Treating Seriously Emotionally Disturbed Adolescents
The Views and Working Practice of School Psychologists

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Over three hundred school psychologists were surveyed about their working practice and their views with regard to treating seriously emotionally disturbed adolescents. The survey questionnaire sought the following details: 1) Demographic information; 2) Professional opinions about serious emotional disturbance; 3) Personal working practice with seriously emotionally disturbed students & 4) Recommendations.
Keywords: school psychology; adolescents; emotional disturbance; special education; professional practice, survey.

This paper presents the findings of a survey of a large sample of school psychologists. This survey measured the extent to which the existing practices of school psychologists were evidenced-based when working with seriously emotionally disturbed adolescents? This was the fundamental research question of the survey. The questionnaire used in the survey was designed so that the respondents would not be strongly directed towards particular conclusions. Behavior analysis was not the focus of the survey but it might be of interest to behavior analysts to see the indications of the importance and usefulness of behavioral interventions that emerged from the survey findings.

Is the professional practice of school psychologists evidence-based - particularly when recommending interventions for seriously emotionally disturbed adolescents? Is the decision-making of school psychologists based on clinical experience and judgment that is strongly influenced by particular philosophies, policy, resource availability and theories, but not necessarily by evidence of past success? It might be argued that it is inevitable and unavoidable that school psychologists do base their decision making on information that is not evidence based if it is the case that there is little empirical research and a lack of scientific data on which to base strong conclusions. A survey of school psychologists was carried out to measure the extent to which their existing practices were evidence-based when working with seriously emotionally disturbed adolescents. Additionally, their recommendations for effective school-based interventions were sought.

Theoretical Conceptualizations of Emotional Disturbance

In the United States, there are two main conceptualizations of emotional disturbance that can influence school psychologists and other mental health professionals: psychoanalytic and behavioral. Definitions of emotional disturbance in the United States usually fall into one or other of these two broad categories. A minority of definitions of emotional disturbance may be eclectic and draw on both behavioral and psychodynamic perspectives. A summary of the main theoretical conceptualizations is provided:

Psychoanalytic

The first conceptualization of adolescence described is psychodynamic or psychoanalytical. This approach usually views serious emotional disturbance as an internally instigated disorder in the individual. An individual's behavior or environment can be changed to alleviate the condition but conflicts or forces within the personality of the individual must be resolved and brought into harmony

before emotional health and appropriate behavioral control can be achieved. The origins of this approach lie in the work of Freud, Jung and other early psychoanalysts.

The early psychoanalysts were heralds of a new way of looking at human personality. Instead of seeing behavior largely in moralistic terms, it was interpreted in terms of an individual's experience and development. McWilliams (1999) provides a succinct description of the psychoanalytic/Freudian approach to adolescence. Work by Bowlby (1969, 1973, 1980, 1988) related serious emotional disturbance primarily to attachment difficulties stemming from insufficient bonding and love in childhood.

Research that have been published in the past few years may reflect theories developed from the personal experience of the psychotherapist and may be limited to particular types of client and difficulties, as well as the social settings. Magnavita (2000) describes a theory of integrative relational psychotherapy and points out that many clinicians are aware of the emotional or behavioral difficulties of the child or adolescent sometimes representing a conflict between the parents or within the extended family, and that an effective treatment must address the issues of dysfunctional personal or family relationships. Gil (1996) describes a personal approach to therapy that has been "skewed" by twenty years of dealing with adolescents who have been ordered by courts to receive therapy as a result of earlier childhood abuse and neglect.

Behavioral

The other main conceptualization of serious emotional disturbance is behavioral, viewing emotional disorder as essentially a failure of the individual to act or behave appropriately in particular situations. External forces are seen as more potent than internal ones. Behavioral approaches propose alteration of inappropriate behavior and reinforcement of appropriate behavior as the best intervention for emotional disturbance. The emotionally disturbed might be described as "emotionally and behaviorally disordered" using the acronym EB/D or EBD in preference to SED that is often used in short for "seriously emotionally disturbed".

Multi-Factorial Conceptualizations

A minority of definitions of emotional disturbance may be eclectic and draw on both behavioral and psychodynamic perspectives. A cognitive-behavioral conceptualization might view serious emotional disorder as a deficit that can be improved by training in focused problem solving, conflict mediation and crisis intervention, self-control, or another social skill area where the student behaves inappropriately. Many cognitive and cognitive-behavioral therapies combine both analytic and behavioral components (Sperry, 1999). Serious emotional disturbance can be viewed as a multidimensional problem that may involve not merely social skills deficits and dysfunctional attachment histories but also cognitive styles, attribution patterns, situational problems, unrealistic expectancies, and other factors. While the literature suggests some general patterns may exist, seriously emotionally disturbed adolescents are far from identical with varying types of problem behavior (U.S. Department of Health and Human Services (1999).

Emotionally disturbed behavior has been subdivided into categories of "externalized" or "internalized". This is a main classification in the inventory of emotional disturbance by Reynolds and Kamphaus (1994) that is widely used in the United States. Externalizing behaviors are the most observable ones, causing the greatest disruption in a classroom, or in any setting - emotions are externally expressed in behavior that is often problematic to others. Internalizing forms typically are not disruptive though they may be somewhat behaviorally evident. Achenbach (1985) described

research that shows the internalizing and externalizing social interaction of students in Table 1 as follows:

Table 1. **Characteristics of Internalizing and Externalizing Behaviors**

INTERNALIZING		EXTERNALIZING	
1.	Social Withdrawal	1.	Delinquent
2.	Depressed	2.	Aggressive
3.	Immature	3.	Hyperactive
4.	Somatic Complaints	4.	Cruel
5.	Uncommunicative	5.	Sex Problems
6.	Obsessive Compulsive		
7.	Anxious-Obsessive		

The term "acting out" is often used instead of "externalizing", and "withdrawn" in preference to "internalizing". Acting out or externalizing behaviors are likely to create the greatest difficulty in school and society. It is thus more likely that externalizing behavior rather than withdrawn or covert internalized behavior will form the basis of a request to a school psychologist for an intervention with a student. Quite often externalized behavior might be accompanied by symptoms of internalized emotional disorder. Co-morbidity of externalizing and internalizing behaviors may be overlooked if the problem behavior of the disturbed student is the sole focus (McConaughy & Skiba,1993).

There are gender and cultural differences that might influence the type of behavior that will present as emotional disturbance (Lefkowitz & Tesiny, 1984; Lobovits & Handal, 1985). Conversely, problem behavior can vary in definition according to the cultural and social setting of the adolescent (American Psychiatric Association, 1994; Kauffman, 1993). The expectations of parents and teachers might differ and the school psychologist sometimes may find that with referral the difficulties may lie more within school practices and parental attitudes. There may be intolerance of normal adolescence development where relatively internalized and externalized difficulties may occur within general culturally accepted standards (Kauffman, 1993.)

There are various conceptualizations of emotional disorder including ecological and sociological models but it is the definitions of Individuals with Disabilities Education Act 1990 (IDEA) (U.S. Congress, 1990) and the *Diagnostic and Statistical Manual of Mental Disorders*, *fourth edition* (DSM-IV) (American Psychiatric Association, 1994) which public authority school psychologists in the United States are mandated to follow when carrying out assessments and making recommendations for individual students. The basis of IDEA is an educational model, and the DSM-IV is essentially a medical model though in the DSM-IV it is claimed its system "promotes the application of a biopsychosocial model in clinical, educational and research settings" (page 25). The range of theoretical backgrounds found in the studies that are reviewed is discussed in Chapter 3. There is discussion in Chapter 6 about social learning, ecological and sociological models that school psychologists might use when carrying out crisis intervention, prevention work or working at a systems level with parent groups and schools.

Definition of Serious Emotional Disturbance

Labels and definitions are critical to understanding how a school psychologist, counselor, special education teacher, or other education professional would identify serious emotional

disturbance in adolescence. The term "serious emotional disturbance" is used in a variety of federal statutes in reference to children under the age of eighteen with a diagnosable mental health problem that severely disrupts their ability to function socially, academically, and emotionally. The term does not signify any particular diagnosis; rather, it is a legal term that triggers a host of mandated services to meet the needs of these children (U.S. Department of Health and Human Services ,1999).

Federal law proscribes a specific definition of emotional disturbance which school psychologists in the United States are required to follow in making a diagnosis of serious emotional disturbance. This definition might be regarded as one that follows an educational model in that a diagnosis of serious emotional disturbance can only be made when the student's educational performance is adversely affected. It is an issue within the American public authority schools system that a student is unlikely to qualify for special services unless this criterion is met. IDEA and IDEA Amendments of 1997 (U.S. Congress, 1997) state:

> As used in this part, the term *child with a disability* means a child evaluated in accordance with §§300.530-300.536 as having mental retardation, a hearing impairment including deafness, a speech or language impairment, a visual impairment including blindness, serious emotional disturbance (hereafter referred to as emotional disturbance), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.
>
> (i) The term (serious emotional disturbance) means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:
>
>> (A) An inability to learn that 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.
>>
>> (ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.
>
> (Individuals with Disabilities Education Act: § 300.7 *Child with a disability*.)

It might be argued that labels hinder understanding of what is a complex phenomenon. However, a detailed and uniform nomenclature can aid communication and understanding among clinicians, education professionals, researchers, school psychologists and others. Public education authorities in the United States often use the DSM-IV to support a decision qualifying a student for special services under the IDEA category of "serious emotional disturbance". The DSM-IV provides taxonomy of mental disorders and symptoms that can be used to describe conditions that persist "over a period of time" and "adversely affect educational performance" (House, 1999). This taxonomy does not provide a single or even composite definition of emotional disturbance

but it is a number of categories of diagnostic criteria on which a clinical judgment of "serious emotional disturbance" is based.

The diagnostic categories of DSM-IV do not automatically correspond to the eligibility categories found in IDEA. The externalized disruptive behaviors, "conduct disorder", "oppositional defiance disorder", and "disruptive behavior disorder not otherwise specified" might usually translate into the handicapping conditions required for an IDEA diagnosis. There might appear to be a very direct correspondence between the DSM-IV categories of "depression" and "mood disorder" and the IDEA requirement of "a general pervasive mood of unhappiness or depression. However, there are cases when a DSM-IV diagnosis might be made by a clinician but be unsupported by IDEA when only a student's academic performance and behavior in school has been used to assess eligibility for special services and it is found that the student is coping in the school setting..

Clarizio and Payette (1990) describe a survey of school psychologists that suggests their practice in treating depression relied more on the operational criteria of the *Diagnostic and Statistical Manual of Mental Disorders*, third edition revised (DSM-III-R) than on IDEA. Other studies that attempted to measure this aspect of the school psychologist's practice with respect to treating other conditions could not be found but the indications from the writer's awareness of school psychology practice and the published work of many school psychologists is that school psychologists do frequently rely on the DSM-IV to make a diagnosis of serious emotional disturbance.

In this paper the definitions provided by IDEA and the DSM-IV are both used, sometimes independently and sometimes conjointly, because that is what is most commonly done in the research literature, and there is no other commonly agreed definition.

Review of the Literature

A preliminary search of the literature identified a number of review articles that have studied the effects of various interventions and include studies where the subjects, or some of them, are seriously emotionally disturbed (Dunlap & Childs, 1996; Singh, Deitz, Epstein & Singh, 1991; Skiba & Casey, 1985; Smith & Glass, 1977). It was found that seldom are seriously emotionally disturbed adolescents defined and studied as a separate group and that the effect of an intervention usually referred to a much wider group of subjects which might include subjects younger or older than adolescents, as well as ones who had different diagnoses (Parish, 1996). Most of the studies cited in these reviews of poor research quality with quasi-experimental designs that are typical of many studies found in social science research literature (Lipsey, 1994).

A literature search was carried out to identify studies that contained information about the outcomes of psycho-educational interventions for seriously emotionally disturbed adolescents. The literature search was restricted to studies where all the subjects were *seriously emotionally disturbed adolescents*. Studies where any of the subjects had diagnoses other than *seriously* emotionally disturbed, or were too young or too old to be defined as *adolescents* were excluded from this review. The eligible studies were subjected to a traditional literature review process, making a critical and narrative analysis of the literature in the field. Then the material in this review was searched for studies that contained outcome data. From this group of studies, a sub-group of those containing quantitative data sufficient to calculate effect sizes for use in a meta-analysis were selected.

There might be criticism that a literature review that follows such a restricted criteria excludes many studies that practicing school psychologists might draw upon to guide them in

their choice of intervention. It can be argued that school psychologists might use clinical judgment and decide that interventions used with subjects who are not seriously disturbed and have other difficulties, are the appropriate ones to use with seriously emotionally disturbed individuals. To perform a literature search of every study regardless of diagnosis or age of the subjects if it contained an intervention that might be used with a seriously disturbed adolescent would be an immense and probably impossible task, that is outside the scope of this study. The literature review in this work follows an experimental design where an important criterion is that the selected studies must have subjects that match the group that is being studied in this work.

Search Method

The search for relevant materials on effective interventions began with computerized bibliographic searches to identify potential studies. Articles were identified through the PsycINFO database that index the international journal literature in psychology and related social and behavioural sciences, the British Education Index, the National Library of Medicine's Medline database, and ERIC database indexes, the Current Index to Journals in Education (CIJE) and Resources in Education (RIE).

Subsequently systematic scanning of these databases from 1974 to 1999 was undertaken with keyword and title search terms specifically selected as relevant and discriminatory in the pilot trawl. This search used the following descriptors:
serious emotional disorder
serious emotional disturbance
SED
disorder
disturbance
emotional
EBD
EB/D
adolescent

and paired these with variations of further descriptors:
evaluation
intervention
outcome
treatment
school
education

Manual searches of the following journals were also carried out to find relevant articles that had not emerged from the computer search:
Behavioral Disorders
British Journal of Educational Psychology
Review of Educational Research
School Psychology Review

Searches were also made to follow up citations from selected articles. Additionally, searches were made of the WWW (using descriptor terms with various search engines and portals), gray literature, conference proceedings, and other sources known to the researchers.

The definitions of adolescence and serious emotional disturbance provided in Chapter 1 were used to include or exclude studies. Studies primarily focused on adults were included if there was clear reference of applicability to adolescents. Studies containing information about the outcomes of psycho-educational interventions were selected.

Since the search procedure for relevant work was very wide the studies found to contain psycho-educational interventions ranged from the very small number meeting some scientific criteria to those that were entirely descriptive and lacking in quantitative data.

The initial search procedure was a qualitative one. This was a process of constructing meaning and an understanding from text of the psycho-educational strategies and their outcomes that were reported in the literature. Without considering whether a study was scientific or contained quantitative data, the initial search procedure and criteria for inclusion in the literature review was simply that it contained information about the outcome of an appropriate psycho-educational strategy. This approach collected relevant studies that might, or might not, contain quantitative data. The search of the computerized databases and abstracts, hand search of books, journals, and gray literature was regarded as extensive if not exhaustive.

The search produced approximately 6,900 items: articles, chapters and other published works. Almost all publications were in English though several translations of foreign-language works were included. There were close to 6,700 references disqualified from the synthesis, as they did not contain any relevant outcome information.

There were 202 studies identified that reported the outcome of a psycho-educational intervention. There were 161 studies that reported the outcome of a psycho-educational intervention but excludes those used in the meta-analysis. Only 41 studies contained outcome data that enabled the calculation of effect sizes.

A best-evidence synthesis of the studies that yielded effect sizes indicated that self-management and self-monitoring interventions were significantly more likely to be effective that most other types of intervention. However, the effectiveness of the self-management or self-monitoring interventions was demonstrated only with students in a self-contained special education class and related to short and medium term improvements in academic attainment or classroom behavior. It was not known to what extent these interventions were successful in improving the long-term mental health and overall functioning of a student.

The finding of the literature review indicated that several self-management and self-monitoring techniques were scientifically credible interventions that were effective in improving the classroom behavior of students in a special class for behaviorally disordered students. Those particular studies would fall within the categories of behavior modification and social skills training. However, these studies were of limited domain and their effectiveness as a long-term solution for wider needs is untested. Whether analyzed by traditional narrative review or meta-analysis, the academic literature showed that relatively little systematic progress had been made over the past twenty-five years in the field of empirically validated psycho-educational interventions for seriously emotionally disturbed adolescents.

Context of the Survey

Other surveys conducted with school psychologists who work in the field were examined to see if they might be helpful in the design of this survey. However, there have been very few

extensive surveys of the working practice of school psychologists. Thomson (1993) carried out a survey in Scotland but this was mostly about their working conditions with little content relating to professional practice and nothing specifically relating to serious emotional disturbance. In the United Kingdom there have been several evaluations of school psychology services (H.M.I. Report, 1990; Mackay, 1999; Department for Education & Employment, 2000), but none have focused on service delivery to serious emotionally disturbed adolescents. In the United States there have been a number of surveys of school psychologists and their working practices, but seldom do they contain anything on serious emotional disturbance. Such research has shown that the professional attitudes and behaviors of school psychologists were influenced by gender (Reschly & Wilson, 1995), degree level (Carlson & Sincavage, 1987; Sheridan & Steck, 1995), years of experience (Sheridan & Steck, 1995; Witt & Robins, 1985), and the age of students with which they primarily worked (Sheridan & Steck, 1995). Pelco, Jacobson, Ries, and Melka (2000) found that school psychologists overwhelmingly supported the general concept of parent involvement in education and saw the involvement of the school psychologist in family-school partnership activities as important. These findings have little bearing on the treatment of seriously emotionally disturbed adolescents. Generally, it was concluded that there were not any studies with similar content that could provide a good model for the design of this one.

Design of the Survey

The design of the survey used in this study was typical of many questionnaires that are used in market research and social science research. It followed recommended content structure and good practice guidelines (Fink & Kosekoff, 1998). The main steps in the design of the survey were:

Research questions and data fields were defined.
Population to study was identified.
Sample to draw from that population was determined.
Methodology for carrying out the survey was decided.
Questionnaire was created.
Questionnaires were mailed to the sample.
Completed questionnaires were received from respondents.
Data was analyzed.
Report of the results was produced.

From demographic information variables such as amount of experience of working with adolescents, level of training, and work context were used. The survey sought views about research including current research, and views about practice in general.

Survey Sample

The target population was all the school psychologists who were members of the New York Association of School Psychologists (NYASP), an organization affiliated to the National Association of School Psychologists (NASP). School psychologists from all of New York State rather than just from New York City alone were chosen as it was thought this would provide greater external validity. In January 2000 a survey questionnaire, together with a cover letter encouraging participation in the study, was mailed to everyone listed in the 1998 NYASP directory of members. There were 1105 questionnaires mailed and 361 completed replies were received. This was a response rate of 32.7 percent and was considered very good as the questionnaire was lengthy. The results of the survey of the members of the New York Association of School Psychologists (NYASP) are provided in Appendices 2.

Content of Survey Questionnaire

The information sought from the school psychologist was organized into four main sections:
• demographics
• professional opinions
• personal working practice
• recommendations

A blank copy of the final version of the questionnaire distributed to the school psychologists in the survey sample is provided in Appendix 1. The information given to the NYASP respondents about the results of the literature search had been intentionally limited in the text of the survey questionnaire to the following statements:

"Serious Emotional Disturbance is defined here according to definitions given in DSM-IV and the International Directory of Diseases. Serious Emotional Disturbance can include behavior disorder, social maladjustment, psychosis, extreme aggression, acting-out, or severe social and emotional withdrawal. ADD and AD/HD are excluded, but Oppositional Defiant Disorder and Conduct Disorder are included. Adolescence is defined here as 11 to 18 years."

"A recent extensive search of the past 25 years of major research produced fewer than 400 studies that reported the use of a school-based intervention with Seriously Emotionally Disturbed adolescents. Only 109 of those studies reported an "outcome" or "result" of a school-based intervention. Many studies did not meet criteria of scientific adequacy and were largely anecdotal."

This information was so restricted so that the answers provided by the respondents would not be strongly directed towards particular conclusions. From the time the questionnaire was completed to the analysis of results some six months later, further studies containing outcome information were identified and the number of studies in this category rose from 109 to 202.

In this chapter the individual questions used in the survey questionnaire are given, but not in the order in which they were presented in the questionnaire. The three basic types of questions used in this survey were multiple choice, numeric open end, and text open end. A Likert rating scale, a particular form of numeric open-end question was used in a number of questions. A novel feature incorporated in this scale was that it did not include a neutral point or a center point where the respondent could neither agree or disagree. Therefore the only options were to choose an agree or disagree reply or to omit the question entirely. This was done to force a choice and avoid too many respondents supplying non-committal answers.

The first group of questions sought demographic information about employment status, gender, working experience, highest degree qualification held, type of community where employed, grade levels worked with, professional training, and use made of the internet.

The second group sought the school psychologist's professional opinions about serious emotional disturbance. Questions 10, 11, and 13 sought the school psychologist's views about research. Questions 12, 15, 16, 17, 19, 20, 21, 23, 24, and 25 were directed at other professional issues:

(RESPONDENT INDICATES ANSWER ON THIS SCALE FOR QUESTIONS 10, 11, 13, 12, 15, 16, 17, 19, 20, 21, 23, 24, and 25)

Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Disagree	Disagree	Disagree	Agree	Agree	Agree

10. School psychologists often do not hear about current research on seriously emotionally disturbed adolescents and therefore cannot base their decisions on research.

11. Further research on serious emotional disturbance is likely to improve the decision making of school psychologists.

13. Short-term studies of treatment "effectiveness" with results measured over weeks rather than at follow-up months or years later do not have scientific credibility.

12. Effective treatment of seriously emotionally disturbed adolescents requires a multi-disciplinary approach with collaboration between teachers, psychiatrists, psychologists and/or social workers.

15. Once an adolescent is certified as seriously emotionally disturbed and placed in a special education facility there is little hope of that student returning to regular education.

16. An improvement in the family circumstances of the seriously emotionally disturbed adolescent is usually necessary before a return can be made from a special provision to a less restrictive educational setting.

17. For many adolescents with serious emotional disturbance, segregated facilities are the most effective placement that will make any real change.

19. An "early intervention" in treating mildly disturbed adolescents can prevent serious emotional disturbance in most cases.

20. School psychologists spend too much time assessing serious emotional disturbance and not enough time actively treating it.

21. Having effective means of access to up-to-date summaries of existing research findings is more important than spending time and effort doing new research.

23. Interventions for Seriously Emotionally Disturbed adolescents will always be more complex and more costly than those for students with lesser social or emotional problems.

24. The effectiveness of school interventions will always be limited by ongoing family and neighborhood conditions.

25. Segregated special provisions might produce good results within their closed environment, but such gains often fail to generalize or maintain.

The third group of survey questions 14, 18, 22, 26, 27, and 29 asked details about the personal working practice of the school psychologist:

(RESPONDENT INDICATES ANSWER ON THIS SCALE FOR QUESTIONS 14, 18, and 22)

Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Disagree	Disagree	Disagree	Agree	Agree	Agree

14. I have an adequate knowledge of interventions for treating seriously emotionally disturbed adolescents.

18. My psycho-educational evaluations of seriously emotionally disturbed adolescents lead to effective interventions.

22. I have adequate staff development opportunities with respect to interventions for seriously emotionally disturbed adolescents.

26. What are the main components of your current work as a school psychologist?
(PLEASE CHECK ALL THAT APPLY, INDICATING HOW OFTEN YOU USED THIS TECHNIQUE)
 Often/Several times/Once/Not used/Omitted

Assessment
Work in schools, with teachers/principals
Individual or group counseling
Work with families
Collaboration with agencies and community services
Transition - school to work
Support to teachers where students are mainstreamed
Support to teachers in specialist schools/facilities

27. Which of these interventions have you used in the treatment of seriously emotionally disturbed adolescents?
(PLEASE CHECK ALL THAT APPLY, INDICATING HOW OFTEN YOU   USED THIS TECHNIQUE)
Often/Several times/Once/Not used/Omitted
Individual counseling
Family counseling
Group counseling
Psychotherapy
Behavior modification
Social skills training
Teacher consultation
Wraparound planning
Other

29. Which of the following strongly influence your decision making for treating seriously disturbed adolescents?
(PLEASE CHECK ALL THOSE THAT APPLY)
The practice of your employers
Availability of resources
The evidential basis of outcome research
Local policies
National policies
Parents' views
Your theoretical orientation (empirical/philosophic/
psychoanalytical/school of thought/inclusion policy)
Finance
Views/practice of your professional colleagues

Other

The fourth group of survey questions asked for recommendations:

30. Are there particular interventions or therapies that you would recommend for use with emotionally disturbed or seriously emotionally disturbed adolescents?

28. What particular articles, books, web sites, software or other resources relevant to seriously emotionally disturbed interventions have you found useful and would you recommend?

33. What do you think are the major blocks or obstacles to intervening more effectively with seriously emotionally disturbed adolescents?

32. What would be the most effective means for disseminating information about the effectiveness of interventions?

34. Please add any further comments you wish to make.

Data Analysis
Most of the data was either nominal or ordinal and appropriate statistical techniques were applied (Andrews, Klem, Davidson, O'Malley, and Rodgers, 1981.) Chi-square statistics were computed to determine if there were significant differences with gender, degree level, and other variables. The statistical analyses of the completed survey questionnaires were conducted using SPSS Version 8.0 for Windows (1997). The survey results are presented and discussed in order of the four main types of information sought by the survey questionnaire. Some demographic information includes comparisons to items in other sections.

Demographic Information

Ten pieces of demographic information were sought from each respondent:
employment status
gender
years of experience as a school psychologist
highest degree held
type of community of work setting
grade levels with which the respondent works
experience of work with seriously emotionally disturbed adolescents
current work with seriously emotionally disturbed adolescents
acquisition of professional knowledge
professional use of the Internet, or online services

The results of the demographic content of the survey questionnaire are presented as frequencies and percentages in Appendix 2. The sample group was sufficiently large to permit valid explorations of internal demographic differences. The links between the survey results and demographic characteristics of those who provided the survey responses were explored. It was also possible to compare some of this information to the demographics of other surveys involving school psychologists.

A sizeable amount of the demographic information might appear extraneous but this peripheral information was sought in order to gauge the heterogeneity or homogeneity of the

sample. Some survey information is freestanding and comparisons cannot be made with findings from other surveys. However, where valid comparisons could be made, the sample group seemed alike in composition to the NASP sample that represented all school psychologists throughout the United States.

Over 80 percent of the respondents were employed in full-time positions, close to ten percent in part-time positions. The numbers in the retired and not employed categories were too small to be useful. Chi-square statistics were computed to determine if there were overall differences in the responses and content provided by the various categories of employment status. No significant differences were found. The gender of the respondents was predominantly female with proportionately three females to each male. Differences were found between gender and years of experience with 66% of males in the "more than ten years" category compared to 47% females. A greater proportion of males (97%) than females (83%) had experience of working with seriously disturbed adolescents.

Demographic characteristics of the NASP membership were compared with the survey sample for gender in Table 2, for years of experience as an school psychologist in Table 3, and for highest degree held in Table 4. The NASP membership data was taken from Pelco, Jacobson, Ries, and Melka (2000). General observational comparisons were made and, where appropriate, statistical analysis was conducted.

Table 2. **Gender**

	Survey Sample	NASP
Males	23.8%	28.6%
Females	73.7%	71.4%
Omitted	2.5%	

Many results appeared to be related to gender and some of these are reported in other sections. The survey sample and the NASP sample both reflected similar ratios for male to female school psychologists as well as similar ratios for those with less or more than 10 years of experience. NASP data to compare the ratio of males to females for years of experience were not available.

Table 3. **Working Experience as an school psychologist**

	Survey Sample	NASP
0 - 10 years	47.1%	45.7%
More than 10 years	51.5%	54.2%
Omitted	1.4%	

In the NYASP survey sample 66% of males were in the "more than ten years" category compared to 47% females. This might reflect an increase in the number of females who are school psychologists relative to males in recent years. Around 50% had more than ten years experience of working as a school psychologist. Twenty-three percent were in the 4 to 10 years band, and 24% in the 0 to 3 years band. Noticeable differences in many aspects between the years of experience bands and the questionnaire items occurred and this has been reported in the

appropriate section for that item. Fourteen percent of school psychologists with less than ten years experience had doctoral degrees whereas 38% of those with more than ten years of experience had doctoral degrees.

Table 4 **Highest degree held** *[see note with table 3]*

	Survey Sample	NASP
Non-doctoral	73.4%	74.9%
Doctorate	25.8%	25.1%
Omitted	0.8%	

A quarter of the respondents who replied to the questionnaire held doctoral degrees, 31% with specialist degrees, and 43% masters degrees. These percentages are nearly identical to those within NASP membership.   NASP membership statistics were not available for type of community of work setting, grade levels with which they worked, and if they worked with seriously emotionally disturbed adolescents, so it was not possible to make comparisons with the survey sample. Data for demographic features other than for gender, highest degree held, and years of experience were not available. Most of those included in the NYASP survey sample did in fact belong also to the NASP membership. It seemed clear that the survey sample appeared generally representative of the entire group of school psychologists belonging to NASP, and, in effect, represented all school psychologists in the United States.

One third of the sample of school psychologists worked in a suburb of a metropolitan area, 27% worked in a small town or rural area, 19% worked in the central city of a metropolitan area, and 18% answered that they worked in a city or town. The numbers of school psychologists who worked in a city or town, the suburb of a metropolitan area, or in the central city of a metropolitan area, paralleled the variation of the geography and population in New York State. This was a useful finding as it indicated that the various settings within which school psychologists worked in the state of New York might be similar to the range of urban and rural settings found in the U.K.

Table 5 shows the percentages of the sample total of 361 for the various grade levels with which the respondents were working. These categories of grade level were not mutually exclusive and a respondent could indicate that work was done with more than one grade:

Table 5 **Percentages of the total sample for the various grade levels with which the respondent school psychologists were working**

Preschool or Kindergarten	45.4%
Elementary	66.5%
Middle/junior high	47.4%
Secondary/senior high	46.3%
Two-year college	0.8%
Four-year college	1.9%
Other	1.7%

The proportion of respondents who were currently working with adolescents (i.e. any adolescents not necessarily emotionally disturbed ones) was close to 50%. Ninety-one percent of

school psychologists with more than 10 years experience indicated they had experience working with seriously emotionally disturbed adolescents. For school psychologists with 4 to 10 years experience the figure was 89%. For those with less than four years experience the figure was 81% Table 6 presents the various categories where school psychologists had indicated they had acquired professional knowledge for working with seriously emotionally disturbed adolescents:

Table 6 Sources of professional knowledge for working with seriously emotionally disturbed adolescents

	Percent
Graduate courses	61.8%
Continuing professional development	62.3%
During supervision	36.0%
Other, please specify:	
Work experience/on the job	28.5%
Intern in psychiatric hospital	1.7%
Intern in another setting	4.4%
Books and journals	3.6%
CSWs and psychiatrists	0.3%
Training at a psychoanalytic institute	0.3%
Teaching experience	0.6%
Conferences	0.3%

The various categories are not mutually exclusive. A respondent could indicate having acquired their professional knowledge from more than one category. Two thirds of respondents indicated graduate courses and continuing professional development, but only one third indicated that supervision or work experience provided most of their professional knowledge. Chi-square tests did show that the acquisition of professional knowledge results were significantly related to other variables used in the survey analysis.

Table 7 Professional usage of Internet, or online services

	Frequency	Percent
Almost every day	35	9.7
At least once a week	55	15.2
At least once a month	90	24.9
Less often than once a month	106	29.4
Never	61	16.9
Omitted	14	3.9

Thirty-six percent of male school psychologists used the Internet for professional purposes. Twenty-one percent of females used it professionally . No claim may be made that school psychologists were particularly adept in the professional use of this technology since the estimate by

U.S. Census Bureau (U.S. Department of Commerce Economics and Statistics Administration (2001), given in January 1, 2000, for general use made by the United States population was around 42%,.

Professional Opinion

The results for this section are expressed in percentages and are provided in Appendix 2. Opinion was largely divided over whether it was more important for school psychologists to have effective means of accessing up-to-date summaries of existing research findings or to be able to spend time and effort doing new research. Fifty-five percent of the respondents indicated that having access to existing findings was more important. A majority of respondents (63%) indicated that school psychologists often do not hear about current research on seriously emotionally disturbed adolescents and therefore cannot base their decisions on research. A similar number (64%) agreed that short-term studies of treatment "effectiveness" with results measured over weeks rather than at follow-up months or years later do not have scientific credibility. However, almost all respondents (96%) indicated that further research on serious emotional disturbance is likely to improve the decision making of school psychologists. These results suggest that a majority could not base their decisions on current research on seriously emotionally disturbed adolescents, and presumably viewed such research as unavailable or inadequate. However, the vast majority of respondents did express the opinion that research would help in their work. This is a clear indication that research is needed in this field.

A number of professional opinions appear to be influenced by the gender of the school psychologist. Forty-five percent of men compared to 27% of women indicated local policies strongly influenced their decision-making. This was significant but there was no obvious explanation for this gender difference. It might be speculated that in the rise to the ranks of school administrators and promoted posts there were a greater number of men who were more likely to be compliant with local policies. There was another significant gender difference with the statement, "having effective means of access to up-to-date summaries of existing research findings is more important than spending time and effort doing new research". Seventy percent of males agreed but only 50% of females.

The response to the same statement also differed for years of experience. Sixty-four percent of school psychologists with more than ten years of experience agreed with this, but only 49% of those with less than ten years experience agreed. These findings might indicate a greater awareness of the difficulty of discovering known effective resources among those who have greater experience of working with the seriously emotionally disturbed adolescents.

Further differences emerged that appeared to be influenced by years of experience. The survey responses indicated a stronger need for staff development among the less experienced practitioners. Seventy-four percent of school psychologists with up to three years experience expressed this. In the 4 to 10 years of experience band, the figure was 63%, and among those with over 10 years experience, it was 61%. It seems that the most experienced school psychologists continue to see that staff development will enhance their practice in treating seriously emotionally disturbed adolescents. These results might seem self-evident with less experienced practitioners seeing a need for more training, but the strong need expressed in all groups was revealing.

Eighty-two percent of school psychologists with more than ten years of experience agreed that interventions for seriously emotionally disturbed adolescents always would be more complex and more costly than those for students with lesser social or emotional problems. The figure for those with less than ten years experience was 66%. This points to a greater awareness among more experienced school psychologists of the difficulty in implementing satisfactory interventions.

Sixty percent of school psychologists with more than 10 years experience indicated they had they used family counseling several times or more. For school psychologists with 4 to 10 years experience it was 53%. For those with less than four years experience it was 38%. Clearly more experienced practitioners had used family counseling more often than those with little experience. Also in item 27, it was found that 34% of school psychologists with more than 10 years experience had used psychotherapy in the treatment of seriously emotionally disturbed adolescents more than once. For school psychologists with 4 to 10 years experience this figure was 27%. For those with less than four years experience it was 16%.

There was very strong agreement (98%) that effective treatment of seriously emotionally disturbed adolescents required a multi-disciplinary approach with collaboration between teachers, psychiatrists, school psychologists and/or social workers. Related to this question there was the statement that the effectiveness of school interventions would always be limited by ongoing family and neighborhood conditions. There was 85% agreement with this statement. The responses to both statements could be construed as supportive of a wraparound planning approach that might involve a number professionals meeting the needs of the family as well as providing a suitable learning environment for the child. Seventy percent agreed that an improvement in the family circumstances of the seriously emotionally disturbed adolescent is usually necessary before a return can be made from a special class or special school to a less restrictive educational setting.

There were further results that underlined the difficulties of working effectively with seriously emotionally disturbed adolescents. Seventy-three percent responded that segregated special provisions might produce good results within their closed environment, but that such gains often fail to generalize or maintain. However, 56% of respondents agreed that segregated facilities were the most effective placement that would make any real change for adolescents with serious emotional disturbance. This implied that the least restrictive environment might sometimes need to be a segregated facility, at least till there was sufficient improvement in the adolescent before reintegration into a regular school setting could take place. A minority (37%), but still a sizeable proportion of the respondents, expressed the view that once an adolescent is certified as seriously emotionally disturbed and placed in a special education facility, there is little hope of that student returning to regular education.

Ninety percent of the respondents agreed that "early intervention" in treating mildly disturbed adolescents could prevent serious emotional disturbance in most cases. Though it is a popular notion and may have intuitive appeal, the scientific data to support it is not apparent in the literature. Another point is that this statement was one of the peripheral items and relates to the field of prevention work rather than treatment. Thus it does not help provide any direct solution to identifying an effective treatment for adolescents who have existing serious emotional problems.

Personal Working Practice

The working practice of school psychologists in the United States can differ considerably from state to state (Fagan, 2003). A school psychologist who specializes in formal testing and assessment may perform only that role. A school psychologist working in the school district may be assigned to a high school and its feeder schools and work at a systems level, ensuring that federal requirements to provide appropriate services are met. In some states or in particular localities, especially rural ones, the school psychologist may have a generic role carrying out assessments as well as participating in reviews, teacher consultation, and doing therapeutic work (Fagan & Wise, 2000). Thus it is necessary to be cautious that the results in this section might to some extent lack

validity when transferring the findings to school psychologists who work outside the state of New York.

Appendix 5.2 contains the results from the personal working practice section expressed in terms of frequency, the number of respondents and the percentage relative to the total number who completed the survey. School psychologists indicated the main components of their current work. As many categories as necessary could be checked by the respondent. These results are shown in Table 8:

Table 8 **Main components of the work of a school psychologist**

	FREQUENCY	PERCENT CHECKED
Assessment	318	88.1
Work in schools, with teachers/principals	300	83.1
Individual or group counseling	251	69.5
Support to teachers where students are mainstreamed	212	58.7
Collaboration with agencies and community services	202	56.0
Work with families	187	51.8
Support to teachers in specialist schools/facilities	82	22.7
Transition - school to work	36	10.0
Other:		
1 Council for Pre-school Education	10	2.8
2 Crisis Intervention	6	1.7
3 Coordination of multi-disciplinary team	8	2.2
4 Training	6	1.7
5 Council for Special Education chairperson	6	1.7
6 Program development	3	0.8
7 Early intervention	4	1.1
8 Consultation	21	5.8

Logically, the criticism that school psychologists spend too much time or most of their hours carrying out assessments rather than treatment and preventative work, is not necessarily supported by the results shown in table 8. Assessment may be an activity common to the work of most school psychologists but it might not necessarily be the main component of their work. However, most respondents, around 75% of the sample of 361, indicated they spent too much time assessing serious emotional disturbance and not enough time actively treating it.

Interventions that have been used often, several times, or only once to treat seriously emotionally disturbed adolescents are shown in table 9. As many categories as necessary could be checked by the respondent:

Table 9   **Interventions used often, several times, only once, or not used to treat seriously emotionally disturbed adolescents**

Individual counseling
Often 59.6%   Several times 23.3%   Once 0.6%   Not used 2.2%   Omitted 14.4%
Family counseling

Often 14.1%	Several times 34.6%	Once 3.6%	Not used 22.2%	Omitted 25.5%
Group counseling				
Often 35.5%	Several times 26.9%	Once 1.9%	Not used 13.3%	Omitted 22.4%
Psychotherapy				
Often 14.1%	Several times 13.3%	Once 0.6%	Not used 36.6%	Omitted 35.5%
Behavior modification				
Often 54.8%	Several times 24.7%	Once 0.8%	Not used 4.2%	Omitted 15.5%
Social skills training				
Often 43.5%	Several times 29.6%	Once 1.7%	Not used 6.9%	Omitted 18.3%
Teacher consultation				
Often 59.0%	Several times 16.3%	Once 0.3%	Not used 5.8%	Omitted 18.6%
Wraparound planning				
Often 12.5%	Several times 15.0%	Once 2.2%	Not used 27.2%	Omitted 43.2%

In table 10 frequency and percentage figures are shown for the items that the respondents identified when they were asked which ones strongly influenced their decision making for treating seriously emotionally disturbed adolescents. As many categories as necessary could be checked by the respondent:

Table 10   Items identified that strongly influenced the decision making for treating seriously disturbed adolescents

	Frequency	Percentage
Practice of your employers	150	41%
Availability of resources	261	72%
The evidential basis of outcome research	104	28%
Local policies	114	31%
National policies	65	18%
Parents' views	168	46%
Your theoretical orientation	187	52%
Finance	76	21%
Views/practice of your professional colleagues	112	31%
Other:		
Time limits	22	6%
Quality of teaching for student	27	7%
Administration	1	0.3%
Counseling facilities	24	7%

Fifty-three percent of school psychologists with more than 10 years experience responded that parents' views strongly influenced their decision making for the treatment of seriously emotionally disturbed adolescents. For those with 4 to 10 years experience this figure was 42%. For those with less than four years experience it was 38%.

Only 28% of the sample indicated that the evidential basis of outcome research influenced their decision making for treating seriously emotionally disturbed adolescents. A greater proportion of men (37%) to women (26%) indicated they used the evidential basis of outcome research in their decision making for treating seriously emotionally disturbed adolescents, but this did not appear to be related to the finding that a greater proportion of men, rather than women, worked with adolescents. A correlation of these two factors was not significant (r =0.184). The reason that many school psychologists did not use an evidential base is most likely because there is very little material that can be used as an evidential base. It is not clear why there is a gender difference. Knowledge of the interventions most likely to succeed might be only one factor in deciding on the particular intervention(s) to be used.

NYASP school psychologists indicated the main components of their current work in a multiple choice question with an opportunity to expand their answer in an "other" category which was open-ended and invited them to provide components not covered in the multiple choice list. Respondents could check as many components as necessary. Over 80% performed assessment and work in schools with teachers and principals. Individual or group counseling was carried out by 70%. Percentages between 50% and 60% were obtained in response to the items concerning support provided to teachers where students are mainstreamed, the collaboration with agencies and community services, and the work carried out with families. Around 23% of school psychologists indicated that they provided support to teachers in specialist schools/facilities. This figure seems very low in comparison to the figures for other activities of school psychologists but it may be influenced by the specialist roles allocated to particular school psychologists and the fact that the number of specialist facilities is far fewer in number than regular mainstream schools. The low figure of 10% who worked in the area of transition from school to work might be attributed to the fact that others, e.g. teachers and counselors, might be assigned to this work.

Professional experience and training is an important issue for practitioners in the field and it is important to see how better trained and more experienced school psychologists do work differently from others. It was found that 34% of school psychologists with more than 10 years experience indicated they had they used psychotherapy in the treatment of seriously emotionally disturbed adolescents several times or more. For school psychologists with 4 to 10 years experience this figure was 27%. For those with less than four years experience the figure was 16%. In table 11 the interventions that school psychologists have used several times or more to treat seriously emotionally disturbed adolescents are listed in order of the percentage of respondents who checked this item. However, the differences in practice among school psychologists will be inconsequential when there is little difference in effectiveness among the various interventions.

 Table 11 Interventions school psychologists have used several times or more.

	Percentage of Respondents
Individual counseling	83%
Behavior modification	80%
Teacher consultation	75%
Social skills training	73%

Group counseling	62%
Family counseling	49%
Wraparound planning	28%
Psychotherapy	27%
Agency liaison	14%
Community resources	1%
Crisis intervention	1%

Recommendations

Few recommended interventions or therapies for use with emotionally disturbed or seriously emotionally disturbed adolescents and those who did expressed it in very broad generic terms. Around two-thirds of the respondents did not recommend any intervention at all. Of those who did make recommendations, cognitive behavioral therapy was the most popular intervention with behavior modification second. As there were only 52% of the respondents who said their psycho-educational evaluations of seriously emotionally disturbed adolescents led to effective interventions, and conversely, almost as many whose interventions were ineffective, it was not clear at all that table 12 provides any indication of what interventions were effective.

Table 12   **Interventions or therapies that the respondents recommended for use with emotionally disturbed or seriously emotionally disturbed adolescents**

	Frequency	Percentage
1. Cognitive behavioral therapy	121	33.5%
2. Cognitive therapy	10	2.8%
3. Behavior modification	48	13.3%
4. Networking with other agencies	21	5.8%
5. Community/mental health agencies	6	1.7%
6. Socialization and recreation	22	6.1%
7. Psychodynamic therapy	5	1.4%
8. Psychoanalysis	10	2.8%
9. Rational emotive behavior therapy	8	2.2%

In table 12 proposals or recommendations for interventions that the respondents indicated might be effective are shown. One third of the respondents proposed cognitive behavioral therapy as an effective intervention and 13% recommended behavior modification. Both these interventions are general descriptions in the form of a theoretical orientation. The use of self-management and self-monitoring techniques that were shown in the best evidence synthesis to be effective in improving the classroom behavior of students in a special class for behaviorally disordered students could be included as a behavior modification technique, and might also be described as a cognitive behavioral therapy when involving a conscious recognition of the process by the adolescent.
Table 13 shows the frequency and percentage of responses made to the question: "What do you think are the major blocks or obstacles to intervening more effectively with seriously emotionally disturbed adolescents?"

<u>**Table 13**</u>   **Major blocks or obstacles to intervening more effectively**

	Percentage of Respondents
Lack of family involvement	30.2%
Lack of resources	24.1%
Lack of time	16.6%
Inadequate staffing or inadequate schools	15.5%
Lack of finance	11.4%
Lack of training	9.4%
IDEA or special education procedures	8.9%
Lack of psychiatrist with experience of working with adolescents	1.1%

In the section about personal working practice, a clear obstacle to intervening effectively was revealed when only 54% of the respondents could answer that they had an adequate knowledge of interventions for treating seriously emotionally disturbed adolescents. In addition, only 30% of respondents said they had adequate staff development opportunities with respect to interventions for seriously emotionally disturbed adolescents. This corroborates with table 5 where the data indicates that some school psychologists believe they have poor training in this area and an inadequate knowledge of effective interventions for seriously disturbed adolescents.   It is also possible that since there is a dearth of knowledge about the effectiveness of various interventions, their knowledge may not be due so much to poor training or the lack of knowledge, but rather due to a major void in the field. It was noticeable that "lack of finance", so often a barrier to many things, was quite low on the list, ranking fifth.

School psychologists were asked which particular articles, books, web sites, software or other resources relevant to seriously emotionally disturbed interventions they had found useful. From the 361 survey forms returns there are 73 different books recommended. Over 200 forms were left blank. There were 40 recommendations for named journals. From the 40 recommendations for named journals, 39 of these were for the regular professional journals of NASP, *School Psychology Review*, and *Communique*. There were two recommendations for *Behavioral Disorders,* the journal published by the Council for Children with Behavioral Disorders. Though this journal comes from the field of special education, a substantial number of both those who edit it, and those who write the articles that appear in it belong to the field of school psychology. In most editions it has published one or two articles that were reports of research or a positional paper about serious emotional disturbance. The absence of citations for *Behavioral Disorders* may have been due to a gulf between the fields of school psychology and special education. Overall the journal recommendations may have indicated that the respondents fail to seek information beyond that made available by their professional association, NASP. One the other hand, it might very well have been an indication that most school psychologists felt there was next to nothing of practical relevance to be found in the research literature.

The books listed in Appendix 2 were recommendations by the survey respondents in response to the question: "Which texts would you recommend as useful reading about serious emotional disturbance in adolescents?" They are listed alphabetically by name of the first author, in the form cited by the respondent. It is evident that a number of the books could be considered mainstream evidence-based psychology, while a sizeable proportion originate from the more populist self-actualization literature.

Two books were cited far more than any of the others.   Scott P. Sells' *Treating the Tough Adolescent*, and Ross Greene's *The Explosive Child* were each cited around 20 times while none of the others appeared more than five times. The texts that were recommended as useful reading included very few that had empirical or scientific information about outcomes of interventions.   Neither of the two books most recommended in the survey results provided useful quantitative data about outcomes of interventions for seriously emotionally disturbed adolescents.

The work by Sells was professional and could be considered to favor an evidential basis. However, the outcome evidence presented was in the form of case studies and without data. Yet, he stated that his 15 step treatment model should be evaluated by the hypothesis testing using a large number of variables and that this research was "in progress." His model employs counseling as a main component but the inclusion of social work in attending to the needs of parents loosely categorizes it as a "wraparound planning" intervention. Greene's work was populist, did not contain any useful quantitative data, and covered a wider age group and many more diagnostic groups of disordered students than seriously emotionally disturbed adolescents. In common with many populist, self-actualization works or ones that draw on clinical experience in the field, both Sells and Greene might help school psychologists in their work and be very useful tools in aiding parents and teachers to understand the theories behind particular interventions, but neither provides a scientific evidential basis for the use of any particular intervention.

Table 14 shows the respondents recommendations for the most effective means of disseminating information about the effectiveness of interventions:

Table 14   **Recommendations for the most effective means of disseminating information   about the effectiveness of interventions.**

	Frequency	Percentage
1 Internet or email	131	36.6%
2 Staff development and training sessions	31	8.6%
3 Site visits	2	0.6%
4 Staff consultations	8	2.2%
5 Professional journals	92	25.5%
6 Conferences and workshops	30	8.3%
7 Graduate courses	16	4.4%
8 Newsletters, snail mail, regular mail	102	28.3%
9 National and state associations, professional organizations	67	18.6%

The Web/Internet, newsletters, and journals with *Communique* and *School Psychology Review* often named specifically were listed as suitable means to disseminate information about the effectiveness of interventions., *Behavioral Disorders* was mentioned only twice. This may reflect that the latter journal is less popular among school psychologists than it is with other professionals working in special education. In the order of most popular first to the least, the respondents main recommendations for the most effective means of disseminating information about the effectiveness of interventions was the use of email or the internet, newsletters or regular mailing, professional journals, and the work of government associations and professional organizations. This was an indication that school psychologists were aware of the increasing use being made of the Internet and

e-mail, and of their effectiveness as a means for communication. Most respondents appeared to favor communication by a passive means, something that they could read in their own time rather than active participation at conferences and workshops.

Appendix 2 contains the collection of statements that were the individual replies to question 34 of the survey questionnaire, further comments that the respondent wished to make. The number preceding each statement is an identifier to connect that particular statement to the completed questionnaire from which it came. Anonymity of the person completing the statement is ensured. There were 66 survey responses to question 34 or about a 20% response rate.

One of the most critical and most powerful statements was the following one:

167
As a new psychologist (3rd year) I find it upsetting to see the differences in training in the field. Many times, colleagues of mine will recommend therapies that have clearly been shown to be ineffective w/ emotionally disturbed youngsters. Many psychologists are not aware of recent research and continue to refer ED kids for individual or other types of therapies that will probably have very little effect on the child's mental health.

There were total of 23 statements that either made comments about inadequacy of training or the ineffectiveness of practice. A further three negative statements of this type were:

128
Schools are not designed to treat disturbed adolescents but to identify them and recommend more restrictive settings.

347
I have never had any direct experience w/ seriously emotionally disturbed adolescents, just what I have learned through my supervisor as she deals w/ them. Frustration seems to be a big problem for her. Frustration w/ administration and teachers, + family environment + and feeling like there is little she can actually do.

094
I feel that I would personally benefit from more training on medication used to treat students with emotional disturbances as well as more in depth case studies of specific interventions used and the results obtained. There needs to be a stronger link between the families, outside agencies, and the schools in order to most effectively work with these students.

It was encouraging that over 30 statements could be viewed as positive ones in that there was a recommendation or need expressed that a particular approach should be taken. Many though might be interpreted as making a masked comment that current practice or training in the field was poor, or not what it should be.

Two examples of this were:
246
I think that it would be a good idea to start a school based on oriental principles, with no medication given to children.

282
Overuse of medications by many practitioners and hospitals does very little (or nothing) to change underlying dynamics. There's a strong need for truly therapeutic environments to

alleviate post-traumatic stress and other pathological reactions which can occur in the face of poor or weak ego development or the unformed or fragile personality found in adolescents.

The collection of statements generally reflected that psycho-educational interventions for seriously emotionally disturbed adolescents require considerable improvement in practice and research.

Key Findings of the Survey

The number of completed survey questionnaires provided a sample sufficiently large and demographically varied to provide a good reflection of the views of NYASP members as representative of the views of all NASP members. While the school psychologists attending to the needs of seriously emotionally disturbed adolescents were experienced and often well-qualified, most saw the need for further training and staff development in the field and many believed their interventions did not lead to effective solutions. Cognitive behavioral therapy was by far the most popular therapy recommended for use. Several of the survey responses indicated wraparound planning and psychodynamic approaches are gaining in popularity. Compared to their extensive use and popularity ten to twenty years ago, behavioral therapies were seldom proposed as a long-term solution, but might be used as components or particular strategies in a treatment plan.   Many school psychologists stated that a multi-disciplinary approach was essential. Most indicated that further research work would be useful. Only twenty-eight percent of school psychologists answered that they used the evidential basis of outcome research in their decision making for seriously emotionally disturbed adolescents.

****

<u>Appendix 1</u>

Survey Questionnaire:

IDA project

Intervening with Disturbed Adolescents

Whether you usually work with Seriously Emotionally Disturbed adolescents or not,
PLEASE COMPLETE THIS SURVEY.
Please write "N/A" next to any question that is not applicable to you.
Your views will help develop professional practice and training in school psychology.

Please check the option(s) which apply to you:

1. Employment status: [ ] Full-time   [ ] Part-time   [ ] Retired   [ ] Not employed

2. [ ] Male   [ ] Female

3. Years of experience as a school psychologist: [ ] 0 - 3   [ ] 4 - 10   [ ] More than 10

4. Highest degree held: [ ] Masters   [ ]Specialist   [ ] Doctorate

If employed, please answer questions 5 and 6:

5. In what type of community do you work?
   [ ] Central city of metropolitan area   [ ] City/town
   [ ] Suburb of metropolitan area   [ ] Small town/rural area

6. With which of the following grade levels do you work?
   (PLEASE CHECK ALL THAT APPLY)
   [ ] Preschool or Kindergarten   [ ] Elementary
   [ ] Middle/junior high   [ ] Secondary/senior high
   [ ] Two-year college   [ ] Four-year college
   [ ] Other, please specify_____

7. Have you ever had experience working with seriously emotionally disturbed
   adolescents?
          [ ] Yes   [ ] No

8. Do you currently work with seriously emotionally disturbed adolescents?
          [ ] Yes   [ ] No

9. Where did you acquire most of your professional knowledge for working with
   seriously emotionally disturbed adolescents?
    (PLEASE CHECK ALL THAT APPLY)
   [ ] Graduate courses
   [ ] Continuing professional development
   [ ] During supervision
   [ ] Other, please specify_____

Definitions   Please read the following information - it is important for this survey:

Serious Emotional Disturbance is defined here according to definitions given in DSM IV and the International Directory of Diseases. Serious Emotional Disturbance can include behavior disorder, social maladjustment, psychosis, extreme aggression, acting-out, or severe social and emotional withdrawal. ADD and AD/HD are excluded, but Oppositional Defiant Disorder and Conduct Disorder are included. Adolescence is defined here as 11 to 18 years.

A recent extensive search of the past 25 years of major research produced fewer than 400 studies that reported the use of a school-based intervention with Seriously Emotionally Disturbed adolescents. Only 109 of those studies reported an "outcome" or "result" of a school-based intervention. Many studies did not meet criteria of scientific adequacy and were largely anecdotal.

Please shade the circle that best describes your view:

10. School psychologists often do not hear about current research on seriously emotionally disturbed
    adolescents and therefore cannot base their decisions on research.

o --------- o --------- o --------- o --------- o --------- o

Strongly	Moderately	Slightly	Slightly	
Moderately	Strongly			
Disagree	Disagree	Disagree	Agree	Agree
Agree				

11. Further research on serious emotional disturbance is likely to improve the decision making of school psychologists.

o --------- o --------- o --------- o --------- o --------- o

Strongly	Moderately	Slightly	Slightly	
Moderately	Strongly			
Disagree	Disagree	Disagree	Agree	Agree
Agree				

12. Effective treatment of seriously emotionally disturbed adolescents requires a multi-disciplinary approach with collaboration between teachers, psychiatrists, psychologists and/or social workers.

o --------- o --------- o --------- o --------- o --------- o

Strongly	Moderately	Slightly	Slightly	
Moderately	Strongly			
Disagree	Disagree	Disagree	Agree	Agree
Agree				

13. Short-term studies of treatment "effectiveness" with results measured over weeks rather than at follow-up months or years later do not have scientific credibility

o --------- o --------- o --------- o --------- o --------- o

Strongly	Moderately	Slightly	Slightly	
Moderately	Strongly			
Disagree	Disagree	Disagree	Agree	Agree
Agree				

14. I have an adequate knowledge of interventions for treating seriously emotionally disturbed adolescents.

o --------- o --------- o --------- o --------- o --------- o

Strongly	Moderately	Slightly	Slightly	
Moderately	Strongly			
Disagree	Disagree	Disagree	Agree	Agree
Agree				

15. Once an adolescent is certified as seriously emotionally disturbed and placed in a special education facility there is little hope of that student returning to regular education.

o --------- o --------- o --------- o --------- o --------- o

Strongly	Moderately	Slightly	Slightly	
Moderately	Strongly			
Disagree	Disagree	Disagree	Agree	Agree
Agree				

16. An improvement in the family circumstances of the seriously emotionally disturbed adolescent is usually necessary before a return can be made from a special provision to a less restrictive educational setting.

o --------- o --------- o --------- o --------- o --------- o

Strongly   Moderately   Slightly   Slightly
Moderately   Strongly
Disagree   Disagree   Disagree   Agree   Agree
Agree

17. For many adolescents with serious emotional disturbance, segregated facilities are the most effective placement that will make any real change.

o --------- o --------- o --------- o --------- o --------- o

Strongly   Moderately   Slightly   Slightly
Moderately   Strongly
Disagree   Disagree   Disagree   Agree   Agree
Agree

18. My psycho-educational evaluations of seriously emotionally disturbed adolescents lead to effective interventions.

o --------- o --------- o --------- o --------- o --------- o

Strongly   Moderately   Slightly   Slightly
Moderately   Strongly
Disagree   Disagree   Disagree   Agree   Agree
Agree

19. An "early intervention" in treating mildly disturbed adolescents can prevent serious emotional disturbance in most cases.

o --------- o --------- o --------- o --------- o --------- o

Strongly   Moderately   Slightly   Slightly
Moderately   Strongly
Disagree   Disagree   Disagree   Agree   Agree
Agree

20. School psychologists spend too much time assessing serious emotional disturbance and not enough time actively treating it.

o --------- o --------- o --------- o --------- o --------- o

Strongly   Moderately   Slightly   Slightly
Moderately   Strongly
Disagree   Disagree   Disagree   Agree   Agree
Agree

21. Having effective means of access to up-to-date summaries of existing research findings is more important than spending time and effort doing new research.

o --------- o --------- o --------- o --------- o --------- o

Strongly   Moderately   Slightly   Slightly
Moderately   Strongly
Disagree   Disagree   Disagree   Agree   Agree
Agree

22. I have adequate staff development opportunities with respect to interventions for seriously
    emotionally disturbed adolescents.
    o --------- o --------- o --------- o --------- o --------- o
    Strongly   Moderately   Slightly   Slightly
    Moderately   Strongly
    Disagree   Disagree   Disagree   Agree   Agree
    Agree

23. Interventions for Seriously Emotionally Disturbed adolescents will always be more complex and
    more costly than those for students with lesser social or emotional problems.
    o --------- o --------- o --------- o --------- o --------- o
    Strongly   Moderately   Slightly   Slightly
    Moderately   Strongly
    Disagree   Disagree   Disagree   Agree   Agree
    Agree

24. The effectiveness of school interventions will always be limited by ongoing family and
    neighborhood conditions.
    o --------- o --------- o --------- o --------- o --------- o
    Strongly   Moderately   Slightly   Slightly
    Moderately   Strongly
    Disagree   Disagree   Disagree   Agree   Agree
    Agree

25. Segregated special provisions might produce good results within their closed environment, but
    such gains often fail to generalize or maintain.
    o --------- o --------- o --------- o --------- o --------- o
    Strongly   Moderately   Slightly   Slightly
    Moderately   Strongly
    Disagree   Disagree   Disagree   Agree   Agree
    Agree

26. What are the main components of your current work as a school psychologist?
         (PLEASE CHECK ALL THAT APPLY)
         [ ] assessment
         [ ] work in schools, with teachers/principals
         [ ] individual or group counseling
         [ ] work with families
         [ ] collaboration with agencies and community services
         [ ] transition - school to work
         [ ] support to teachers where students are mainstreamed
         [ ] support to teachers in specialist schools/facilities

[ ] other (please specify)

_____

**27. Which of these interventions have you used in the treatment of seriously emotionally
    disturbed adolescents?**

(PLEASE CHECK ALL THAT APPLY, INDICATING HOW OFTEN YOU USED THIS
TECHNIQUE)

Individual counseling	[ ] Often	[ ] Several times	[ ] Once	[ ] Not used
Family counseling	[ ] Often	[ ] Several times	[ ] Once	[ ] Not used
Group counseling	[ ] Often	[ ] Several times	[ ] Once	[ ] Not used
Psychotherapy	[ ] Often	[ ] Several times	[ ] Once	[ ] Not used
Behavior modification	[ ] Often	[ ] Several times	[ ] Once	[ ] Not used
Social skills training	[ ] Often	[ ] Several times	[ ] Once	[ ] Not used
Teacher consultation	[ ] Often	[ ] Several times	[ ] Once	[ ] Not used
Wraparound planning	[ ] Often	[ ] Several times	[ ] Once	[ ] Not used
Other	[ ] Often	[ ] Several times	[ ] Once	[ ] Not used

(please indicate the particular technique used)

_____

**28. What particular articles, books, web sites, software or other resources relevant to seriously
    emotionally disturbed interventions have you found useful and would you recommend?**

**29. Which of the following strongly influence your decision making for treating seriously
    disturbed adolescents?**

(PLEASE CHECK ALL THOSE THAT APPLY)
[ ] The practice of your employers
[ ] Availability of resources
[ ] The evidential basis of outcome research
[ ] Local policies
[ ] National policies
[ ] Parents' views

[ ] Your theoretical orientation (empirical/philosophic/psychoanalytical/school of thought/inclusion policy)
[ ] Finance
[ ] Views/practice of your professional colleagues
[ ] Other local conditions (please specify)

_____

[ ] Other (please specify)

_____

30. Are there particular interventions or therapies that you would recommend for use with emotionally disturbed or seriously emotionally disturbed adolescents?

31. How often, if ever, do you access the Internet, World Wide Web, or online services to obtain information that will assist you in your work as a school psychologist?
Please check:
[ ] Almost every day   [ ] At least once a week   [ ] At least once a month
[ ] Less often than once a month   [ ] Never

32. What would be the most effective means for disseminating information about the effectiveness of interventions?

33. What do you think are the major blocks or obstacles to intervening more effectively with seriously emotionally disturbed adolescents?

34. Please add any further comments you wish to make:

If you omitted any items, please return to review them now.

If you wish to receive a report of the results of this survey please complete the blue form and enclose it with this survey.

Thank you for your participation. Please return the completed survey in the envelope provided by February 20, 2000.

Appendix 2

1. Demographic Information:

1. Employment status:

Full-time	301	83.4%
Part-time	35	9.7%
Retired	16	4.4%
Not employed	5	1.4%
Omitted	4	1.1%

2. Gender:

Male	23.8%
Females	73.7%
Omitted	2.5%

3. Years of experience as a school psychologist:

0 - 3 years	24.1%
4 - 10 years	23.0%
More than 10 years	51.5%
Omitted	1.4%

4. Highest degree held:

Masters	42.7%
Specialist	30.7%
Doctorate	25.8%
Omitted	.8%

_____

If employed, please answer questions 5 and 6:

5. In what type of community do you work?

Central city of metropolitan area	19.1%
City/town	18.0%
Suburb of metropolitan area	33.6%
Small town/rural area	26.8%
Omitted	2.5%

6. With which of the following grade levels do you work?
        (PLEASE CHECK ALL THAT APPLY)

Preschool or Kindergarten	45.4%
Elementary	66.5%
Middle/junior high	47.4%
Secondary/senior high	46.3%
Two-year college	0.8%
Four-year college	1.9%
Other	1.7%

7. Have you ever had experience working with seriously emotionally disturbed adolescents?

Yes	86.1%
No	13.9%

8. Do you currently work with seriously emotionally disturbed adolescents?

Yes	49.6%
No	49.0%

Omitted   1.4%

9. Where did you acquire most of your professional knowledge for working with seriously
   emotionally disturbed adolescents?
          (PLEASE CHECK ALL THAT APPLY)
          Graduate courses   61.8%
          Continuing professional development   62.3%
          During supervision   36.0%
            Other, please specify:
          Work experience/on the job   28.5%
          Intern in psychiatric hospital   1.7%
          Intern in another setting   4.4%
          Books and journals   3.6%
          CSWs and psychiatrists   .3%
          Training at a psychoanalytic institute   .3%
          Teaching experience   .6%
          Conferences   .3%

31. How often, if ever, do you access the Internet, World Wide Web, or online services to obtain
    information that will assist you in your work as a school psychologist?

	Frequency	Percent
Almost every day	35	9.7
At least once a week	55	15.2
At least once a month	90	24.9
Less often than once a month	106	29.4
Never	61	16.9
Omitted	14	3.9

2. Professional Opinions

Percentages are shown:

Statements relating to the working practice of school psychologists:.

   20. School psychologists spend too much time assessing serious emotional disturbance and not
       enough time actively treating it.

   1.1% ---- 1.9% ---- 7.2% ---- 13.6% ------ 23.0% ----- 34.9% ---- 18.3%
      Omitted   Strongly   Moderately   Slightly   Slightly
   Moderately   Strongly
                   Disagree   Disagree   Disagree   Agree   Agree
   Agree

   21. Having effective means of access to up-to-date summaries of existing research findings is
       more important than spending time and effort doing new research.

2.2% ---- 1.9% ---- 15.0% ---- 24.9% ---- 23.5% ---- 22.2% ---- 10.2%
Omitted   Strongly   Moderately   Slightly   Slightly
Moderately   Strongly
                           Disagree   Disagree   Disagree   Agree   Agree
Agree

Statements that relate to the SPs views about research:

10. School psychologists often do not hear about current research on seriously emotionally
disturbed adolescents and therefore cannot base their decisions on research

0.3% ---- 6.4% ---- 13.9% ---- 15.5% ---- 24.4% --   -- 32.4% --- - 7.2%
Omitted   Strongly   Moderately   Slightly   Slightly
Moderately   Strongly
                           Disagree   Disagree   Disagree   Agree   Agree
Agree

11. Further research on serious emotional disturbance is likely to improve the decision making
of school psychologists

0.6% ----   0.6% ---- 0.8% ---- 2.5%   ---- 16.1% ---- 43.2% ---- 36.3%
Omitted   Strongly   Moderately   Slightly   Slightly
Moderately   Strongly
                           Disagree   Disagree   Disagree   Agree   Agree
Agree

13. Short-term studies of treatment "effectiveness" with results measured over weeks rather
than at follow-up months or years later do not have scientific credibility

0.8% ---- 3.3% ---- 16.3% ---- 16.1% ---- 19.7% ---- 28.8% ---- 15.0%
Omitted   Strongly   Moderately   Slightly   Slightly
Moderately   Strongly
                           Disagree   Disagree   Disagree   Agree   Agree
Agree

Statements that relate to SPs views about practice:

12. Effective treatment of seriously emotionally disturbed adolescents requires a multi-
disciplinary approach with collaboration between teachers, psychiatrists, psychologists
and/or social workers.

0.6% ---- 1.1% ----   0   ----   0.3%   ---- 2.2% ----   9.1% ---- 86.7%
Omitted   Strongly   Moderately   Slightly   Slightly
Moderately   Strongly
                           Disagree   Disagree   Disagree   Agree
Agree   Agree

15. Once an adolescent is certified as seriously emotionally disturbed and placed in a special
    education facility there is little hope of that student returning to regular education.

        0.6% ---- 12.7% ---- 34.1% ---- 15.5% ---- 17.5% ---- 13.9% ---- 5.8%
            Omitted   Strongly   Moderately   Slightly   Slightly
    Moderately   Strongly
                        Disagree   Disagree   Disagree   Agree   Agree
    Agree

16. An improvement in the family circumstances of the seriously emotionally disturbed
    adolescent is usually necessary before a return can be made from a special provision to a
    less restrictive educational setting.

        0.6% ----   1.9% ---- 8.3% ----   14.1% ---- 30.5% ---- 28.8% ---- 16.1%
            Omitted   Strongly   Moderately   Slightly   Slightly
    Moderately   Strongly
                        Disagree   Disagree   Disagree   Agree   Agree
    Agree

17. For many adolescents with serious emotional disturbance, segregated facilities are the most
    effective placement that will make any real change.

        1.4% ---- 5.8% ----   20.2% ---- 16.9%   ---- 27.1%   ---- 20.5% --- 8.0%
            Omitted   Strongly   Moderately   Slightly   Slightly
    Moderately   Strongly
                        Disagree   Disagree   Disagree   Agree
    Agree   Agree

19. An "early intervention" in treating mildly disturbed adolescents can prevent serious
    emotional disturbance in most cases.

        1.1% ---- 0.6%   ---- 2.5% ----   6.6% --- 31.6% ---- 36.3% -- 21.3%
            Omitted   Strongly   Moderately   Slightly   Slightly
    Moderately   Strongly
                        Disagree   Disagree   Disagree   Agree
    Agree   Agree

23. Interventions for Seriously Emotionally Disturbed adolescents will always be more
    complex and more costly than those for students with lesser social or emotional problems.

        1.9% ---- 3.0% ---- 9.1% ---- 11.4% ---- 18.8% ---- 32.4% ---- 23.3%
            Omitted   Strongly   Moderately   Slightly   Slightly
    Moderately   Strongly
                        Disagree   Disagree   Disagree   Agree   Agree
    Agree

24. The effectiveness of school interventions will always be limited by ongoing family and neighborhood conditions.

1.7% ------ 0.6% -------   5.0% ---   7.8% ---- 23.0% --- 37.4% --- 24.7%
 Omitted   Strongly   Moderately   Slightly   Slightly
Moderately   Strongly
            Disagree   Disagree   Disagree   Agree   Agree
Agree

25. Segregated special provisions might produce good results within their closed environment, but such gains often fail to generalize or maintain.

3.0% ---- 1.7% ---- 6.9% ---- 9.1% ---- 31.3% --- 36.6% ---- 11.4%
 Omitted   Strongly   Moderately   Slightly   Slightly
Moderately   Strongly
            Disagree   Disagree   Disagree   Agree   Agree
Agree

3. Personal Working Practice

26. What are the main components of your current work as a school psychologist?

(PLEASE CHECK ALL THAT APPLY) CHECKED	FREQUENCY	PERCENT
Assessment	318	88.1%
Work in schools, with teachers/principals	300	83.1%
Individual or group counseling	251	69.5%
Work with families	187	51.8%
Collaboration with agencies and community services	202	56.0%
Transition - school to work	36	10.0%
Support to teachers where students are mainstreamed	212	58.7%
Support to teachers in specialist schools/facilities	82	22.7%
Other (please specify)		
1 CPSE	10	2.8%
2 Crisis Intervention	6	1.7%
3 Coordination of MD team	8	2.2%
4 Training	6	1.7%
5 CSE chair	6	1.7%
6 Program development	3	.8%
7 Early intervention	4	1.1%
8 Consultation	21	5.8%

27. Which of these interventions have you used in the treatment of seriously emotionally disturbed adolescents?

(PLEASE CHECK ALL THAT APPLY, INDICATING HOW OFTEN YOU USED THIS TECHNIQUE)

Individual counseling
Often 59.6%   Several times 23.3%   Once 0.6%   Not used   2.2%   Omitted 14.4%

Family counseling
Often 14.1%   Several times 34.6%   Once 3.6%   Not used 22.2%   Omitted 25.5%

Group counseling
Often 35.5%   Several times 26.9%   Once 1.9%   Not used 13.3%   Omitted 22.4%

Psychotherapy
Often 14.1%   Several times 13.3%   Once 0.6%   Not used 36.6%   Omitted 35.5%

Behavior modification
Often 54.8%   Several times 24.7%   Once 0.8%   Not used   4.2%   Omitted 15.5%

Social skills training
Often 43.5%   Several times 29.6%   Once 1.7%   Not used   6.9%   Omitted 18.3%

Teacher consultation
Often 59.0%   Several times 16.3%   Once 0.3%   Not used   5.8%   Omitted 18.6%

Wraparound planning
Often 12.5%   Several times 15.0%   Once 2.2%   Not used 27.2%   Omitted 43.2%

Other:
Agency liaison
Used   13.6 %

Community resources
Used   1.4%

Crisis Intervention
Used   1.4%

29. Which of the following strongly influence your decision making for treating seriously disturbed adolescents?

	Frequency	Percentage
(PLEASE CHECK ALL THOSE THAT APPLY)		
The practice of your employers	150	41.6%
Availability of resources	261	72.3%
The evidential basis of outcome research	104	28.8%

Local policies	114	31.6%
National policies	65	18.0%
Parents' views	168	46.5%
Your theoretical orientation (empirical/philosophic/		
psychoanalytical/school of thought/inclusion policy)	187	51.8%
Finance	76	21.1%
Views/practice of your professional colleagues	112	31.0%
Other:		
Time limits	22	6.1%
Quality of teaching for student	27	7.4%
Administration	1	0.3%
Counseling facilities	24	6.6%

14. I have an adequate knowledge of interventions for treating seriously emotionally disturbed
    adolescents.

    0.6% ---- 7.2% ---- 21.1% ---- 14.7% ---- 26.3% ---- 26.3% ---- 3.9%
    Omitted   Strongly   Moderately   Slightly   Slightly
    Moderately   Strongly
                        Disagree   Disagree   Disagree   Agree   Agree
    Agree

18. My psycho-educational evaluations of seriously emotionally disturbed adolescents lead to
    effective interventions.

    8.6% ---- 3.6% ---- 17.2% ---- 15.4% ---- 31.9% ---- 19.7% ---- 3.6%
    Omitted   Strongly   Moderately   Slightly   Slightly
    Moderately   Strongly
                        Disagree   Disagree   Disagree   Agree   Agree
    Agree

22. I have adequate staff development opportunities with respect to interventions for seriously
    emotionally disturbed adolescents.

    5.5% ---- 21.6% ---- 24.1% ---- 18.6% ---- 15.0% ---- 12.2% ---- 3.0%
    Omitted   Strongly   Moderately   Slightly   Slightly
    Moderately   Strongly
                        Disagree   Disagree   Disagree   Agree   Agree
    Agree

4. Recommendations
Appendix 2 contains the survey results for the recommendations section.

28. What particular articles, books, web sites, software or other resources relevant to seriously emotionally disturbed interventions have you found useful and would you recommend?

From the 361 survey forms returns there were 73 different books recommended. Thirty-two replies stated "don't know" or similar response. Over 200 were left blank. About 40 recommended named journals, School Psychology Review, NASP *Communique*.

BOOKS RECOMMENDED BY RESPONDENTS:
The books listed below were recommended by survey respondents in New York State, in response to the question: "Which texts would you recommend as useful reading about serious emotional disturbance in adolescents?".

They are listed here alphabetically by name of the first author, in the form cited by the respondent. Some were cited more than once, but frequency counts have not been given here.

Albert, L. (1996). *Cooperative discipline*. American Guidance Service.
Barkley, R. A. (1998). *Attention-deficit hyperactivity disorder: A Handbook for diagnosis and treatment*. Guilford Press.
Barkley, R. A. (1997). *ADHD and the nature of self-control*. Guilford Press.
Beck, A. T. (1991). *Cognitive therapy and emotional disorders*. Penguin Books.
Beck, J. S. (1995). *Cognitive therapy*. Guilford Press.
Bernard, M. E. (1991). *Using Rational-Emotive Therapy effectively: A practitioner's guide (Applied Clinical Psychology)*. Plenum Publishing Corporation.
Bernstein, N. I. (1997). *Treating the unmanageable adolescent: A guide to oppositional defiant and conduct disorders*. Jason Aronson.
Brooks, R. (1991). *The self-esteem teacher.* American Guidance Service.
Brussat, F. & Brussat, M. A. (1998). *Spiritual literacy*. Pocket Books.
Burney, R. ( ). *Codependence/the dance of wounded souls*. Joy to You & Me Enterprises.
Canter, L. & Petersen, K. (1996). *Teaching students to get along*. Lee Canter & Assoc.
Cudney, M. R. & Hardy, R. E. (1993). *Self-defeating behaviors: Free yourself from the habits, compulsions, feelings and attitudes that hold you back*. Harper-Collins.
Dreikurs, R. (out of print). *Psychology in the classroom: A manual for teachers*.
Eggert, L. L. (1994). *Anger management for youth: Stemming aggression and violence*. National Educational Service.
Ellis, A. (1975). *A guide to rational living*. Wilshire Publications.
Ellis, A. & Bernhard, M. E. (1985). *Clinical applications of Rational Emotive Therapy*. Plenum Publishing.
Faber, A. & Mazlish, E. (1999). *How to talk so kids will listen and listen so kids will talk*. Avon Books.
Feindler, E. L. & Ecton, R. B. (out of print). *Adolescent anger control: Cognitive-behavioral techniques*. Psychology Practitioner Guidebooks.
Finn, S. E. (1996). *Manual for using the MMPI-2 as a therapeutic intervention*. University of Minnesota Press.
Garbarino, J. & Smith, C. (1999). *Lost boys: Why our sons turn violent and how we can save them*. Simon & Schuster Books.
Gardner, H. (1999). *Intelligence reframed: Multiple intelligence for the 21st century.* Basic Books.
Gardner, H. (1993). *Frames of mind: The theory of multiple intelligences*. Basic Books.
Gil, E. (1996). *Treating abused adolescents*. Guilford Press.
Glasser, W. (1999). *Choice theory: A new psychology of personal freedom*. Harper Perennial.

Goldstein, A. P. & Glick, B. (1998). *Aggression replacement training: A comprehensive intervention for aggressive youth*. Research Press.

Goldstein, A. P. & McGinnis, E. (1997). *Skillstreaming the adolescent: New strategies and perspectives for teaching prosocial skills*. Research Press.

Goleman, D. P. (1997). *Emotional intelligence*. Bantam Books.

Greene, R. W. (1998). *The explosive child: A new approach for understanding and parenting easily frustrated, 'chronically inflexible' children*. Harper-Collins.

Greenspan, S. I., Weider, S., & Simon, R. (1998). *The child with special needs: Encouraging intellectual and emotional growth*. Perseus Press.

Hackney, H. L. & Cormier, L. S. (1995). *The professional counselor: A process guide to helping*. Allyn & Bacon.

Haley, J. (1993). *Uncommon therapy: The psychiatric techniques of Milton H. Erickson, M.D.* W.W. Norton & Co.

Hallowell, E. M. & Ratey, J. J. (1995). *Driven to distraction: Recognizing and coping with attention deficit disorder from childhood through adulthood*. Simon & Schuster.

Hartwig, E. P. & Ruesch, G. M. (1994). *Discipline in the school (crisis intervention)*. L.R.P. Publications

Henry, J. (out of print) *Pathways to madness*.

Illback, R. J. & Nelson, C. M. (Eds.) (1996). *Emerging school-based approaches for children with emotional and behavioral problems: Research and practice in service integration*. Haworth Press.

Kazdin, A. (1995). *Conduct disorders in childhood and adolescence*. Sage Publications.

Kelly, K., Ramundo, P. & Silver, L. B. (1996). *You mean I'm not lazy, stupid, or crazy?! A self-help book for adults with attention deficit disorder*. Fireside.

Kriesberg, L. & Thorson, S. J. (1991). *Timing the de-escalation of international conflicts (Syracuse studies on peace and conflict resolution)*. Syracuse University Press.

Long, N. J., Morse, W. C. & Newman, R. G. (out of print). *Conflict in the classroom: The education of emotionally disturbed children*.

Magid, K., McKelvey, C. A. & Schroeder, P. (1989). *High risk: Children without a conscience*. Bantam Books.

Masterson, J. F. (1990). *The search for the real self: Unmasking the personality disorders of our age*. Free Press.

Mehrabian, Al. (out of print). *Tactics of social influence*.

Metcalf, L. & Metcalf, R. (1994). *Counseling toward solutions: A practical solution-focused program for working with students, teachers and parents.* Prentice Hall.

Mondimore, F. M. (1999). *Bipolar disorder: A guide for patients and families*. Johns Hopkins University Press.

Morrison, J. R. & Anders, T. F. (1999). *Interviewing children and adolescents: Skills and strategies for effective DSM-IV diagnosis.* Guilford Press.

McGovern, A. & Wurmfeld, H. H. (out of print). *Feeling mad - feeling sad - feeling bad - feeling glad*.

Neill, A. S. & Lamb, A. (1995). *Summerhill School: A new view of childhood*. St. Martins Press.

O'Malley, R. K. (out of print). *Mile high mile deep*.

Phelan, T. W. (1996). *1-2-3 magic: Effective discipline for children 2-12*. Child Management.

Quay, H. C. & Hogan, A. E. (1999). Hand*book of disruptive behavior di s*orders. Kluwer Academic.

Redl, F. & Wineman, D. (out of print). *Controls from within: Techniques for the treatment of the aggressive child*.

Reynolds, C. R. & Gutkin, T. B. (Eds.) (1998). *The handbook of school psychology*. John Wiley & Sons.

Rhode, G., Jenson, W. R. & Reavis, H. K. (1996). T*he tough kid book – Practical classroom management strategies*. Sopris West Inc.

Rosemond, J. K. (1991). *Parent power!: A common-sense approach to parenting in the '90s and beyond*. Andrews McMeel Publishing.

Ross, G. R. (1993). *Treating adolescent substance abuse: Understanding the fundamental elements*. Allyn & Bacon.

Rutter, M. (1990). *Helping troubled children*. Pengiun Books.

Saint-Exupery de, A. (1999). *The little prince*. BBC Audio (tape).

Sprick, R. S. (1995). *Teacher's encyclopedia of behavior management: 100 problems 500 plans* (The Library Management Motivation and Discipline Series). Sopris West.

Sutton, J. D. (1997). *If my kid's so nice....Why's he driving me crazy? Straight talk about the 'good kid' disorder*. Friendly Oaks Publications.

Taffel, R. & Blau, M. (1999). *Nurturing good children now: 10 basic skills to protect and strengthen your child's core self*. Golden Books Publishing Co.

Valentine, M. R. (1994). *How to deal with difficult discipline problems: A family systems approach*. Kendall Hunt Publishing Co.

Villa, R. A., Thousand, J. S., & Stainback, W. (1992). *Restructuring for caring and effective education: An administrative guide to creating heterogeneous schools*. Paul H Brookes Publishing Co.

Villa, R. A. & Thousand, J. S. (1995). *Creating an inclusive schoo*l. Association for Supervision & Curriculum Development.

Wicks-Nelson, R. & Israel, A. C. (1999). *Behavior disorders of childhood*. Prentice Hall.

Winnicott, D. W. (1990). *Human Nature*. Brunner/Mazel.

Wood, M. M. & Long, N. J. (1990). *Life space intervention: Talking with children and youth in crisis.* Pro-Ed.

American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders: DSM-IV (4th Ed)*. American Psychiatric Association Press.

_____

33. What do you think are the major blocks or obstacles to intervening more effectively with seriously emotionally disturbed adolescents?

	Frequency	Percentage
1 Lack of time	60	16.6%
2 Lack of Training	34	9.4%
3 IDEA or special education procedures	32	8.9%
5 Lack of family involvement	109	30.2%
6 Lack of resources	87	24.1%
7 Lack of psychiatrist with experience of working with adolescents	4	1.1%
8 Inadequate staffing or inadequate schools	56	15.5%
9 Lack of finance	41	11.4%

_____

32. What would be the most effective means for disseminating information about the effectiveness of interventions?

	Frequency	Percentages
1 Internet or email	131	36.3%
2 Staff development and training sessions	31	8.6%
3 Site visits	2	0.6%
4 Staff consultations	8	2.2%
5 Professional Journals	92	25.5%
6 Conferences and workshops	30	8.3%
7 Graduate courses	16	4.4%
8 Newsletters, snail mail, regular mail	102	28.3%
9 National & State associations, professional organizations	67	18.6%

30. Are there particular interventions or therapies that you would recommend for use with emotionally disturbed or seriously emotionally disturbed adolescents?

Few named an effective intervention and those who did expressed it in very broad generic terms. Around two-thirds of the respondents did not list any effective intervention. Cognitive behavioral therapy is the most popular "effective intervention" with behavior modification a close second:

	Frequency	Percentage
1. Cognitive behavioral therapy	121	33.5%
2. Cognitive therapy	10	2.8%
3. Behavior modification	48	13.3%
4. Networking with other agencies	21	5.8%
5. Community/mental health agencies	6	1.7%
6. Socialization and recreation	22	6.1%
7. Psychodynamic therapy	5	1.4%
8. Psychoanalysis	10	2.8%
9. REBT	8	2.2%

The following statements are individual replies to question 34 of the survey questionnaire, further comments that the respondent wished to make. The number preceding each statement is an identifier to connect that particular statement to the completed questionnaire from which it came. Anonymity of the person completing the statement is ensured.

347
Positive family changes do make a major difference in the behavior changes of a child. Although family therapy does not occur in the school it will impact major changes in the child's life.

342
Improvements in medication for a variety of emotional disturbance has dramatically increased the number of students who function successfully in their local schools. However, the number of students suffering with depression has increased steadily and compliance with taking medication has become a more frequent counseling issue.

338

I think recent legislation and research are providing exciting opportunities for a better practice of SP and education. And may we can hope the adolescent will also benefit!

326

At the elementary school level I haven't had any experience with the seriously emotionally disturbed.

323

There is a great need for emotional literacy training....it is an after thought in a highly academic environments. It is making the invisible visible! This is a very tough nut to crack among parents and school teachers and administrators.

318

The facility in which I work is a segregated special ed BOCES program offering 6:1:1 classes and 1:30 mental health with vocational supports. Students are drawn from a wide variety of SES groups and environments. I have previously worked with all special and regular populations in city, rural and suburban districts.

307

 I think segregated sites often provide the total environment of structure. it is hard to provide consistent structure for a student within a large high school. The key problem is transitioning kids back into the home school. The student body as well as teachers don't easily forget the bad times. Kids can try to convince a student to set out again - be the tough one, teachers as well as administrators can react with great caution or fear - "what will the student do next?"

299

I tend to be outcome-based in counseling. My goal is to help students mange their problem so they can be successful not only in school but in life. I use a variety of techniques, counseling theories, etc. to suit the particular student.

292

I strongly feel that most school psychology programs are severely lacking in courses that prepare the future graduates to effectively intervene with emotionally disturbed children.

241

Greater collaboration between family/guardian and school (along with community agencies),would be extremely helpful.

232

I work in the NYC public school system. It is driven by assessment compliance and discourages treatment as the view is educational rather than mental health treatment. This inappropriate and so I feel referring students to mental health professionals outside the school is more effective.

218

Sometimes it takes two years or more of meeting with parents to establish a productive relationship that addresses the child's problems realistically. I believe in the power of "process" as an important concept to guide and strengthen our efforts to help these children.

005

In my district, I am the psychologist for a student body of appropriately 2500 students which include over 300 Sp. Ed. students. Another psychologist does mandated Sp. Ed. counseling - do everything else - i.e. Child Study Teams, 50+ Plans, all initial evaluations for the CSE + 50% of the triennials, crisis intervention + counseling, etc. for all of the reg ed. students.

282
Overuse of medications by many practitioners and hospitals does very little (or nothing) to change underlying dynamics. There's a strong need for truly therapeutic environments to alleviate post-traumatic stress and other pathological reactions which can occur in the face of poor or weak ego development or the unformed or fragile personality found in adolescents.

262
School psych. training programs also need to address these topics (ED students/adolescents) in training future school psychologists.
School Psych. programs (from my experience) focus very little if at all with this population of students.

246
I think that it would be a good idea to start a school based on oriental principles, with no medication given to children.

249
If schools are to be Mental Health facilities - one needs funding, staff and time (after classes) to treat students.

228
I'm from the U.K. - I didn't know school psychology was alive and well there!

203
I got to walk in an emotionally disturbed teachers shoes the other day and teach her class for the whole day. When children are kept productive and not just kept busy, they really can be well behaved. Prevention not reaction is the key!!

199
I would be interested in working on the research study or any others that are coming up.

190
Although I work primarily with elementary school-age students, the beginnings of SED are seen as early as age 3. I'd like to see more research on early intervention programs to see if we can prevent some of these serious problems.

176
Some questions/comments were too confusing to answer.

033
Another obstacle is that most people are so frustrated w/ their behavior that little support is given. Family systems lack the knowledge + resources to assist support behavior change.

356

I work in a great program but unfortunately most of our kids leave the security of our building and revert to old - but currently used unhealthy strategies that were learned in their home to deal with stress.

170
Checking on medication by parent is sometimes faulty so that the physician may begin to keep records that can be released to school with parental permission.

167
As a new psychologist (3rd year) I find it upsetting to see the differences in training in the field, Many times, colleagues of mine will recommend therapies that have clearly been shown to be ineffective w/emotionally disturbed youngsters. Many psychologists are not aware of recent research and continue to refer ED kids for individual or other types of therapies that will probably have very little effect on the child's mental health.

128
Schools are not designed to treat disturbed adolescents but to identify them and recommend more restrictive settings.

146
Great survey, great topic.
I do have two concerns about the survey itself.
(1) There's no way to ensure anonymity for those (like me) who want a copy of the results, as we're instructed to return the blue request form * with the survey.
(2) This is the only survey I've ever seen using a Likert scale-scale with no center point (neutral). So many items say "Always" in them, and for a few I neither agree nor disagree at all, I would have chosen neutral if it was an option.

121
There is not enough credit given to the cognitive abilities of these adolescents. More focus should be given on motivating themselves from within and having the children monitor their own behavior. (e.g. schoolwide behavior management - children have to do their own tallying and tracking. Restitution is effective because they become less oppositional when they are involved in the whole process.

117
My husband is a lay minister is a lay minister in the prisons. When he describes the changes in Prisoners who make a SPIRITUAL + MORAL Decision to receive Jesus Christ as their savior, I have to say , YEARS of therapy would be needed to make such changes. It is beautiful to witness this change. PLEASE BE OPEN TO TREATING THE WHOLE PERSON + ALLOWANCE SPIRITUAL OR MORAL SOLUTIONS TO BE PART OF PROGRAMS, IF FAMILIES DESIRE. "Research" knows the past. God knows the future.

113
I would really be interested in any further info. or training available at reasonable cost since financially some schools will not provide for cost of training.

108
It's that until a tragedy occurs in the middle class or the suburbs, that the interest level in this problem is totally lacking.

I work in a disadvantaged inner city neighborhood (not the worst) level of abuse, drugs and incarceration of parents are high. AIDS death is high. Lots of agencies, but few programs in the schools to support so many emotional needs.

105

With the "new" authorization of IDEA school districts are really limited in responding to disciplinary problems. The Federal government has really put us in a Catch 22 situation.

104

My experience is limited at this point, but I am pursuing further study and internship opportunities.

103

We don't have all the answers but some answers are simple. we need trained people to help teach parents skills. We need temporary placements to give people a break. We need therapeutic day care and after school program. We need affordable and available in patient and outpatient treatment facilities.
Further questions:
What were the principal ways you learned to deal with E.D. children?
How well versed are you on current research on E.D. children?
How well versed are school psychologists you know professionally to deal with E.D. children?
What research would help improve school psychologists skills in helping E.D. children?

097

In NYC Board of Education there is no understanding by school Principals of the Role of School Psychologists. Since we SBST members have been given over to school principals no one is left to serve the interest - protect the interests of poor ?????? in poor neighborhoods where principals now routinely manipulate services and families to the benefit of school results in testing situations.

094

I feel that I would personally benefit from more training on medication used to treat students with emotional disturbances as well as more in depth case studies of specific interventions used and the results obtained. there needs to be a stronger link between the families, outside agencies, and the schools in order to most effectively work with these students.

087

Many of the ED children have been sinned against. Others may have genetic tendencies to mental illness. Treatment should be more readily available. Disturbance in children should also be more readily acknowledged. "Early intervention" means appropriate medication when the disturbance emerges - usually sooner than adolescence.

084

I believe that in most cases, they were SED prior to adolescence. We cannot cure it. We can barely ameliorate it. We need to view it like we do retardation - a lifelong disease with the need for lifetime planning.

081

Interesting study. I look forward to reading your results, particularly resources and references.

080

I think schools have a very long way to go in meeting the needs of SED students effectively. These students require intensive case management and few schools have persons on staff to do this effectively.

070
Family support is <u>so</u> vital.

063
Continuing studies of pre-natal care, the effects of multiple foster home/group, home placements and children born to children that continue this cycle.

061
SED kids often have disadvantaged home lives which adversely affect their functioning and are well beyond school help.

077
Usually interventions made are to transfer student to a special facility where he can receive more in the depth treatment. Counseling, work of the family, behav, modi..) e.g Residential placements are best for these students.

071
There are few interventions available for helping these students outside of schools. Often their incomes are limited and they can't afford help don't see the need for it. The law supports their rights often over the rights of other students in the classroom. If you want to go the easiest route in the classroom in helping them, it's exhaustingly long and much paperwork is needed. Often we don't have the personnel to help.

057
Often proper services to the seriously emotionally handicapped adolescent can not be provided in the child's "home" school. He/she will need to be placed in a "campus" school or an alternate school/to receive these services, and be monitored more closely by staff. Such placements offer intensive treatment that the school cannot.

054
As sad as this sounds, many times my judgments and actions are based on personal "instincts". I believe in Hard work, the value of work, respect for self and others - and I expect this of my students as well.

042
I have a rather unique position as a school psychologist in my middle school setting. I provide regular psych. services to the whole building (about 700 students), as well as providing counseling and support to about 12 students identified for 6: 1+1 classes due to behavior and emotional problems.

037
Segregation of SED students gives them permission to act "crazy" and misbehave because I am crazy therefore I can act crazy because I am in this class.

029

(Re: ED students in regular school settings)
This, obviously, is a very strong issue for me. I have been injured on the job restraining students with emotional disturbances and making an issue of the impropriety of this use of my skills has caused me to be "persona non grata" and I'm at risk of being forced out of my position. Please let me know where I can obtain support legal advice, if you can.

025

Effective school based interventions for adolescents in crisis are necessary be they are so common and the suffering of families is great.

021

I have found great frustration servicing these students this year! Many of the outside agencies I have referred these students and parents to - have been disappointing. Seems like there has to have been a crisis(i.e.hurting themselves or someone else) to recieve the necessary help. Found most schools and hospitals to work reactively rather than proactively? Feel we are setting ourselves up for an increase in disastrous events!!
How can we change this???
This project is a great idea! Let me know if I can be of any further assistance!

019

A sense of humor is essential in relating to such a population of students. Tangible meaningful rewards the key. Patience and ability to leave stress, work at the job is also essential. Good luck!

017

The students who have emotional difficulties should not be segregated. It only adds to their sense of failure. Use of groups, aides and other pertinent resources such as help with study skills and social skills should be offered in regular education setting.

347

I have never had any direct experience w/seriously emotionally disturbed adolescents, just what I have learned through my supervisor as she deals w/ them. frustration seems to be a big problem for her. Frustration w/ administration and teachers, + family environment + and feeling like there is little she can actually do.

REFERENCES

Achenbach, T.M. (1985). *Assessment and Taxonomy of Child and Adolescent Psychopathology.* Sage Publications, Thousand Oaks, CA

American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders: DSM-IV.* 4th edition. Author, Washington, DC.

Andrews, F.M., Klem, L. Davidson, T.N., O'Malley, P.M., & Rodgers, W.L.(1981). *A guide for selecting statistical techniques for analyzing social science data.* Second edition. University of Michigan, Ann Arbor, MI.

Bowlby, J. (1969). *Attachment and loss: Attachment. Vol. 1.* Basic Books, New York.

Bowlby, J. (1973). *Attachment and loss: Separation, anxiety, and anger. Vol. 2.* Basic Books, New York.

Bowlby, J. (1980). *Attachment and loss; Loss, sadness, and depression. Vol. 3.* Basic Books, New York.

Bowlby, J. (1988). Developmental psychiatry comes of age. *American Journal of Psychiatry 145*, 1-10.

Carlson, C., & Sincavage, J. (1987). Family-oriented school psychology practice: results of a national survey of NASP members. *School Psychology Review, 16*(4), 519-526.

Clarizio, H.F., & Payette, K. (1990). A survey of school psychologists' perspectives and practices with Childhood Depression. *Psychology in the Schools, 27*(1), 57-63.

Department for Education and Employment (2000). *Educational psychology services (England): current role, good practice and future direction.* Department for Education and Employment Publications Centre, London.

Dunlap, G. & Childs, K.E. (1996). Intervention research in emotional and behavioral disorders: an analysis of studies from 1980-1993. *Behavioral Disorders 21*(2), 125-136.

Fink, A., & Kosekoff, J. (1985). *How to conduct surveys: A step by step guide.* Sage, London. (Second edition 1998)

Gil, E. (1996). *Treating abused adolescents.* The Guilford Press, New York.

Greene, R. (1998). *The explosive child: A new approach for understanding and parenting chronically inflexible children.* HarperCollins, New York.

H.M.I. (1990). *Educational Psychology Services in England and Wales.* HMSO, London

House, A.E. (1999). *DSM-IV diagnosis in the schools.* The Guilford Press, New York.

Kauffmann, J. (1993). *Characteristics of Emotional & Behavioural Disorders of Children and Youth, Fifth Edition.* Macmillan Publishing Company, New York

Lefkowitz, M.M., & Tesiny, E.P. (1984). Rejection and depression: Prospective and contemporaneous analyses. *Journal of Abnormal Psychology 98,* 78-85.

Lipsey, M.L. (1994). Identifying potentially interesting variables and analysis opportunities. In: *The handbook of research synthesis.* Cooper,H; Hedges, L.V. (Eds.). Russell Sage Foundation, New York.

Lobovits, D.A, & Handal, P.J. (1985). Childhood depression: prevalence using DSM-III criteria and validity of parent and child depression scales. *Journal of Pediatric Psychology 10*, 45-54.

Magnavita, J.J. (2000). *Relational therapy for personality disorders.* John Wiley & Sons, New York.

MacKay, T. (1999). *Quality assurance in education authority psychological services: Self-*

evaluation using performance indicators. Scottish Executive Education Department, Edinburgh.

McConaughy, S.H., & Skiba, R.J. (1993). Comorbidity of externalizing and internalizing problems. *School Psychology Review 22*(3), 421-436.

McWilliams, N. (1999). *Psychoanalytic case formulation.* The Guilford Press, New York.

Parish, T.S. (1996). Who are "at-risk" and what can we do to help them? *Journal of Reality Therapy, 15*(2), 90-99.

Pelco, L.E., Jacobson, L., Ries, R.R., & Melka, S. (2000). Perspectives and practices in family-school partnerships: A national survey of school psychologists. *School Psychology Review 29*(2), 235-250.

Reschly, D.J. & Wilson, M.S. (1995). School psychology faculty and practitioners: 1986 to 1991 trends in demographic characteristics, roles, satisfactions, and system reform. *School Psychology Review, 24*, 62-80.

Reynolds, C.R. & Kamphaus, R.W. (1994). *Behavior assessment system for children.* American Guidance Service, Inc., Circle Pines, MN.

Sells, S.P. Schiff, N., & Haley, J. (1999). *Treating the tough adolescent: A family-based, step-by-step guide.* The Guilford Press, New York.

Sheridan, S.M., & Steck, M.C. (1995). Acceptability of conjoint behavioral consultation: A national survey of school psychologists. *School Psychology Review 24*(4), 633-647.

Singh, N.N., Deitz, D.E., Epstein, M.H. & Singh, J. (1991). Social behavior of students who are seriously emotionally disturbed: A quantitative analysis of intervention studies. *Behavior Modification 15*(1), 74-94.

Skiba, R. & Casey, A. (1985). Interventions for behaviorally disordered students: A quantitative review and methodological critique. *Behavioral Disorders 10*(4), 239-252.

Smith, M.L. & Glass, G.V. (1977). Meta-analysis of psychotherapy outcome studies. *America Psychologist 32*, 752-760.

Sperry, L. (1999). *Cognitive behavior therapy of DSM-IV personality disorders.* Brunner/Mazel, Philadephia, PA.

Thomson, G.B. (1993). *A national survey of local authority psychological services*. Department of Education, University of Edinburgh.

U.S. Congress (1990). *PL 101-476 - Individuals with Disabilities Education Act.*

U.S. Congress (1997). *PL 105-17 - Individuals with Disabilities Education Act Amendments*.

U.S. Department of Health and Human Services (1999). *Mental Health: A report of the Surgeon General.* US Government Printing Office, Washington, D.C.

Witt, J.C. & Robbins, J.R. (1985). Acceptability of reductive interventions for the control of
        inappropriate child behavior. *Journal of Abnormal Child Psychology*, *13,* 59-67.

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