AN EVALUATIVE STUDY OF THE EDUCATIONAL THERAPY SERVICES PROVIDED BY THE ROMAN CATHOLIC AND INTEGRATED SCHOOL BOARDS OF THE BURIN PENINSULA

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by

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ABSTRACT

The present study was designed to evaluate the educational therapy services provided by the Roman Catholic and Integrated School Boards of the Burin Peninsula, Newfoundland.

Educational therapy is a relatively new program in the Newfoundland educational system that has expanded province wide since its introduction in 1979. Since its inception there has been some controversy surrounding issues such as therapists' role and program success.

The aim of the study was to evaluate the design and delivery of educational therapy services. In addition, opinions were solicited from the various stakeholders regarding the importance of such services and ratings were obtained of their satisfaction with these services.

The sample consisted of all educational therapists and principals of schools with educational therapy services, all parents of core therapy students and six teachers from each of the 10 schools involved. Each individual in the sample received a questionnaire designed especially for that particular group.

The key findings of this study are as follows:

1. There is a high level of satisfaction with educational therapy services and strong advocacy from all groups in the study that educational therapy services be retained and enhanced.

2. There are a number of inconsistencies with the procedures used among various schools in the delivery of educational therapy services.

3. There are good communications reported among educational thereapists, principals, parents, and most teachers involved with core therapy students. However, 25% of teachers expressed dissatisfaction with current communications.

4. Most educational therapists (66%), which represents six out of nine counsellor/therapists are satisfied with the various aspects of their current position.

5. Parents are usually consulted and involved in case conferences concerning their children's problems. However, less than 50% of parents who responded have been involved in the development of IPP's for their children.

6. All four groups are satisfied with the outcomes achieved from the educational therapy program. Even though all four groups rated the outcomes positively, teachers' ratings are consistently lower than the other three groups on all eight categories used to measure outcome.

7. A majority of educational therapists feel that the dual role assignment of counsellor/therapist has an adverse effect on the delivery of quality educational therapy services.

8. Principals and educational therapists generally agree that procedures currently used by the Newfoundland Government for allocating

educational therapy units to school boards will have a negative effect on the delivery of educational therapy services.

9. Teachers and principals indicate a need for more staff inservice to create a better awareness of the roles and responsibilities of educational therapists.

10. All of the educational therapists involved in this study are qualified for such a position and meet the requirements outlined by the Newfoundland Department of Education in its policy manual (1986).

11. There is no general consensus of agreement regarding disciplinary procedures for educational therapy students.

12. There is a high degree of consistency among educational therapists related to procedures used and information gathered for identification purposes and exit procedures.

13. There is general agreement that students should have input into entrance and exit procedures for educational therapy services. However, input should depend on the age and maturity of the child, as well as the reason for referral.

14. Principals and teachers are generally aware of the role of educational therapists. However, a significant number of teachers (31%) are unsure of the role of this professional.

15. There is no significant relationship between parents' ratings of the personal characteristics of educational therapists and satisfaction with educational therapy services provided.

16. All four surveyed groups consider educational therapy services very important services for schools to provide.

In general, the educational therapy program was found to be well organized in its delivery of therapy services. The program received high overall ratings despite some disagreements on individual issues. In the final chapter, several recommendations have been developed to help improve existing services.

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CHAPTER I

INTRODUCTION OF THE STUDY

Purpose

The purpose of this study was to evaluate the Educational Therapy Services provided by the Roman Catholic and Integrated School Boards of the Burin Peninsula, Newfoundland. The study was designed to evaluate, in particular, the following components of those services:

1. Aims/Goals of the Educational Therapy Program
2. Identification Procedures
3. Involvement of Outside Agencies
4. Discipline Management for Behavior Disordered Students
5. Effects of Dual Roles (Counsellor/Therapist)
6. Exit Procedures
7. Outcome
8. Evaluation Procedures

In order to gather the necessary data for this study questionnaires were designed and administered to all principals and educational therapists, all parents of current core therapy students, and to a sample of teachers from each school in the region under the jurisdiction of the two school boards.

Rationale

Historically, public school systems have not been particularly well equipped or competent to meet the special needs of those students who deviate significantly from the norm in either their cognitive or behavioral abilities. It was not until the early 1900's that the problem of mental retardation and concern for children with special needs became a focus of research (Stainback & Stainback, 1980). The development of instruments to measure intellectual functioning and methods of teaching intellectually handicapped children began with Binet and Simon in 1904. Binet, early in the 20th century, was commissioned by the French government to study mental deficiency in the Paris school system. His intelligence tests were used to discriminate those children who could benefit from normal school experiences from those who lacked the capacity to advance. The first programs and services set up for severely disturbed children were mostly residential in nature (Schwartz & Johnson, 1985; Anderson-Lane, 1990; and Wolfensberger, 1972). However, with the advent of Public Law 94-142, the Education for All Handicapped Children Act in the United States (1977), the Warnock Report in Britain (1978) and the Celtic Report in Canada (1970), there has been a strong movement to provide an appropriate education for all handicapped students in the regular school system. The first special program and services provided to mentally handicapped children by the school system were generally by way of special schools or segregated classes. However, today there has been a widely accepted movement to shift from segregated settings to mainstreaming handicapped

students in the regular classroom, while at the same time providing them with additional support services.

Throughout Canada many professionally trained teachers, school counsellors, educational psychologists and educational therapists have been hired to provide services for special needs students (Grosenick, 1981; Grosenick, George, George & Lewis, 1991; Dworet & Rathgeber, 1990). Csapo (1981) and Dworet & Rathgeber (1990) both report that local school districts have the primary locus of responsibility for the organization and delivery of services to behaviorally disordered students across Canada.

One of the most challenging groups of children to provide school based services to are those children with severe conduct disorders or other behavioral disabilities. These children have been variously labelled as emotionally disturbed, behaviorally disturbed, behavior disordered and so forth. As a result, the issue of defining a behavior disordered student has received considerable attention (Cullinan, Epstein & Kaufman, 1984; Garber, 1984; Epstein, Cullinan & Sabatino, 1977; Cullinan, Epstein & McLinden, 1986; Bower, 1982; Gresham, 1985; Csapo, 1981; Dworet & Rathgeber, 1988).

At the present time there is no universally accepted definition of a behavior disordered student in the United States or Canada. There are definitions currently used which cause problems in areas such as: funding, prevalence estimates, screening, identification and research. However, there is still progress being made towards finding a universally acceptable definition. As of December 1, 1990, the

Council for Children with Behavior Disorders (CCBD) announced their acceptance of a new definition of emotional or behavioral disorders (EBD) (see Appendix A). The main thrust behind the acceptance of this new definition was the problem of under-identification of children using the current definitions. Dworet and Rathgeber (1988) in a Canadian study found that only ten of the twelve provincial or territorial jurisdictions had an official definition and of these ten only two were the same.

The Government of Newfoundland, in response to the needs of behavior disordered students, created a relatively unique service in Canada called educational therapy services (Department of Education, 1986). This service led to the initiation of a new professional on the educational scene in Newfoundland called, educational therapist. It is the role of educational therapists in this program to help meet the psychological and emotional needs of these students identified as having significant behavioral disabilities and referred to within this service as core students. The therapists have responsibility for promoting behavioral change that is more socially acceptable, in order to permit the student to receive an appropriate education in the regular classroom setting. The definition used by the Department of Education in Newfoundland to identify behavior disordered students is essentially the same as the federal U.S. definition as stated in Public Law, 94-142 (Bower, 1982) (see Appendix B).

The first educational therapist in Newfoundland was employed in 1979 when the Terra Nova Integrated School Board piloted the first educational therapy

unit in the Province (Smerdon & Butt, 1985). The concept was looked at by other school districts with interest and perhaps scepticism as well. According to Butt (1987), it took some time before the service became known and seen as a valid student support service in the schools. Initially, there was evidence that many teachers rejected the concept. At the time educational therapy was introduced teachers were faced with lay-offs, cut-backs, declining enrolments, and increased workloads. Many teachers resented the fact that personnel were appointed to work with such a low student ratio. Others felt that the treatment of emotionally maladjusted children was the work of medical authorities, not educators. However, through the efforts of the Terra Nova Integrated School Board and therapists who persisted in their efforts to educate professionals and parents about their role, this attitude has greatly changed (Smerdon & Butt, 1985).

Since 1979 there has been a large increase in the number of educational therapists and the service has extended to all school boards throughout Newfoundland. The most recent figures available from the Department of Education show that there were 93 educational therapists employed province wide for the school year 1989-90. Current figures for the 1990-91 school year are unavailable from the Department of Education. Inevitably, the growth of this service has not been without problems. There have been many concerns, such as, establishing a shared view of the role of educational therapists, the striving to establish standards of professional training and program delivery, and questions about the efficacy of educational therapy services (Sheppard, 1989).

Originally, educational therapists were hired to work with a small number of students with severe behavior disorders. This small group of four students were referred to as core students. However, currently throughout Newfoundland there is a pervasive move away from exclusive use of the title of Educational Therapist, to the title of Counsellor/Therapist. This means that persons with the dual role of counsellor/therapist are now responsible for the duties of both a school counsellor and an educational therapist. The percentage of time spent in each capacity varies from one school to another.

Another concern is the change in allocation of educational therapy units to schools. Originally, if the proper documentation was adequate, the Provincial Government would allocate an educational therapy unit to a school based on demonstrated need. Since 1987, however, special needs salary units are provided to school boards based on total school population only. Each school board must then determine how it is to utilize these salary units to address the needs of all children with special needs. With declining enrolments it is quite conceivable that many schools may find themselves unable to offer educational therapy services to students who obviously need them. Butt (1987) expresses concern that many people see this move as regressive and a lessening of the much needed services for behavior disordered students in the school system. These major concerns as well as many other issues point out the need for further research concerning the current status and adequacy of educational therapy services in the Newfoundland school system.

This study focused on the schools of the Burin Peninsula, in Newfoundland, that offer educational therapy services under the Roman Catholic and Integrated school systems. A brief review of educational therapy services on the Burin Peninsula reveals that the first educational therapist was hired by the Roman Catholic School Board in 1984. This school board currently employs ten counsellor/therapists. They have two additional counsellor/therapy units allocated which are not currently filled by qualified professionals and therefore they are not providing full therapy services. As of September, 1990, the Roman Catholic School Board had an enrolment of 3927 students distributed throughout fourteen schools.

The first educational therapist hired by the Burin Peninsula Integrated School Board was in 1985. This school board currently employs two counsellor/therapists, and two school counsellors. They also have allocated one full time educational therapy position to serve two schools, which is not filled at the present time. In addition to these counsellor/therapists, three full time educational psychologists are shared between the two school boards. It is the job of these professionals to provide psychological services to 3116 students distributed throughout a total of thirteen schools.

In order for any new program such as educational therapy to survive it must be willing to demonstrate accountability (Lewis, 1983). In order to demonstrate accountability, programs must undergo evaluation. Aubrey (cited in Hiebert, 1984), states that "lack of systematic evaluation in times of increased

demands for accountability, means that many counselling services are in danger of serious erosion" (p. 597). Lewis (1983) feels that evaluation is necessary for both the survival and improvement of counselling programs. These views are very well supported in the literature on evaluation of human service programs (Breakwell, 1987; Posavac & Corey, 1985; Barsch, 1986; Grosenick, George & George, 1990).

The difficulty of evaluating programs such as educational therapy is pointed out by Miller (cited in Breakwell, 1987), who states that "counselling does not work in terms of illness or cure, so it is hard to assess its effectiveness. There are no absolute criteria of success. It rather depends upon ones perspective" (p. 135).

Furthermore, the research literature shows there is much conflicting evidence about the effectiveness of psychotherapeutic interventions. Studies by Lewis and Sysenck (cited in Schwartz & Johnson, 1988), and Sheppard, Oppenheim and Mitchell (1966 & 1971), concluded that on the average psychotherapeutic treatment had little effect. Other studies by Casey and Berman (1985) and Kolvin et al. (1981) concluded that psychotherapy is effective. Conflicting results have been found between perceived outcomes of effectiveness. Parents and therapists reported strong positive outcomes, as did observers involved in the research projects. Yet, teachers and peers, also presumably in close interactions with the children, did not report much improvement (Casey & Berman, 1985).

A recent study conducted by Taylor (1989) designed to assess the mental health needs on the Burin Peninsula found that there were three major areas of concern: (1) a high incidence of child sexual abuse, (2) family violence, and (3) drug and alcohol abuse. All professionals interviewed as part of this study stressed the importance of the role of the education system in promoting good mental health.

In summary, the following concerns related to the educational therapy services have been highlighted: (1) the need to demonstrate accountability, (2) the recognized need for increased mental health services on the Burin Peninsula, (3) the conflicting literature regarding the effectiveness of psychotherapy, (4) the effect of new allocation procedures for educational therapy units, and (5) fear that the provincial trend of combining the roles of therapists and counsellors may be leading to an erosion in the provision of educational therapy services to behavior disordered students.

The above concerns demonstrate the need for evaluation of the services that presently exist for behavior disordered students in Newfoundland. Today's society poses increased demands for accountability. Currently in Newfoundland there are extreme fiscal restraints in the Department of Education, and school services such as counselling and educational therapy are in danger of serious erosion.

Breakwell (1987), conducted a literature review of evaluation of student counselling for the period 1962-86. He found that evaluation of counselling services is largely conducted by practising counsellors upon their own services.

Obviously there are problems with evaluating one's own success or failure in counselling. The problem of objectivity as well as the anticipation of being evaluated may well affect outcomes by causing the counsellor to perform slightly different than normal. In Newfoundland, according to the Department of Education, Policy Manual: Services for Behaviorally Disturbed Children (1986), the direct observation and evaluation of educational therapists is not possible for ethical reasons concerning confidentiality.

Bugental (1988) states that programs such as educational therapy are difficult to evaluate reliably depending on the time frame within which the judgment is made and the evaluation results can be heavily influenced by the perspective of the person making the evaluation. There are two equally valid types of procedures useful for evaluating counselling programs, according to Lombana (1985): **empirical** measures ascertain whether or not a given objective was accomplished whereas **perceptual** measures determine how the counsellor's efforts were viewed by others. Breakwell (1987) supports the perceptual measure of evaluation by stating that the most important views to consider in the evaluation of a counselling program are those of the people directly involved with the program.

The design of this study is perceptual in nature as it allows for the input of opinions from the four main groups involved in the delivery and use of educational therapy services. Based on the views of these four groups the results of this study provides a good indication of the strengths and weaknesses of the current service,

as well as of its overall effectiveness. This valuable information can be used to help guide the two school boards involved to improve existing services as well as provide support for positive aspects of services that currently exist.

Research Questions

Based on the purpose and rationale for this study the following research questions were addressed:

1. What are the characteristics of the current educational therapy program design as provided by the Roman Catholic and Integrated School Boards of the Burin Peninsula, Newfoundland, and how are the various components of this design operationalized?
2. To what degree are the people directly involved with the educational therapy services (parents, educational therapists, principals and teachers) satisfied with the overall success of the program in meeting its objectives?
3. What are the perceived effect(s) of the assignment of dual roles under the title counsellor/therapist on the delivery of services to behavior disordered students?
4. What are the perceived effect(s) of the new allocation procedures for educational therapy units on the delivery of educational therapy services to behavior disordered students?

5. What areas of service presently provided would the surveyed groups like to see improved and what priorities, if any, can be ascertained from the survey results?

6. How is discipline for educational therapy services currently managed and are these methods satisfactory in the view of the identified survey groups?

7. What factors are considered in the identification of students for educational therapy services and termination from these services?

8. To what degree are teachers and principals aware of the role of the educational therapist and how this role differs from the role of the school counsellor?

9. What is the relationship between counsellor/therapist characteristics: attractiveness, expertness and trustworthiness (CRF-S; Corrigan & Schmidt, 1983) and satisfaction with educational therapy services, as rated by parents of core therapy students?

10. To what degree do the people who are involved with educational therapy services (parents of core therapy students, teachers, educational therapists and principals) feel that these services are necessary and important?

11. What are the qualifications of educational therapists in the target group and what qualifications are deemed desirable for this position in the opinion of educational therapists, principals and teachers?

Definition of Terms

The following are definitions of particular terms used in this study. Terms one and two are as defined by the Department of Education, Policy Manual: Services for Behaviorally Disturbed Children (1986) and are used by the Roman Catholic and Integrated School Boards of the Burin Peninsula.

Educational Therapist:

A qualified educational therapist is one who has a masters degree for counsellors and psychologists which emphasizes the competencies listed below:

1. Assessment and diagnostic skills in cognitive and personality areas of behavior.
2. A high level of counselling/behavior change skill preferably encompassing a variety of counselling techniques rather than adherence to one particular school or method.
3. Good consulting skills with parents and colleagues in schools as well as from other professions.
4. The ability to write clear and relevant reports and maintain records of all interventions with students which can be passed, without additional information, to other similarly qualified personnel.

School Counsellor:

The school counsellor is defined by the Department of Education (1986) in terms of six major roles that are required to be performed:

1. Counselling - (individual or group).
   This may involve career planning, values or personal problems which may be discussed in a non-threatening situation.
2. Educational and behavioral screening and assessment.
3. The maintenance of information services in the following areas: educational, vocational, personal/social development, school information.
4. Consulting/liaising - the counsellor may need to consult with teachers, parents, administrators and other outside agencies.
5. Administration - such as: report writing, and confidential record keeping, monitoring student transfers and school leaving forms.
6. Membership of a District Counsellor's Council for continuing counsellor education.

Counsellor/Therapist:

One who has a master's degree in educational psychology or counselling and is responsible for both the role of the school counsellor and educational therapist. The percentage of time allocated for each role may vary from school to school.

Core Student:

A core student is one who is formally assessed to be severely behavior disordered and deemed to be in need of educational therapy services.

Behavior Disordered Student:

A student is deemed behavior disordered if he/she demonstrates one or more of the following characteristics over a long period of time and to a marked degree which adversely affects educational performance (Department of Education, 1986):

1. A marked inability to learn which cannot be adequately explained by intellectual, sensory, neurophysiological or general health factors.
2. A consistent inability to build and maintain satisfactory interpersonal relationships with peers and teachers.
3. Highly age and/or gender inappropriate behaviors or feelings within normal situations.
4. A general pervasive mood of acute unhappiness or depression.
5. A tendency to develop symptoms such as speech problems, pain or fears, associated with personal or school problems.

For the purpose of this study, a behavior disordered student is a student who fits the above description and any other student who is currently on the educational therapist's list of core students.

Referred Student:

A student referred to an educational therapist by self, teacher, parent, or other agencies for assessment, behavioral program planning or crises intervention, but whose behavior is not judged severe enough to warrant being assigned as a core student for educational therapy services.

Limitations

The following limitations are acknowledged as being inherent within the present study:

1. The format and findings of the study may have transferability to other school boards in the Province; however, the results will be most meaningful and useful to the Roman Catholic and Integrated School Boards on the Burin Peninsula. The small number of participants, in particular, the low return rate from parents, set limits as well on generalizability. Also, the low return rate of parent questionnaires may mean only highly motivated parents on

those having a positive experience with the program returned their questionnaires.

2. Educational therapists were involved in the distribution and collection of questionnaires to the various survey groups. Although steps were taken to insure respondents that the researcher alone would see the results, some respondents may have been reluctant to report their honest opinions on certain issues.

3. Educational therapists were given the task of distributing questionnaires to any six teachers in their school. Thus, teachers were not randomly selected, which introduces the possibility of biased selection.

Organization of this Report

Chapter I has stated the purpose and rationale, posed several research questions, provided definition of terms, and recognized the limitations inherent in the study.

Chapter II reviews and discusses relevant literature. Chapter III describes the research design of the study and more specifically, the sampling plan, the instrumentation, the administration of the instrument and the techniques of analysis. Chapter IV presents an analysis and interpretation of the findings. Chapter V provides a summary to the study, and includes a discussion of implications and a list of recommendations.

CHAPTER II

Review of the Literature

Historical Background

A review of literature pertaining to educational therapy leads one to research psychological services in general since the terms educational therapy or educational therapist are not common in the literature. For example, the most prevalent terms used which are closely associated with the professional role of educational therapist are school psychologist and school counsellor. The term educational therapist is a local term used by the Government of Newfoundland, and which appears in its policy statement regarding the provision of educational therapy services (Department of Education, 1986). The term educational therapist was intended as the title for those professionals hired specifically to provide a range of school based services to students within the public school system identified as having significant behavioral disabilities. A brief overview of the history and development of psychological services for persons exhibiting some form of behavioral or conduct disorder will help provide a context for understanding services as they exist today.

Prior to the 18th century no distinction was made between physical disease and psychological disease. According to Schwartz and Johnson (1985), all diseases were thought to be caused by spirits and mental disease was thought to be caused by spirits inhabiting the brain. Among early accepted treatments for brain

disease was "trephining," in which a circle of bone was chipped from the skull to allow the demons inside to escape. As early as 400 B.C., Hippocrates suggested that mental illness (in its broadest sense) was caused by diseases of the brain and should be treated no differently from other diseases. In the middle ages, the "deranged" were turned over to the clergy and the feudal secular powers, who combined to punish the "agents of the devil" by burning them at the stake or otherwise disposing of them. According to Talbott (1978), "chain beating, extremes of temperature and inhuman living conditions were employed both in efforts to restrain patients or to shock them back to sanity" (p. 15). These treatments were not considered inhumane but potentially helpful. In the late 1700's to early 1800's practices such as the beating and terrorizing of individuals into submission were considered good therapy practices since physicians assumed that a calm, subdued patient was saner than a violent one (Bell, 1980). Other techniques used in this era to treat mental/emotional disorders were cold or hot water treatment, bloodletting, blistering, and the use of emetics, cathartics, and sedatives (Bell, 1980; Deutsch, 1949; and Jones, 1983). Practices such as these continued until the 18th century.

It was not until late in the 18th century that the study of problems of childhood began. Patients were still abused, locked in cellars, kept in chains and whipped. However more humane treatment began to develop slowly as the culture changed with the United States and France taking the leading role in the development of psychiatric knowledge (Schwartz & Johnson, 1985). It was

around this time that state institutions and mental hospitals were established for the "insane" (Bell, 1980; Dain, 1975). "Placement in jails and almshouses was rejected because of changing attitudes. Other motives were the desire to protect society from possible harm from so-called "maniacs" and to relieve families of the burden of care" (Dain, 1975, p. 16). According to Bell (1980), "the effort to better the conditions of the insane formed part of a widespread reform movement that permeated American life in the 1830's and 1840's" (p. 15). There was a movement towards recognizing the need for a systematic humane way of dealing with persons who were mentally/ emotionally disordered. Even though there was an organized attempt to deal with mental illness through institutions, there were still many problems caused by overcrowding and untrained staff. There are many horror stories of physical abuse and neglect reported in the literature relating to the problems of institutional life for mentally ill patients around this era. The controversy over the value of institutionalization for mentally handicapped people began and remains somewhat unresolved to this day (Ackerknecht, 1968; Alexander & Selesnick, 1966; Grob, 1983; Talbott, 1978).

It was in the early 1900's that the problem of mental retardation and concern for children with disordered behavior increased tremendously. A French psychologist Jean Itard and a pupil of his named Sequin tried to apply new educational ideas to help "idiots," as the mentally retarded were called at that time (Itard, 1932). Sequin began teaching the mentally retarded (in institutions) in the hope that they would, after training, be able to return to their homes (Sequin,

1886, and Kirk, 1958). As a result of attempts to educate the mentally handicapped, the development of instruments to measure intellectual functioning began. Binet and Simon developed an individual intelligence test in 1904 to help decide which children should be educated (Bennett, 1970).

After World War II, psychologists in the schools became increasingly involved in attempting to offer assistance to pupils judged emotionally maladjusted or "disturbed." An emphasis was placed on the influence of personality factors on the ability to behave appropriately, as well as on the capacity to learn academic skills. In the United States legislation was passed making money available to school districts for special education. Many states in the U.S. passed special services legislation; at first for the physically handicapped and mentally retarded, and more recently, for emotionally and socially maladjusted pupils (Balow, cited in Bennett, 1970).

Special programs and services that were first set up for the severely disturbed were mostly residential in nature. The segregation of handicapped children into special schools or classes began to change dramatically in the 60's and 70's. Wolfensberger (1972) maintained that placement in environments segregated from normal individuals did not foster positive gains in the behavior of those people placed in such environments. This philosophy has been a powerful force in shaping the services we provide for emotionally/behaviorally disordered children today.

In the early 1970's a move towards mainstreaming and normalization began in the area of special services for children in public schools. Normalization was first stated in the literature by Nirje (cited in Kugel & Wolfensberger, 1969), who phrased the principle as follows: "making available to the mentally retarded patterns and conditions of everyday life which are as close as possible to the norms and patterns for the mainstream of society" (p. 181). Wolfensberger (1972) further refined the definition of normalization as follows: "Utilization of means which are as culturally normative as possible, in order to establish and/or maintain personal behaviors and characteristics which are as culturally normative as possible" (p. 28).

A Canadian study entitled **One Million Children** - most commonly referred to as **The Celdic Report**, (Roberts & Lazure, 1970) recommended sweeping changes in policy, planning, practice and attitudes regarding the behaviorally disordered children in our schools. One of its main themes was that both the federal and provincial governments in Canada assume responsibility for ensuring that a child with emotional/behavioral or learning disorders receive help in their home communities with a minimum of disruption to the child's normal family and community life (Csapo, 1981). It also recommended that the provision of such services by local authorities be mandatory for children with emotional and learning problems up to 21 years of age.

Several other Canadian studies followed the Celdic Report and re-emphasized the need to train personnel for work with children who are

experiencing emotional and learning problems. The SEECC Report, (Standards for Education of Exceptional Children in Canada), (Hardy, McLeod, Minto, Perkins & Ovance, 1971), Children in Canada Residential Care (Rae-Grant & Moffat, 1971), the Organization for Economic Co-operation and Development (OECD) (1978), and the Proposed New Legislation for Young Offenders (1977), all recommended or implied that schools will have to offer effective educational intervention to children who might fit into the category of emotionally, behaviorally or socially disturbed or maladjusted (Csapo, 1981).

One of the major problems emphasized by **The Celdic Report** was the lack of co-ordination of services provided for children with emotional and learning problems. This report found that children were often being treated independently by the education, medical, correctional and social services systems. As a result the Celdic Report recommended that the school should be the base for organizing and coordinating all the necessary community services for children.

Since the early 1970's schools across Canada, including Newfoundland, have come a long way in providing psychological services to special needs children. Many special education teachers, guidance counsellors and co-ordinators have been hired in the last 15 years to work with special needs students. Recently most school boards across the Province have hired school psychologists and educational therapists to provide additional psychological intervention services to students with severe emotional or behavioral problems.

Aims/Goals of Educational Therapy

A study of school programs in the United States for behaviorally disordered students was conducted by Grosenick, George and George (1987) in 1986. Information was collected from 192 school districts serving behaviorally disordered students from 27 states across the nine geographic areas of the United States.

The most frequently cited aims and goals of programs for the behaviorally disordered found in this study were:

1. Return students to the mainstream and/or serve in the least restrictive environment.
2. Students have a right to an appropriate public education.
3. Focus upon and change behaviors that interfere with success in school.
4. Provide comprehensive education programs for students.
5. Provide a positive learning environment and appropriate education for behaviorally disordered students.

The Department of Education in Newfoundland has outlined its aims/goals for the educational therapy program based on the definition given in the provincial document titled Policy Manual: Services for Behaviorally Disturbed Children (1986). The goals outlined in this manual are:

1. To retain the behaviorally disturbed student in the mainstream of the regular program.

2. To promote behavioral change (more socially and personally acceptable behavior).
3. To provide education in the least restrictive (or most enhancing) environment.
4. To match the child's strengths and needs in his/her preparation for the world beyond school.
5. To provide consultation and support services to teachers and parents of core therapy services.

The term educational therapist is used to distinguish the role from that of (a) teachers, who are responsible for curriculum and instruction and (b) guidance counsellors, whose role, though overlapping in terms of counselling/behavior change interventions, is much more broadly based in terms of the range of services provided and the student population served.

Since the introduction of the first educational therapist in Newfoundland in 1979, by the Terra Nova Integrated School Board, educational therapy units have expanded to all school boards in Newfoundland (Butt, 1987). The most recent development in these services is the current practice of combining the role of school counsellor and educational therapist into one position referred to by the title of counsellor/therapist.

Definitional Issues

Who gets referred to the educational therapists? Who are the behavior disordered students? What criteria are used to identify them? In order to determine which students need the services of the educational therapist there has to be an accepted definition of behavioral disorders. At the present time there is no universally accepted definition. According to Cullinan, Epstein and McLinden (1986), there exist many varied definitions of behavior and emotional disorders of children. Cullinan, Epstein and Floyd (cited in Cullinan, Epstein & McLinden, 1986), discriminate between three general types of definitions: (1) **a research** definition which functions to define subjects for the purpose of conducting research and reporting results, (2) an **authoritative** definition, which is defined as one provided by some individual or group which sets forth the philosophical orientation of its framer - (usually found in a text or reference work), (3) an **administrative** definition which functions in part to guide the delivery of services. The authors found in their study of definitions used in the United States that there was very little agreement among the states on a definition. They also found that if the definition tends to be vague it can cause problems which affect funding, prevalence estimates, screening and identification and so forth.

The importance of attending to a definition of behavior disorders is expressed by Epstein, Cullinan and Sabatino (1977) as follows: (a) "The definition used may frequently reflect particular models and theories which may indicate which interventions will be implemented, (b) Definitions are a basis for

prevalence estimates and largely determine who will receive certain services, (c) Definitions are vital in the continuing research effort to understand behavior disorders" (p. 418). Several investigators have studied definitions in states in the U.S. (Gillespie, Miller & Fielder, 1975; Mercer, Forgnone & Wolking, 1976; Schultz, Hirshoren, Manton & Henderson, 1971). A major finding of their reports is that there exist great variations in content among these definitions.

Many systems of classifying students as behaviorally disordered have been developed including such clinically derived systems as the Diagnostic and Statistical Manuals, the World Health Organization Multi-Axial Classification System and the system developed by the Group for the Advancement of Psychiatry. Many other empirically derived systems have been developed as well. Garber (1984) feels that the process of classification is "a meaningful and essential enterprise in the study of psychopathology" (p.31). Garber also stresses the importance of classifying childhood psychopathology from a developmental perspective. There are two main issues to be concerned with, according to this author: (a) "the continuity between childhood and adult psychopathology, and (b) definitions of normality and deviance with respect to age, context, developmental tasks, and the progression of development over time" (p. 31). Classification of childhood psychopathology must consider not only what is age-appropriate and age-specific at a particular point in development but also the normal progression of development from one phase to the next. A system for classifying children's

disorders should not simply be based on the classification of adult psychopathology without first evaluating their validity (Garber, 1984).

Gresham (1985) found that school psychologists appear to have problems assessing behavior disorders in school-age children because of the ambiguities in most state definitions. He concludes that most definitions are often vague, confusing and sometimes contradictory. Bower (1982) explains that definitions are usually clear and concise at the extreme ends of a condition. "As one moves from the extremes of a handicapped condition towards the mean, one reaches a point where the waters are sufficiently muddied to cause serious definitional problems" (p. 55). Definitions become very important when they are used to limit or prescribe who may or may not receive services.

Bower's definition of seriously emotionally disturbed is basically the one accepted and used by the United States Federal Government under Public Law, 94-142. As stated in Bower (1982):

> "seriously emotionally disturbed is defined as a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

Section (I):

(a) an inability to learn which cannot be explained by intellectual, sensory or health factors;

(b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

(c) inappropriate types of behavior or feelings under normal circumstances;

(d) a general pervasive mood of unhappiness or depression;

(e) a tendency to develop physical symptoms or fears associated with personal or school problems;

Section (II):

> The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed." (p. 55)

Section (I) is an exact restatement of Bower's definition except for the word "seriously." Section (II) was added by the U.S. Federal Government (Education of Handicapped Children, Federal Register, Section 121a.5, 1977).

The most recent definition of Emotional or Behavior Disorders as adopted by the Council for Children with Behavior Disorders (CCBD) in December, 1990 is outlined below:

> "Emotional or Behavioral Disorder refers to a condition in which behavioral or emotional responses of an individual in school are so different from his/her generally accepted, age-appropriate, ethnic or cultural norms as to result in significant impairment in self care, social relationships, educational progress, classroom behavior, or work adjustment.
>
> - The category may include children or youth with schizophrenia, depression, anxiety disorders, attention deficit disorders, or with other sustained disturbances of conduct of adjustment.

- Emotional or Behavioral Disorders can co-exist with other handicapping conditions, as defined elsewhere in the law.

- Emotional or Behavior Disorder is more than a transient, expected response to stressors in the individual's environment and persists despite individualized interventions, such as feedback to the individual, consultation with parents or families, and/or modifications of the educational environment.

- The eligibility decision must be based on multiple sources of data about the individual's behavioral or emotional functioning. Emotional or Behavioral Disorder must be exhibited in at least two different settings, at least one of which is educational." (CCBD Newsletter, 1991)

Cullinan, Epstein and Kaufman (1984) found that "in the absence of any litmus tests for either mental health or disorders in children it appears that actual referral is probably as good a criterion as any other currently available in determining who behavior disordered children are" (p. 10). The authors feel that the value of actual referral is that it typically reflects persisting problems on the part of the child in one or more important life areas.

In a study of teachers' ratings of student behaviors, the authors found that problems noted for behaviorally disordered students appeared to be compatible with the PL-94-142 definition of seriously emotionally disturbed. One suggested method of use for estimating false negatives and false positives in referrals, is to establish cutoff points for behavior ratings, noting the extent to which the distribution of scores for referred and non-referred children are overlapping.

Csapo (1981) in a study of services for behaviorally disordered students in Canada found that only 6 of 12 jurisdictions had an official definition. None of these jurisdictions used the same definition. A repeat of the Csapo (1981) study by Dworet and Rathgeber (1988) found that 10 of the 12 jurisdictions had official definitions. Nova Scotia and the North West Territories were the only jurisdictions without an official definition at the time of their study. Newfoundland and Ontario have definitions very similar to the United States federal definition. The major difference between the Newfoundland/Ontario definition and the United States definition is the inclusion of socially maladjusted students in the Canadian definition.

A factor making it difficult to compare programs across Canada or within certain provinces or territories is that 8 of the 12 jurisdictions allow local school systems to modify the Provincial or Territorial definitions.

Newfoundland Definition

The Department of Education, in their policy manual **Services for Behaviorally Disturbed Children** (1986) defines behaviorally disturbed children basically using Bowers' (1969) definition:

> "A student is deemed behaviorally disturbed if the child frequently demonstrates one or more of the following characteristics over a long period of time and to a marked degree, which adversely affect educational performance:

1. A marked inability to learn which cannot be adequately explained by intellectual, sensory, neurophysiological or general health factors.

2. A consistent inability to build and maintain satisfactory interpersonal relationships with peers and teachers.

3. Highly age and/or sex inappropriate behavior or feelings within normal situations.

4. A general pervasive mood of acute unhappiness or depression.

5. A tendency to develop symptoms, such as speech problems, pains or fears, associated with personal or school problems." (p. 2)

Newfoundland is one of only four provinces in Canada which insists that the local school boards adhere to the provincial definition. In Newfoundland, the Department of Education outlined specific procedures which school boards were required to follow in order to receive permission to establish what is referred to in its policy manual as an educational therapy unit.

The original procedures for establishing a special unit for working with behaviorally disordered children consisted of identifying a minimum of four core students based on the current definition used by the Department of Education. Schools had to apply individually to the Department of Education for approval for such a unit. Extensive documentation from a variety of sources had to be included. To reduce the chances of subjective identification there has to be consistency in pointing out a student's inappropriate behavior from at least 3

different sources. Personnel included in these procedures are the parents, students, teachers and others such as social workers, clinical psychologists and psychiatrists.

In 1987 this process changed. Schools can no longer apply to the Department of Education for an educational therapy unit based on these original procedures. Now, educational therapy units come out of the general special education teacher allocation to school districts. This means that, rather than needs based services, the Department of Education is assigning units based on school district student population.

This allocation of special education salary units is calculated on the basis of total school enrolment in each school district. School boards are then left to decide how these salary units are allocated within their jurisdiction. Under this new allocation procedure, school districts are under no specific provincial policy obligation to assign any of these funds to the hiring of educational therapists. For school boards that do assign educational therapists there may be widely differing criteria for such decisions, which may vary from the original procedures outlined in the Department of Education (1986) policy statement regarding allocation of educational therapists.

Two concerns regarding these allocation changes are expressed by Butt (1987). His first concern was that certain school boards with special education units now in place would lose some of these units over the next few years, and these could include educational therapy units. Because of this, schools may find themselves with no services to offer to students who obviously need them.

Secondly, where school boards are in complete control of all special units, there is always the potential for abuse. In other words, educational therapists "may possibly" be used for assessment and teaching purposes in the regular class.

Many school boards are now employing counsellor/therapist units. Initially these two positions had very distinct, separate roles in the school as outlined by the Department of Education Policy Manual (1986). Many people see this move as regressive and a lessening of the much needed services for behaviorally and emotionally disturbed students in our public schools (Butt, 1987).

It remains to be seen if this system is an improvement over the original procedures for obtaining educational therapy units. Due to these changes in allocation of educational therapists, individual schools now have to apply and show demonstrated need to their school boards rather than to the Department of Education.

Who Provides Services for Behaviorally Disordered Children?

Since the publishing of the Celdic Report in 1970 much has ben done to meet the needs of emotionally and behaviorally disturbed children (Csapo, 1981). However, it has been a slow process and not an entirely painless one. One of the major recommendations of the Celdic Report (Roberts & Lazure, 1970) was that the Federal and Provincial Governments in Canada assume responsibility for all children including those with emotional or learning disorders. It recommended that local educational authorities provide such services to children with emotional

and learning disorders up to 21 years of age. The SEECC Report (Standards for Education of Exceptional Children in Canada) reemphasized the Celdic Reports' recommendations. This report further recommended that teachers of exceptional children be appropriately qualified. Another Canadian study, Children in Canada Residential Care (Rae-Grant & Moffat, 1971), concluded that children in residential treatment programs would benefit from attending local schools but are prevented from doing so because of the high cost of providing the special remedial programs they require. The implication of the Revised New Legislation for Young Offenders (1977), is that schools will have to be partners in the process of offering an effective educational intervention to learners who might fit into the category of emotionally, behaviorally, or socially disturbed or maladjusted.

In an effort to determine the extent of public school services for emotionally disturbed children in Canada, Csapo (1981) conducted a national survey. A 19 item questionnaire was sent to the director of special education or its equivalent in the department or ministries of education of the ten provinces and two territorial governments in June, 1980. A total of 12 different types of services were reported to be available for emotionally disturbed children across the country. These include the following: special class, resource room, crisis intervention, itinerant teacher, academic tutoring, homebound instruction, guidance counsellor, school social worker, school psychologist, psychiatric consultation, transportation to non-school agency and payment for private school programs. Nine of the twelve jurisdictions in Canada reported that the predominant mode of

organization and delivery of special education services to most emotionally disturbed children was through the local school district. The opportunities for treatment in facilities outside of the school were reportedly very limited. Only 3 of the 12 jurisdictions report programs available through the Department of Social Services and Health. The findings of this report (1981) state that only 3 of the jurisdictions (Ontario, Manitoba and Newfoundland) had special education qualification requirements for specially trained teachers before the funding formula can be applied. Many provinces (7/12) have financial funding formulas for special education programming (Csapo, 1981). A more recent study by Dworet and Rathgeber (1990) found in 1988, that 8 jurisdictions, including Newfoundland, fund on the basis of a block grant for all special education salary allocations. Currently, all 12 jurisdictions in Canada now provide some form of funding for special education programs. Dworet and Rathgeber (1990) adopted the same research design and questionnaire used by Csapo (1981), in researching the responses of the Canadian provinces and territories to the needs of behavior disordered students. The purpose of this study was to compare more current information with the results found in Csapo's (1981) study.

Dworet and Rathgeber (1990) found that Newfoundland and the Northwest Territories were the only two jurisdictions that prohibit the utilization of full-time self-contained classrooms for special needs students. The local school district remains the predominant mode of organization and delivery of special services to behaviorally disordered students.

Ontario, Manitoba and Newfoundland were the only jurisdictions reported in the 1981 study that required special education qualifications before funding could be applied. Six of the jurisdictions now require course work in special education whereas Newfoundland is the only province requiring specific training in the area of behavioral disorders. Newfoundland is attempting to meet the needs of behaviorally disturbed students through the utilization of educational therapists who must have the competence of both a teacher and a counsellor.

Grosenick (1981) also reports that the largest number of behavior disordered students are served within the public schools. Although this was an American study, the findings may have reliable information and implications for Canadian schools and their treatment of behavior disordered children. Her study found that the most common services available were, self-contained classrooms, special schools, out of district day school placement, out of district residential placement, consultant teachers and homebound instruction.

Grosenick also reports that being severely behavior disordered is more likely to result in removal from school than any other disability. She found that there was a heavy reliance upon mental health facilities, private schools and facilities for delinquent youth by the public schools who had severely behavior disordered students. The practices used by many schools such as ignored truancy (i.e. - a reluctance on the part of the school staff to actively seek truant warrants particularly for behavior disordered students) and continuous suspensions reflected an attitude of frustration by the school systems. In addition to these findings, this

study reported that the severity of the problem exhibited by behavior disordered children often dictates intervention by a variety of agencies, but that communication and collaboration between these groups and individuals is often lacking. In a further study conducted by Grosenick, George and George (1987) comparing school programs for the behaviorally disordered now, with that of 20 years ago, it was found that the self contained classroom remains the most prevalent option, with consultation and resource rooms being commonly used.

The most recent study by Grosenick, George, George, and Lewis (1991) revealed that teachers continue to play the central role in program implementation. Teachers of behaviorally disordered students were rated as the most involved member of the multidisciplinary team for selecting and utilizing behavior intervention strategies.

Newfoundland Services for Behavior Disordered Youth

As previously mentioned, the Government of Newfoundland and Labrador established a new unit called educational therapy in an attempt to meet the needs of behavior disordered students (Department of Education, 1986). Although there have been some changes, as noted earlier, regarding funding allocation for this service, school boards continue to provide educational therapy services under this government policy.

It is not surprising that with the introduction of this new educational service dedicated to the needs of behavior disordered students, there were many associated

challenges during the period of implementation. According to Butt (1987), a big concern after the introduction of this new service was the problem of negative staff attitudes and misunderstanding of the therapists's role. Like any new professional service there were specific concerns regarding role definition, relationship of the educational therapist with other established professionals such as school counsellors, educational psychologists and special education teachers, as well as questions about the desired professional qualifications for these new personnel. Several province wide studies (Anderson-Lane, 1990; Sheppard, 1989) have addressed some of these concerns.

The establishment of this educationally based service in Newfoundland is reflected in the report of a Canadian study conducted in 1988 by Dworet and Rathgeber (1990). The study involved administering a questionnaire to the 12 provincial or territorial directors of special education or their designates. The results of the study show that in Newfoundland the following services are available to behavior disordered students: (a) resource room; (b) crises intervention; (c) guidance counsellor/educational therapy; (d) social worker; (e) school psychologist, and (f) psychiatric consultation. However, it is quite possible that the type and number of services available to students will vary from district to district throughout the Province.

In addition to these services, the Department of Social Services currently provides a number of teacher aides through its Work Opportunities Program for a period of up to forty weeks. The Department has established three priority groups

which can avail of these teacher aides. A teacher aide may be allocated to a school that has a child with "severe behavioral problems where the child needs constant adult supervision so as not to be injurious to himself or others" (A. Downey, personal communication, April 23, 1987). In order to apply for such an aide the individual school has to apply to the Department of Education, Special Services Division. The application must provide complete information on the child including all test results, description of special needs, and other records that may be available from Health, Social Services or other agencies.

Identification of Behavior Disordered Students

There are many techniques used in the assessment and identification of behavior disordered students. The most common methods involve teacher, parent and child behavior checklists and rating scales. Interviewing and behavioral observations are also commonly used methods in the assessment of those children.

Several new assessment procedures are being developed such as the multiple-gating approach for systematic screening of behavior disordered children which was developed at the University of Oregon and the University of Washington (Morgan & Jensen, 1988). This system consists of three separate stages. Each step involves more rigorous assessment through which a student must pass. The first gate involves a teacher's systematic evaluation of all children in the classroom who may be at risk for behavior problems. At the first gate students are ranked according to a profile that describes externalizing and

internalizing behaviors. At the second gate the teacher rates the top 10 ranked students on the internalizing list in terms of the frequency and nature of their problem behaviors when compared to a list of critical problem behaviors. At gate three the child is assessed through behavioral observations on academic engagement time during classroom seat work and on the quality and amount of social interaction behavior at recess and on the playground. Children who significantly deviate from the norm are then considered for special help.

One advantage of this system is that it involves teachers' judgment at the first two gates. A teacher is generally the person most familiar with a student's behavior in educational settings.

Another system for assessing behaviorally disordered students uses a microcomputer. The computer is programmed to hold hundreds of research findings and regulations concerning the assessment of behaviorally disordered children. Assessment information is fed into the computer, which evaluates the quality of the information and calculates a probability that the child is actually behavior disordered. This system is often used as a second opinion for difficult cases in which human judgment may be in error (Morgan & Jensen, 1988).

McGinnes, Kiraly and Smith (1984) investigated the types of data used in identifying public school students as behaviorally disordered. Data was collected in 45 elementary school students, from Iowa, identified as behaviorally disordered during a 21 month period. The major finding of the study was that little documentation from the areas specific to the educational handicap of behavioral

disorders was available. The most noted source of behavioral information documented in the students' files was a summary of the students behavior. This was in the form of general statements about the students behavior but without supporting data. The next most frequently found documented information source within this sample was family/environmental history. The high frequency of this area compared to other data sources suggests that students' family and environment may be priority factors in the student's designation as behaviorally disordered within this sample.

In a national survey of 126 school districts in the United States, Grosenick, George and George (1987) found that much time and effort have been spent in creating formal referral and assessment procedures. Direct observation and behavioral checklists or rating scales are the two most frequently cited sources of information employed (95% of districts). Also, routinely used in approximately 90% of districts in the assessment process are intelligence tests, parent interviews and standardized achievement tests. A more recent study by Grosenick, George, George and Lewis (1991) involved 125 item questionnaire which was used to survey 145 special education administrators regarding their current program practices in eight broad areas. This study supports the previous study (1987) regarding the extensive process and method of student assessment procedures. It was found that regular classroom teachers and administrators are the people who most often refer students for special help. Parents and pediatricians are the two groups least likely to refer for special services.

It was also found that when considering student eligibility for behavior disordered services and placement, the severity of the student's "overt behavior" is the number one factor considered. Individuals who were rated as having the most involvement in making these decisions are special education administrators, parents and regular education administrators.

Kaufman (1989) states that "more than two percent of the school age population are considered by teachers and other adults to exhibit disordered behavior and fit the federal definition of seriously emotionally disturbed" (p. 39). The range of prevalence from the study conducted by Dworet and Rathgeber (1990) was .0002% to 1% with the average being .49%, well below Kaufman's prevalence estimate of 2%. The prevalence rate given for Newfoundland in this study was 1%. Csapo (1981) states that lack of recognition of the problem was a major concern. Given the prevalence rate from the 1988 study there continues to be a problem in the identification of behaviorally disordered students.

Dworet and Rathgeber (1990) report that the identifying process in all 12 jurisdictions in Canada currently involves a multidisciplinary team guided by a co-ordinator of special services. Parents are involved primarily in providing permission for formalized assessment and for placement of their children. Parents do not appear to be involved in the writing of Individualized Program Plans (I.P.P.'s); however, they do have the right to appeal the school's decisions regarding the program designed for their children.

Identification Process in Newfoundland School System

The Department of Education in Newfoundland has adopted a process of identification as outlined in the Policy Manual: Services for Behaviorally Disturbed Children (1986). The identification procedure for each referred student includes various teacher rating scales which must be completed independently by not less than two teachers who know the student. A student's self-rating scale is completed such as the Piers-Harris Children's Self-Concept Scale, or other similar instrument.

The parents' view are sought using Burk's Behavior Rating Scales or similar instrument. Peer ratings are sometimes used as well as information from other agencies (such as Social Services, R.C.M.P., Law Courts and others). The conclusions and recommendations from the collection of all this data is compiled by an educational psychologist, school counsellor, educational therapist or some other qualified personnel. Consistency in pointing out a student's inappropriate behaviors between at least three of these sources is taken as sufficient evidence of identification as emotionally or behaviorally disturbed.

Exit Procedures

The results of studies conducted by Grosenick, George and George (1987), and Grosenick, George, George and Lewis (1991) both show that in contrast to the highly structured, formalized entrance procedures, much less attention was given to exit procedures. In other words, the procedures used to determine at what point

a student is no longer in need of special services were found to be much less formalized and much more subjective than the entry procedures. Of the 126 districts responding to the study conducted by Grosenick, et al. (1987), only 51% indicate that they had formal written exit procedures. The factors most frequently considered in the decision to allow a student to exit from a program for the behaviorally disordered are: (a) documentation of change in student's behavior, (b) ability to generalize behavior to other settings, and (c) documentation of academic progress.

Only 37% of the respondents indicated the existence of written exit criteria for measuring a student's readiness to leave special education services for behaviorally disordered (Grosenick et al., 1987). Of the districts that have written exit procedures, information typically included is (a) the steps to be taken in the re-integration process, (b) who is responsible for making the exit decision, and (c) plans for co-ordinating transitions and follow-up activities. Teachers of emotionally disturbed students were described as the persons most actively involved in the decision that a student is ready to exit, followed by parents and special education administrators.

Newfoundland Exit Procedures

The Department of Education in Newfoundland does have a written policy regarding termination of educational therapy services as outlined by the Department of Education (1986). In order to demonstrate the changes in behavior

meriting termination a review assessment must be conducted using the same or parallel forms of the instruments used in the original referral. A report must be compiled by the educational therapist which "shall also contain recommendations for the future care of the student" (Department of Education, 1986, p. 16). Consistent measures of improvement must be shown by at least three instruments (the same instruments used for identification) before a student can be deemed ready for termination from the Educational Therapy Service. However, there is nothing in the policy manual to indicate the actual degree of improvement which must be shown on these instruments, to determine when a student is ready for termination from educational therapy.

Disciplinary Procedures for Behaviorally Disturbed Students

Cline (1990), in an investigation concerning the rights of all handicapped children to a free, appropriate education found there are serious disparities in access to special education for behaviorally disordered students. In the United States there are many court cases fought over the rights of the severely emotionally/behaviorally disturbed student to a special education program. There is much controversy surrounding ambiguities in definition of seriously emotionally disturbed, education and individualized. Many behavior disordered students in the United States have been denied access to special services because they have been defined by some school systems to be out of reach of the Education for all Handicapped Children Act of 1975. "Discipline and behavior management are

consistently identified as high priority concerns of both educators and the public" (Gallup & Elam, 1981, 1987 and 1988 in Katsiyannis & Prillaman, 1989, p. 35).

Many court cases have also been fought over the right and discretion of educators to use various disciplinary methods. Since the introduction of laws in both the USA and Canada guarding the rights of handicapped children there are regulations or guidelines for disciplining handicapped students. The courts have focused on things such as: (a) the right of students to continuation of current placement while disciplinary proceedings are going on; and (b) the fact that expulsion is a change of placement and while it may be used when appropriate complete cessation of services is prohibited (Grosenick & Huntze, 1984; Guetzloe & Wells, 1986; in Katsiyannis & Prillaman, 1989). These court decisions in the United States indicate that handicapped students cannot be excluded from school without the recognition of rights that are different from those of non-handicapped students.

Then, the issue of definition of handicapped students arises: is a **behavior disordered child** handicapped?; to what extent must this behavior be inappropriate to qualify under the definition of handicapped?; and so the controversy continues (Bower, 1982).

Katsiyannis and Prillaman (1989) found that the disciplining of handicapped students often creates a controversy over the rights of handicapped students and school wide discipline policies. The authors recommend the establishing of statewide regulations concerning the expulsion and suspension of handicapped

students. Ruesch and Kuelthau (1990) support this position. They also recommend that considering the current controversy over the rights of handicapped students and the various court cases challenging educators' decisions, that educators should be cautious in their discipline methods. "Even upon the determination that a handicapped student covered by the EHA should be expelled, a school district is probably wise to provide an alternative form of free appropriate public education" (Ruesch and Kuelthau, 1990, p. 6).

According to Morgan and Jensen (1988), punishment, if used at all, should be included with parental consent as part of a child's individualized education plan. The authors feel that the use of corporal punishment with behaviorally disordered children is uncalled for in nearly all cases. Morgan and Jensen state that no group of students are as often unfairly or adversely affected by suspension and expulsion as behaviorally disordered students. Administrators often lose patience and resort to these counter-productive methods. The same rules for expulsion or suspension apply to all children. However, in the United States, Public Law, 94-142, and in Canada, The Celdic Report require that a free and appropriate education be provided for all students, whether handicapped or non-handicapped. Therefore, parents have won court cases against suspension and expulsion of behaviorally disordered students since this discipline would amount to a change in their child's placement. In other words, (in the event of expulsion) the child's placement would be changed from school based placement to no programming at all. Generally, the courts have ruled in favor of the child if the

behavior that caused the problem is related to the child's handicap. Under these conditions the child should not normally be suspended or expelled.

In a Canadian national study conducted by Csapo (1981) it was found that there is no mutually accepted definition of the emotionally disturbed child in use. As many as eight different descriptions are in general use in Canada to classify children with behavior problems. Results of Csapo's (1981) study found that "Provincial School Acts allow for the expulsion of pupils from the school if the child does not profit from the program and/or his behavior is too disruptive" (p. 147).

The fact that emotional disturbance is used as a criteria for expulsion from the majority of jurisdictions across Canada indicates the importance of having a mutually acceptable definition of the emotionally disturbed child.

Only five of the provinces in Canada have mandatory legislation for the education of all children. Of these five, only in the province of Quebec and Saskatchewan must all children be accepted into the school system. These findings indicate that long range planning for emotionally disturbed children is lacking in most provinces where there are none or very limited treatment facilities available outside the school system.

In Newfoundland, a student may be excluded from the regular education system based on the recommendations of a psychiatrist or other medical officer. It is interesting to note that the decision concerning students' ability to benefit from education can be made by non-educators.

Perceptions of Psychological Services

Since World War II, and the advent of psychological testing measurements such as the Wechsler Intelligence Scale for Children (1949), schools have become increasingly involved in attempting to offer psychological services to pupils judged to be emotionally maladjusted. In more recent times, since the early 1970's, there has been a recognition of need for mental health services in the schools based on studies such as the Celdic Report. Attempts to meet the needs of emotionally/behaviorally disturbed and mentally delayed children have resulted in increased school psychological services. Thus, there has been a large increase in the number of school guidance personnel, special education teachers and co-ordinators, school psychologists and most recently in Newfoundland, the creation of educational therapy services.

Bruner (cited in Bennett 1970), suggested that the real business of psychology is education, and that a "marriage" of the two was in order. Other writers (Brayfield, 1965; Bennett, 1965; Smith & Hobbs, 1966; Bardon & Bennett, 1967) support Bennett (1970), who suggests that "existing social institutions - especially the schools - are the appropriate settings in which psychologists should be offering preventive (rather than curative) mental health services" (p. 166).

The importance of the acceptability of treatment interventions has received considerable attention in the literature. Further, the perceptions of psychological

services held by people directly involved with these services has been demonstrated to affect outcome and satisfaction of treatment interventions.

A study conducted by Gilmore and Chandy (1973) attempted to determine how teaching personnel perceived school psychological services. The study looked at teachers' perceptions of school psychologists in particular, their competence and function. It was hypothesized that the school psychologists' work is substantially affected by the way in which other school personnel perceive their role. Results illustrate that teachers viewed the psychologist as a specialist in emotional problems whose major diagnostic procedure is testing, who recommends treatment but does little himself. Teachers suggested that psychologists become more directly involved with teachers and children in planning and effecting any treatment. It was also found that teacher perceptions of the school psychologist varied significantly on the basis of whether they have used the services of the psychologist or not. Baher (cited in Gilmore & Chandy, 1973), found that the confidence placed in the psychological services by teachers actually showed a slight decline once the service had been rendered.

A similar study was conducted by Medway (1977) concerning teachers' perceptions of the activities conducted by psychologists in their schools. It was felt that teacher perceptions of and reactions towards school psychologists is very important and demands considerable attention since teacher attitudes are especially influential in determining the diversity and usefulness of psychological services. This particular study found that teachers were generally unfamiliar with the service

priorities of school psychologists. Teachers' perceptions of what psychologists do, did not agree with the opinion of psychologists themselves. However, it was felt that teachers' attitudes appeared to be based on little direct information. These findings have important implications if the hypothesis is correct that "teacher attitudes affect the delivery of psychological services in the schools."

The Canadian Home and School and Parent Teacher Federation conducted a survey among its members to solicit the views of parents regarding guidance services in Canadian schools. One thousand questionnaires were distributed to Canada's ten provinces and two territories through local associations. Generally, respondents had high expectations of guidance services. They wanted academic, personal and career counselling as well as an extensive testing program. They felt guidance services should receive a high priority especially in high school and elementary schools. One of the major findings was that a large percentage of respondents claimed they knew very little about the guidance services that were available in their schools (Canadian Home and School Association, 1980).

Considering the fact that Home and School Association members are generally more knowledgeable than the average parent in respect to curriculum and operation, these results are somewhat disturbing. The report suggests that schools might consider more imaginative ways of communicating their counselling programs to parents and students.

With regards to competencies of personnel delivering guidance services, 89% of parents agreed that counsellors should have a special certificate or degree in guidance.

Reimers and Wacker (1988) studied parents' ratings of acceptability of behavior treatment recommendations, and how this might influence treatment effectiveness. The ratings of acceptability were obtained from 20 parents who came to a behavior management clinic for assistance with their children's behavior problems. The authors hypothesized that several treatments may be equally as effective, but may not be perceived as so to the client (in this case the parents). According to Kazdin (1981), if acceptability affects the consumer's use of a recommended treatment, then the most acceptable treatment may be the most successful. It seems reasonable that if clients do not find a particular treatment to be effective they will be less likely to continue implementing the treatment recommendations. The result of the study found that parental ratings of the effectiveness of the treatment had the largest influence on acceptability. However, once the treatment began, it was found that effectiveness (as rated by parents) had the largest influence on acceptability. This points out the importance of considering parent perceptions of treatment recommendations when delivering psychological services to school children. It implies that parent perceptions of the effectiveness of the treatment can strongly influence whether the treatment recommendations are actually carried out.

Strong (1968) conceptualized counselling as an interpersonal influence process which involves three counsellor characteristics: expertness, trustworthiness and attractiveness. Strong proposed that the counsellor's power to influence a client to change depended on the client's perception of the counsellor as expert, trustworthy and attractive. Corrigan and Schmidt (1983) developed a rating form of 12 items that measured these same three traits. This rating form has been used extensively in research involving how clients' perceptions of their counsellors affect outcome (Bachelor, 1987; Heppner & Heesacker, 1983). Heppner and Heesacker (1983) found that client satisfaction with counselling was related to clients' perceptions of these counsellor characteristics.

Gerler and Crabbs (1984) studied behavioral change occurring among referred students following counsellor intervention. Parent, teacher, and student perceptions were used to assess the behavioral change on seven variables: self-acceptance, peer relationships, attitude about school, attendance, grades, following rules and family relationships. The results of the study indicated that counselling interventions seem to be successful, and this success was equally recognized by parents, teachers and students on four of the seven variables.

Apparently, students did not observe as great an improvement in the area of peer relationships as did parents and teachers. Students appeared to use new friendships as the criteria for judgment whereas parents and teachers looked at lack of conflict as the key ingredient for judging improved peer relationships.

Inconsistent ratings on attendance and grades may be a function of the subjectiveness of the ratings according to the authors.

Johnson and Holland (1986) recognize client expectations as an important part of the counselling process. Murray and Jacobson, (as cited in Johnson & Holland, 1986), state that "at the very least, these expectations have been demonstrated to affect a client's willingness to continue in therapy" (p. 151). Furthermore, there appears to be a growing amount of empirical evidence indicating a direct relationship between a client's expectations and eventual therapeutic outcome (Uhlenhuth & Duncan, 1968; Wilkins, 1973, in Johnson & Holland, 1986).

The importance of involving young children and adolescents in the decision process of consenting to therapeutic treatment is discussed in an article by Adelman, Kaser-Boyd and Taylor (1984). Referral and initiation of psychotherapy for children and adolescents nearly always are decided by others - (parent, teachers, judges, etc.). Findings suggest that "the majority of children, adolescents, and their parents want minors to participate in therapy decision making" (Taylor, Adelman & Kaser-Boyd, 1983; Trenper & Feshbach, 1981; cited in Adelman, Kaser-Boyd & Taylor, 1984, p. 170).

Two major concerns were discussed when involving minors' participation in decision making for psychotherapy. First, competence of the individual is a major concern, and secondly, the possibility of negative effects such as increased anxiety, lowered self-concept, and integrating of self-fulfilling prophesy may

occur. Such effects may arise from information overload, difficult options, heightened awareness of problems, or antagonism from those who don't want minors included (Groziano & Fink, 1973; Melton, 1983; Weithorn, 1983, in Adelman, Kaser-Boyd & Taylor, 1984).

Arguments for the inclusion of minors in treatment decisions include such things as decreased resistance to treatment, client legal and ethical rights and psychological benefits of participation. One major purpose of involving minors in the decision process is to enhance motivation and therapeutic relationships.

In general, the results of the study by Adelman, Kaser-Boyd & Taylor (1984) conclude that there is a relative lack of participation of minors in the referral processes and that many who are not included do have the competence to participate in treatment decision making. The authors do feel that there clearly are times when excluding minors from decisions regarding treatment is necessary. However, the degree to which this has been common practice among the sample studied seemed excessive, unnecessary and counterproductive. Another concern viewed by the authors is the matter of whether the input of minors is seriously considered. They found in this particular study that, the desires of the few who did participate were basically ignored. There still remains the question of what is worse; minor's participation in decision making and deciding against treatment, or the negative psychological consequences of non-participation? Excluded youngsters may have little or no commitment to use the prescribed treatment effectively and may even react quite negatively toward

the activity. In conclusion, the authors feel that these matters deserve much more attention then they are presently receiving.

Taylor, Adelman and Kaser-Boyd (1985) conducted a study in which they explored minors' reluctance and dissatisfaction with psychotherapy. The reasons for reluctance were perceived quite differently by students when compared to therapists and parent perceptions. Students pointed out negative features of therapy citing such reasons as, "not helpful," "too boring," "a waste of time," and "too many questions." However, parents and therapists perceived minors' reluctance as defensiveness and other negative attributes of youngsters such as, rebellion, and refusal to face problems. The authors point out that whatever the cause of negative attitudes towards psychotherapy, the majority of students who had experienced psychotherapy had not shown positive shifts away from negative attitudes. This implies that there is a need for change in current practices in order to enhance motivation for treatment. Some suggested practices include, emphasizing choice, regular re-evaluation of client satisfaction and ongoing changes in process to eliminate any practices that are reported by the client as aversive.

The authors acknowledge that further investigations are needed to clarify the factors that produce negative attitudes towards psychotherapy. At the same time it is felt that the burden lies with the field of psychotherapy to establish means by which minors will become aware of the positive benefits of treatment. This, hopefully will enhance and maintain their motivation to work in therapy.

Need for Evaluation of Psychological Services

Why evaluate? Lewis (1983) believes the only programs that can survive are those which can be measured by justifiable criteria. He suggests that the only way counsellors or therapists are to survive is to be accountable for their programs, therefore, they must be willing to demonstrate effectiveness in helping others. Along with accountability, another important reason for evaluation is for the improvement of existing programs. Breakwell (1987) feels that in today's climate of financial cutbacks in education, counselling services are being asked to justify their very existence. He concludes that such programs can survive only if they can give hard information about their efficacy. Similarly, Hiebart (1984) states that a lack of systematic evaluation in times of increased demands for accountability means that many counselling services are in danger of serious erosion.

According to Barsch (1986), we need to find out which children are responding to therapy and which are not. We need to find out the factors that make the difference in creating positive changes in children's behavior. The only way we can do this is to study and research the current therapy programs.

There seems to be widespread consensus in the literature regarding the need for evaluating the effect of counselling programs. However, there are many varying opinions and ideas regarding the methods to use for evaluation as well as conflicting results pertaining to the overall effectiveness of psychotherapeutic

interventions. One encounters many difficulties in trying to provide a suitable method for evaluating psychotherapy services. Lewis (1983) feels the most significant problem affecting evaluation is defining the criteria to be measured. Due to the diversity of needs specific to each individual, coupled with the affective nature of counselling, it is difficult to establish criteria that can cover differences between clients and still reflect the counselling program. He suggests that the goal should be to minimize the number of criteria and make certain that the outcome of counselling related to those criteria can be measured. Lack of measuring devices has been used as a reason for not evaluating counselling programs. What is effectiveness? What is "failure" in psychotherapy? Bugental (1988) states that "nearly every psychotherapy course succeeds in some ways and fails in others" (p. 532). Success and failure is a matter difficult to assess reliably, depending on the time frame within which the judgement is made, and heavily influenced by the perspective of the person making the evaluation.

Casey and Berman (1985) ask three major questions pertaining to the outcome of psychotherapy with children:

1. "Are some forms of psychotherapy with children more effective than others?
2. Does the efficacy of psychotherapy with children vary according to the characteristics of outcome measures?
3. Is psychotherapy more effective with some types of children than it is with others?" (p. 388)

All of these questions show the confounding factors which contribute to the difficulties encountered when attempting to evaluate the type of programs.

Kolvin et al. (1981) conducted a study of 600 children who were identified as being "at risk." They were screened from 4300 children through a classroom multiple screen assessment. The main aim of the study was to identify maladjusted children in ordinary schools and to evaluate the effectiveness of different treatment approaches applied to them. The study was conducted over a 2 year consecutive period, with junior high and senior high children.

The results showed that each of the treatment regimes showed some improvement on some measures. However, there were major differences in the effectiveness of different treatments. Overall, the best results with the junior group were achieved in the playground regime whereas the best results for the senior group were achieved with behavior modification and group therapy. Concerning the therapist and his or her technique, the authors suggest that direct therapy may be more effective than indirect therapy. The results of this study suggest that it is the type rather than the amount of treatment that is a critical factor in intervention. Also, some treatments seemed to show situation-specific improvements (e.g. - classroom related behavior improvement only) whereas others seemed to result in a more widespread improvement. There were also differences in treatment effectiveness based on gender. For example, neurotic behavior was more easily modified in boys than in girls, whereas antisocial behavior responded better to treatment in girls than in boys.

The results of this study point out the many factors involved that have an influence on outcome. In their attempt to deal with these factors Kolvin et al. (1981), looked at effectiveness based on four main components of psychotherapy: (a) the student and his or her problems, (b) the therapist, his or her personality, style and technique, (c) the period of therapy and (d) the psychosocial environment in which treatment takes place. As one can see it is impossible to conclude whether psychotherapy is effective or not without adequately considering the many factors that have an influence on outcome.

Schwartz and Johnson (1985) conclude that the appropriate question to ask about the effectiveness of psychotherapy is, "What type of treatment is effective with what type of patient when administered by what type of therapist under what conditions?" (p. 349). Similar conclusions were reached by Heinieke and Strassman (1976) as stated in Schwartz and Johnson (1985). The review of literature in evaluation of counselling/therapy programs stresses the importance of considering the many variables involved when trying to make conclusions about the overall effectiveness of these programs. Miller (cited in Niebert, 1984), states the only way to ensure that the counselling intervention is responsible for the changes is to have adequate and stable baseline data against which to measure client change. Unless some baseline data are collected, the only indication of client change will be the subjective testimony of the counsellor or client that change has occurred. Miller (cited in Breakwell, 1987), further expresses the difficulties in evaluating counselling programs and points out that "counselling

does not work in terms of illness or cure, so it is hard to assess its effectiveness" (p. 135). There are no absolute criteria of success. According to Breakwell (1987), there are 3 main perspectives to consider: the student's, the counsellor's, and the educational institution's. He states that even though most people would agree that it is positive change in the student's thoughts, feelings or actions which is required and which would constitute success, they often disagree as to the form this should take. Despite Breakwell's perspective, the involvement of students in program evaluation remains problematic (Adelman, Kaser-Boyd & Taylor, 1984). Many studies are reluctant to involve clients in the evaluation process because of the controversial issues surrounding atge, and competency of clients to fully understand and communicate their views.

Methods of Evaluation

There are several methods that can be used in the evaluation of counselling programs. **Qualitative** methods of evaluation emphasize observations either by participants or outside observers. This appears to be the preferred method for evaluating and identifying effective interventions for behaviorally disordered students (Grosenick, George & George, 1990; Murray, Levitov, Castenell & Joubert, 1987; Koocher & Broskowski, 1977).

A detailed multipronged approach seems to be in order which involves obtaining information from many sources including the child client, the parents, service providers and important others in the child's community network.

A quantitative style of evaluation puts heavy emphasis on the collection of "hard" data that can be analyzed statistically. The quantitative approach is usually considered to be more objective and less liable to be influenced by the bias of data collectors. However, Posavac and Carey (1985) cautions that hard data is not always readily available for certain program components and that evaluators should step back and observe the overall picture. For example, positive and negative emotions, attitudes, behavior change are often better detected by qualitative observations. Teachers, service personnel, students and parents often feel that their day-to-day observations are a valuable source of input both for improving the functioning of a program and for evaluating its effect. Subjective evaluations can, however, be biased. Therefore, the ideal is not to eliminate either the quantitative or qualitative approaches but rather to integrate and blend the findings from both methodologies (Lewis, 1983; and Posavac & Carey, 1985). Subjective observations are of great importance when the data is being interpreted.

Lombana (1985) states that there are two equally valid types of evaluation procedures to evaluate counselling programs. **Empirical measures** ascertain whether or not a given objective was accomplished, whereas, **perceptual measures** determine how the counsellor's efforts were viewed by others.

Given that the main objective of the educational therapy program is to change inappropriate behavior, this makes the empirical measurement of such an objective extremely difficult. Perceptual measures are generally more suitable to the evaluation of such a program. As a result, in this study the opinions of significant others were sought regarding the effectiveness of the educational therapy program.

Grosenick et al. (1990) state that "program evaluation efforts are best conducted at the local level and that program quality is best measured in terms of its responsiveness to local needs and conditions" (p. 66). The authors stress the importance for school district personnel in developing their own program descriptions, for without a framework to examine the plan and design of the program there may lack a reference point for evaluation.

Design of this Study

It's clear that programs such as educational therapy can be evaluated from a number of different perspectives, with each method yielding valued outcomes. However, given the desire in this study to provide a comprehensive evaluation of educational therapy services as it currently exists, it was decided to use a methodology which sought to obtain the perception of the key participants in this service.

The design of this study was adapted from the conceptual model proposed by Grosenick et al. (1990), for evaluating programs in behavioral disorders. It was the intention in this study to seek input at the design level from the appropriate stakeholders (administrators, special service co-ordinators, psychologists and counsellor/therapists). The purpose of their input was to help define the specific goals of the educational therapy program and the criteria by which to adequately measure the degree of achievement in attaining these goals.

This study also allowed for input at the information gathering stage from those people directly involved with educational therapy services (teachers, principals, educational therapists, and parents).

CHAPTER III

Methodology

This chapter provides a description of the population sample, data collection procedures, and a description of the questionnaires used to gather data.

Sampling Procedure

Data for this study was collected from schools operated by the Roman Catholic and Integrated School Boards on the Burin Peninsula in Newfoundland. The schools included for this study are those which currently employ educational therapists or counsellor/therapists in a full or part time capacity. The study sample from these schools included school principals, teachers, educational therapists and parents of core educational therapy students. Each individual in the sample received a questionnaire especially designed for the particular group of which he/she was a member.

All educational therapists and principals of schools with educational therapy services from both school boards were included in the sample. A sample of six teachers was selected from each of these same schools including teachers who deal directly with educational therapy students in the classroom and those who do not have formal contact with these students in a teaching capacity. However, twelve teachers were selected from one school in the study which has the services of two counsellor/therapists. Finally, all parents with a child currently receiving

educational therapy services from any of the schools served by these two school boards were included.

Method of Data Collectic

Each subject was given a copy of the appropriate questionnaire designed to solicit their views of the educational therapy services based on their particular experience with it.

Initial contact to obtain permission to do this study was made by personal visitation to the co-ordinator of special services for each school board. Following that, a letter (see Appendix C) outlining the purpose of the study and request for formal permission was sent to the superintendents of both school boards.

After letters granting permission to conduct the study were received, the researcher attended a meeting of all educational therapists, counsellor/therapists, school counsellors, educational psychologists and special service co-ordinators from both school boards. Prior to attending this meeting a memo was sent to all these professionals who would be attending the meeting. The memo (see Appendix D) was circulated prior to the meeting to give the people involved some time to think about the issues involved in the study and to enable them to provide thoughtful feedback concerning the following issues raised by the researcher:

1. Criteria used to evaluate the educational therapy services
2. Criteria used to judge outcome or success
3. Format of the questionnaires

4. Most appropriate method of administering the questionnaires to respondents
5. Terminology to be used in questionnaires
6. Any other issues which might be of concern

As a result of this meeting, several of the criteria used to judge outcome/success were changed from the original criteria suggested in the memo to therapists.

It was unanimously agreed by all those in attendance that the educational therapists would be responsible for the distribution of questionnaires to all groups involved. They also agreed to collect the questionnaires and forward them to the researcher by mail.

This method of questionnaire distribution was chosen mainly because of ethical issues raised by school board officials regarding the release of parents' names to an outside researcher. As a result, this method of questionnaire distribution was selected based on a judgment which considered the merits of the researcher making direct contact with parents, versus having the educational therapists mediate in the distribution of the questionnaire. It was recognized that by having the therapists serve this function some parents might be reluctant in stating their candid or forthright assessment of the quality of the educational therapy service. However, it was felt by the professionals at the meeting and the researcher that parents might not appreciate having an unknown third party approach them outside the context of a professional relationship about matters of

an essentially personal nature and which are potentially stigmatizing. Since the educational therapists were chosen to distribute questionnaires to parents, it was decided to follow the same method of distribution to the other groups. It was felt that a better return rate would result and that confusion would be avoided by having one, rather than two persons responsible for distribution and collection of questionnaires.

Covering letters (see Appendix E) were included with each questionnaire explaining the purpose of the study. All respondents were instructed to seal their questionnaires in the unmarked envelopes provided before returning them to the counsellor/therapist. These instructions were given to reassure respondents that the completed questionnaires would be opened by the researcher alone. The educational therapists were instructed in their cover letters not to have parents fill out the questionnaires in their presence or to help them in any way with the completion of the questionnaire. This procedure was followed because it was felt that any involvement by the educational therapist might bias the responses given by parents.

The questionnaires for all four groups were hand delivered to educational therapists at the schools involved in the study on May 8, 1991. Educational therapists were asked to distribute, collect and forward the completed questionnaires in the return package provided by May 31, 1991. On May 27, 1991, the researcher sent another letter to the educational therapists to see if there were any concerns about the study that needed to be addressed, thanking them for

their co-operation and asking them to return all completed questionnaires as soon as possible (Appendix F). Finally, telephone calls were made on June 17 to all educational therapists involved in the study as a reminder to return the package of completed questionnaires if they had not done so already.

Description of the Questionnaire

The four questionnaires used were developed especially for this study by the researcher in consultation with his supervisor (see Appendix G).

Each questionnaire had questions especially designed for the group to which it was administered. However, all questionnaires had a similar structure consisting of the following nine major areas which constitute the various categories in the evaluation of the educational therapy services:

1. Aims/goals of educational therapy
2. Identification procedures
3. Program design and operation
4. Involvement of outside agencies
5. Discipline for behavior disordered students
6. Outcome
7. Exit procedures
8. Supervision/evaluation of educational therapists
9. Implications of dual roles (counsellor/ therapists)

Question items were generated from a wide variety of materials sought out in the literature review and consistent with seeking answers to the research questions in this study. The structure of the questionnaire and the question categories was adapted, in part, from the National Needs Analysis Project: Fostering Quality Program Planning and Designs in the area of Serious Emotional Disturbance (Grosenick, 1985). Additional items relating to qualifications, duties and functions of therapists were generated from the provincial guidelines on services to emotionally and behaviorally disturbed students (Department of Educational Policy Manual: Services for Behaviorally Disturbed Children, 1986).

A major portion of the questionnaires was dedicated to the category, assessing outcome. The development of questions for this section was based on the following eight sub-categories:

1. Behavior change
2. Teacher/pupil relationships
3. Student attitude
4. Social skills
5. Peer relations
6. School attendance
7. Academic success
8. Study habits

Several different formats were used in the design of the questionnaires. A large number of questions involved an opinion scale ranging from strongly agree

to strongly disagree. There were several different sets of questions on each questionnaire using the various rating formats listed below, ranging from:

never used to always used

very satisfied to very dissatisfied

much improvement to much worsening

not considered at all to fully considered

Some questions simply required a yes or no answer while other questions were "open-ended" giving the respondent an opportunity to provide a freely expressed personal view.

It is believed that a wide range of questions using various formats would be most effective in gathering quality data concerning the evaluation and outcome of the educational therapy program.

CHAPTER IV

Analysis of the Data

This chapter presents a comprehensive analysis of the data gathered to investigate the 11 research questions outlined in Chapter I. To accomplish this, the chapter is divided into two sections: (a) a description of the demographic characteristics of the three professional groups involved (educational therapists, principals and teachers), and (b) a detailed analysis of the data relevant to each research question.

Four different questionnaires were used to ey four distinct groups of people: educational therapists, principals, teachers and parents. The mean return rate of the four groups combined was 72%. Table 1 provides a detailed summary of the four sample groups and the return rates. There were a number of similar questions on each questionnaire that were used to compare responses across sample groups. In addition, there were a large number of questions unique to each group which are reported separately.

Descriptive analysis procedures were used in the reporting of relevant data for most research questions. An analysis of variance and a Pearson Product-Moment Correlation Coefficient were also computed to analyze the results of two particular research questions. A more detailed description of these procedures will be explained as part of the reporting and discussion process in subsequent sections of this chapter. All analyses were done by computer through a program called

Table 1

Sample Population and Return Rates

Respondents	S (Number in sample)	N (Number of returns)	Return Rate (%)
Principals	10	9	90%
Educational Therapists	11	9	82%
Parents	34	21	62%
Teachers	54	39	72%
Total	109	78	$\bar{X}$=72%

Statistical Package for the Social Sciences (SPSS-X). In order to enhance the presentation of this information, results of each research question will be considered separately, by first presenting data common to more than one group and then presenting data unique to each individual group.

Demographic Characteristics

Table 2 gives a detailed summary of the demographic characteristics of the three professional groups (teachers, principals and educational therapists) involved in the study. Data such as sex, age, professional training and experience was

Table 2

Demographic Characteristics of the Three Professional Sample Groups

Surveyed groups	N	Sex		Age					Grade Levels					School Enrolment			
		M	F	20-25	26-30	31-40	41-50	50+	K-6	K-12	4-8	K-8	7-12	<200	200-400	401-600	601-800
Teachers	39	68	32	2.6	25.6	46.2	25.6	0.0	30.8	25.6	7.7	12.8	23.1	13.2	65.8	7.9	13.2
Principals	9	89	11	0.0	0.0	22.2	55.6	22.2	33.3	22.2	11.1	11.1	22.2	11.1	55.6	11.1	22.2
Therapists	9	67	33	0.0	22.2	44.4	33.3	0.0									

Surveyed groups	Teaching Experience (Years)							Administration Experience (Years)						
	0/5	6/10	11/15	16/20	21/25	26/30	>30	0/5	6/10	11/15	16/20	21/25	26/30	30+
Teachers	18.4	26.3	13.2	23.1	15.8	2.6								
Principals	11.1		11.1	33.3	11.1	22.2	11.1	33.3	11.1	33.3		22.2		
Therapists	44.4	11.1	11.1	22.2										

Role	Therapists' Counselling Experience (Years)			
	0/5	6/10	11/15	16/20
Educational Therapist	33.3			
Counsellor/Therapist	66.6	22.2		
Counsellor				11.1

Note. All scores are given in percentages

gathered in order to provide a thorough understanding of the background characteristics of the professionals sampled.

An examination of Table 2 reveals several interesting and noteworthy attributes of these groups which are briefly summarized below:

(a) **Teachers**

1. Sixty-eight percent of teachers in the sample are male compared to 32% female.
2. The majority of teachers sampled (46%) fall within the 31-40 age range.
3. There is a wide variety of teaching experience in the sample ranging from 2 years to 28 years.

(b) **Principals**

1. The majority of principals in the sample group are male (89%) compared to females (11%).
2. The majority of principals (56%) fall in the 41-50 age range.
3. The majority of principals (78%) have a master's degree.
4. Fifty-six percent of principals have between 11 and 25 years experience as an administrator. Thirty-three percent have between 1-5 years experience, while 11% have between 6-10 years experience.

(c) **Therapists**

1. The majority (67%) of educational therapists are male, compared with 33% female.
2. The majority of educational therapists (44%) fall in the 31-40 age range.
3. Most educational therapists (78%) have varying degrees of teaching experience. However, 22% of therapists have no teaching experience.
4. A summary of counselling experience of educational therapists shows that: 33% have 2-5 years experience as an educational therapist; 67% have 1-5 years experience as a counsellor/therapist, in addition, another 22% have 6-10 years experience as counsellor/therapist; and 11% or one person reports 16-20 years as a counsellor.

Analysis of Research Questions

The following section provides a detailed analysis of each research question in the order outlined in Chapter 1.

Research Question 1.

What are the characteristics of the current educational therapy program design as provided by the Roman Catholic and Integrated School

Boards of the Burin Peninsula, Newfoundland, and how are the various components of this design operationalized?

Table 3 shows a comparison of responses from two or more surveyed groups regarding various components of the current program design and aspects of the delivery of educational therapy services.

Responses to statement 1 (Table 3) show a significant disagreement among therapists, principals and teachers concerning mainstreaming of severe behavior disordered students in the regular classroom. Sixty-seven percent of teachers feel that severe behavior disordered students should be accommodated into an alternate setting other than the regular classroom. On the other hand, only 33% of principals hold this view. This is a significant finding when one considers that teachers who work with core therapy students are recognized as key players responsible for implementing mainstreaming goals (see Table 14).

Therapists' responses to statement 3 (Table 4) show that 22% of educational therapists are not content that their recommendations are accepted and supported by staff, administration, and parents.

Statement 4 (Table 3) shows a high percentage of response agreement among therapists, principals and parents concerning the adequacy of communications by personnel involved with core therapy students, with most agreeing that it is good. However, only 59% of teachers agree with this statement, with one quarter of them believing that there is not good communication.

Table 3

Comparison of Responses Concerning Current Educational Therapy Services Program Design and Operation

Statement	Respondents	N	Percentage Agreement					
			SA	A	D	SD	N/A	Missing
1. Severely behavior disordered students should not be mainstreamed into regular classroom setting, but should be accommodated in an alternate setting such as a separate classroom.	Therapists	9		33.3	22.2	22.2	22.2	
	Principals	9	22.2	11.1	44.4	22.2		
	Teachers	39	35.9	30.8	20.5	5.1		
2. A broad base of theoretical approaches are used depending on the nature of the student's problem.	Therapists	9	44.4	55.6				
	Teachers	39	59.0	59.0	5.1		20.5	
3. Recommendations made by the educational therapist are generally accepted and supported by staff, administration and parents.	Therapists	9	11.1	66.7	22.2			
	Principals	9	33.3	66.7				
	Teachers	39	7.7	53.8	12.8	2.6	20.5	2.6
	Parents	21	28.6	66.7				4.8
4. There is good communication between all necessary personnel involved with the core therapy student (including teacher, principal, parent, therapist and outside agencies).	Therapists	9	77.8	22.2				
	Principals	9	33.3	44.4	11.1			11.1
	Teachers	39	17.9	41.0	23.1	2.6	7.7	7.7
	Parents	21	19.0	71.4	9.5			
5. It is important for the educational therapist to work with the parents whose children are in the educational therapy program.	Therapists	9	33.3	66.7				
	Principals	9	77.8	22.2				
	Teachers	39	61.5	38.5				
	Parents	21	61.9	38.1				
6. The I.P.P. developed for educational therapy students is generally a practical and functional plan that is capable of being implemented.	Therapists	9	22.2	55.6	22.2			
	Principals	9	11.1	88.9				
	Teachers	39	5.1	41.0	12.8	2.6	38.5	
7. Referred students should have some input into the process that decides whether or not they receive special help from the therapist.	Therapists	9	22.2	44.4	11.1	11.1	11.1	
	Principals	9	22.2	63.7				11.1
	Teachers	39	12.8	48.7	23.1	7.7	7.7	
	Parents	21		90.5	9.5			

Statement	Respondents	N	Percentage Agreement					
			SA	A	D	SD	N/A	Missing
8. School staff and administration understand the principle of confidentiality and generally understand that there are certain things the therapist might not be able to share with them.	Therapists	9	11.1	66.7	22.2			
	Principals	9	66.7	33.3				
	Teachers	39	38.5	48.7	12.8			
9. The therapist intervenes in crisis situations and is available whenever possible, at all times of crises.	Teachers	39	25.6	53.8	10.3		10.3	
	Parents	21	28.6	57.1	4.8		9.5	

Table 4

Program Design and Operation-Therapists' Views

Question	% Yes	% No	% Missing
*1. Is a 'team decision' approach used in determining a student's placement for educational therapy services?	55.6	33.3	11.1
*2. Is information shared on an ongoing basis regarding the child's progress or lack of it?	88.9	11.1	
*3. Is there a written individual treatment plan for each therapy student?	100		
4. Are intervention techniques written into the I.P.P. as part of the educational plan?	88.9	11.1	
*5. Is there a process in place that periodically assesses the I.P.P. and evaluates progress and review/revise goals?	88.9	11.1	
6. Is educational therapy used as a last resort?	55.6	33.3	11.1
*7. As a therapist, have you ever been formally evaluated/supervised in your present position?	77.8	22.2	
*8. If no, would you consider it a worthwhile endeavour to be formally evaluated and receive feedback from your supervisor?	22.2	11.1	66.7
	% Yes	% No	% Sometimes
9. Are you provided release time to attend professional conference?	66.7		33.3
10. Are you granted financial assistance to attend professional conferences?	11.1	33.3	55.6

Overall, there is a high percentage of agreement on most issues raised in Table 3. The three professional groups generally agree that: (a) individual program plans for educational therapy students are practical and functional and that educational therapists' recommendations are accepted by those who work with core therapy students; (b) educational therapists must work with parents of core therapy students; (c) educational therapists intervene and are available during times of crisis; (d) school staff and administrators respect the principle of confidentiality; and (e) students should have some input into the process which decides whether or not they receive educational therapy services. However, it is worth noting that the agreement by teachers on the issue of student input is not as high as the other three groups. Approximately 32% of teachers disagree with involving students in this process.

A number of questions posed to therapists concerning program design and operation required a yes/no answer, except for two questions which also included a sometimes category. Questions marked with an asterisk (*) indicate that if a certain response was made, then an additional question was asked, and further comment was solicited. Table 4 includes a summary of the responses given by therapists in terms of this set of questions.

Virtually all educational therapists in this study agree that the positive attributes of program design and delivery reflected in the questions posed are characteristic of the educational therapy services with which they are associated. However, there are several discrepancies which will be discussed in turn.

Five of the nine therapists indicate that there is a team approach used in determining a student's placement for educational therapy services. This means, of course, that four therapists are reporting that no team approach is being used regarding placement for educational therapy services. Table 5 shows the people who are involved in team decisions when they do occur and (N) indicates the number of therapists who acknowledge each person as a regular team member. One therapist who indicated that a team approach is used for placement purposes failed to indicate who the team members are.

Question 2 (Table 4) shows that 89% of therapists indicate that information is shared on an ongoing basis regarding the child's progress or lack of it. Therapists were then asked how this information sharing is achieved and who is involved in the designing of individual program plans for educational therapy students. Tables 6 and 7 provide the results of those questions respectively.

Not surprisingly, all educational therapists report using individual consultation as a way of sharing information concerning the students with whom they work. Case conferences have been identified as another type of consultation; however, three of the educational therapists say that case conferences are not used for that purpose.

Only four of the nine educational therapists report that principals and parents are involved in the designing of individual program plans for core therapy students, and only five therapists say that teachers are involved in this process. According to the educational therapists, the educational psychologists are generally

Table 5

Team Members Involved in Student Placement re: Educational Therapy

Team Member	N (number of times mentioned)
Educational Psychologist	2
Counsellor/Therapist	3
Principal	3
Teachers	3
Parents	3

Table 6

Type of Consultation by Therapists Concerning Core Therapy Students

Type of Consultation	Percentage		(N=9)
	Yes	No	
Case Conference	67%	33%	
Individual Consultation with persons involved	100%		

Table 7

Personnel Involved in Designing IPP's for Core Therapy Students

Team member	Number of Therapists Identifying Team Member	Percentage
Counsellor/Therapist	9	100
Principals	4	44.4
Parents	4	44.4
Teachers	5	55.6
Ed Psychologist	2	22.2

not part of this program development, since only two educational therapists identify educational psychologists as an IPP team member. This finding seems consistent with responses reported in Tables 4 and 6. In Table 4, only 56% of educational therapists report that there is a team approach utilized for obtaining placement decisions regarding students receiving educational therapy services. Furthermore, in Table 6, one-third of the educational therapists say that case conferences are not used for sharing information regarding core students. This may suggest a need to look at current practices with a view to increased consistency throughout the district regarding team involvement in program planning, placements, monitoring of student progress, and the like.

Question 5 (Table 4) shows that 89% of therapists indicate there is a process in place for periodically evaluating a student's IPP. Therapists were asked to briefly outline the procedures followed in order to meet this objective. Table 8 summarizes the main points/procedures in this process. One therapist failed to respond to the question, therefore, results in this table are based on the responses of eight therapists. Only two educational therapists responded that they complete a written report of their evaluation of student progress.

Both therapists and principals were asked to report who is currently responsible for supervising/evaluating educational therapists and as well to indicate whom they feel should be responsible for this task. Question 7 (Table 4) shows that 78% of educational therapists have been supervised in their present positions.

It is interesting to note that 44% of therapists think the educational psychologist is the most suitable person to conduct counsellor/therapist supervision, while currently that person is not involved at all. Also, a total of 67% of principals prefer to be involved in the supervision, either alone (33%), or in conjunction with other board personnel (33%). No principals indicate a preference to have this supervision conducted by the educational psychologist. A detailed summary of these results is given in Table 9.

Results of question 8 (Table 4) show that only 22% of therapists consider it a worthwhile endeavour to be supervised and to have an opportunity to receive feedback from their supervisor. Sixty-eight percent failed to respond to this

Table 8

Procedures Used to Assess IPP's, and Evaluate Student Progress

Procedure	N (Number of therapists)
Annual written report submitted to school board psychologist	2
Ongoing consultations with persons involved (i.e., teachers, parents, principal.....)	3
Regular meetings with special service co-ordinator, educational psychologist and principal. (Approximately three times per year).	2
End of month summary completed by teacher	1

question. This may indicate some apprehension about being supervised and some uncertainty as to what the supervision would entail. One therapist indicated a preference to not be formally supervised since this therapist feels qualified for the position and has already been thoroughly evaluated by many sources in the process of receiving those qualifications.

The following section provides a summary of responses to additional questions that were unique to educational therapists regarding the current program design and delivery of educational therapy services.

Table 9

Present and Preferred Counsellor/Therapist Supervision Practices

	Therapists (N=9)		Principals (N=9)	
Supervisory Personnel	% Present	% Preferred	% Present	% Preferred
Principal	55.5	22.2	55.5	33.3
Principal + board personnel		11.1	22.2	33.3
Co-ordinator special services			11.1	
Teachers			11.1	11.1
Educational psychologists		44.4		
Assistant superintendent	22.2			
All personnel in contact with ET.				11.1
Unsupervised	22.2			
Missing		22.2		11.1

Educational therapists were asked two questions pertaining to the aims/philosophy of the program. Results, as presented in Table 10, show a very high percentage of agreement among therapists regarding the aims of educational therapy and the school responsibilities for students with behavior disorders. All but one educational therapist holds the view that the aim of educational therapy is to retain students in the mainstream of the regular program. However, according to their responses to statement 1 (Table 3), one-third believe that this is not an appropriate goal for students with severe behavior disorders. A possible explanation for this discrepancy may be due to some confusion caused by the negatively worded statement 1 in Table 3.

Table 10

Aims/Philosophy of Educational Therapy Services

Statement	Percentage Agreement Therapists (N=9) SA	A	D	SD	N/A
The aim of educational therapy is to retain students in the main stream of the regular program.	44.4	44.4	11.1	0.0	0.0
The school system is responsible for providing a positive learning environment and appropriate education for behavior disordered students.	77.8	22.2			

Table 11 summarizes therapists' opinions regarding the impact of additional responsibilities (e.g., teaching assignments, supervision, intellectual/academic assessments) on their overall effectiveness in delivering educational therapy services.

A total of 56% of therapists feel that these additional responsibilities have an adverse effect on the quality of services that they are able to provide.

Therapists were asked if they have provided in-service to teachers and to indicate the type of in-service provided. Teachers were also asked if the therapist has led any in-service programs to help them understand more about the "problem" child. Tables 12 and 13 give a summary of those responses.

Table 11

Effect of extra Duties on Quality of Educational Therapy Services

Statement	Percentage Agreement Therapists (N=9)				
	SA	A	D	SD	N/A
Your responsibilities for academic and intellectual testing and assessments, teaching duties and supervision adversely interfere with your effectiveness as a therapist.	33.3	22.2	33.3		11.1

A comparison of responses reported in Tables 12 and 13 shows that although most educational therapists report that they have conducted in-service activities regarding their role in the school environment, only one-half of them offer in-service regarding the management of behavior disordered children with related concerns. Even fewer teachers (35%) report an awareness of in-service conducted by educational therapists.

Question 40 on the educational therapists' survey asked therapists to indicate who generally refers students for educational therapy services. Results show (see Table 14) that teachers and parents are the main referral sources for educational therapy.

Table 12

Type of Inservice Provided to Teachers by Educational Therapists

Inservice Type	Percentage Agreement	
	Yes	No
Role of Educational Therapist	77.6	22.2
Dealing with behaviour disordered children	55.6	44.4
Child sexual abuse	55.6	44.4
Other (suicide) (stress) (assessment techniques/parenting skills) (literacy/study skills) (WISC-R/ADHD)	44.4	

Table 13

Teacher Awareness of Therapist-Led Inservice

Statement	Percentage Agreement				
	SA	A	D	SD	N/A
The therapist has led in-service programs that assist teachers in understanding more about the "problem" child.	5.1	30.8	41.7	7.7	15.4

Table 14

Referral Sources for Educational Therapy

Referral Source	Frequency (Number of therapists naming Source)
Teachers	6
Parents	4
Principals	2
Student (self-referral)	1
Other (outside agencies)	1

Therapists were also asked to report who implements recommendations for behavioral interventions. Table 15 provides a summary of this information. Results show that the three main groups who work with core therapy students to implement recommendations are teachers, parents and therapists.

In trying to ascertain if there are areas of difficulty that therapists encounter which might be a problem with the design and delivery of the educational therapy program, therapists were asked to indicate to what degree students' timetables and other commitments are flexible enough to allow time for adequate treatment interventions. Table 16 provides the results of that question.

Table 15

Personnel who Implement Therapists' Recommendations

Personnel	Frequency
Teachers	7
Counsellor/Therapist	6
Parents	7
Principal	1
Resource Persons	1

Table 16

Flexibility of Student Timetables for Educational Therapy

Not at all Flexible					Extremely Flexible
0	1	2	3	4	5
0.0%	11.1%	0.0%	44.4%	11.1%	33.3%

Overall, the results indicate that 89% of therapists feel there is adequate flexibility within the scheduling of school activities, and this does not seem to present a major obstacle in the delivery of educational therapy services to students.

A further question was designed to ascertain whether there are other kinds of problems or job-related concerns experienced by therapists. Therapists were

asked to rate their degree of satisfaction on a large number of aspects of their current position. Table 17 gives the results of these ratings.

Table 17 shows that, on average, 66% of educational therapists are satisfied with many aspects and responsibilities associated with their current position. However, a more detailed look at this table reveals that a significant number of therapists are dissatisfied with certain aspects of their job. Nearly one-half of all therapists (45%) are dissatisfied with their current job title, role responsibilities, physical facilities, fiscal support, and supervision. One area where therapists are very dissatisfied (78%) concerns the lack of availability of mental health professionals.

The areas receiving the highest satisfaction ratings include opportunities for personal in-service, pupil-therapist ratio, co-operation from police and social services, secretarial assistance, and support from administration, parents, educational psychologists, and other educational therapists.

Research Question 1: Teachers

The following section provides a summary of responses to questions that are unique to teachers in this study regarding the current program design and delivery of educational therapy services. Table 18 outlines the question and gives the percentage agreement of responses.

Table 17

Educational Therapists'-Job Satisfaction

Job Aspects	Percentage Agreement					
	Very Satisfied VS	Satisfied S	Dissatisfied D	Very Dissatisfied VD	Not able to comment N/A	Missing
Your job title	22.2	33.3	44.4			
Role responsibilities	22.2	33.3	22.3	22.2		
Physical facilities	11.1	44.4	33.3	11.1		
Materials/supplies		55.6	33.3	11.1		
Secretarial assistance	33.3	33.3	22.2	11.1		
Availability of mental health professionals		22.2	44.4	33.3		
Fiscal support		44.4	44.4			11.1
Opportunities to provide inservice		55.6	22.2	22.2		
Opportunities for personal in-service		66.7	11.1	22.2		
Pupil-Therapist ratio	11.1	77.8	11.1			
Co-operation from police		88.9	11.1			
Co-operation from social services		88.9	11.1			
Supervision of program		44.4	33.3	11.1	11.1	
Administrative support	22.2	55.6		22.2		
Parental support	22.2	55.6	22.2			
Support from other educational therapists	11.1	88.9				
Support from ED. psychologists	22.2	55.6	22.2			
Mean	10.5	55.6	22.9	9.8	0.7	0.7

Results of Table 18 show that 74% of teachers generally agree with the aim of educational therapy services. There is also a high percentage of agreement (74%) among teachers that student appointments with the therapist do not substantially interfere with classroom instruction. Sixty-seven percent of teachers agree that their input regarding behavior disordered children is valued but only 49% agree that they are always consulted regarding the treatment plan designed for core therapy students in their classroom. This statistic concurs with several comments made by teachers concerning lack of teacher consultation in these areas. It implies that many of the teachers want to be more involved in decision making processes regarding program planning and delivery for students whom they teach.

Research Question 1: Parents

The following section provides a summary of responses to questions that are unique to parents regarding the current design and delivery of educational therapy services to their children. Table 19 gives a summary of questions that were answered using a scale ranging from strongly agree to strongly disagree.

Parents were also asked a number of questions pertaining to their involvement with educational therapy programming for their children. The format of these questions required a yes or no answer. Table 20 gives a summary of parents' responses to these questions.

Table 18

Teacher Views-Program Design and Delivery

Statement	Percentage Agreement					
	SA	A	D	SA	N/A	Missing
The main aim of the educational therapy program should be to change inappropriate behaviors that interfere with success in school.	35.9	38.5	20.5		5.1	
I am aware of the referral procedures that are to be followed in order for a student to receive educational therapy services.	12.8	56.4	17.9	2.6	10.3	
I am adequately informed by the educational therapist so that I can provide sufficient feedback to parents during teacher/parent conferences.	7.7	46.2	35.9	5.1	5.1	
Students appointments are scheduled so they do not substantially interfere with classroom instruction.	10.3	64.1	15.4	2.6	7.7	
Teachers of core therapy students are always consulted regarding the treatment plan designed for such students.	7.7	41.0	25.6	5.1	20.5	
I am satisfied that my input as a teacher is sought and valued in decision making about behavior disordered children in my class.	17.9	48.7	12.8	2.6		17.9

Table 19

Parent Views-Program Design and Delivery

Statement	Percentage Agreement					
	SA	A	D	SD	N/A	Missing
As a parent I have been encouraged to participate in the treatment program for my child.	28.6	61.9		4.8		4.8
The school therapist has been helpful in obtaining assistance outside of the school when it was necessary.	19.0	52.4			19.0	9.5

Table 20

Parent Involvement in Educational Therapy Programming

Statement	Percentage Agreement (N=21)		
	Yes	No	Missing
Were you ever invited to attend a meeting concerning your child?	90.5	9.5	
Did you attend if invited?	90.5	4.8	4.8
Was an effort made to have both parents attend the meeting?	90.5	4.8	4.8
Were you told who would be attending the meeting?	85.7	9.5	4.8
Were you given a copy of your child's program plan?	57.1	33.3	9.5
Would you prefer that your child attend these meetings?	33.3	52.4	14.3
Were you asked about your opinion?	81.0	14.3	4.8

Results show that a large majority of parents are involved in meetings that deal with program planning for their children. It is interesting to note that 52% of parents do not prefer to have their children attend these meetings, even though 91% of parents (Table 2) agree that their children should have some input regarding their placement for special services. Overall the results from Table 20 show that those parents who completed questionnaires report they are quite involved with the plans and decision-making affecting their children. However, only 57% indicate that they receive a copy of their child's IPP. This might suggest that there should be a board policy concerning these matters, which would ensure consistency throughout the district.

Parents were also asked questions regarding the type of communication they currently have with educational therapists and the type of communication they would prefer. Table 21 outlines these results in detail.

Results from Table 21 show that the most frequent type of communication between parents and therapists, as reported by parents, are telephone conversations and meetings at the school. The table also shows that this is the type of communication that parents generally prefer.

Several other findings worthy of comment are: (a) 52% of therapists meet with parents at their home, whereas only 33% indicate that they prefer this kind of communication, (b) only 14% of parents report that they have observed their children's classroom behavior, whereas 38% indicated they would like to have this opportunity, and (c) 43% of parents indicated they would prefer to include their

Table 21

Communications Between Parents and Educational Therapists as Reported by Parents

Type of Communication	Communications (N=21)					
	Happening Now			Preferred		
	Yes	No	Missing	Yes	No	Missing
Students work sent home by teacher	52.4	38.1	9.5	47.6	14.3	38.1
Parent/therapist meeting at school	76.2	19.0	4.8	47.6	[illegible]	42.9
Parent/therapist meeting at home	52.4	33.3	14.3	33.3	28.6	38.1
Notes from therapist to parent sent by student	47.6	38.1	14.3	42.9	28.6	28.6
parent-classroom observation	14.3	66.7	19.0	38.1	28.6	33.3
Parent-therapist conference including other adults.	14.3	71.4	14.3	28.6	33.3	38.1
Letters to parents from therapist sent in the mail	9.5	76.2	14.3	14.3	47.6	38.1
Group meeting with other parents	9.5	76.2	14.3	28.6	47.6	23.8
Parent-therapist conference including student	23.8	71.4	4.8	42.9	28.6	28.6
Notes sent from parent to therapist	33.3	61.9	4.8	19.0	38.1	42.9
Phone calls from therapist to parent	85.7	14.3	0.0	57.1	4.8	38.1
Phone calls from parent to therapist	76.2	19.0	4.8	47.6	9.5	42.9

children in parent/therapist meetings, whereas only 24% reported this as a current practice.

Research Question 2

To what degree are the people directly involved with educational therapy services (parents, educational therapists, principals and teachers) satisfied with the overall success of the program in meeting its objectives?

Teachers and educational therapists were asked to give their opinion regarding the success of the educational therapy programs in helping teachers cope with behavior disordered (BD) children. Table 22 gives a comparison of these results.

Table 22

Educational Therapists' Affect on Teachers' Coping with BD Students

Statement	Respondents	Percentage Agreement					
		SA	A	D	SD	N/A	Missing
Teachers appear better able to cope with BD children as result of working in conjunction with the educational therapist.	Therapists	22.2	44.4	11.1		11.1	11.1
	Teachers	12.8	33.3	28.2	2.6	5.1	17.9

Sixty-seven percent of therapists feel satisfied that teachers are coping better with BD children as a result of their influence whereas only 46% of teachers feel that way. Thirty one percent of teachers disagree with this statement whereas 23% either feel they are unable to comment or did not respond at all.

There were a number of questions unique to parents which assessed their satisfaction with the educational therapy program in meeting its objectives. Table 23 and Table 24 give an outline of statements and percentage agreement among responses. Table 23 gives a summary of questions that required ratings from strongly agree to strongly disagree while Table 24 gives a summary of questions that required a yes or no response.

Results from Table 23 show a high level of satisfaction among parents on all but one item, ranging from 71% to 100%. Item 1 of Table 23 shows the greatest spread of responses, with 29% of parents reporting they are not satisfied that enough attention/consideration is given by school personnel in dealing with their children's problems. However, in noticeable contrast to this item, 95% of parents say they would recommend the same service to others. The remaining 5% failed to respond to this question. Also, 100% of parents agree that the therapist has been helpful in providing suggestions to help improve the behavior of their children.

Results from Table 24 show a high degree of satisfaction among parents regarding their involvement with case conferences concerning their children.

Table 23

Parent Satisfaction with Program Outcomes

Statement	Percentage Agreement (N=21)					
	SA	A	D	SD	N/A	Missing
1. There is enough attention and consideration provided by school personnel in dealing with my child's problem.	9.5	52.4	14.3	14.3	9.5	
2. I would recommend the same services that my child and I receive to other parents whose children may have problem similar to mine.	38.1	57.1				4.8
3. I am satisfied that my child was identified early and special help was provided within a reasonable period of time.	14.3	71.4		9.5		4.8
4. I feel that help was available at the time it was needed.	19.0	57.1	9.5	9.5		4.8
5. I feel that I can trust the therapist when I tell him/her personal things about my child or my family	47.6	42.9			9.5	
6. In my discussion with the therapist about my child I have found him/her to be very understanding and co-operative.	47.6	47.6			4.8	
7. The school therapist has been helpful in obtaining assistance outside of the school when it was necessary.	19.0	52.4			19.0	9.5
8. The therapist has been helpful in providing some suggestions to help improve my child's behavior.	33.3	66.7				
9. My child's behavior has improved because of the special help he/she received from the therapist.	23.8	47.6	14.3		14.3	

Table 24

Parent Satisfaction with Case Conferences

Statement	Percentage Agreement (N=21)		
	Yes	No	Missing
Did the people at the meeting show they understood your child's problem?	76.2	19.0	4.8
Did the people at the meeting have a good understanding of how your child was doing with his/her school work?	76.2	14.3	9.5
Did the people at the meeting discuss different ways in which your child could be helped?	85.7	9.5	4.8
Did you feel free to contribute suggestions regarding your child's needs?	85.7	4.8	9.5
Did the professional staff appear interested in what you had to say?	76.2	14.3	9.5
Did you understand the plan which was suggested for your child?	85.7		14.3
Do you feel that the recommendations made were in the best interest of your child?	85.7	4.8	9.5
At the end of the meeting did you have a better understanding of your child's problem?	81.0	9.5	9.5

Percentage agreements range from 76% to 86% on all items in this table. One item that may require some consideration concerns the finding that 19% of parents feel that the professionals attending case conferences do not understand their children's problems. This feeling is reflected by one parent who commented that the staff and administration of the school were reluctant to accommodate his/her child because they did not understand the child's specific disability.

Table 25 shows a comparison of results among the four surveyed groups who were asked to give an overall rating of the educational therapy program in terms of improvement in eight different areas. This table shows that all four surveyed groups consistently rate the educational therapy program in a positive manner. The average overall rating for therapists, principals and parents is 4.1 indicating there is some improvement to much improvement in all areas. Teachers report the lowest overall rating of 3.4 which is a positive, although modest rating that falls within the range between no real change and some improvement. An analysis of variance conducted on the sum of the ratings between all four groups indicates that no two groups are significantly different at the .05 level of confidence ($F = .6071$, d.f. $= 3,74$, $p = .6125$). Figure 1 graphically illustrates the results from Table 25.

Table 25

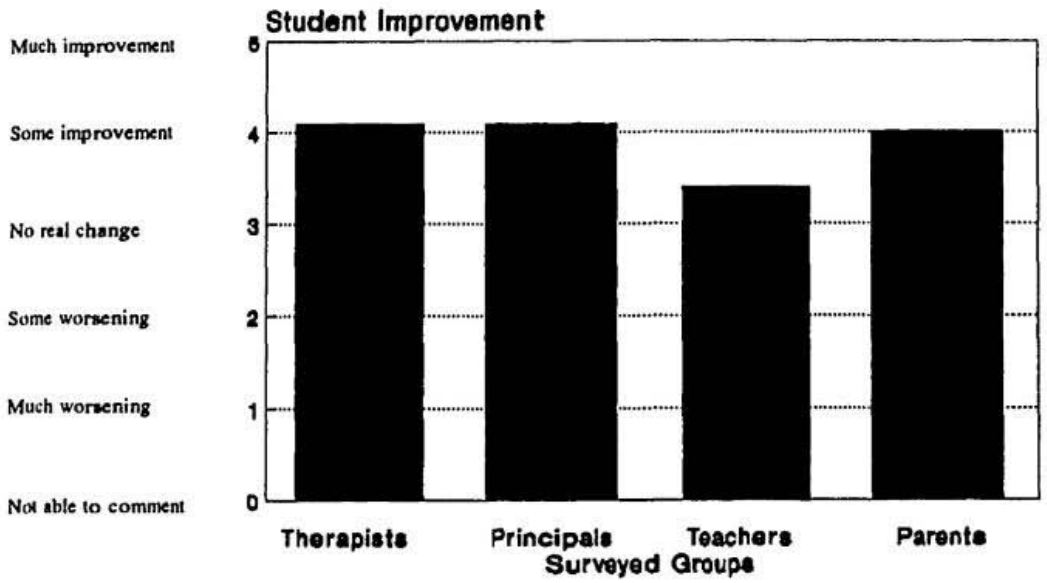
Means and Standard Deviations of Ratings of Educational Therapy Services by Each Group

Category	Therapists (N=9)		Principals (N=9)		Teachers (N=39)		Parents (N=21)	
	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD
Relationships with friends	4.2	.4	4.2	.7	3.5	.6	3.9	1.1
Social skills	4.0	.0	4.1	.6	3.6	.6	4.1	.8
Attitude towards school	4.0	.7	4.1	.6	3.4	.9	4.1	.8
School attendance	4.2	.8	3.7	.8	3.2	.5	4.3	.9
Relationship with parents	4.0	.0	4.1	.6	3.5	.8	4.1	.8
Study habits	3.9	.3	3.8	.7	3.2	.6	3.6	1.2
School work	3.9	.3	3.9	.6	3.4	.6	3.9	.8
Behavior (in general)	4.2	.4	4.4	.5	3.6	.9	4.2	1.0
Overall $\bar{X}$ and SD	4.1	.2	4.1	.5	3.4	.5	4.0	.6

Note. The scale used to rate responses is as follows: 5 = much improvement; 4 = some improvement; 3 = no real change; 2 = some worsening; 1 = much worsening; 0 = not able to comment.

Figure 1

Rating of Educational Therapy Services in Terms of Student Improvement



Research Question 3

What effect does the assignment of dual roles under the title counsellor/therapists have on the delivery of educational therapy services to behavior disordered students?

Fifty-six percent of therapists indicate that their job title has changed since they were originally hired. All of the respondents are currently performing the dual role of counsellor/therapists. Of the 56% who indicate that their job description has changed, 67% of these respondents feel that the delivery of

educational therapy services is being adversely affected, 22% feel it does not affect services, or they are unable to judge, and 11% did not respond. These results are presented in Table 26.

Table 26

Effect of Dual Roles on Educational Therapy Services

Question	Therapists (N=9)		
	Negative Effect	No Effect	Missing
Has your change in job title/description affected the delivery of educational therapy services?	66.7%	22.2	11.1

Comments were solicited regarding how the dual roles of counsellor/ therapist affect the therapists' delivery of services to students. The predominant feeling of all respondents who indicate a negative effect on service delivery is that there is not enough time to perform both roles adequately. As a result, they feel that less intensive work is done with core therapy students because there is so much demand for their time in other areas related to school counselling duties.

Research Question 4

What effect(s) does the new allocation procedures for educational therapy units have on the delivery of educational therapy services to behavior disordered students?

All nine counsellor/therapists responded to this question, which constituted 100% of the sample. Only fifty-six percent of counsellor/therapists indicate they are aware of the relatively new method of allocation for educational therapy units to schools. All respondents who are aware of these changes feel that the current allocation procedures will eventually be detrimental to core therapy students (see Table 27). All respondents who are aware of these new allocation procedures report they feel there will be a gradual scaling down of services available to core therapy students and a corresponding increase in therapists' caseload.

Table 27

Awareness of Current Allocation Procedures for Educational Therapy Units

Respondents (N=9)	Allocation Procedures		Effect on E.T. Service		
	Aware	Unaware	Negative	Positive	Missing
Educational Therapists	55.6	44.4	55.6	0.0	44.4

Principals were also asked if the recent changes in allocation procedures would have an adverse affect on services available to educational therapy students. Results from Table 28 show that 66% of principals agree that these new procedures will probably have a detrimental effect on the quality of services available to core therapy students.

Table 28

Effect of New Allocation Procedures on Educational Therapy Services

	Percentage Agreement Principals (N=9)				
Statement	SA	A	D	SD	N/A
The change in procedures for allocating educational therapy units will negatively affect the delivery of these services in my school.	33.1	33.1	11.1	0.0	22.2

Research Question 5

What areas of service presently provided would the surveyed groups like to see improved and what priorities, if any, can be ascertained from the survey results?

A summary of the comments made by parents, teachers and principals regarding recommendations for improvement to existing services is outlined in Table 29.

Table 29

Recommendations for Improvement of Educational Therapy Services

	Recommendations	N (number in group making recommendations)
	Parents (N=13)	
*(1)	Hire more educational therapists so they have more time to spend with the children.	7
(2)	Children should be present at case conferences.	1
(3)	School should start a parent support group.	1
(4)	Educational therapist should remain at same school for a minimum of three years to provide more consistent services to children.	1
(5)	No change needed - satisfied with current service.	3
	Teachers (N=27)	
(1)	More full-time educational therapists with reduced case loads are needed.	4
*(2)	More teacher workshops and inservice regarding the role of the educational therapist is needed.	5
(3)	More support from school boards - faster action on referrals.	5
(4)	More consultations regarding child's problem	3
(5)	Educational therapist should be fully qualified.	2
(6)	Use of structured programs.	3
(7)	Educational therapist should teach classes - to obtain more student contact.	2
(8)	More parent responsibility for seeking help outside school system.	1
(9)	Educational therapist should provide more practical information to teachers.	1
(10)	Educational therapist should work more closely with the home.	1
	Principals (N=9)	
*(1)	More time needed for educational therapy.	2
*(2)	More inservice should be provided to school staffs regarding the role of the educational therapist.	2
(3)	Educational therapist should have appropriate qualifications with good communication skills.	2
(4)	Need for more available resources to implement intervention strategies.	1
(5)	Educational therapists should have more classroom experience.	1
(6)	There should be an effective evaluation program for educational therapists.	1
(7)	There should be more client advocacy by the educational therapist.	1

Note: An * indicates the recommendations made most frequently by more than one group.

The most frequent recommendation of all three groups is the need for more full-time therapists to work more intensively with behavior disordered students. Other common recommendations include the need for teacher in-service to create an awareness of the role of educational therapists, as well as the need for more support from the school board level regarding the implementation of recommendations and action on referrals.

Research Question 6

How is discipline for core educational therapy students managed and are these methods satisfactory in the view of educational therapists, principals, teachers and parents?

Table 30 provides a comparison of responses to statements about discipline that are common to more than one surveyed group, with the exception of statement 6.

Results of question 1 (Table 30) show that not all groups agree with administering discipline to educational therapy students in the same manner as for all students. One hundred percent of parents think that their children should be disciplined in the same manner as all students whereas only 50% of teachers and 56% of therapists agree with this opinion. Results also show that 67% of principals disagree with this opinion, whereas the other 33% failed to respond to this question. The range of opinions concerning disciplinary practices with

Table 30

Discipline of Core Educational Therapy Students

Statement	Respondents	Percentage Agreement					
		SA	A	D	SD	N/A	Missing
1. Educational Therapy students should be disciplined for inappropriate behavior in the same manner as all students.	Therapists		55.6	33.3		11.1	
	Principals			66.7			33.3
	Teachers	20.5	25.6	38.5	5.1	10.3	
	Parents	33.3	66.7				
2. There are provisions in a student's IPP for utilizing disciplinary procedures.	Therapists		66.7	22.2		11.1	
	Principals		44.4	44.4			11.1
3. There should be alternatives to expulsion and suspension in dealing with behavior disordered students who are receiving educational therapy services.	Therapists	22.2	66.7				11.1
	Principals	44.4	55.6				
	Teachers		71.8	12.8	2.6	12.8	
	Parents	19.0	4.8	33.3	28.6	14.3	
4. Educational therapy students are generally not disciplined as severely as regular students for exhibiting similar types of inappropriate behavior.	Therapists		33.3	44.4	11.1		11.1
	Principals	11.1	55.6	22.2	11.1		
	Teachers	7.7	25.6	43.6	10.3	12.8	
	Parents	9.5	9.5	42.9	23.8	14.3	
5. Many educational therapy students feel they have a license to violate school rules and expect no serious consequences.	Principals		33.3	33.3	33.3		
	Teachers	10.3	41.0	25.6	5.1	17.9	
6. I agree with the way my child is disciplined by the school for his/her inappropriate behavior.	Parents	19.0	47.6	14.3		14.3	4.8

respect to behavior disordered children suggests that this is an area that may need to be addressed by the school boards involved.

Statement 3 (Table 30) addresses the issue of suspension and expulsion of core therapy students. Again, parents feel notably different than the other three groups on this issue. Eighty-nine percent of therapists, 100% of principals and 72% of teachers agree that there should be alternatives to expulsion and suspension in dealing with behavior disordered students. However, only 24% of parents agree. This seems to support the previous finding that parents want their children to be disciplined in the same manner as all students, or that they may view the relative merits of expulsion or suspension differently from the professionals.

Statement 4 (Table 30) shows that 66% of principals feel that core therapy students are generally not disciplined as severely as regular students for similar types of inappropriate behavior. However, this is in contrast to the other three groups who seem to have a different perception regarding this issue. Fifty-six percent of therapists, 54% of teachers and 67% of parents are of the opinion that core therapy students are not disciplined any differently than any other student.

In fact, a large number of teachers (51%) feel that many behavior disordered students act "as if they have a license" to violate school rules and expect no serious consequences. However, the majority of principals (67%) do not agree with this statement.

Results of Question 6 (Table 30) show that parents generally agree (67%) with the way their children have been disciplined. Fourteen percent disagree with the discipline administered to their children. One parent feels that sending a child home from school as punishment is exactly what her son wants. Another parent feels that her child is usually singled out in a group and unfairly punished.

These findings seem to imply the need for accepted discipline procedures by all stakeholders that can be outlined in a student's IPP. All groups concerned may be more accepting of disciplinary actions if they have more input in the process of deciding what particular types of discipline are suitable for each individual core therapy student.

Therapists and principals were asked to respond to a number of identical questions concerning the use of a multi-disciplinary team for behavior disordered students. Table 31 summarizes and compares the results of these questions.

Results from question 1 (Table 31) show that 100% of educational therapists respond that there is no multi-disciplinary team approach used in dealing with behavior disordered students. However, 33% of principals respond that there is such a team approach. This discrepancy may be accounted for by the comments of one principal who says there is a team approach to discipline but it is not formally set up.

Nevertheless, this result should be looked at in the light of other results: (a) a lack of case conferences (see Table 6), and (b) some educational therapists reporting no team approach to individualized program development (see Table 4).

Table 31

Multi-Disciplinary Team Approach: Therapists and Principals Views

Statements	Respondents	Percentage Agreement		
		Yes	No	Missing
1. Is there a multi-disciplinary team in place that would decide the appropriate discipline measures for educational therapy students?	Therapists Principals	0.0 33.3	100 66.7	
2. If No, should there be a multi-disciplinary team approach?	Therapists Principals	66.7 83.3	11.1	22.2 16.7

These findings suggest that this area may need particular attention. The majority of educational therapists and principals feel that there is a need for this kind of team approach in dealing with behavior disordered students.

It appears from Table 32 that school administrators are currently involved 100% of the time in dealing with discipline problems presented by behavior disordered students, either alone, or in combination with others such as teachers, parents and educational therapists. Presented in this table are the views of both educational therapists and principals concerning who is actually involved in dealing with these matters.

Table 32

Personnel Involved with Discipline for B.D. Students

Personnel	Respondents % Agreement	
	Therapists	Principals
Administration	44.4	22.2
Administration + Teacher + E.T.	11.1	22.2
Administration + Teacher + E.T. + parent	0.0	11.1
Administration + E.T.	33.3	11.1
Administration + Teacher	11.1	0.0
Missing	0.0	33.3

Some of the discrepancy in the views reported in Table 32 concerning who is actually involved in deciding on discipline measures for behavior disordered students may be accounted for by the failure of 33% of principals to respond to this particular question.

Two questions designed especially for principals dealt with the issue of alternative discipline measures for core educational therapy students. Results of these questions are presented in Tables 33 and 34.

A large number of principals (89%) reported that they do use alternative discipline measures with behavior disordered students besides expulsion and suspension. A summary of these alternative methods is outlined in Table 34.

Table 33

Prevalence of Alternative Discipline Measures Used with B.D. Students

Statement	Percentage Agreement Principals (N=9) Yes	No
Have you used alternative discipline measures with educational therapy students besides expulsion and suspension?	88.9	11.1

Table 34

Types of Alternative Discipline Measures Used With B.D. Students

Alternative Discipline Measures	N (Number of principals)
In-school suspension	2
Time-out	2
Case conference with parents	3
Contracts	3
Detention	2
Removal of privileges	2
Assignment of in-school responsibilities	1
Behavior modification	1

Research Question 7

What factors are considered in the: (a) identification of students for educational therapy services, and (b) termination from these services?

There were a number of questions concerning identification issues that were common to all four surveyed groups. Table 35 gives an outline of the results and a comparison of responses from the various groups.

Results of statement 1 (Table 35) show very little agreement among respondents concerning referral bias attributed to home environment and family background. An average of 42% of teachers and therapists agree that this is indeed a concern, compared with only 11% of principals and 10% of parents who feel that way. It is worth noting that 76% of parents did not answer this question. One explanation for this might be because of the way the question was stated. Even though the question on the parents' survey was worded in a more straightforward manner than in Table 35, it still may have caused some confusion for parents.

Results of statement 2 (Table 35) show that 67% of therapists and 80% of teachers feel that there are many potential students in need of therapy services but who have not been identified mainly because of a lack of therapists in the school system. However only 33% of principals feel that this is a problem.

Results of statement 3 (Table 35) show that 67% of therapists, 78% of principals, and 86% of parents agree that behavior disordered students are identified early and treatment interventions are initiated within a reasonable time

Table 35

Identification Issues

Statement	Respondents	Percentage Agreement					
		SA	A	D	SD	N/A	Missing
1. There is a significant degree of bias in the referral of children for educational therapy services related to their home environment and family background.	Therapists	11.1	33.3	33.3		22.2	
	Principals		11.1	55.6	11.1		22.2
	Teachers	7.7	30.8	35.9	5.1	20.5	
	Parents	4.8	4.8	14.3			76.2
2. There are a significant number of children who need help but have not been formally identified mainly because of lack of therapists.	Therapists	11.1	55.6	33.3			
	Principals	11.1	22.2	44.4	11.1		11.1
	Teachers	20.6	59.0	10.3	7.7	2.6	
3. Behavior disordered students are identified early and treatment interventions are initiated within a reasonable time frame.	Therapists		66.7	33.3			
	Principals	33.3	44.4	11.1	11.1	7.7	
	Teachers		43.6	35.9	12.8		
	Parents	14.3	71.4		9.5		4.8

frame. However, in sharp contrast to these three groups, only 44% of teachers agree with this statement. This low percentage may reflect teacher frustration with lack of action on referrals. Five teachers comment that school board personnel need to act faster on referrals and give more support to individual schools. One teacher reports that comments used in staff rooms such as "tested to death" indicate teacher frustration with this issue. This suggests that more attention be given to helpful interventions than to testing and diagnosing.

One question designed uniquely for educational therapists concerned the types of information which are routinely collected as part of the assessment process in the identification of a student for educational therapy services. It is obvious that there is a high degree of consistency among therapists related to the sources and types of information used in the identification of students for special help (see Table 36). Sociometrics, past health history, prior intervention strategies, and direct observation appear to be used less consistently among therapists.

The following section deals with issues related to the exit of students from educational therapy services.

One question that was common to principals, teachers and parents asked them to state what the most important factors are when considering the termination of services for core therapy students. One hundred percent of educational therapists (N=9), 74% of teachers (N=39) and 56% of parents (N=9) who

Table 36

Identification Process: Sources of Information

Sources of Information	Percentage Agreement Educational Therapists (N=9)				
	Never used 0	Sometimes used 1	Often used 2	Always used 3	Missing
(a) Family information			22.2	77.8	
(b) Emotional development			33.3	66.7	
(c) Past health history		33.3	11.1	55.6	
(d) Academic strengths/weaknesses			55.6	44.4	
(e) Intelligence tests			22.2	77.8	
(f) Current behavioral functioning			33.3	66.7	
(g) Prior intervention strategies		33.3	44.4	22.2	
(h) Vision/hearing tests		11.1	11.1	77.8	
(i) Sociometrics		44.4	11.1	33.3	11.1
(j) Parent interview			22.2	77.8	
(k) Student interview			22.2	77.8	
(l) Discipline reports		11.1	55.6	33.3	
(m) Direct observation		22.2	22.2	44.4	11.1

responded to this particular question agree that appropriate changes in behavior and attitude are the most important factors. However, only 11% of principals agree that behavior is the most important factor to consider in deciding when a student should exit the therapy program. One possible explanation for this

difference may be with the design of the question on the principals' questionnaire. The statement they were asked to agree or disagree with included behavior only. Also, there was no space provided for them to comment on what they did consider the most important factor(s) if they disagreed with the statement. The following section deals with questions concerning exit procedures that were unique to educational therapists. Results from Table 37 indicate that 100% of educational therapists agree that there are formal exit procedures in place outlined by the school board. However, when therapists were asked to list the people involved in making such decisions there were some differences. See Table 38 for these results.

Table 37

Exit Procedures: School Board Policy

Questions	Percentage Agreement Therapists (N=9)	
	Yes	No
Are there formal procedures outlined by your school board regarding exit procedures?	100	0.0
Are there follow-up activities planned to monitor students' progress after exit from the program?	66.7	33.3

Table 38

Termination of Educational Therapy Services: Personnel Involved

Personnel	N (Number of therapists)	Percentage
*Therapist, Parent, Student, Teacher	1	11.1
*Therapist, Principal, Parent, Student	1	11.1
*Therapist, Teacher, Parent	1	11.1
*Team Decision (unspecified)	3	33.3
Therapist	3	33.3

Note. An asterisk (*) denotes team decision.

Sixty-seven percent of therapists indicate that there is a team approach used in deciding a student's exit from the educational therapy program. However, three therapists (33%) did not indicate who the actual members of the team were. Another thirty-three percent responded that the therapist alone is involved in making this decision. This finding is somewhat surprising considering the Department of Education policy requires that behavior rating scales which are used to identify students should also be used for exit procedures. In order to follow the department of education guidelines other people such as teachers, parents and students themselves would have to be involved in this process. It would seem to imply that a review of board policy regarding this issue might be in order, with a view to clearly establishing consistent and comprehensive policy regarding exit procedures.

One final question concerning exit procedures asked therapists to indicate what factors are taken into consideration when making the decision to terminate therapy services for a particular child. Table 39 presents the results of this question.

Table 39

Factors Considered in Termination of Educational Therapy Services

Factors	Percentage Agreement Therapists (N=9)					
	Not considered at all				Fully considered	Missing
	1	2	3	4	5	
Student's behavior				33.3	66.7	
Academic progress		11.1	44.4	22.2	22.2	
Positive change in home environment			33.3	33.3	33.3	
Availability of related services		11.1	33.3	44.4	11.1	
Student's perception of readiness				55.6	44.4	
Student's attitude				55.6	44.4	
Ability to generalize behaviors to other setting			33.3	22.2	11.1	33.3

Results from Table 39 show that all seven factors are rated by therapists as receiving consideration in the termination of educational therapy services. The three factors agreed on by all therapists as receiving the greatest amount of importance are students' perception of readiness, behavior, and attitude. On the other hand, factors receiving the least amount of consideration are availability of related services and academic progress. These findings appear to be consistent with the overall aim of educational therapy which places the greatest emphasis on behavior change and not academic progress.

The last factor on Table 39 (ability to generalize behaviors to other settings) was left blank by 33% of therapists. This may be explained by a typographical error in the design of the question. An extra set of blank spaces were inserted that did not belong which may have caused some confusion.

One final question concerning exit procedures was designed to elicit teacher views on the practice of including students in the decision making process used to terminate educational therapy services (see Table 40).

Table 40

Student Involvement in Exit Procedures: Teacher Views

Question	Percentage Agreement Teachers (N=39)		
	Yes	No	Missing
Should students have any input regarding the decision process used to terminate educational therapy services?	66.7	25.6	7.7

Table 40 shows that 67% of teachers agree that students should be involved in the process concerning termination of therapy services. Most teachers who say no qualify their answers by adding comments such as, "it depends on the age and maturity of the child," or "it depends on the reason for referral." Several teachers who answer yes to this question feel that it is important to let the student express his/her feelings. Others who answer yes also qualify their answers by saying age and maturity of the student would have to be considered.

From the results of Table 40, which is specifically concerned with student involvement in exit procedures, as well as the results of question 7 (Table 3) concerning student involvement in identification and entrance procedures, there appears to be general agreement that students should have some input into the whole process (both entrance and exit). It is difficult to determine from Table 38 to what degree students are currently involved in exit procedures. Two therapists respond in the affirmative and three more indicate that it is a team decision but do not specify who the members of the team are.

Research Question 8

To what degree are teachers and principals aware of the role of the educational therapist and how this role differs from the role of the school counsellor?

One hundred percent of principals indicate that they are aware of the educational therapist's role and how that role differs from that of the school

counsellor. However, only 69% of teachers indicate they are aware of these different roles (see Table 41). A need for teacher in-service regarding the role of the educational therapist is implied. This is also reflected by several (5) teachers who comment specifically on the need for such in-service.

Table 41

Awareness of Educational Therapists' Role vs Counsellors' Role by Principals and Teachers

		Percentage Agreement					
Statement	Respondents	SA	A	D	SD	N/A	Missing
I have a clear understanding of the distinction between the roles of the educational therapist and the school counsellor.	Principals	55.6	44.4				
	Teachers	23.1	46.2	10.3	2.6	15.4	2.6

Furthermore, regarding the role of educational therapists, principals were asked if the current role definition meets with their expectations for this position within the school system. Sixty-seven percent agree that it does, while 33% did not respond to that question (see Table 42).

Table 42

Role Definition of Educational Therapist: Principals' Views

	Percentage Agreement Principals (N=9)					
Question	SA	A	D	SD	N/A	Missing
Does the current role definition of an educational therapist meet with your expectations for this position in the school system?	22.2	44.4				33.3

Research Question 9

What is the relationship between counsellor/therapist characteristics: attractiveness, expertness and trustworthiness (CRF-S; Corrigan and Schmidt, 1983) and satisfaction with educational therapy services, as rated by parents of core therapy students?

Many research studies concerned with the effectiveness of counselling have focused on the relationship between counsellor characteristics, that are perceived positive by clients, and client ratings of counsellor effectiveness. (Atkinson, 1982; Barak, Patkin, and Dell, 1982; Shaffer, Murillo, and Michael, 1981). According to Wiggins and Moody (1983) "it seems that effectiveness ratings (whether reported by the client or the supervisor), job satisfaction and counselor-client

compatibility play a large role in defining the effectiveness of the counselor" (p. 265).

One of the aims of this study was to determine if there was any relationship between the way parents rated the educational therapist and their overall rating showing the degree of satisfaction they have experienced concerning the outcome of educational therapy services provided by the school system.

The results of two questions designed to gather this information are outlined in Tables 43 and 44. Table 43 gives the results of parents' ratings of counsellor characteristics. Table 44 gives the results of parents' ratings of the outcome of current educational therapy services as it applies to their particular circumstances.

Results from Table 43 show that 80% of parents rate educational therapists highly (59% high and 21% moderately high) on the 11 characteristics which are a measure of attractiveness, expertness and trustworthiness. However, only 61% of parents rate the outcome of educational therapy services highly (29% rated high and 32% rated moderately high; see Table 44,

An analysis of variance comparing the sum of the ratings by parents on both questions shows no significant relationship between counsellor/therapist characteristics and program effectiveness ($r = .098$, $N = 18$, $p = .350$).

Table 43

Parents' Ratings of Counsellor Characteristics

Characteristics	Percentage Agreement						
	High 5	4	3	2	1	N/A 0	Missing
Friendly	66.7	23.8				4.8	4.8
Honest	57.1	23.8	4.8			9.5	4.8
Likeable	61.9	19.0	4.8			4.8	9.5
Expert	47.6	19.0	19.0			9.5	4.8
Reliable	52.4	19.0	4.8		4.8	4.8	14.3
Sociable	52.4	28.6	4.8		4.8	4.8	4.8
Prepared	57.1	23.8	9.5			4.8	4.8
Sincere	66.7	9.5	9.5	4.8		4.8	4.8
Skilful	66.7	19.0	4.8			4.8	4.8
Trustworthy	57.1	19.0	4.8	4.8		9.5	4.8
Warm	66.7	23.8				4.8	4.8
Group $\bar{X}$	59.3	20.8	6.1	.9	.9	6.1	6.1

Table 44

Parent Ratings - Effectiveness of Educational Therapy Services

Category	Percentage Agreement						
	Much improvement	Some improvement	No real change	Some worsening	Much worsening	Not able to comment	
	5	4	3	2	1	N/A	Missing
Relationships with friends	28.6	33.3	19.0		4.8	4.8	9.5
Social skills	28.6	33.3	23.8			4.8	9.5
Attitude towards school	33.3	28.6	23.8			4.8	9.5
School attendance	38.1	14.3	19.0			19.0	9.5
Relationship with parents	28.6	33.3	19.0			9.5	9.5
Study habits	19.0	33.3	23.8		9.5	4.8	9.5
School work	19.0	38.1	28.6			4.8	9.5
Behavior (in general)	38.1	38.1				4.8	9.5
Group $\bar{X}$	29.2	31.5	19.6		1.8	7.2	9.5

Research Question 10

To what degree do the people who are involved with educational therapy services (parents of core therapy students, teachers, educational therapists and principals) feel that these services are necessary and important?

Table 45 provides a summary and comparison of the percentage of agreement among the four groups surveyed concerning the necessity and importance of educational therapy services in the school system.

Table 45

Necessity and Importance of Educational Therapy Services

		Percentage Agreement					
Statement	Respondents	SA	A	D	SD	N/A	Missing
The services provided by the educational therapy program are important and greatly needed in the school system.	Principals	88.9	11.1				
	Teachers	48.7	48.7		2.6		
	Parents	57.1	42.9				
The school system is responsible for providing an appropriate education to all students no matter what their handicap.	Therapists	77.8	22.2				
	Teachers	66.7	30.8	2.6			

Results from Table 45 show overwhelming agreement among the surveyed groups that the services provided by educational therapists are important and necessary in order for the school system to achieve its goal of providing an appropriate education for all students.

Additional comments made by various respondents also support the findings in Table 45. Six parents state that they are very pleased with the services and that there should be more educational therapists employed. One parent feels that "this service is the best service provided by the school system." Several teachers, principals and therapists comment on the increased need for educational therapy services in a time when services are being eroded. Two principals state they are happy to have educational therapy services in their schools, saying, "not only does it play an important role but it has become a necessity in the school system."

Research Question 11

What are the qualifications of educational therapists in the target group and what qualifications are desirable for this position according to educational therapists, principals, and teachers?

A summary of the qualifications of educational therapists in the target group and the number of years experience they possess in the capacity of teachers (includes special education, physical education, and regular classroom) is outlined in Table 46.

Table 46

Qualifications and Teaching Experience of Educational Therapists

Therapists' Qualifications	N (number of therapists)	Teaching Experience (years)				
		0	1-5	6-10	11-15	16-20
M.Ed. (Ed. Psych)	9	2	3	1	1	2

Results from Table 46 show that all nine therapists included in the study possess a masters degree in educational psychology. Two therapists have no teaching experience while the other seven therapists have teaching experience ranging from 1-5 years to 16-20 years.

The second part of research question 11 was included to determine what educational therapists, principals, and teachers consider desirable qualifications for this position. Table 47 provides a summary of these results. It is obvious from this table that a large majority of educational therapists, principals and teachers agree on the formal qualifications desirable for a person employed in the position of educational therapist. In addition to these formal qualifications, all principals feel that educational therapists should have a minimum of 1-3 years teaching experience. Several teachers and educational therapists echo these sentiments as well. Two therapists feel strongly that a minimum of 5 years teaching experience "should be mandatory."

Table 47

Desirable Qualifications for Educational Therapists: Views of Educational Therapists, Principals and Teachers

Statement	Respondents	Percentage Agreement		
		Yes	No	N/A
Educational Therapists should have an appropriate master's degree in the field of educational psychology and counselling.	Therapists	100		
	Principals	88.9	11.1	
	Teachers	92.3		7.7

Several teachers also added comments at the end of their questionnaire pertaining to this issue. Three teachers feel that educational therapists should have teaching experience as well as on-going teaching duties in order to keep in contact with students. Two other teachers comment that educational therapists should be fully qualified, but did not specify what they meant by this.

Overall, there appears to be a concern and general consensus on the appropriate qualifications for an educational therapist. In reflecting back to Table 46 one can see that all educational therapists in this study are formally qualified and meet the requirements of the Newfoundland Department of Education as outlined in its 1986 policy manual. Furthermore, all but two therapists meet the desirable qualifications of having a minimum of 1-5 years teaching experience as expressed by several educational therapists, principals and teachers.

Summary

In summary, this chapter provides a detailed analysis of the information gathered pertaining to each of the 11 research questions outlined in Chapter 1.

A comparative analysis was conducted on the information gathered from two or more groups that pertained to each individual research question. In addition, results of questions unique to each group in the study were also analyzed separately as they pertained to each research question. An analysis of variance and Pearson Product-Moment Correlations were computed in order to analyze the results of two particular research questions.

The following chapter will present a summary and discussion of findings and make recommendations.

CHAPTER V

Summary, Discussion and Recommendations

Introduction

This study was designed to evaluate the educational therapy services provided by the Roman Catholic and Integrated School Boards of the Burin Peninsula, Newfoundland. This chapter will summarize the findings of the study, discuss the implications, and make recommendations.

The study was intended to address 11 research questions encompassing nine major areas as outlined below:

1. Aims/goals of educational therapy
2. Identification procedures
3. Program design and operation
4. Involvement of outside agencies
5. Discipline for behavior disordered students
6. Outcome
7. Exit procedures
8. Supervision/evaluation of educational therapists
9. Implications of dual roles (counsellor/therapist)

Data for the study was collected through the use of questionnaires which were administered to educational therapists, principals, teachers and parents. Each individual in the sample population was given a questionnaire especially designed

for members of that particular group. The mean return rate of the four groups combined was 72%. For a more detailed breakdown of respondents and return rates, the reader is referred to Chapter IV.

A discussion of the findings and of the implications based on those findings will be presented in several separate sections covering all research questions. In order to enhance the presentation, certain sections appropriately combine the findings of more than one related research question.

The final section of this chapter will make recommendations based on the summary of findings and discussion.

Summary and Discussion

The following section provides a summary of findings for each research question and discussion of those findings.

Section 1.

Research question 1 dealt with the design and delivery of educational therapy services on the Burin Peninsula. A vast amount of information was gathered pertaining to this area which is given in detail in Chapter IV.

This section also summarizes the findings of research question 3 which addressed the issue of dual roles (counsellor/ therapist) and its effect on the delivery of educational therapy services.

The most significant findings are as follows:

1. There is a general consensus of agreement on the following issues related to program practices:
    1. Recommendations are generally practical and are accepted by those who work with core therapy students.
    2. It is necessary for educational therapists to work with parents of core therapy students.
    3. Educational therapists intervene and are available during times of crises.
    4. School staff and administrators accept and respect the principle of confidentiality.
    5. There is a broad base of theoretical approaches used in dealing with students with behavior disorders.
    6. Students should have some input into the process which decides whether or not they receive educational therapy services.

    However, with respect to number 6, it was found that approximately 32% of teachers disagree with involving students in this decision-making process. This may or may not be an issue in some schools since it was difficult to determine from the data to what extent student involvement occurs. Two therapists reported that students were involved in this process, four reported that students were not involved, and the other three therapists

indicated that there was a team decision, but did not specify the members of that team.

The practice of involving students in this decision-making process appears to cause concern for approximately one-third of teachers who do not support the idea.

The research findings reported in the literature suggest that the majority of children, adolescents and their parents want minors to participate in therapy decision making (Taylor, Adelman & Kaser-Boyd, 1983, Tremper & Feshbach, 1981; as cited in Adelman, Kaser-Boyd, & Taylor, 1984). A study by Adelman, Kaser-Boyd and Taylor (1984) concludes that "with regard to treatment outcomes, findings lend support to the view that better outcomes result from stronger commitment and that the better the initial adjustment in treatment, the better the outcomes" (p. 177). The authors are suggesting that more positive outcomes will result by having students involved in the decision-making process which determines treatment intervention.

Maximizing the involvement of students in decision-making processes related to their involvement in therapeutic services may have implications for successful therapeutic outcomes. The extent and nature of such involvement should be fully examined as part of an ongoing in-service education program for all professionals involved in the delivery of educational therapy services. Such an examination may lead to more

consistent practices on this issue and to the articulation of board policy which addresses it.

2. There is no consensus of agreement between teachers, therapists and principals concerning the goal of mainstreaming of severely behavior disordered students in the regular classroom. Principals and therapists generally agree that educational mainstreaming is an appropriate goal for these students, however, a large number of teachers (67%) disagree with the idea of mainstreaming severely behavior disordered students in the regular classroom.

This finding reflects a significant difference of opinion on the critical issue of the appropriate goals for educational/therapeutic services for students with severe behavior disorders. Such differences are likely to result in some tensions among the professionals involved in the provision of these services. Since teachers have a key responsibility for ensuring the success of any mainstreaming efforts with respect to those students, it is essential that there be a shared view of the primary goals of the professional interventions with children who exhibit severe behavior disorders.

3. Principals, parents and educational therapists strongly agree that there is adequate communication among personnel involved with core therapy students. However, only 59% of teachers agree with this finding. Several teachers used the additional comments section of their questionnaire to

make the point that more consultation with teachers regarding students' problems is needed.

This finding implies that teachers want to be consulted more and tend to feel a sense of frustration when they are not consulted on a regular basis regarding students. Comments such as "things are too secretive - classroom teachers should be kept more informed," reflect this frustration.

4. All groups report that individual treatment plans (IPP's) are designed for core therapy students. Included in this plan are intervention techniques designed specifically for each student. All participants report that there is a process in place to periodically evaluate student progress and revise the plan.

However, there is some variability concerning the procedures followed for ongoing assessment and consultation regarding student progress and revisions in individualized program plans. There are a variety of procedures used such as individual consultation, annual reports, monthly summaries, and regularly scheduled case conferences throughout the year. However, there was very little consistency reported by therapists regarding uniformity of procedures.

It appears that, although there is a shared belief that a team approach is appropriate for the development, implementation and revision of individualized treatment plans, this preferred approach is frequently not

followed. Furthermore, when it is practiced it often does not involve all the participants of teachers, principals and parents.

5. It is a current practice of both school boards to supervise educational therapists. Principals are usually involved in this process and 67% of principals report that they prefer to be involved in this supervision either solely or in conjunction with other school board personnel.

Forty-four percent of educational therapists believe that the most suitable persons to conduct this evaluation are educational psychologists, whereas only 22% feel that principals are the most suitable.

With reference to this important issue of supervision, the British Association of Counselling (1990) in its code of ethics for counsellors state that "it is a breach of the ethical requirement for counsellors to practise without regular counselling supervision/consultative support" (section B.3.1). It states further that:

> *Counsellors who have line managers owe them appropriate managerial accountability for their work. The counselling supervisor role should be independent of the line manager role. However, where the counselling supervisor is also the line manager, the counsellor should also have access to independent consultative support.* (Section B.3.3).

What would be the implication(s) if this ethical guideline were applied as a basic principle to the supervision of educational therapists? Clearly, educational therapists, like all other professionals working in the school must respect the authority of the school principal and be prepared to demonstrate appropriate accountability. However, it would be preferable for the therapy supervision and consultative support to be provided by a professional colleague who is not in a line position. Such a colleague could be the educational psychologist and/or another professional peer such as an educational therapist from another school.

6. Educational therapists expressed general satisfaction with the following aspects of their job:
    1. Materials/supplies
    2. Secretarial assistance
    3. Opportunities to provide inservice
    4. Opportunities for personal inservice
    5. Pupil/therapist ratio
    6. Co-operation from police
    7. Co-operation from social services
    8. Administrative support
    9. Parental support
    10. Support from other educational therapists
    11. Support from educational psychologists

The greatest sources of job dissatisfaction were in the following areas:

1. Job title
2. Role responsibilities
3. Physical facilities
4. Availability of mental health professionals
5. Fiscal support
6. Counselling/consultative support

Nearly half of all therapists (45%) indicate dissatisfaction with these aspects of their job. Most educational therapists who indicate they are not satisfied with their current job title and role responsibilities feel that there are too many demands on their time and that justice can not be done to both roles of school counsellor and educational therapist. Fifty-six percent of educational therapists are of the opinion that additional responsibilities such as teaching assignments, supervision duties and intellectual/academic assessments have a negative impact on the quality of services they are able to provide. In addition, 67% of therapists believe that the dual role of counsellor/ therapist has an adverse effect on the delivery of these services.

These results imply the need to address the apparent excessive demands placed on counsellors/therapists as a result of increased responsibilities and duties brought about by combining the roles of school counsellor and educational therapist into one unit.

7. Teachers generally agree that the main aim of educational therapy services is to change inappropriate student behaviors that interfere with success in school. Overall, teachers are generally pleased with the program design and delivery. However, one area of concern is that teachers feel they should be consulted more regularly regarding core therapy students in their classroom. Teachers want to be more involved at all stages of programming for students in their classroom with behavior disorders.

8. Parents are generally very satisfied with their involvement in program planning and treatment interventions for their children. Most parents who have attended case conferences are satisfied with the efforts made to address their children's problems and are pleased that they are invited to express their views. However, only 57% of parents indicate that they received a copy of their child's individualized program plan (IPP). Perhaps this is another matter that school board administrators need to consider in order to ensure consistent practice throughout the school districts.

9. The most frequent types of communication between parents and educational therapists are through parent/therapist meetings at the school (70%) and telephone conversations.

One important finding concerning communication is that currently 57% of educational therapists meet with parents at their home, whereas only 33% of parents indicate they prefer this type of communication. This may have something to do with the fact that most communities on the Burin

Peninsula are relatively small and there is little privacy. Thus, it may make some parents uncomfortable to have a school official visit their homes on a regular basis. This practice may need some further consideration, such as giving parents an opportunity to express their preference for a place of meeting.

Section 2

Research question 2 dealt with the degree of satisfaction with the educational therapy program in terms of meeting its objectives. Opinions were solicited from the four surveyed groups in various formats. A summary and discussion of these findings are as follows:

1. All four groups rate the educational therapy program as successful in meeting its overall objectives. However, teachers report the lowest rating of the four groups.

   Although teachers rate the program outcomes lower than the other three groups, they are still generally positive, giving the program an overall mean rating of 3.4 on a scale of 1 to 5.

   This finding, although disappointing, is not totally surprising considering previous research literature in this area. From its inception, educational therapy met with many challenges. Butt (1987) states that from the beginning there was a problem of negative staff attitudes and misunderstanding of the therapist's role. Many teachers rejected the

concept at the time of its introduction, especially since at the time, teachers were faced with cut-backs, lay-offs and increased workloads. Even though educational therapy has gained much more acceptability throughout the Province, there may still be some skepticism and negativism among teachers. Similar times exist now in 1991 where most school boards throughout the Province are faced with declining enrolment and teacher cutbacks. Therefore, these factors may have an influence on those teachers who have a somewhat guarded attitude towards the validity of educational therapy services.

Also, teachers indicate in this study, a strong desire to be more involved in the processes of program development and implementation for behavior-disordered students in their classes. They expect to be more fully consulted by educational therapists. Perhaps, more collaboration between educational therapists, other psychological service personnel, and classroom teachers will improve these relationships. In particular, teachers need to be involved in ways which give credibility to their knowledge of the child gained from their unique and vital classroom perspective.

Research question 8 was designed to determine if teachers and principals are aware of the differing roles of educational therapists and school counsellors. The results show that all principals are aware of these differing roles; however, approximately 30% of teachers indicate they are unable to differentiate between these two professional roles.

Although the overall findings are positive, they still point to the need for continued awareness programs and inservice. There appears to be a need for the psychological services division to educate teachers regarding the various roles of therapists and the goals of the psychological service in the school system. A study by Medway (1977) concerning teachers' perceptions of school psychologists, stressed the importance for teachers to know clearly what these professionals do, because their attitudes can have a direct influence on the outcome.

2. Parents are extremely satisfied with the services provided and the support received from the school in dealing with their children's problem(s). Ninety-five percent of parents say they would recommend the same services to other parents whose children have similar problems. Nearly all parents feel that the therapist has been helpful in providing suggestions to improve their children's behavior, that they can trust the therapist and find him/her to be very understanding and co-operative.

This is a significant finding when one considers the importance of parent acceptability of treatment interventions. The results of a study by Kazdin (1981) found that parental ratings of treatment effectiveness had the largest influence on treatment acceptability. Reimers and Wacker (1988) also stated that parents' acceptability of treatment has an influence on treatment effectiveness. The findings of the present study show that of those parents who replied, virtually all of them are pleased with

intervention strategies and support the therapists' suggestions. This may certainly be a significant factor contributing to the positive outcomes as perceived by parents.

Section 3

Section 3 summarizes research question 4 which addressed the issue of allocation of educational therapy units to schools. The main finding is summarized as follows:

It was found that only 56% of educational therapists are aware of the current allocation procedures adopted by the Department of Education in 1987. However, all of those who are aware of the new procedures commented that these procedures are causing a gradual erosion of educational therapy services. Principals (67%) generally agree with this view. This is a high percentage when one considers that 22% failed to respond to this particular question.

The finding, although disturbing, is not totally surprising. Butt (1987) expressed concern over the provincial government changes in allocation procedures and predicted that a degrading of services for behavior disordered students would eventually follow.

The precedent of combining school counsellor and educational therapist roles, plus general cutbacks in the field of education, is cause for real concern. Such trends imply a need for those involved in the delivery of psychological

services to take united action in an attempt to prevent further erosion of these vital services.

Section 4

The following section discusses results from research question 6 which dealt with discipline of core educational therapy students. The main findings are:

1. There is a wide range of opinions surrounding this issue. Parents are the only group who strongly favor administering discipline to their children in the same manner as it is administered to all other children. Only 56% percent of therapists and 46% of teachers agree with this view of discipline for educational therapy students, whereas no principals support such a view.

   There may be a number of reasons why parents' views are different from the other three groups on this issue. One possible reason may be that parents do not want their children to be ostracized by other children or teachers who might see them as having special privileges. Another possible reason may be that parents do not fully understand the extent of their children's problems or the psychology behind using different forms of punishment that may be more appropriate for their children.

2. It was also found that there is basically no formal multi-disciplinary team in place to deal with severe behavior disordered students, although it may exist informally in a number of cases. However, the majority of principals

and educational therapists are in favor of a multi-disciplinary team approach for severely behavior disordered students.

These findings underscore the need to more fully and consistently establish a team approach to the provision of educational therapy services in each school. This is particularly desirable in the case of those difficult to serve students with severe behavior disorders. Such a team approach would provide an appropriate forum to discuss the role of discipline in therapeutic interventions with behavior disordered students. It would ensure a greater consistency of approach and it should facilitate the formulation of clear policy directions for this and other related matters.

3. It was found that school administrators are the main personnel responsible for discipline of all students, including those receiving educational therapy services. It was also found that most administrators (89%) use alternative measures with severely behavior disordered students besides expulsion and suspension. Even though this appears to be a positive finding, it may be the cause of some parent dissatisfaction. Reference to Table 30 shows that only 24% of parents agree that these alternative methods should be used. Again this points out the need for discussion and information sharing between all groups concerning the most effective discipline methods to use with various types of behavior problems.

Section 5

The following section covers research question 7 which was designed to gather information about current entrance and exit procedures for students involved with the educational therapy program. A summary of major findings are given in turn:

1. A majority of teachers and educational therapists felt that a large number of students were in need of educational therapy services but have not been identified mainly because of a lack of therapists. A large number of teachers also feel that students are not identified and treated early enough. Principals, educational therapists, and parents, however, do not express this view.

   These differences of opinion concerning early identification would be the result of many factors. One possible explanation may be a difference of view concerning the definition of what constitutes a severe behavior disorder. Another possible explanation may be the fact that high teacher frustration occurs in dealing with behavior disordered children. As a result, they may feel a more urgent need for early identification and treatment more so than the other three groups.

   Whatever the reason(s) for these differing views, the results imply a need to address the issue of early identification and treatment. This concern ties in with earlier concerns caused by a perceived inadequate number of educational therapists.

2. A wide variety of information is collected in the identification process from many different sources and this concurs with the procedures outlined by the Newfoundland Department of Education.

The two school boards have a process in place regarding entrance and exit procedures which follows the guidelines outlined by the Department of Education. However, it seems that not all therapists are consistent in following the standard exit procedures. Three therapists report that they alone decide when a student should terminate therapy services.

Most therapists indicate there was a team approach used in dealing with students' termination/exit from educational therapy services. However, the degree of consistency among schools concerning the use of teams and members of the team is unclear. Three therapists did not specify who the team members were. Therefore, school board personnel responsible for these psychological services may need to address the issue of proper procedures in this matter, with a view to consistency among schools.

Finally, with respect to exit procedures, it appears that all therapists consider the same type of factors in determining a student's readiness for termination. The three main factors that all therapists rate highly are students' perception of readiness, changes in behavior and attitude. It was also found that two-thirds of all teachers in the sample believe that students

should have input in deciding when to exit from educational therapy services. Most teachers feel that involving the student is a good idea, but caution that it depends on factors such as age, maturity and type of problem. The literature on this issue suggests that the idea of student participation is to enhance motivation and therapeutic relationships. Also, similar to the findings of this study, Adelman, Kaser-Boyd and Taylor (1984) stated that "competence is a major concern in discussing age guidelines for involvement in decision making" (p. 170). They also suggested that "excluded youngsters may have little or no commitment to use the prescribed treatment effectively and may even act quite negatively toward the activity" (p. 176).

The literature generally supports the idea of student involvement in the decision making process that determines their participation in therapeutic services and termination from those services. However, the issues of age and competence always arise and there doesn't appear to be a consensus on how to determine an appropriate age and competence level. The most logical suggestion at this time is to consider each student on an individual basis.

Section 6

The following section will summarize and discuss the results from research question 9, designed to measure the relationship between parents' ratings of

counsellor characteristics and their overall satisfaction with the current educational therapy services.

An analysis of variance comparing the sum of ratings of counsellor characteristics with program satisfaction showed no significant relationship. It was predicted by this researcher that a significant correlation was likely based on the findings of Heppner and Heesacker (1983). Their results suggested that there is a relationship between perceptions of counsellor characteristics: attractiveness, expertness, and trustworthiness, and satisfaction with counselling. However, the results of the present study did not find such a relationship.

Section 7

This section summarizes the results from research question 11 which was designed to gather information pertaining to the current qualifications of educational therapists in comparison to what the three professional groups in the study (educational therapists, principals and teachers) considered desirable qualifications for such a position.

There was found to be a high degree of agreement between the current qualifications and the desirable qualifications of educational therapists. All nine therapists in the study possessed a Master's Degree in Educational Psychology and Counselling, which is considered desirable by the three professional groups. Members of all three groups also stressed a minimum of 1-5 years teaching

experience as a desirable qualification. All but two of the educational therapists in this study met this requirement as well.

Certainly, all educational therapists in the target group are qualified and meet the standards outlined by the Newfoundland Department of Education. In addition, a large majority meet the criteria judged to be desirable by the three professional groups in the study.

Section 8

Research question 10 was designed to determine the importance of educational therapy services in the school system as perceived by parents of core therapy students, teachers, educational therapists and principals.

The results show that all groups felt educational therapy services to be very important and greatly needed in the school system. Additional comments by various respondents stress that there are increasing demands for such services. Many respondents also express concern that due to government cutbacks, new allocation procedures, and combining of counsellor/therapist roles, services will not only fail to expand but actually decrease!

Section 9

Research question 5 was designed to solicit suggestions from principals, teachers and parents about various areas of the present program they would like to see improved. A detailed summary of these suggestions is provided in Chapter

IV, Table 28. The most frequently made recommendations stressed by all groups were: (a) the need for more full time educational therapists, (b) the need for more teacher in-service in order to create an awareness among staff members of the roles and duties of educational therapists, and (c) the need for more support at the school board level in order to act more quickly on referrals and recommendations.

Recommendations

The following are recommendations made to the Roman Catholic and Integrated School Board offices based on the results of this study. These recommendations have been developed to help improve the design and delivery of educational therapy services on the Burin Peninsula.

1. Policy guidelines should be developed to ensure consistent procedures are followed by all personnel in the delivery of educational therapy services. The three areas that showed some inconsistencies in the study are: (a) input from students in the process that decides their involvement in educational therapy services and exit from those services, (b) procedures used in the development, implementation and revision of student individualized program plans. Such procedures should be firmly grounded in a school based team approach, and (c) teacher consultation regarding core therapy students in their classroom.

2. There should be more full time educational therapists in order to adequately meet the ever-increasing demands for psychological services in the school system.

3. Regular teacher in-service should be provided concerning the aims/philosophy of the educational therapy program, as well as the roles and responsibilities of the educational therapist.

4. Supervision of counsellor/therapists should be conducted by professionals who have an understanding of counselling and counselling supervision/consultative support. This supervision would best be conducted by educational psychologists who are not in line management positions.

   Since the school principal is the chief administrative officer of the school, educational therapists must be professionally accountable to their principal regarding appropriate managerial concerns. However, activities associated with such accountability should be independent of the supervision and consultative support provided by educational psychologists or by other educational therapists.

5. It should be made clear to parents that they have the option of deciding whether or not they meet with the educational therapist in their private homes.

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APPENDICES

APPENDIX A

CCBD'S DEFINITION OF EMOTIONAL OR BEHAVIORAL DISORDER

CCBD's Definition of Emotional or Behavioral Disorder (EBD):

Emotional or Behavioral Disorder (EBD) refers to a condition in which behavioral or emotional responses of an individual in school are so different from his/her generally accepted, age-appropriate, ethnic, or cultural norms that they adversely affect educational performance in such areas as self-care, social relationships, personal adjustment, academic progress, classroom behavior, or work adjustment.

EBD is more than a transient, expected response to stressors in the child's or youth's environment and would persist even with individualized interventions, such as feedback to the individual, consultation with parents or families, and/or modifications of the educational environment.

The eligibility decision must be based on multiple sources of data about the individual's behavioral or emotional functioning. EBD must be exhibited in at least two different settings, at least one of which is school-related.

EBD can co-exist with other handicapping conditions, as defined elsewhere in this law.

This category may include children or youth with schizophrenia, affective disorders, anxiety disorders, or with other sustained disturbances of conduct, attention, or adjustment.

APPENDIX B

NEWFOUNDLAND DEFINITION OF BEHAVIOR DISORDERS

Behavior Disordered Student:

A student is deemed behavior disordered if he/she demonstrated one or more of the following characteristics over a long period of time and to a marked degree which adversely affects educational performance (Department of Education, 1986):

1. A marked inability to learn which cannot be adequately explained by intellectual, sensory, neurophysiological or general health factors.
2. A consistent inability to build and maintain satisfactory interpersonal relationships with peers and teachers.
3. Highly age and/or gender inappropriate behaviors or feelings within normal situations.
4. A general pervasive mood of acute unhappiness or depression.
5. A tendency to develop symptoms such as speech problems, pain or fears, associated with personal or school problems.

APPENDIX C

LETTERS OF REQUEST TO SUPERINTENDENTS

G. A. Hickman Building,
Memorial University of Nfld.,
P. O. Box 48,
St. John's, NF,
A1B 3X8
Feb. 8, 1991.

Mr. Ron Brown,
District Superintendent,
Burin Peninsula Integrated School Board,
Marystown, NF.

Dear Mr. Brown:

I am currently completing a Master's Degree in Educational Psychology at Memorial University. For my thesis research in this program I would like to conduct an evaluation of the Educational Therapy Services as delivered by the Roman Catholic and Integrated School Boards on the Burin Peninsula. I've already had some preliminary discussion with Mr. Fred Bonnell and Mr. Alfred Anstey of the Integrated Board and with Mr. Edward Godsel of the Roman Catholic Board concerning this research.

If I receive the approval of you and your colleague, Mr. Mike Siscoe, to undertake this project I intend to consult with the professionals from the two school boards who have a significant involvement and interest in educational therapy services, including superintendents, co-ordinators of special services, educational psychologists and counsellors/therapists. In my view, if the evaluation is to be relevant to the two school boards, it must be conducted in a manner consistent with the expectations of the educators involved. Therefore, I plan to use a collaborative approach to identify the goals which the professionals hold for this particular service. In this way the evaluation can be conducted against those goals. This will involve some meetings with the co-ordinators and educational therapists and some consultation with superintendents and principals.

The focus of the study would be twofold. First, it would attempt to evaluate service outcomes such as student, parent and teacher satisfaction.

Second, an evaluation of program procedures would be conducted in terms of the way in which students gain access to and exit from the service, the way in which interventions are managed in the program, the inter-school relationships and matters of this sort.

With your permission, I would be ready to begin this process almost immediately. I wish to assure you that procedures will be followed to protect the anonymity of all participants. The information gathered in this study will be held in strictest confidence. As such, it will be reported in a manner that will conceal the identity of the children, the professionals as well as the schools involved.

Thank you in advance for your anticipated co-operation. Should you require additional information please contact me at 737-3501. Your prompt reply to this matter is greatly appreciated.

Sincerely,

Jim King

Supervisor: Dr. Glenn Sheppard

cc: Mike Siscoe

G. A. Hickman Building,
Memorial University of Nfld.,
P. O. Box 48,
St. John's, NF,
A1B 3X8
Feb. 8, 1991.

Mr. Mike Siscoe,
District Superintendent,
Burin Peninsula Roman Catholic School Board,
Marystown, NF.

Dear Mr. Siscoe:

I am currently completing a Master's Degree in Educational Psychology at Memorial University. For my thesis research in this program I would like to conduct an evaluation of the Educational Therapy Services as delivered by the Roman Catholic and Integrated School Boards on the Burin Peninsula. I've already had some preliminary discussion with Mr. Fred Bonnell and Mr. Alfred Anstey of the Integrated Board and with Mr. Edward Godsel of the Roman Catholic Board concerning this research.

If I receive the approval of you and your colleague, Mr. Ron Brown, to undertake this project I intend to consult with the professionals from the two school boards who have a significant involvement and interest in educational therapy services, including superintendents, co-ordinators of special services, educational psychologists and counsellors/therapists. In my view, if the evaluation is to be relevant to the two school boards, it must be conducted in a manner consistent with the expectations of the educators involved. Therefore, I plan to use a collaborative approach to identify the goals which the professionals hold for this particular service. In this way the evaluation can be conducted against those goals. This will involve some meetings with the co-ordinators and educational therapists and some consultation with superintendents and principals.

The focus of the study would be twofold. First, it would attempt to evaluate service outcomes such as student, parent and teacher satisfaction. Second, an evaluation of program procedures would be conducted in terms of the

way in which students gain access to and exit from the service, the way in which interventions are managed in the program, the inter-school relationships and matters of this sort.

With your permission, I would be ready to begin this process almost immediately. I wish to assure you that procedures will be followed to protect the anonymity of all participants. The information gathered in this study will be held in strictest confidence. As such, it will be reported in a manner that will conceal the identity of the children, the professionals as well as the schools involved.

Thank you in advance for your anticipated co-operation. Should you require additional information please contact me at 737-3501. Your prompt reply to this matter is greatly appreciated.

Sincerely,

Jim King

Supervisor: Dr. Glenn Sheppard

cc: Ron Brown

APPENDIX D

MEMO TO EDUCATIONAL THERAPISTS/COUNSELLORS

MEMO TO: EDUCATIONAL THERAPISTS/COUNSELLORS

FROM: JIM KING, GRADUATE STUDENT/EDUCATIONAL PSYCHOLOGY

DATE: APRIL 27, 1991

I am presently completing a Master's Degree in Educational Psychology from Memorial University. As part of the requirements for this degree, I am involved in an evaluation study of the Educational Therapy Services offered by the Roman Catholic and Integrated School Boards of the Burin Peninsula.

Approval has been granted from both school boards to conduct this survey. I have arranged to attend your meeting of May 2, 1991 for the purpose of briefly outlining the format of my study, to answer any questions/concerns you may have and to receive some feedback concerning the type of criteria I have decided to use in the evaluation.

Since there are several items on the agenda for this meeting, I realize that there won't be much time for discussion of my topic. In order to provide you with a little extra time to think about issues that may be valuable for me to address in my study, I have enclosed a very brief outline of the study and the criteria I propose to use.

Thank you in advance for your anticipated co-operation in this matter and I look forward to meeting with you on Thursday.

BRIEF SUMMARY OF STUDY

Ever since the first educational therapy unit was established in 1979 with the Terra Nova Integrated School Board, there have been concerns and confusion about the role of the educational therapist, the need for and the effectiveness of such a service. There have also been concerns expressed about the qualifications and competencies required of an educational therapist. Throughout the province, the position of educational therapist is still experiencing some growing pains.

For those involved in this profession there is clearly a demonstrated need for such services in the school system. However, with the current state of the economy and recent cutbacks in the education system, programs such as guidance and educational therapy may be in real danger of erosion. With today's increased demands for accountability, in order for any program to survive and expand, it must be willing to demonstrate its accountability and undergo evaluation. The two main reasons for evaluation are (1) to demonstrate accountability and (2) to improve existing services.

In order to achieve these two goals it is important to obtain feedback from the people directly involved with the program. To receive this information, I intend to distribute different questionnaires to a sample of classroom teachers, parents of "core" therapy students, and all principals and therapists in the district.

Also, in order to evaluate any program, one must establish suitable criteria against which to judge its success. Through my research, I propose to use the following criteria in the evaluation of the educational therapy program.

CRITERIA TO EVALUATE VARIOUS PROGRAM COMPONENTS:

CATEGORIES:

1. Aims/goals of therapy program
2. I D procedures
3. Program design/operation
4. Involvement of outside agencies

5. Discipline problems for behaviorally disordered students
6. Outcome
7. Exit procedures
8. Evaluation
9. Implications of dual roles (counsellor/therapist)

CRITERIA TO JUDGE OUTCOME OR SUCCESS:

1. Behavior change
2. Teacher-pupil relationships
3. Student attitude
4. Self-concept and self-understanding
5. Personal adjustment
6. Peer relations
7. School attendance
8. Academic success
9. Study habits

I would appreciate hearing your thoughts/suggestions regarding the most appropriate criteria to use in conducting this study at Thursday's meeting.

APPENDIX E

COVER LETTERS TO RESPONDENTS

G. A. Hickman Building,
Memorial University,
P. O. Box 48,
St. John's, Nf.
A1B 3X8
May 7, 1991.

Dear Parent:

I am presently completing a Master's Degree in Educational Psychology from Memorial University. As part of the requirements for this degree, I am conducting an evaluation study of the Educational Therapy Services. Since your child is currently receiving special help from the therapist, your views are extremely important in the evaluation of this program.

Approval has been obtained from both school boards to conduct this study in your district, and your assistance in completing this questionnaire would be greatly appreciated! After completing the questionnaire, please seal it in the envelope provided and return it to the therapist by Monday, May 27, 1991. These sealed envelopes will then be forwarded to me directly from the school.

I wish to assure you that the information gathered in this study will be examined and reported in such a manner as to conceal the identity of all those involved. You do not have to give your name or the name of your child.

If you have any questions or concerns about this study, please call me at 737-3501 (w) or 832-2633 (h).

Thank you in advance for you anticipated co-operation.

Sincerely,

JAMES KING

Supervisor: Dr. Glenn Sheppard.

G. A. Hickman Building,
Memorial University,
P. O. Box 48,
St. John's, Nf.
A1B 3X8
May 7, 1991.

Dear Principal:

I am presently completing a Master's Degree in Educational Psychology from Memorial University. As part of the requirements for this degree, I am conducting an evaluation study of the Educational Therapy Services offered by the Roman Catholic and Integrated School Systems on the Burin Peninsula.

As part of this study, I intend to gather information from a sample of teachers, parents, therapists and principals. As principal of a school in which these services are provided, your views are extremely important in the delivery and evaluation of this component of your school program.

As you are undoubtedly aware, the position of Educational Therapist is a relatively new and somewhat unique one in Canada. It is intended to provide services for emotionally/behaviorally disordered children in our schools. This research will attempt to evaluate the current services provided by gathering information from various people who are directly involved with or affected by such services.

Approval has been obtained from both school boards to conduct this survey and your assistance in completing this questionnaire would be greatly appreciated!

I wish to assure you that procedures will be followed to protect the anonymity of all participants. Information gathered in this study will be reported in such a manner as to conceal the identity of the parents, teachers, therapists, principals and schools involved.

After completing the questionnaire, please ensure that you seal it in the envelope provided. These sealed envelopes will be collected by your counsellor/therapist and forwarded to me prior to May 31/91.

Thank you in advance for your anticipated co-operation.

Sincerely,

JAMES KING

Supervisor: Dr. Glenn Sheppard.

G. A. Hickman Building,
Memorial University,
P. O. Box 48,
St. John's, Nf.
A1B 3X8
May 7, 1991.

Dear Teacher:

I am presently completing a Master's Degree in Educational Psychology from Memorial University. As part of the requirements for this degree, I am conducting an evaluation study of the Educational Therapy Services offered by the Roman Catholic and Integrated School Systems on the Burin Peninsula.

As part of this study, I intend to gather information from a sample of teachers, parents, therapists and principals. As a teacher in a school where these services are provided, your views are extremely important in the evaluation of this component of our school program.

As you are undoubtedly aware, the position of educational therapist is a relatively new and somewhat unique one in Canada. It is intended to provide services for emotionally/behaviorally disordered children in our schools. This research will attempt to evaluate the current services provided by gathering information from various people who are directly involved with or affected by such services.

Approval has been obtained from both school boards to conduct this survey and your assistance in completing this questionnaire would be greatly appreciated!

I wish to assure you that procedures will be followed to protect the anonymity of all participants. Information gathered in this study will be reported in such a manner as to conceal the identity of the parents, teachers, therapists, principals and schools involved.

After completing the questionnaire, please ensure that you seal it in the envelope provided. These sealed envelopes will be collected by your counsellor/therapist and forwarded to me prior to May 31/91.

Thank you in advance for your anticipated co-operation.

Sincerely,

JAMES KING

Supervisor: Dr. Glenn Sheppard.

G. A. Hickman Bldg.,
Memorial University of Nf.,
P. O. Box 48,
St. John's, Nf.,
A1B 3X8
May 7, 1991.

Dear Educational Therapist:

As you are now aware, I am presently completing a Master's Degree in Educational Psychology from Memorial University. As part of the requirements for this degree, I am involved in a thesis study of the Educational Therapy Services offered by the Roman Catholic and Integrated School Boards of the Burin Peninsula.

Further to our meeting of May 2, 1991, I have enclosed the following questionnaires for you to distribute and collect:

1 therapist questionnaire

1 principal questionnaire

6 parent questionnaires (please distribute to parents of "core" students only.)

6 teacher questionnaires

It would be appreciated if you could collect and forward the completed questionnaires to me by May 31/91, if at all possible.

All participants have been instructed to seal their envelopes before returning them to you. Also, you should not provide parents with any assistance in completing their questionnaire, nor should they fill it out in your presence. Parents have been given my telephone number to call if they have any questions/concerns about the study itself or the questionnaire.

I wish to assure you that procedures will be followed to protect the anonymity of all participants and that information gathered in this study will be examined and reported in such a manner as to conceal the identity of the therapists, teachers,, principals, parents and schools involved.

I sincerely thank you for agreeing to take on such a task at this extremely busy time of the year. If you have any problems or concerns in this matter, do not hesitate to call 737-3501 (w) or 832-2633 (h).

I look forward to working with you next year in my position as Educational Therapist at John Burke High and Partanna Academy, Grand Bank.

Kindest regards,

James King

Supervisor: Dr. Glenn Sheppard.

APPENDIX F

FOLLOW-UP LETTER TO EDUCATIONAL THERAPISTS

11 Dunton St.
Grand Bank, Nf.
AOE 1WO
May 27, 1991.

Dear Educational Therapist:

On May 8, 1991 a package of questionnaires used to gather information as part of my thesis research was delivered to you.

Included in this package was a questionnaire to be completed by you as well as questionnaires for you to distribute to parents, teachers and your principal.

I would like to sincerely thank you for your co-operation in agreeing to distribute and collect these questionnaires. As you can appreciate, the return of the completed questionnaires are vital to my study and I look forward to receiving them as soon as possible.

If there are any concerns that have arisen since you have distributed the questionnaires, please do not hesitate to call me at 737-3501 (weekdays) or 832-2633 (weekends).

Once again, many thanks!

Yours truly,

James King

Dr. Glenn Sheppard (Supervisor)

APPENDIX G

QUESTIONNAIRES

Therapist Survey

BACKGROUND INFORMATION:

1. Sex: ( ) Male; ( ) Female

2. Age (yrs.): ( ) 20-25; ( ) 26-30; ( ) 31-40;
( ) 41-50; ( ) 51+

3. Experience (yrs.) (including current year)

Educational therapist _____
Counsellor/therapist_____
Regular classroom teacher_____
Special education teacher_____
Other (specify) _____
_____

4. Degrees/Qualifications	Year	Specialization	Institution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GENERAL INFORMATION:

5. Number of schools served:
(i) In a guidance counsellor capacity _____
(ii) In an educational therapist capacity_____

6. Number of <u>students</u> served:
(i) In a guidance counsellor capacity _____ (total school population.)
(ii) In an educational therapist capacity _____ (number of "core" students only.)

7. Present job title:_____

8. Has your job title changed since you were hired?
( ) YES ( ) NO

9. IF YES, please give original job title. _____

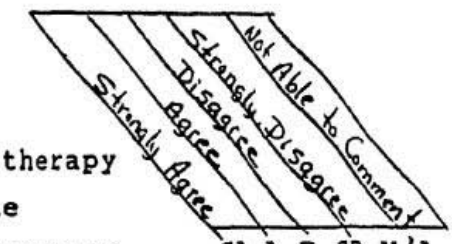
10. In your view, has this change in job title/description affected the delivery of Educational Therapy Services?
( ) YES ( ) NO
Comments:_____

_____

_____

_____

Please indicate how much you agree or disagree with the following statements by circling the appropriate letter(s).



11. The aim of educational therapy is to retain students in the main stream of the regular program. SA A D SD N/A

12. The school system is responsible for providing a positive learning environment and appropriate education for behavior disordered students. SA A D SD N/A

13. There is a significant degree of bias in the referral of children for educational therapy services related to their home environment and family background. SA N D SD N/A

14. There are a significant number of children in the school system with severe behavior disorders that have not been formally identified and considered for the educational therapy program. This is mainly due to insufficient number of educational therapists available. SA A D SD N/A

15. At the school(s) where I work behavior disordered children are identified very early in the school year and treatment interventions are implemented within a reasonable time frame. SA A D SD N/A

16. A behavior intervention program should only be implemented after receiving parent/guardian approval. SA A D SD N/A

17. Students generally adhere to prescribed intervention techniques. SA A D SD N/A

18. The co-operation of the following people/agencies has a crucial influence on the effectiveness of the educational therapy program -

(a) classroom teacher SA A D SD N/A
(b) principal SA A D SD N/A
(c) parents/family of student SA A D SD N/A
(d) outside agencies (social services, RCMP, etc.) SA A D SD N/A

19. A broad base of theoretical approaches to counselling are used in my treatment of various types of students. SA A D SD N/A

20. Parents generally accept the therapist's recommendations and co-operate in implementing recommended behavioral interventions. SA A D SD N/A

21. It is vital that the therapist work consistently with the parents/guardian of the behavior disordered child in order to effectively change the problem behavior. SA A D SD N/A

22. The IPP developed for educational therapy students is generally a practical and functional plan that can be realistically implemented. SA A D SD N/A

23. Recommendations made by the therapist are generally supported by:
(a) staff SA A D SD N/A
(b) administration SA A D SD N/A

24. Severely behavior disordered students should not be mainstreamed into the regular classroom, but should be accommodated in an alternate setting such as a separate classroom placement. SA A D SD N/A

25. Referred students should have some input into the process that decides whether or not they should receive the services of the educational therapy program. SA A D SD N/A

26. Very often conflicts arise over <u>your</u> recommendations for treatment and the opinion of:

(a) administration SA A D SD N/A
(b) parent/guardian SA A D SD N/A
(c) teachers SA A D SD N/A
(d) other (_____) SA A D SD N/A

27. Your responsibilities for academic and intellectual testing and assessments, teaching duties and supervision adversely interfere with your effectiveness as a therapist. SA A D SD N/A

28. Removal from the school system is an appropriate strategy to use when dealing with severely behavior disordered students. SA A D SD N/A

29. Educational therapy students should be disciplined for inappropriate behavior in the same manner as all students. SA A D SD N/A

30. There are provisions for utilizing disciplinary procedures in the development of a student's IPP. SA A D SD N/A

31. There should be alternatives to explusion and suspension in dealing with behavior disordered students who are receiving educational therapy services. SA A D SD N/A

32. Educational therapy students are generally not disciplined as severely as regular students for exhibiting similar types of inappropriate behavior. SA A D SD N/A

33. Teachers acknowledge the principle of confidentiality and generally understand that there are certain things the therapist might not be able to share with them. SA A D SD N/A

34. Teachers appear better able to cope with behavior disordered children in their class as a result of working in conjunction with the educational therapist. SA A D SD N/A

35. Is there a multi-disciplinary team in place that would decide the appropriate measures for disciplining educational therapy students? ( ) YES ( ) NO

36. If NO, should there be such a team? ( ) YES ( )NO
Comments:_____
_____
_____

37. Also, if you answered NO to question 35, who is currently responsible for the discipline of educational therapy students in your school?_____

38. In your opinion, what should be the qualifications of an educational therapist?_____
_____
_____
_____

39. Have you provided any of the following inservice to teachers?
( ) Your role as a educational therapist.
( ) How to deal with children who have behavioral problems.
( ) Child sexual abuse
( ) Other, please specify_____
_____

40. Who are the main referral sources?_____
_____

41. Is a 'team decision' approach used in determining a student's placement for educational therapy services? ( ) YES ( ) NO

42. If YES, who are the members of the team?_____
_____

43. Whether or not there is a team approach, how would you rank order the relative influence of the following in such decision making? (High) 1-to-8 (Low).

( ) Teacher
( ) Educational Therapist
( ) Educational Psychologist
( ) Parents
( ) Special Services Co-ordinator
( ) Student
( ) Principal
( ) Other (specify)_____

44. Is information shared on an ongoing basis regarding the child's progress or lack of it? ( ) YES ( ) NO.

45. If YES, how is this achieved?
( ) Case Conferences (team meetings)
( ) Individual consultation between therapist and persons involved.
( ) Other (please specify)_____

46. Which of the following types of information are routinely collected as part of the assessment process for identifying a student as a "core" therapy student? Circle the appropriate response. Place a (✓) in the appropriate blank.

	Never Used 0	Sometimes Used 1	Often Used 2	Always Used 3
(a) family information	___	___	___	___
(b) emotional development	___	___	___	___
(c) past health history	___	___	___	___
(d) academic strengths/weaknesses	___	___	___	___
(e) intelligence tests	___	___	___	___
(f) current behavioral functioning	___	___	___	___
(g) prior intervention strategies	___	___	___	___
(h) vision/hearing tests	___	___	___	___
(i) sociometrics	___	___	___	___
(j) parent interview	___	___	___	___
(k) student interview	___	___	___	___
(l) discipline reports	___	___	___	___
(m) direct observation	___	___	___	___

(n) others (specify)_____

47. Who are the main people that <u>implement</u> the recommendations for behavioral interventions?_____

_____

48. Is there a written individual treatment plan for each therapy student? ( ) YES ( ) NO

49. If YES, who is involved in making the plan?_____

_____

50. Are intervention techniques written into the IPP as part of the educational plan? ( ) YES ( ) NO

51. Who is provided with a copy of the I.P.P. ?_____

_____

52. To what degree are students' timetables and other commitments flexible enough to allow adequate treatment interventions.

Not at all flexible					Extremely flexible
0	1	2	3	4	5

53. Is there a process in place that periodically assesses the I.P.P. and evaluates progress and reviews/revises goals?
( ) YES ( ) NO

54. If YES, comment briefly, outline procedures followed, people involved, average number of meetings per year, etc._____

_____

_____

_____

_____

55. Is educational therapy viewed as a last resort? Are other interventions tried before educational therapy is considered?__

_____

_____

_____

56. What would be an ideal educational therapist/student ratio?

_____

57. Are you aware of the recent government changes in the method of allocation for educational therapy units to schools?
( ) YES ( ) NO.

58. If YES, in your view, how will these changes affect the delivery of educational therapy services to students?

_____

_____

59. Using the scale provided, indicate (✓) your level of satisfaction/dissatisfaction with the following aspects of your current position.

	Very Satisfied V.S.	Satisfied S.	Dissatisfied D	Very Dissatisfied V.D	Not Able to Comment N/A	COMMENTS
YOUR JOB TITLE	___	___	___	___	___	(_____
ROLE RESPONSIBILITIES	___	___	___	___	___	(_____
PHYSICAL FACILITIES	___	___	___	___	___	(_____
MATERIALS/SUPPLIES	___	___	___	___	___	(_____
SECRETARIAL ASSISTANCE	___	___	___	___	___	(_____
AVAILABILITY OF MENTAL HEALTH PROFESSIONALS	___	___	___	___	___	(_____
FISCAL SUPPORT	___	___	___	___	___	(_____
OPPORTUNITIES TO PROVIDE INSERVICE	___	___	___	___	___	(_____
OPPORTUNITIES FOR PERSONAL IN-SERVICE	___	___	___	___	___	(_____
PUPIL-THERAPIST RATIO	___	___	___	___	___	(_____
CO-OPERATION FROM POLICE	___	___	___	___	___	(_____
CO-OPERATION FROM SOCIAL SERVICES	___	___	___	___	___	(_____
SUPERVISION OF PROGRAM	___	___	___	___	___	(_____
ADMINISTRATIVE SUPPORT	___	___	___	___	___	(_____
PARENTAL SUPPORT	___	___	___	___	___	(_____
SUPPORT FROM OTHER EDUCATIONAL THERAPISTS	___	___	___	___	___	(_____
SUPPORT FROM ED. PSYCHOLOGISTS	___	___	___	___	___	(_____

60. Are you provided release time to attend professional conferences?
( ) YES ( ) NO ( ) SOMETIMES

61. Are you granted financial assistance to attend professional conferences? ( ) YES ( ) NO ( ) SOMETIMES

62. Please give an overall rating of the educational therapy program in terms of student improvement in the areas listed below. Place a (✓) in the appropriate blank. If you are unable to comment place a (✓) under N/A.

	Much Improvement 5	Some Improvement 4	No Real Change 3	Some Worsening 2	Much Worsening 1	Not Able to Comment N/A
PEER RELATIONS	—	—	—	—	—	—
SOCIAL SKILLS	—	—	—	—	—	—
ATTITUDES TOWARDS SCHOOL	—	—	—	—	—	—
SCHOOL ATTENDANCE	—	—	—	—	—	—
PUPIL-TEACHER RELATIONSHIPS	—	—	—	—	—	—
STUDY/WORK HABITS	—	—	—	—	—	—
ACADEMIC PERFORMANCE	—	—	—	—	—	—
BEHAVIOR	—	—	—	—	—	—

63. In addition to the various intervention strategies used by the therapist, what other factors seem important in determining the success or lack of it in dealing with behavior disordered students. Name three of these factors, if possible.

(1)_____

(2)_____

(3)_____

Comment briefly on the following exit procedures:

64. Who makes the decision to terminate therapy?

_____

_____

65. Are there formal procedures outlined from the board regarding such decisions? ( ) YES ( ) NO COMMENTS:_____

_____

_____

66. Are there follow-up activities planned to monitor students' progress after exit from the program? ( ) YES ( ) NO COMMENTS:_____

_____

_____

67. To what degree is each of the following factors considered in the decision to allow a student to exit from your educational therapy program? Place a (✓) in the appropriate space.

	Not considered at all				Fully considered
	1	2	3	4	5
student's behavior	—	—	—	—	—
academic progress	—	—	—	—	—
positive change in home environment	—	—	—	—	—
availability of related services	—	—	—	—	—
student's perception of readiness	—	—	—	—	—
student's attitude	—	—	—	—	—
ability to generalize behaviors to other setting	—	—	—	—	—

68. As a therapist, have you ever been formally evaluated/supervised in your present position? ( )YES ( )NO

69. If YES, by whom?_____ (position)

70. If NO, would you consider it a worthwhile endeavour to be formally evaluated and receive feedback from your supervisor?
( ) YES ( ) NO
Comments:_____

_____

_____

71. In your opinion, what person(s) within the school system would be most suitable to conduct such an evaluation?_____

_____

_____

72. Additional comments:_____ _____

_____

_____

_____

_____

_____

_____

THANK-YOU FOR YOUR SUPPORT!

****

REMINDER: PLEASE COLLECT AND RETURN QUESTIONNAIRES BY MAY 31

****

EDUCATIONAL THERAPY QUESTIONNAIRE

PRINCIPALS

BACKGROUND INFORMATION;

1. Sex: ( )Male ( ) Female

2. Age (yrs.) ( ) 20-25 ( ) 26-30 ( ) 31-40 ( ) 41-50 ( ) 51+

3. Number of years experience as principal_____

4. Total number of years experience in the teaching profession in any capacity_____

5. Do you have a master's degree in administration? ( )yes ( ) no

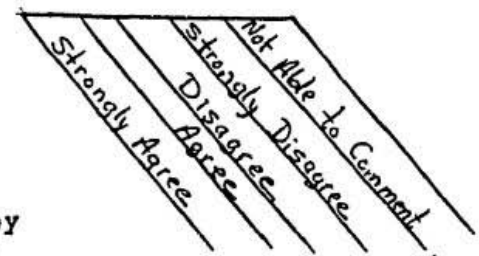
6. If NO, are you currently working towards this degree?
( )yes ( )no

7. Please indicate the grade levels in your school.(_____)

8. Current school enrollment._____

9. Educational therapy services presently available in your school.
   Full time ( )
   Part time ( )
If part time, please indicate number of days per week(_____)

Please indicate how much you agree or disagree with the following statements by circling the appropriate letter(s).



10. I am aware of the role of an educational therapist as outlined by the Dept.of Education Policy Manual. SA A D SD N/A

11. This role definition of the educational therapist meets my expectations for this position within the school system. SA A D SD N/A

12. The services of an educational therapist are greatly needed in my school(s). SA A D SD N/A

13. The educational therapist should have an appropriate master's degree in educational psychology or counselling. SA A D SD N/A

14. In order for a person to work as an educational therapist in the school system, he/she should have minimum teaching experience (1-3 years) in addition to their formal training. SA A D SD N/A

15. I have a clear understanding of the distinction between the role of the educational therapist and the school counsellor. SA A D SD N/A

16. I feel there is a need for more educational therapists or more time allotment for the educational therapist in my school. SA A D SD N/A

17. The change in procedures for allocating educational therapy units will negatively affect the delivery of these services to my school. SA A D SD N/A

18. I am satisfied that behavior disordered students are identified early and treatment interventions initiated within a reasonable time frame. SA A D SD N/A

19. There is a significant degree of bias in the referral of children for educational therapy services related to their home environment and family background. SA A D SD N/A

20. Because of a lack of therapists in the school system, there is a significant number of children who have not been formally identified as core therapy students and who need special help. SA A D SD N/A

21. Referred students should have some input into the process that decides whether or not they receive special help from the therapist. SA A D SD N/A

22. I understand the principle of confidentiality and therefore I understand that there are certain things that the educational therapist might not be able to share with me. SA A D SD N/A

23. I am satisfied that the educational therapist establishes good communication between the home and school regarding students' concerns. SA A D SD N/A

24. It is important for the therapist to work with the parents whose children are in the educational therapy program. SA A D SD N/A

25. The I.P.P. developed for educational therapy students is generally a practical and functional plan that is capable of being implemented. SA A D SD N/A

26. Recommendations made by the educational therapist concerning a treatment are generally accepted and supported by the administration. SA A D SD N/A

27. There is good communication between all necessary personnel involved with the core therapy student (including teacher, principal, parent, therapist,and others) SA A D SD N/A

28. The educational therapist makes use of various community agencies (when necessary) to provide assistance to students in addition to what the school provides. SA A D SD N/A

29. Severely behavior disordered students should not be mainstreamed into the regular classroom, but should be accommodated in an alternate setting such as a separate classroom placement. SA A D SD N/A

30. There should be alternatives to expulsion and suspension in dealing with behaviorally disordered students who are receiving educational therapy services. SA A D SD N/A

31. I am aware of the criteria and procedures followed to determine when:

(a) a student should recieve educational therapy services SA A D SD N/A

32.(b) a student should terminate educational therapy services. SA A D SD N/A

33.Educational therapy students are generally not disciplined as severely as regular students for exhibiting similar types of inappropriate behavior. SA A D SD N/A

34. Many educational therapy students feel they have a licence to violate school rules and expect no serious consequences. SA A D SD N/A

35. A disciplinary plan discussed in advance with the parent/guardian is more likely to meet with success in both the home and school. SA A D SD N/A

36. Generally, there have been significant improvements in the behavior of students involved in the educational therapy program. SA A D SD N/A

37. The introduction of the educational therapy program has improved the main-streaming of behaviorally disordered children into the regular classroom. SA A D SD N/A

38. Improved behavior is the single most important factor to consider in deciding when a student should exit the therapy program. SA A D SD N/A

39. I am satisfied with the criteria and procedures used to determine if a student is ready to exit the educational therapy services. SA A D SD N/A

40. Is there a multi-disciplinary team in place that would decide the appropriate measures for disciplining educational therapy students?

( )yes ( )no.

41. If no, should there be such a team? Comments_____

_____

_____

_____

42. If there is no disciplinary team at present, who is responsible for handling discipline for educational therapy students in your school?_____

43.Are educational therapy students presently disciplined in the same manner as regular students? ( )yes ( )no

44. If NO,should educational therapy students be disciplined in the same manner as all students? ( )yes ( )no

45.Are there provisions in a student's I.P.P for utilizing disciplinary procedures? ( )yes ( )no

46. If NO, should there be provisions for utilizing disciplinary procedures in the development of a student's I.P.P. that is appropriately suited to that individual? ( )yes ( )no

47. Have you used alternative discipline measures with educational therapy students besides expulsion and suspension? ( )yes ( )no
If YES, briefly describe:_____

_____

_____

_____

_____

48. Use the following scale to provide an overall rating of the educational therapy program in terms of student improvement in the areas listed below. Place a (✓) in the appropriate blank.

	Much Improvement 5	Some Improvement 4	no Real Change 3	Some Worsening 2	Much Worsening 1	Not able to Comment N/A
peer relations	—	—	—	—	—	—
social skills	—	—	—	—	—	—
attitude towards school	—	—	—	—	—	—
school attendance	—	—	—	—	—	—
pupil-teacher relationships	—	—	—	—	—	—
study/work habits	—	—	—	—	—	—
academic performance	—	—	—	—	—	—
behavior (in general)	—	—	—	—	—	—

49. Who is responsible for evaluating the educational therapist?

_____

50. Is this person suitable to conduct this evaluation?
( )yes ( )no

51. Who <u>should</u> be responsible for evaluating the educational therapists?

_____

_____

52. What changes would you like to see to improve the effectiveness of the educational therapy program?_____

53. Additional comments:_____

****

REMINDER: PLEASE SEAL COMPLETED QUESTIONNAIRE IN ENVELOPE PROVIDED

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EDUCATIONAL THERAPY QUESTIONNAIRE

TEACHER SURVEY

1. Sex: ( )Male; ( )Female

2. Age (yrs.) ( )20-25; ( )26-30; ( )31-40; ( )41-50; ( )50+

3. Number of years teaching experience:_____

4. Please indicate your position:
   ( ) regular classroom teacher
   ( ) special education teacher
   ( ) other (specify)_____

5. Have you taught a core educational therapy student(s) within the past three years? ( )YES ( )NO

6. If YES, how many?(_____)

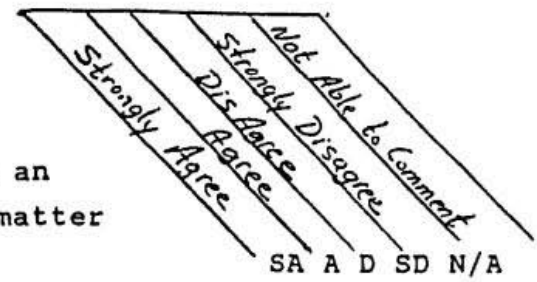
7. Is there an educational therapist assigned to your school?
   ( )YES ( )NO

8. If YES, how often is the therapist at your school?
   ( )full time
   ( ) part time ____days per week

9. Approximate school enrollment_____

10. Grade Levels:_____

Please indicate how much you **AGREE** or **DISAGREE** with the following statements by circling the appropriate letter:



11. All students have a right to an appropriate public education no matter what their handicap. SA A D SD N/A

12. The main aim of the educational therapy program should be to change inappropriate behaviors that interfere with success in school. SA A D SD N/A

13. The services of an educational therapist are greatly needed at my school. SA A D SD N/A

14. The educational therapist should have an appropriate master's degree in the field of educational psychology and counselling. SA A D SD N/A

15. I am clearly aware of the role of the educational therapist and understand how it differs from the guidance counsellor's role. SA A D SD N/A

16. The educational therapist ensures that both teachers and parents are equally briefed on matters vital to understanding the child's problem. SA A D SD N/A

17.I understand the principle of confidentiality and therefore, I understand that there are certain things the educational therapist might not be able to share with me. SA A D SD N/A

18. Other community agencies (such as social worker, R.C.M.P.) should be involved in the intervention programs for behaviorally disturbed students. SA A D SD N/A

19. The therapist works with teachers in the identification of students for therapy. SA A D SD N/A

20. I am aware of the referral procedures that are to be followed in order for a student to receive educational therapy services. SA A D SD N/A

21. I feel that referred students should be involved in the decision making process that leads to the implementation of special help from the therapist. SA A D SD N/A

22. I am satisfied that behaviorally disordered students are identified early and treatment interventions are initiated within a reasonable time frame. SA A D SD N/A

23. There are a significant number of children who need help but have not been formally identified mainly because of lack of therapists. SA A D SD N/A

24. There is a significant degree of bias in the referral of children for educational therapy services related to their home environment and family background. SA A D SD N/A

25. I am adequately informed by the educational therapist so that I can provide sufficient feedback to parents during teacher/parent conferences. SA A D SD N/A

26. The educational therapist ensures that both teachers and parents are equally briefed on matters vital to understanding the child's problem. SA A D SD N/A

27. There appears to be varying approaches to treatment intervention, depending on the nature of the student. SA A D SD N/A

28. Student appointments with the educational therapist are scheduled so that it doesn't substantially interfere with classroom instruction. SA A D SD N/A

29. It is important for the therapist to work with the parents whose children are in the educational therapy program. SA A D SD N/A

30. The I.P.P. developed for the educational therapy student is generally a practical, functional plan that can be realistically implemented. SA A D SD N/A

31. Recommendations made by the educational therapist are generally accepted and implemented. SA A D SD N/A

32. Severely behavior disordered students should not be mainstreamed into the regular classroom, but should be accommodated in an alternate setting such as a seperate class. SA A D SD N/A

33. Teachers of core therapy students are always consulted regarding the treatment plan designed for core-therapy students. SA A D SD N/A

34. Core therapy students should be disciplined for inappropriate behavior in the same manner as all other students. SA A D SD N/A

35. There are alternatives to explusion and suspension used in dealing with behaviorally disordered students who are receiving educational therapy services. SA A D SD N/A

36. Therapy students are not disciplined as severely as regular students for exhibiting similiar types of inappropriate behavior. SA A D SD N/A

37. Most educational therapy students feel they have a license to violate school rules and expect no serious consequences. SA A D SD N/A

38. I am generally satisfied with the progress of children who are being helped by the educational therapist. SA A D SD N/A

39. The therapist intervenes in crises situtations and is available whenever possible, at all times of crises. SA A D SD N/A

40. The therapist has led in-service programs that assist teachers in understanding more about the "problem" child. SA A D SD N/A

41. For children in my class who have received or are currently receiving educational therapy services, there has been noticeable improvement in their behavior. SA A D SD N/A

42. I feel that there is good effort from the therapist to involve other community agencies (such as social worker, R.C.M.P., Janeway, etc.) in an attempt to change the inappropriate behavior of educational therapy students. SA A D SD N/A

43. I am satisfied that my input as a teacher is sought and valued in decision-making about behavior disordered children in my class. SA A D SD N/A

44. The experience of working in conjunction with the educational therapist has improved my understanding of behavior disordered children and this has influenced the way in which I deal with the misbehavior of other students. SA A D SD N/A

---

45. Use the following scale to provide an overall rating of the Educational Therapy Program based on your experience with it. Place a (✓) in the appropriate blank. If you are unable to comment on a particular item, check (✓) N/A.

	Much Improvement 5	Some Improvement 4	No Real Change 3	Some Worsening 2	Much Worsening 1	Not Able to Comment N/A
Peer relations	—	—	—	—	—	—
social skills	—	—	—	—	—	—
attitude towards school	—	—	—	—	—	—
school attendance	—	—	—	—	—	—
pupil-teacher relationships	—	—	—	—	—	—
study/work habits	—	—	—	—	—	—
academic performance	—	—	—	—	—	—
behavior (in general)	—	—	—	—	—	—

46. The single most important factor to consider when deciding to terminate therapy services for a student should be:

( ) attendance
( ) behavior
( ) peer relationships
( ) academics
( ) attitude
( ) other

Comment:_____

_____

47. The decision to terminate educational therapy services for a student should be made by _____

_____

48. Should students have any input regarding the decision process used to terminate educational therapy services? ( )yes ( )no

Comments:_____

_____

49. What changes would you like to see that might improve the effectiveness of the educational therapy program?

_____

_____

_____

_____

_____

50. Additional comments:_____

_____

_____

_____

_____

****

REMINDER: PLEASE SEAL COMPLETED QUESTIONNAIRE IN ENVELOPE PROVIDED

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Educational Therapy Questionnaire
Parent Survey

Please take a few minutes to fill out this questionnaire. YOUR views are very important in the evaluation of the services currently provided to you and your child by the school. Thank you for your help.

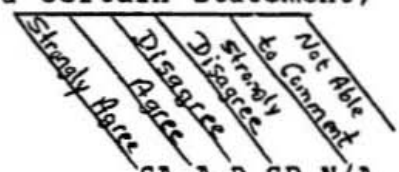
1. Please indicate how your child (children) came to use the services of the educational therapist:

____ Parent's request
____ Referred by teacher
____ Other (please explain)_____
_____

2. Please indicate the number of children you have that receive educational therapy services:

____ 1 child
____ 2 children
____ more than 2 children

Please give your opinion of the following statements by circling the appropriate letters to indicate how much you agree or disagree with them. If you feel unable to comment on a certain statement, circle N/A.



3. The services provided by the educational therapy program are necessary and important. SA A D SD N/A

4. I feel confident that as a result of help by the therapist, that the behavior of my child will eventually improve. SA A D SD N/A

5. There is enough attention and consideration provided by the school personnel in dealing with my child's problems. SA A D SD N/A

6. There should be more educational therapists in the schools to help children such as mine who have personal problems. SA A D SD N/A

7. It is important for the therapist to work with the parents of the child in order to change the child's behavior. SA A D SD N/A

8. I would recommend the same services that my child and I recieve to other parents whose children may have problems similar to mine. SA A D SD N/A

9. I am satisfied that my child was identified early and special help was provided to him/her within a reasonable period of time. SA A D SD N/A

10. I feel that my child was identified for special help mainly because of his/her:
(a) misbehavior SA A D SD N/A
(b) family background SA A D SD N/A
(c) Other (Briefly explain) SA A D SD N/A

_____

11. I was well informed about why my child should receive help from the therapist. SA A D SD N/A

12. My permission was requested in order for my child to receive help from the educational therapist. SA A D SD N/A

13. I am well informed of any special testing done with my child. SA A D SD N/A

14. I am often contacted by the educational therapist in an effort to improve the personal problems of my child. SA A D SD N/A

15. As a parent I have been encouraged to participate in the treatment program for my child. SA A D SD N/A

16. I feel that help was available at the time it was needed. SA A D SD N/A

17. I have found that the therapist was available when things got really bad or when there was a crises. SA A D SD N/A

18. I feel that I can trust the therapist when I tell him/her personal things about my child or my family. SA A D SD N/A

19. In my discussions with the therapist about my child I have found him/her to be very understanding and co-operative. SA A D SD N/A

20. The school therapist has been helpful in obtaining assistance outside of the school when it was necessary. SA A D SD N/A

21. I generally agree with suggestions made by the therapist to help my child. SA A D SD N/A

22. My child should recieve discipline like every other child in the school. SA A D SD N/A

23. I agree with the way my child is disciplined by the school for his inappropriate behavior. SA A D SD N/A

24. Removing a child such as mine from school as punishment for misbehavior is <u>not</u> an acceptable form of punishment. SA A D SD N/A

25. I have the impression that children like mine get away with more misbehavior at school than do other students. SA A D SD N/A

26. The therapist has been helpful in identifying my child's problems. SA A D SD N/A

27. The therapist has been helpful in providing some suggestions to help improve my child's behavior. SA A D SD N/A

28. My child's behavior has improved because of the special help he/she has received from the therapist. SA A D SD N/A

29. Children should have a say in what happens to them when they recieve special help at school. ( ) AGREE ( ) DISAGREE

30. Were you ever invited to attend a meeting concerning your child? ( ) yes ( ) no

31. Did you attend? ( )yes ( )no

If YES, please answer the following questions:

32.Was an effort made to have both parents attend the meeting?
( )yes ( )no

33. Were you told who would be attending the meeting?
( )yes ( )no

34. Were you given a copy of your child's program plan?
( )yes ( )no

35. Did the people at the meeting show that they understood your child's problems? ( )yes ( )no

36. Did the people at the meeting have a good understanding of how your child was doing with his/her school work?
( )yes ( )no

37. Did the people at the meeting discuss different ways in which your child could be helped? ( )yes ( )no

38. The therapist has really helped me to understand my child's problems. ( )yes ( )no

39. Were you asked about your opinion?
( )yes ( )no

40. Did you feel free to contribute suggestions regarding your child's needs? ( )yes ( )no

41. Did the professional staff appear interested in what you had to say? ( )yes ( )no

42. Did you understand the plan which was suggested for your child?
( )yes ( )no

43. Do you feel that your child should have been at the meeting as well? ( )yes ( )no

44. Do you feel that the recommendations made were in the best interest of your child? ( )yes ( )no

45. At the end of the meeting did you have a better understanding of your child's problems? ( )yes ( )no

Comments:_____

_____

_____

_____

46. Please think about the following statements and place a (✓) under the YES or NO to show if you now have this type of communication with your child's school.Then check YES or NO in the next column to show if you would LIKE this form of communication with the school.

	COMMUNICATIONS			
	Happening Now		Preferred Type	
	YES	NO	YES	NO
Students work sent home by teacher	( )	( )	( )	( )
Parent/therapist meeting at school	( )	( )	( )	( )
Parent/therapist meeting at home	( )	( )	( )	( )
Notes from therapist to parent sent by student	( )	( )	( )	( )
Parent-classroom observation	( )	( )	( )	( )
Parent-therapist conference including other adults.	( )	( )	( )	( )
Letters to parents from therapist sent in the mail	( )	( )	( )	( )
Group meeting with other parents	( )	( )	( )	( )
Parent-therapist conference including student	( )	( )	( )	( )
Notes sent from parent to therapist	( )	( )	( )	( )
Phone calls from therapist to parent	( )	( )	( )	( )
Phone calls from parent to therapist	( )	( )	( )	( )

47. Do you agree with the type(s) of punishment that have been applied to your child.

( )yes ( )no

Comment_____

_____

_____

_____

_____

48. Based on your experience with the educational therapist, rate him/her on the following characteristics by placing a (✓) in the appropriate blank.

	High 5	4	3	2	Low 1	N/A 0
friendly	—	—	—	—	—	—
honest	—	—	—	—	—	—
likeable	—	—	—	—	—	—
expert	—	—	—	—	—	—
reliable	—	—	—	—	—	—
sociable	—	—	—	—	—	—
prepared	—	—	—	—	—	—
sincere	—	—	—	—	—	—
skillful	—	—	—	—	—	—
trustworthy	—	—	—	—	—	—
warm	—	—	—	—	—	—

49. Please give an overall rating of the Educational Therapy Program in terms of improvement in the areas listed below. Place a (✓) in the appropriate blank. If you are unable to comment, place a (✓) under N/A.

	Much Improvement 5	Some Improvement 4	No Real Change 3	Some Worsening 2	Much Worsening 1	Not able to Comment N/A
relationships with friends	—	—	—	—	—	—
social skills	—	—	—	—	—	—
attitude towards school	—	—	—	—	—	—
school attendance	—	—	—	—	—	—
relationship with parents	—	—	—	—	—	—
study habits	—	—	—	—	—	—
school work	—	—	—	—	—	—
behavior (in general)	—	—	—	—	—	—

50. What improvements would you like to see in the educational therapy program presently provided in your child's school?

_____

_____

_____

_____

_____

51. Considering your child's problem, what improvements would you like to see before the special help is discontinued?_____

_____

_____

_____

_____

52.Additional comments_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Thank-you for completing this questionnaire!

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REMINDER: PLEASE SEAL COMPLETED QUESTIONNAIRE IN ENVELOPE PROVIDED

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