Use of Theory in Practice"

This form is part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. It also describes your right to withdraw from the study. In order to decide whether you wish to participate in this research study, you should understand enough about its risks and benefits to be able to make an informed decision. This is the informed consent process. Take time to read this carefully and to understand the information given to you. Please contact the researchers, Jessica Cowan, or Greg Harris, if you have any questions about the study or for more information not included here before you consent.

It is entirely up to you to decide whether to take part in this research. If you choose not to take part in this research or if you decide to withdraw from the research once it has started, there will be no negative consequences for you, now or in the future.

Introduction:

As a requirement for the completion of a thesis project in the M.Ed in Counselling Psychology program, I am conducting research under the supervision of Dr. Gregory Harris. I am interested in gathering information on the theoretical approaches used by Educational Psychologists working in Atlantic Canada as well as their views on the value of theory in their practice.

Purpose of study:

The purpose of this study is to gather information on the theoretical models used by Educational Psychologists in their employment duties with Atlantic Canada. As well, I am interested in determining if there is any correlation between the reported use of specific theoretical models and self-reported role effectiveness.

What you will do in this study:

Participants will be requested to participate in a survey by answering each question to the best of their ability. Participation in this study is not a requirement of employment and participation will not be reported to superiors.

Withdrawal from the study:

Once clicking in the survey, the participant can withdraw at any time by simply exiting the window up until they purposefully click the final link to submit the survey. As the survey is anonymous and individual results are not passed along to the employer, withdrawing from the study will have no negative consequences for the participant. If the participant is uncomfortable with a question or a component of a question, they can leave that section blank. However, once the participant purposefully clicks the final link they will no longer be able to withdraw and the researcher will not be able to retrieve data to remove from the study as there is no way to identify anyone's individual survey after it is submitted.

Possible benefits:

Results from this study will provide insight into the field of Educational Psychology within Atlantic Canada.

Possible risks:

There are no foreseeable risks to participating in this study.

Confidentiality:

To protect the privacy and confidentiality of all participants the e-mail containing the link to the survey will be distributed by the employer to all Educational Psychologists. The survey link will bring participants to Survey Monkey.

Anonymity:

The survey will be anonymous and will only report group trends, in no way will the researcher or the employer have the ability to link the participant's responses back to them.

Storage of Data:

The data will be stored on a password protected computer and will be stored on the main frame database of the survey system, Survey Monkey. Only members of the research team will have access to transfer the data electronically to themselves for purposes of analysis. The data will not be linked personally to any of the participants. Data will be kept for a minimum of five years, as required by Memorial University policy on Integrity in Scholarly Research. The on-line survey company Survey Monkey, hosting this survey is located in the United States and as such is subject to U.S. laws. The US Patriot Act allows authorities to access the records of internet service providers. Therefore, anonymity and confidentiality cannot be guaranteed. If you choose to participate in this survey, you understand that your responses to the survey questions will be stored and may be accessed in the USA. The security and privacy policy for the web survey company can be found at the following link:

https://www.surveymonkey.com/mp/policy/privacy-policy/.

Reporting of Results:

The data collected will be reported in a Master's Thesis and potentially through presentation and publication. All data will be anonymous and will only be reported in group trends with no identifying information, such as school location.

Sharing of Results with Participants:

Anyone wanting a summary of the results can e-mail the researchers and request a summary. As well, a formal Master's Thesis will be written based on the results of this survey. The results will be publically available through the QEII Library.

Questions:

You are welcome to ask questions at any time during your participation in this research. If you would like more information about this study, please contact:

Principal Researcher   Supervisor

Jessica Cowan   Dr. Gregory Harris

jessica.b.cowan@mun   gharris@mun.ca

(709) 770-1099   (709) 864-6925

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research, such as the way you have been treated or your rights as a participant, you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at 709-864-2861.

By completing this survey you agree that:

· You have read the information about the research.

· You have been able to ask questions about this study.

· You are satisfied with the answers to all your questions.

· You understand what the study is about and what you will be doing.

· You understand that you are free to withdraw from the study, up until you submit your survey, without having to give a reason, and that doing so will not affect you now or in the future.

You can end your participation by simply closing your browser or navigating away from this page. However, once you complete this survey and click submit, your data cannot be removed because we are not collecting any identifying information and therefore we cannot link individuals to their responses.

Clicking next below and submitting this survey constitutes consent and implies your agreement to the above stipulations

Appendix D

Questionnaire

Theory in Practice

In the practice of Educational Psychology, there are a wide range of theoretical models that can be implemented. This survey is designed to assess how Educational Psychologists employed within Atlantic Canada integrate theories into their practice as Psychologists.

Please do your best to answer all of the following questions. If for any reason you feel uncomfortable or do not wish to answer any question during the completion of this survey, please feel free to end the survey at any point or skip that specific question.

Theoretical Orientation

1. From the list of theoretical orientations below please identify the top five specific theories that you integrate into your practice as an Educational Psychologist. When completing this question, consider how you use theory in each of your roles as an Educational Psychologist. Indicate the theory most used by entering the number 1 next to it, the theory that you use the second most by entering the number 2 next to it, and so on. If you subscribe to fewer than 5 theories, only include those specific theories. Please indicate the theories that you do not subscribe to by marking an X in that space.

_____ Adlerian   _____ Existential   _____ Reality   _____ Behavioural

_____ Gestalt   _____ Cognitive   _____ Humanistic   _____ Psychoanalytic

_____ Systems/Family   _____ CBT   _____Solution Focused   _____Narrative

_____Social-Cognitive   _____Trait Factor   _____Developmental Self-Concept

_____Work Adjustment   _____Feminist_____ Constructivism

_____ Multicultural (Please specify specific theory if possible) _____

_____Transactional Analysis   _____Motivational Interviewing   _____ Triarchic

_____Field Theory   _____ Information processing   _____Multiple Intelligence

_____ Consultation Model   _____ Mindfulness Based Approaches

_____ Strength Based Model

_____ Other (please specify): _____

_____Other (please specify):_____

_____Other (please specify):_____

_____ I do not subscribe to any particular theoretical orientation

_____ Eclectic (please specify specific theories if possible:

_____

2. Do you have a formal theoretical underpinning?

     O Yes   O No

3. Do you believe that Educational Psychologists should have a formal theoretical underpinning?

     O Not at all   O Somewhat Never   O Unsure   O Somewhat Always   O Always

Demographic Information

4. Sex**:**   O Male   O Female   O Other

5. Age: O Under 30   O 31-40   O 41-50   O 51-60   O 61+

6. Education (please list degrees achieved) and Certification/Registration (e.g., Canadian Certified Counsellor, Registered Psychologist):

_____

_____

_____

_____

7. Number of years of experience in position (as an Educational Psychologist):

_____

O 0-5   O 6-10   O 11-15   O 16-20   O 21-25   O 26+

School Information

9. Province:
   - o Nova Scotia
   - o New Brunswick
   - o Prince Edward Island
   - o Newfoundland and Labrador

10. Location of school: O Urban   O Rural   O Both

11. Type of school serviced (e.g., K-3, K-6, K-12, 9-12, etc.) _____

Theory and Professional Duties

12. Please consider each of the following standards of practice of an Educational Psychologist and answer the three questions that follow each standard. When answering part (ii), please use **"not applicable (NA)"** if you do not engage in any of the listed roles and use **"no theory used (NTU)"** if you do not use theory in any of the listed roles.

A. Developing a comprehensive work program

    (i)   How would you rate the importance of theory to inform your practice when fulfilling this role as an Educational Psychologist?

O Not at all   O Somewhat not important O Unsure O Somewhat Important   O Very Important

    (ii)   If applicable, what theory(s) do you use when fulfilling this role?

_____
_____

    (iii)   How effective do you feel you are in fulfilling this role in your practice?

O NA   O Ineffective   O Rarely effective   O Unsure   O Often Effective   O Highly Effective

B. Promoting the holistic development of students through an understanding of the diversity of human growth, development, behaviour, and learning

    (i) How would you rate the importance of theory to inform your practice when fulfilling this role as an Educational Psychologist?
    O Not at all   O Somewhat not important O Unsure O Somewhat Important   O Very Important

    (ii) If applicable, what theory(s) do you use when fulfilling this role?

_____
_____

    (iii) How effective do you feel you are in fulfilling this role in your practice?
    O NA   O Ineffective   O Rarely effective   O Unsure   O Often Effective O Highly Effective

C. Understanding diversity of students and how such diversity may influence the student's development and learning

(i)   How would you rate the importance of theory to inform your practice when fulfilling this role as an Educational Psychologist?
    O Not at all   O Somewhat not important O Unsure O Somewhat Important   O Very Important

(ii)   If applicable, what theory(s) do you use when fulfilling this role?

_____
_____

(iii)   How effective do you feel you are in fulfilling this role in your practice?
    O NA   O Ineffective   O Rarely effective   O Unsure   O Often Effective O Highly Effective

D. Comprehensive assessment (including parent or guardian feedback)

(i)   How would you rate the importance of theory to inform your practice when fulfilling this role as an Educational Psychologist?

O Not at all   O Somewhat not important O Unsure O Somewhat Important   O Very Important

(ii)   If applicable, what theory(s) do you use when fulfilling this role?

_____

_____

_____

(iii)   How effective do you feel you are in fulfilling this role in your practice?

O NA   O Ineffective   O Rarely effective   O Unsure   O Often Effective O Highly Effective

E. Collaboration and Consultation with school service delivery teams

(i)   How would you rate the importance of theory to inform your practice when fulfilling this role as an Educational Psychologist?

O Not at all   O Somewhat not important O Unsure O Somewhat Important   O Very Important

(ii)   If applicable, what theory(s) do you use when fulfilling this role?

_____

_____

_____

(iii)   How effective do you feel you are in fulfilling this role in your practice?

O NA   O Ineffective   O Rarely effective   O Unsure   O Often Effective   O Highly Effective

F. Collaboration and Consultation with Parents/Guardians

(i)   How would you rate the importance of theory to inform your practice when fulfilling this role as an Educational Psychologist?

O Not at all   O Somewhat not important O Unsure O Somewhat Important   O Very Important

(ii)   If applicable, what theory(s) do you use when fulfilling this role?

_____

_____

_____

(iii)   How effective do you feel you are in fulfilling this role in your practice?

O NA   O Ineffective   O Rarely effective   O Unsure   O Often Effective O Highly Effective

G. Collaboration and Consultation with professionals outside of the school

(i)   How would you rate the importance of theory to inform your practice when fulfilling this role as an Educational Psychologist?

O Not at all   O Somewhat not important O Unsure O Somewhat Important   O Very Important

(ii)   If applicable, what theory(s) do you use when fulfilling this role?

_____

_____

_____

(iii)   How effective do you feel you are in fulfilling this role in your practice?
O NA O Ineffective   O Rarely effective   O Unsure   O Often Effective O Highly Effective

H. Working with the school community to address issues related to student behaviour.
    (i)   How would you rate the importance of theory to inform your practice when fulfilling this role as an Educational Psychologist?
O Not at all   O Somewhat not important O Unsure O Somewhat Important   O Very Important

(ii)   If applicable, what theory(s) do you use when fulfilling this role?

_____

_____

_____

(iii)   How effective do you feel you are in fulfilling this role in your practice?
O NA O Ineffective   O Rarely effective   O Unsure   O Often Effective O Highly Effective

I. Working with the school community to address issues related to student mental health
    (i) How would you rate the importance of theory to inform your practice when fulfilling this role as an Educational Psychologist?
O Not at all   O Somewhat not important O Unsure O Somewhat Important   O Very Important

(ii)   If applicable, what theory(s) do you use when fulfilling this role?

_____

_____

_____

(iii)   How effective do you feel you are in fulfilling this role in your practice?
O NA   O Ineffective   O Rarely effective   O Unsure   O Often Effective O Highly Effective

J. Crisis prevention and/or intervention
    (i)   How would you rate the importance of theory to inform your practice when fulfilling this role as an Educational Psychologist?
O Not at all   O Somewhat not important O Unsure O Somewhat Important   O Very Important

(ii)   If applicable, what theory(s) do you use when fulfilling this role?

_____

_____

(iii)   How effective do you feel you are in fulfilling this role in your practice?

O NA   O Ineffective   O Rarely effective   O Unsure   O Often Effective   O Highly Effective

K. Engaging in ethical practice

(i) How would you rate the importance of theory to inform your practice when fulfilling this role as   an Educational Psychologist?

O Not at all   O Somewhat not important O Unsure O Somewhat Important   O Very Important

(ii)   If applicable, what theory(s) do you use when fulfilling this role?

_____
_____

(iii)   How effective do you feel you are in fulfilling this role in your practice?

O NA   O Ineffective   O Rarely effective   O Unsure   O Often Effective   O Highly Effective

L. Understanding and implementing district guidelines and policies as they pertain to the student support services act.

(i) How would you rate the importance of theory to inform your practice when fulfilling this role as   an Educational Psychologist?

O Not at all   O Somewhat not important O Unsure O Somewhat Important   O Very Important

(ii)   If applicable, what theory(s) do you use when fulfilling this role?

_____
_____

(iii)   How effective do you feel you are in fulfilling this role in your practice?

O NA   O Ineffective   O Rarely effective   O Unsure   O Often Effective   O Highly Effective

M. Other role, not listed

_____
_____

(i)   How would you rate the importance of theory to inform your practice when fulfilling this role as an Educational Psychologist?

O Not at all   O Somewhat not important O Unsure O Somewhat Important   O Very Important

(ii)   If applicable, what theory(s) do you use when fulfilling this role?

_____
_____
_____

(iii)   How effective do you feel you are in fulfilling this role in your practice?

O NA   O Ineffective   O Rarely effective   O Unsure   O Often Effective   O Highly Effective

Learning about Theory

13. Do you feel that your training has adequately prepared you to use theory in your work as an Educational Psychologist?

O Not at all   O Somewhat prepared   O Unsure   O Mostly prepared   O Completely prepared

14. Do you value professional development opportunities regarding theory and how it relates to practice?

        O Not at all   O Somewhat   O Unsure   O Mostly   O Completely

15. Would you like to have more access to professional development opportunities regarding theory and how it relates to practice?

        O Yes   O No

If Yes please specify what types of training you would like to access.

_____

_____

_____

15. Is there anything else you would like to add to this survey about your experiences as an Educational Psychologist and use of theory to inform your practice?

_____

_____

_____

_____

_____

_____

<u>Thank you for taking the time to complete this survey!</u>