The International Handbook of Consultation in Educational Settings

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Revisiting Canadian Consultation Models in School Psychology

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INTRODUCTION

In line with trends toward increased accountability in education and mental health, in this chapter we review Canadian consultation frameworks and applicable research. We describe a Canadian integrative model for comprehensive psychological services in multicultural education systems. The model incorporates primary, secondary, and tertiary prevention for the benefit of school communities and policy makers. It also provides a continuum for divergent direct and indirect services based on theoretical and empirical studies within the consultation literature. Two examples of applications of the model are provided. The first describes multidisciplinary school teams that engage in a consulting role. The second describes online resources as aids for consultative processes in schools and other settings. The chapter concludes with implications for preservice instruction for future practitioners and in-service training for school psychologists seeking to broaden their knowledge and experience in consultative services in education.

THE CANADIAN CONTEXT

Canadian psychology “has a unique character” shaped by its national mosaic (Hadjistavropoulos, 2009, p. 1). The key contextual features include two official languages, English and French, with separate educational practices; a growing and significant population of Aboriginal Peoples, many in remote communities; and high levels of immigration of families who come from diverse countries and cultures and speak many different languages. The Aboriginal population comprises approximately 3.8% of the Canadian population, is younger, and is growing faster than the population of Canada as a whole (Simeone, 2011). Although the Aboriginal population is urbanizing, many live in remote, impoverished Northern communities.

Canada receives approximately 250,000 immigrants and refugees annually, with approximately 20% of the total population born outside the country. Asia was the largest source of immigrants in the last 5 years; there are also large numbers of immigrants from Africa, the Caribbean, and Central and South America. Almost 60% are skilled workers or have their own businesses, and the majority of them have university degrees. Most
recent immigrants and refugees live in or near major urban centers (Statistics Canada, 2011). One of the challenges faced by school psychologists is to provide services in a culturally sensitive way for culturally diverse students and their families (Cole, 1998; Geva & Wiener, 2015).

In multilingual societies comprising increasingly diverse cultural communities, children and youth who are at risk for educational underachievement and social maladjustment pose challenges for teachers, administrators, and mental health practitioners. One of the challenges faced by Canadian schools is that they have become sites for intervention with children who have numerous learning and social problems. At the same time, ever-expanding educational goals in an era of budgetary constraints have reinforced the demand for higher accountability practices. Consequently, the pedagogical, social, and budgetary context has become a catalyst for educational reform (Fullan, 2007, 2010). According to Cole (1996), these social demands on education require a change of culture in organizations, including strategic planning, evaluation mechanisms, consultation, and coordinated support services.

There are implications for psychologists in this change of cultures in organizations: they need to be skilled in team building, in working with others to achieve a consensus, and in developing clear mechanisms for communication and consultation. However, school psychologists, whose knowledge and skills can assist in this process, are not always included in the broad discussions that take place to develop policy in Canada (Corkum, French, & Dorey, 2007; Harris & Joy, 2010; Jordan, Hindes, & Saklofske, 2009). In addition, public education is a provincial responsibility; therefore, there are no national policies that pertain to education and the role of school psychologists (Cole, 1998; Hajistavropoulos, 2009; McIntosh, 2014; Wiener & Siegel, 1992). Moreover, in many public education systems, budgetary demands have resulted in cutbacks to consultative services and have relegated psychologists to the traditional role of providing assessments for special education placement. With growing awareness of needs, it is regrettable that psychologists are not always viewed as playing cost-effective roles as partners in education. Yet, without clear advocacy and a shared vision of the role psychology plays in education, necessary services are likely to diminish or to be reduced to tertiary interventions. Although advocacy by psychology organizations continues to be important, it must be shaped by integrated models of service that are viewed as accountable at the local community level and as central to the goals of education systems (Cole & Siegel, 2003; Manion, 2010; McIntosh et al., 2011; Millar, Lean, Sweet, Moraes, & Nelson, 2013; Schmidt, 2012; Whitley, Smith, & Vaillancourt, 2013).

There is growing evidence, however, that attitudes within psychology itself and within education continue to change. Leaders in education have questioned, over time, whether special education services are the most effective way of dealing with academic underachievement for a heterogeneous population of students (Cole, 1992, 1996; Cole & Brown, 1996, 2003; Lean & Colucci, 2010; Ontario Ministry of Education, 2011; Shapiro, 2008). Additionally, there is skepticism about the diagnostic powers of traditional psychometric assessment (e.g., Kamphaus, 2009; Luther, Cole, & Gamlin, 1996). School psychologists themselves continue to advocate for the opportunity to use a wider range of skills in their work and for better training in a variety of areas related to student and school needs (McCrimmon, Altomare, Matchullis, & Jitiina, 2012; Sandoval, 1996; Ysseldyke et al., 2006). Over the past two decades, publications and conventions (both scholarly and practical) have pointed practitioners in the direction of expanded services.
Organizations such as the Canadian Psychological Association and the National Association of School Psychologists (NASP) continue to play a central role in identifying and improving upon training standards and in providing information to psychologists in education (e.g., Noltmeyer & McLaughlin, 2011; Ysseldyke et al., 2006). Notwithstanding advocacy by psychology organizations, service providers themselves would continue to benefit from exploring avenues for change that will promote cost-effective best practices within a conceptual service model.

INTEGRATIVE MODEL FOR COMPREHENSIVE PSYCHOLOGICAL SERVICES

For many busy school psychologists, the idea of having a service delivery model may seem of relatively little value. Models are abstractions and are therefore inadequate descriptions of everyday life. Yet, most individuals and professional group members have an underlying set of beliefs that govern their professional behavior, and it is thus important to make these beliefs explicit. The following Canadian service delivery model, first published by Cole and Siegel in 1990, evolved from day-to-day practice in elementary and secondary schools. The model is designed to help psychologists gain a better understanding of their own roles and assist in consultation with educators, parents, and other mental health professionals. Finally, the model provides a framework for generating and evaluating alternate methods of service delivery. Since its publication, the model has been taught in graduate programs and discussed in education systems in Canada and elsewhere; for example, Cole has given lectures about this model in several countries (Cole & Siegel, 2003).

The premise of the model is that the ultimate goal of school psychology services is to enhance children’s learning and adjustment. Consequently, it is important that services are available to all students and that there are multiple approaches to service delivery (Andrews & Violato, 2003; Fletcher, Coulter, Reschly, & Vaughn, 2004; Fletcher & Vaughn, 2009; Power, 2006, 2008a, 2008b; Schaughency & Ervin, 2006; Thomas & Grimes, 2008; Ysseldyke et al., 2006).

The model is conceptualized as a simple two-dimensional grid (see Table 3.1). The horizontal dimension of the grid elaborates the goals of service delivery as primary, secondary, and tertiary prevention. These concepts are borrowed from the preventative mental health work developed by Caplan (1970). Primary prevention services are provided for the benefit of all students; secondary prevention services are provided for those who are at risk; and tertiary prevention services are provided for those who are experiencing significant difficulties with school adjustment. Nastasi (2000) uses the terms risk reduction and early intervention for secondary prevention and treatment for tertiary intervention. Similarly, Lean and Colucci (2010, 2013) introduced a comprehensive structure for integrating community-based service providers and programs into schools. The structure’s multitiered framework documents three types of intervention: universal intervention (e.g., mental health screening), targeted intervention (e.g., parenting groups), and intense intervention (such as special education support).

The vertical dimension of the grid, developed by Parsons and Meyers (1984), illustrates that although the goal of educational services is ultimately to benefit students, their needs may sometimes be met most effectively through indirect services to teachers, principals, or the entire school system. That is, rather than services always being
Table 3.1 A Model for Psychological Service in Schools

<table>
<thead>
<tr>
<th>Goals of Service</th>
<th>Recipients of service</th>
<th>The organization</th>
<th>School staff</th>
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<tbody>
<tr>
<td><strong>Primary prevention</strong></td>
<td>Identify resources, provide and analyze information; program for all students</td>
<td>Promotion of academic achievement and mental health and well-being by working collaboratively with: • Policy makers • Curriculum developers • Designers of web and other media resources • Senior school district administrators Participate on school district research committee</td>
<td>Consult with school staff regarding fostering academic achievement and emotional and social well-being through evidence-based, whole-classroom programming such as: • Implementing a balanced literacy approach • Fostering positive peer relations</td>
</tr>
<tr>
<td><strong>Secondary prevention</strong></td>
<td>Provide information, consult, and program for at-risk students</td>
<td>Work collaboratively with school district and community to develop and implement programs for students who are at risk for school failure or mental health challenges such as: • Intensive literacy and numeracy instruction • Safe schools/bullying prevention • Transition and integration of immigrants and refugees</td>
<td>Consult with school staff regarding development and delivery of risk reduction programs such as: • Family literacy programs for parents who do not speak the dominant language of the country or who have low levels of education • Support to students who are perpetrators or victims of bullying</td>
</tr>
<tr>
<td><strong>Tertiary prevention</strong></td>
<td>Provide information, consult, and program for students whose academic and psychosocial difficulties significantly interfere with their adaptation to school</td>
<td>Consult with school district regarding development of service delivery models and structures for students with disabilities and disorders</td>
<td>Consult with school staff regarding accommodations and interventions for students with significant learning and psychosocial disabilities and disorders such as: • Autism spectrum disorders, learning disabilities, ADHD, and oppositional and conduct problems</td>
</tr>
<tr>
<td><strong>Students/parents</strong></td>
<td><strong>Mediated by school staff</strong> (administrators, teachers, and guidance counselors)</td>
<td><strong>Consult with individual school staff</strong> regarding interpreting results of specific student screening instruments</td>
<td><strong>Consult with individual school staff members regarding skill development in specific areas such as classroom management, teaching literacy and numeracy, or fostering positive peer relations</strong></td>
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<tr>
<td><strong>Students/parents</strong></td>
<td><strong>Direct service</strong></td>
<td>Psychologist delivers workshops to parents or students in a school or school district on topics such as</td>
<td>Individual or group counseling with students who are at risk for achievement or mental health problems due to factors such as</td>
</tr>
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<td></td>
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<td>• Positive parenting  • Supporting school achievement  • Fostering positive peer relationships  • Conflict mediation</td>
<td>• Transitioning following immigration  • Bereavement  • Parental separation or divorce  • Social and communication challenges  • Being a victim or perpetrator of bullying  • Homophobia  • Test anxiety</td>
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provided directly to students or their parents by the school psychologists or other mental health consultants, they may also be carried out by others, including teachers, with consultation from psychologists or through the impact of services on school personnel or on the school system at large.

The model presented in Table 3.1 is a framework into which most, if not all, activities of school psychologists may be incorporated. Traditional roles, such as student assessments and counseling, fall in the lower right-hand corner of the grid; such roles have the advantage of providing practitioners with firsthand knowledge of student needs but are limiting as to the number of individuals served. Moving upward and to the left, service becomes more indirect and systems oriented. Innovative and divergent services are possible in all roles suggested by the model, and examples have been illustrated in publications over the years (Akamatsu & Cole, 2000, 2003; DiPasquale, 2003; Montgomery, Meyer, & Smart, 2008).

The Role of Consultation within the Model

With an emphasis on preventative services, the model is explicit in identifying a consultative role for the school psychologist as change agent and problem solver. In school systems, psychologists are typically not central to the decision-making process, and therefore, they can effect change through consultative facilitation of decisions made by others. Collaborative consultation provides an effective method for accomplishing this goal; it is a process through which psychologists and educators coordinate their efforts to resolve educational problems by sharing complementary skills and bodies of knowledge (Prince-Embury, 2008; Rosenfield, 2002; Scholten, 2003).

In order for psychologists to function effectively as consultants in this collaborative model, they must avoid presenting themselves as experts or being cast into such a role by educators. Rather, by sharing complementary skills through a collaborative approach, their input is likely to lead to partnerships with educators and thus provide opportunities for role expansion (Andrews & Violato, 2003; Anserello & Sweet, 1990; Cole, 1996; Cole & Brown, 1996; Davison, 1990; Harris & Joy, 2010).

Consultation need not be viewed as an alternative to direct services, such as psychological assessment and individual and group counselling, but as complementary to them. Consultation may lead to more systematic decisions about which and how many students and their families should receive direct services and support for teachers to implement interventions with students. However, once initiated, direct service contacts inevitably result in ideas about what actions can and should be taken. Collaborative consultation then facilitates the implementation of these short-term and long-term interventions (Fagan & Sachs Wise, 2007; Kratochwill, Elliot, & Callan-Stoiber, 2002; Rosenfield, 2002; Schaughency & Ervin, 2006; Ysseldyke et al., 2006).

Prevention is a key feature of the model presented in Table 3.1. Although most school systems engage in prevention activities (Durlak, 2009), even here primary and secondary prevention are not explicit parts of the psychologist’s role (Cole, 1992, 1996; Cole & Siegel, 2003). Faced with a high caseloads and too many assessment referrals, psychologists often feel that they simply do not have the time for preventative work or the sanction of educators to become involved in it. Occasionally, preventative programs are implemented because high-level administrators and school principals have identified a particular need. Regrettably, if school psychologists are associated only with a testing role, they may not be thought of as helpful resources available within the system. Furthermore, school
districts often choose prevention programs that are not evidence based (Durlak, 2009). If they have the opportunity to be involved in the planning and selection of prevention programs, psychologists, who are trained in research methods and program evaluation, may assist with selection of the most effective programs. Whether such programs are mounted at the system (e.g., crisis intervention teams) or at the school level (e.g., parenting groups, antibullying programs), it is important for psychologists to be assertive about making educators aware of their interest and skills and, if their involvement is requested, to make the time to facilitate the implementation of such programs (see, e.g., DiPasquale, 2003; Ontario Psychological Association, 2013; Psychologists’ Association of Alberta, 2010; Ysseldyke et al., 2006).

Since psychologists in schools are in touch on a daily basis with students who have special learning needs, they are in a position to identify recurring patterns of difficulty and to suggest the evidence-based preventative actions that might be taken to deal with them. Providing educators with solid information about the scope of a particular problem is important, although time-consuming. In addition, it will often be necessary to invest time in self-education and identification of complementary resources (Cole & Siegel, 2003).

The multiple options presented in the model are intended to provide a framework for innovation rather than to delineate an ideal service role for psychologists. Individuals who provide services are likely to use the model flexibly in order to promote best practice and achieve a balance of direct and indirect service delivery. Parsons and Meyers (1984) originally suggested that systems-level interventions should be attempted as a first priority because they benefit more people and are therefore more cost efficient. It is likely, however, that such a decision rule may be unrealistic in many cases. Many decision-makers in education may reject psychologists’ involvement at this level because they believe that psychologists’ competencies are related to the evaluation of individual students and do not include decision-making at the systems level. In identifying service priorities, individual psychologists must take into account service needs identified by educators. Within a particular school community, it is especially important to become familiar with and accept the priorities of the principal, who is the ultimate educational decision-maker in that setting (Cole & Brown, 1996; Jordan et al., 2009; Sladeczek & Heath, 1997). Nevertheless, some principals are not sufficiently familiar with the range of consultation services that psychologists are able to provide. It is therefore important to work with them to increase their awareness of these services and, as a result, expand and reframe their priorities.

**CANADIAN APPLICATIONS OF THE INTEGRATED MODEL**

Following several years of study, the Mental Health Commission of Canada (MHCC) published its report in 2012. The report included recommendations and strategies that will unfold in the years to come and will involve psychologists in promoting prevention and evidence-based intervention services across the country. In its strategic directions, Priority 1.2 states: “Increase the capacity of families, caregivers, schools, postsecondary institutions and community organizations to promote the mental health of infants, children, and youth, prevent mental illness and suicide wherever possible, and intervene early when problems first emerge” (Mental Health Commission of Canada, 2012).
Implementation of strategies to achieve the laudable early intervention goals of the mental health commission are challenging. Consistent with the direction of the Mental Health Commission, Kutcher and McLuckie (2010) advanced the School-Based Pathway to Care Model which “engages students, teachers, student service providers, parents/families, health care providers, and the wider community through various training programs and both formal and informal linkages between the school, community and health providers” (Kutcher & Wei, 2013, p. 90). Preliminary evaluations have been encouraging with promising outcomes for the model’s application in secondary schools for addressing the mental health needs of students. Next we describe two Canadian practical applications that are consonant with the goals of the Mental Health Commission and the School-Based Pathways to Care Model: multidisciplinary teams and website resources.

**Multidisciplinary Teams in Canadian Schools**

One of the vehicles for service delivery in many North American schools is multidisciplinary school teams. The major function of these teams is to consult with classroom teachers regarding students whom they view as having challenges. Overall, teams are designed to support teachers, administrators, and parents in providing appropriate interventions for students in need of assistance in regular and special education settings (Cole & Brown, 1996, 2003; Cole, Wiener, & Davidson, 1990). These teams are not legally mandated committees whose role is to formally identify students with special educational needs or to place them in special education programs. Advocates of teams highlight the following advantages to this service delivery model: teams encourage sharing of knowledge and resources; group participation often increases acceptance of recommendations made and promotes commitment to outcome; and teams provide appropriate referrals to mental health services and can monitor interventions through cost-effective consultation (Broxterman & Whalen, 2013; Kovaleski, 2002).

The composition of multidisciplinary teams is closely linked to school policies and organizational goals but typically includes school administrators, special and regular education teachers, school psychologists, school social workers, and speech and language pathologists. The roles of members and the functions of teams vary. Teams with broad mandates are more likely, as a result, to address primary, secondary, and tertiary prevention services. Effective teams tend to have several common characteristics, which are highlighted in the literature. These characteristics include clarity of goals and roles, leadership support, effective planning, composition of membership, and team performance (Adelman & Taylor, 2003; Wagner, 2000).

There have been a few evaluations of multidisciplinary teams in Canadian schools (Cole & Brown, 1996, 2003; Davidson & Wiener, 1992; Wiener & Davidson, 1990). Wiener and Davidson found that approximately 13% of a school population was discussed by multidisciplinary school teams. The outcomes for most students discussed by the teams were accommodations in the regular classroom; only 28% of the children discussed by the teams were referred for special education support. Over the 3 years of the study, the rate of referrals for psychological assessments was reduced from 8% to 5%. Teachers and school administrators were highly satisfied with the support they received from the teams in general and the school psychologist in particular (Davidson & Wiener, 1992; Wiener & Davidson, 1990). Qualitative analysis of these data indicated that teachers were satisfied because, as a result of the consultation with the team, they acquired
new skills for supporting the students they referred to the teams as well as other students who present with challenges.

Cole and Brown (1996, 2003) specifically examined the effectiveness of the multidisciplinary school team in relation to immigrants and refugee students over a 5-year period. They found that teams were frequently utilized for consultation about immigrant and refugee students due to their common difficulties in coping with adjustment to a new language and culture. About a third of the team members who were surveyed claimed that problems in learning to speak English precipitated student referrals to the team, and about a quarter of the team members surveyed indicated that the challenges of being a refugee precipitated the need for support and team consultation. By using this type of data, school systems can reframe their professional development priorities for staff, create a more systematic link to multilingual and multicultural community services, and implement ecological interventions that support learning and adjustment of students (Cole, 1996, 2003).

It is not yet clear whether the focus of multidisciplinary teams and the work of school psychologists on these teams will change in the context of the MHCC (2012) report and Kutcher’s School-Based Pathway to Care Model (Kutcher & McLuckie, 2010; Kutcher & Wei, 2013). Research is required to determine whether teams modify their discussions and activities to promote prevention and treatment of mental health problems and include mental health professionals from the wider community as ongoing members of the team. Table 3.2, developed by the first author and adapted from Cole and Brown (2003), presents an organizer of team characteristics discussed in the literature. Enhancing and inhibiting factors relate to the clarity of the team’s goals and roles, leadership support, effective planning, composition of membership, and team performance. This model could provide a framework for change in multidisciplinary teams by explicitly including community organizations and secondary and tertiary prevention in relation to mental health.

**Online Resources as Avenues for Consultation**

School psychologists, together with other professional groups, have become accustomed to being daily recipients of web-based information. The plethora of offerings varies in quality, accuracy, and originality. However, the public at large and service providers continue to have access to “hands-on” and research publications in multilingual formats. Computer technology has become part of our culture at home, at work, and in school communities. As such, website resources and tools promote professional development options regardless of geographical location and are a time efficient way to link consultation services to knowledge transfer and translation.

In Canada, as in other countries, psychological associations, organizations, and educational systems promote e-learning and web-based communication frameworks and post documents for distribution. This section will highlight three Canadian examples that can enhance consultation services offered by psychologists. The first free website details resources developed by the Psychology Foundation of Canada (2013). The second free online resource, the ABCs of Mental Health, documents the product of a multyear project with suggested interventions by the Hincks-Dellcrest Centre (2012). The third free online resource, the Balanced Literacy Diet: Putting Research into Practice in the Classroom, was developed by Dr. Dale Willows at OISE/University of Toronto (Willows, 2012). Each of these websites was developed by a team composed of mental
<table>
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<tr>
<th>Enhancing Factors</th>
<th>Inhibiting Factors</th>
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| **1. Goals and roles** | - Team goals and members’ roles are unclear to the professionals and the participants.  
- Different professionals are not sufficiently clear about the team model.  
- Staff members do not feel supported by their Team.  
- New members do not receive appropriate orientation regarding the model and its practices and expected outcomes. |
| - Goals and roles are clearly defined for team members and invited participants.  
- Professionals are apprised about the rationale for a particular service model.  
- Team members have a sense of ownership and are committed to multidisciplinary services. They consider model options.  
- Summary forms are developed or adapted by the team, following research. | - Team goals and members’ roles are unclear to the professionals and the participants.  
- Different professionals are not sufficiently clear about the team model.  
- Staff members do not feel supported by their Team.  
- New members do not receive appropriate orientation regarding the model and its practices and expected outcomes. |
| **2. Leadership support** | - Leaderless group results in inefficient decision-making and a lack of focus for activities during meetings and follow-up intervention phases.  
- Administrative lack of commitment to the team leads to uncertainty and mistrust.  
- Meetings are held infrequently, and shared decision-making is not promoted.  
- Clarification of issues is not encouraged, and implementation procedures are fragmented. |
| - Shared leadership or democratic leadership results in an inclusive atmosphere and following established guidelines.  
- Administrative support results in a larger number of consulting relationships, which evolve among participants.  
- Release time for in-service training is provided for core participants.  
- Invited members are included on an as needed basis, following consultation. | - Leaderless group results in inefficient decision-making and a lack of focus for activities during meetings and follow-up intervention phases.  
- Administrative lack of commitment to the team leads to uncertainty and mistrust.  
- Meetings are held infrequently, and shared decision-making is not promoted.  
- Clarification of issues is not encouraged, and implementation procedures are fragmented. |
| **3. Regular and efficient meetings** | - Infrequently held meetings result in crisis interventions and address only urgent matters or parts of agendas.  
- Little time is allotted for discussion about group processes or issues of concern.  
- Meetings focus on reactive agendas.  
- Communication regarding team dates and agendas are not shared ahead of time.  
- Discussions are rushed and problems tend to remain unresolved. |
| - Frequent and scheduled meetings allow for a broad range of services.  
- Goals are discussed and agendas are set by team members.  
- Individual and group needs are addressed, and multiple recommendations are considered for action plans.  
- Advance preparation time for staff and computer technology aids are supported.  
- Discussions are focused and needed documents are available for meetings. | - Infrequently held meetings result in crisis interventions and address only urgent matters or parts of agendas.  
- Little time is allotted for discussion about group processes or issues of concern.  
- Meetings focus on reactive agendas.  
- Communication regarding team dates and agendas are not shared ahead of time.  
- Discussions are rushed and problems tend to remain unresolved. |
| **4. Team membership** | - Core membership varies throughout the year because of poor planning.  
- Core participants do not include referring sources when appropriate.  
- Multilingual participants are not invited and/or translators are not provided. |
| - Team membership varies according to the objectives it is trying to achieve.  
- Referring staff are key participants in the appropriate phases of consultation.  
- Translators/interpreters are arranged as appropriate for family members. | - Core membership varies throughout the year because of poor planning.  
- Core participants do not include referring sources when appropriate.  
- Multilingual participants are not invited and/or translators are not provided. |
| **5. Team performance** | - Cross-disciplinary exchange is not the norm, and conflicts are unresolved.  
- Lack of proper in-service training leads to ineffective operations, resistance to change, and poor utilization of resources.  
- Meeting formats are unstable, and consensual plans are not achieved.  
- Poor verbal and nonverbal communication results in negative emotional reactions, and lack of monitoring of recommendations.  
- Some team members are not engaged as active participants and are less satisfied with the team process. |
| - Effective teams ensure democratic and equal participation in the consultation process.  
- Group dynamics are evaluated, and members review their own role and those of other team participants.  
- Proper in-service is provided in order to develop skills, including effective communication, prevention strategies, cross-cultural consultation, and collaborative problem-solving.  
- All members are viewed as bringing different skills and knowledge to the team. | - Cross-disciplinary exchange is not the norm, and conflicts are unresolved.  
- Lack of proper in-service training leads to ineffective operations, resistance to change, and poor utilization of resources.  
- Meeting formats are unstable, and consensual plans are not achieved.  
- Poor verbal and nonverbal communication results in negative emotional reactions, and lack of monitoring of recommendations.  
- Some team members are not engaged as active participants and are less satisfied with the team process. |
health and educational professionals, including a school psychologist and professional web developers. The school psychologist, who was the first author of this chapter, and Dr. Dale Willows from OISE/University of Toronto were key players in the development and dissemination of these primary prevention resources. These websites, however, can be utilized at all levels of the model. They can be used by school psychologists engaging in primary and secondary prevention activities at the organizational and school levels and in consulting with individual teachers. Resources from these websites can also be referred to in psychological reports.

The Psychology Foundation of Canada Website

The Psychology Foundation of Canada (PFC) is a national not-for-profit organization established to share sound psychological knowledge to better people’s lives. Its board of trustees includes psychologists and community leaders who advocate for prevention and early intervention services. Its public education programs are designed to support families and are delivered through multiple and diverse partnerships across Canada. The PFC has been active in its participation at conferences, training sessions, and workshops.

One of the foundation’s programs is Parenting for Life. The program is designed to promote positive parenting skills and the well-being of families. Over the years, several booklets in English and French have been developed with a steering committee, which mostly included psychologists. To date, over a million booklets have been distributed across Canada to schools, family resource centers, parenting programs, daycares, and clinics. The booklets, which are available on the website, can be shared by school psychologists during team consultations, presentations, family conferences, and meetings with teachers for mediated services. An updated Facilitator’s Guide for Parenting the School-Age Child is also available for distribution to professionals.

Each of the booklets addresses familiar topics school psychologists are involved with across the age ranges. Consider, for example, possible uses of the following publications during the consultation process in both elementary and high schools:

- Let’s Play! A Child’s Road to Learning
- Yes, You Can! Positive Discipline Ideas for You and Your Child
- You and Your Preteen: Getting Ready for Independence
- Focus on Self-Esteem: Nurturing Your School-Age Child
- Kids Can Cope: Parenting Resilient Children at Home and at School
- Straight Talk About Teens: Realistic Ideas and Advice for Parents of Older Teenagers (includes A Teenager’s Guide to Parents)

In each of the booklets, the reader receives the following message:

The success of tomorrow’s world depends largely on how we live in it today. Building strong, healthy families is the key to our future and the right information at the right time can be a vital support for growing families. Education and skills that enable parents, children and adolescents to grow together, are the foundation we need to give flight to our future.

(www.psychologyfoundation.org)
The ABCs of Mental Health Website

The second Canadian website, the ABCs of Mental Health, provides a comprehensive resource for parents and teachers (www.hincksdelcrest.org/abc). The first author of this chapter was a member of the steering committee that helped shape the conceptual framework of the project and consulted about its developmental phases. The ABCs of Mental Health grew out of the recognition that schools, and those who serve them, are faced by challenges impacted by mental health needs of school age children and youth. In all its phases, this web-based free resource was shaped by ongoing consultations in school systems, sound research, and a collaborative learning process. It is a proactive, easy-to-use, practical program. The rich information included can be used by school psychologists and others for primary, secondary, and tertiary consultation and intervention services.

The first version was released in 2008 and included a teacher resource for children aged 3 to 14. Based on feedback and demand, an extension of the teacher resource resulted in the 2012 version for children and adolescents aged 3 to 18. In addition, a parent resource was also developed based on community consultations. Having both a parent resource and a teacher resource highlights the importance of home–school partnerships and collaborative problem-solving processes.

Over the years, project team members have been mindful of the fact that the ABCs resource will be used both nationally and internationally. As such, information was written in a sensitive, observable, and clear manner rather than using clinical terms. Even the visual aids included aim to be understood in a global and respectful context.

Following consultation and drawing on information from expert advisors, the website posted an introductory general chapter, Mental Health for All Children and Youth, and 10 subject specific chapters: The Worried Child; The Child with Unusual Behaviour; The Child with Poor Social Relations; The Child with Eating Problems; The Defiant or Misbehaving Child; The Angry and Aggressive Child; The Child with Attention Problems; The Self-Harmful Child; The Child with Substance Abuse; and The Sad Child.

In each chapter, observable behaviors are categorized by level of concern and severity and are associated with a specific level of intervention. The “green light” category summarizes behaviors within normal expectations for the child/student. It highlights strategies for promoting good mental health for children/students in the classroom or at home. The second category, “yellow light,” describes behaviors that cause concern and warrant further considerations. In consultation, intervention strategies are shared for use by parents and teachers. The third category, “red light,” details behaviors that are serious enough to need referral to a mental health specialist. The included intervention strategies require the support of mental health professionals, which may be available in the community.

The ABCs are three steps to consider when working with students who demonstrate troublesome behaviors. Actions provide descriptions of behaviors that teachers/parents may find confusing or troubling. Beliefs describe possible factors that may be causing or influencing the actions. They are presented under the following headings: (a) biological, congenital, and health; (b) family; (c) disabilities; (d) differences; (e) cultural and/or religion; and (f) trauma, loss, and/or turbulent environment. Course to Follow provides tips and ideas for responding to the actions.

Users of the website have quick links to the following:

- Investigate: Takes the user straight to the age group of their choice. They can learn about the actions they may see at that stage, and how to understand and respond to these actions.
Psychologists and other support services staff such as social workers, special education teachers, and school administrators were nominated by their school districts to obtain training from the developers of the ABCs of Mental Health. These individuals then trained other school staff in the use of the website. The feedback of the participants was taken into account during the project enhancement phases. Generally, the Steering Committee gathered evidence that the train-the-trainer model was a useful knowledge transfer strategy for participants, with approximately 100 to 250 individuals accessing the site weekly. Overall, the ABCs project has the potential to reach remote areas and at-risk communities in addition to training staff serving large cities.

The Balanced Literacy Diet Website
The third website, the Balanced Literacy Diet, uses a nutritional analogy to provide resources for educators on teaching reading and written language skills to children in kindergarten through grade six. The resources are categorized under various “food groups,” such as phonemic awareness, reading fluency and expression, vocabulary, reading comprehension strategies, spelling and word study, and writing processes and strategies. Each section provides reader-friendly recipes for classroom lessons that include written handouts, virtual tours of classrooms, and video clips. These materials can be used by school psychologists conducting workshops on evidence-based practice in the area of literacy and when consulting with individual teachers. Additional sections on teaching reading to English language learners and students with learning disabilities are being added.

Use of Websites by Psychologists in School Consultation
These three websites are examples of web resources that can be used by school psychologists in leadership and consultative positions or in direct service roles. First, psychologists themselves may find them helpful for their own professional development about interventions. Second, they are accessible to parents and teachers because they are written in user-friendly language and do not assume a background in education or mental health. Third, one document on the Psychology Foundation of Canada website has a specific section for adolescents on understanding their parents. Fourth, these websites give service providers and consumers in remote communities information and strategies that might be helpful to them.

IMPLICATIONS FOR PROFESSIONAL TRAINING
The implications of the Integrative Model for Comprehensive Psychological Services (Table 3.1), consistent with NASP’s Blueprint III (Ysseldyke et al., 2006), are that school psychologists require complementary skills in consultation; intercultural communication;
individual, group, and family counseling; comprehensive assessment; applied research; and team building. Furthermore, psychologists who work in schools need a broad knowledge base about evidence-based prevention and intervention strategies designed to enhance learning and adjustment of students in the school setting (Durlak, 2009; Kratochwill, Volpiansky, Clements, & Ball, 2007; Lee, Schneider, Davidson, & Robertson, 2012; Linden, Moseley, & Erskine, 2005; Margison & Shore, 2009). Implementation of these strategies involves working collaboratively with educators, mental health practitioners, parents, and the students themselves. Psychologists therefore need to develop the specific interpersonal skills required to work effectively in teams and to create change (Fullan, 2007). The Integrative Model demands a partnership between mental health and education (Nastasi, 2000). Consequently, as discussed by Geva, Wiener, Peterson-Badali, and Link (2003), the overlap between school psychology and clinical child psychology is substantial and should be reflected in training. This overlap includes a solid foundation in developmental psychology and developmental psychopathology; understanding of ethical issues and their application to professional practice; knowledge of jurisprudence pertaining to psychological practice; psychological assessment abilities; formulation of and communication of a diagnosis; core skills for interviewing and therapeutic communication; familiarity with a broad range of psychosocial prevention and intervention programs; communication and counselling skills; skills in consultation and working in multidisciplinary teams; sensitivity to cultural and individual diversity; and program evaluation, research design, and statistics skills.

Given the growth in the Aboriginal population in Canada, the high levels of immigration, and the individual and cultural diversity of the population, it is crucial that both didactic instruction and practicum/internship experiences provide professional training in assessment, intervention, and consultation with culturally and linguistically diverse children, youth, and families. This training should include, among other things, understanding of the typical development of language and literacy skills in second language learners; a deep understanding of the implications of culture, acculturation, and trauma on psychosocial development; risks and protective factors in relation to immigration; and culturally sensitive assessment and intervention strategies (Geva & Wiener, 2015; Wiener & Costaris, 2012). It also involves specific training in interprofessional practice whereby professionals from various disciplines and cultural backgrounds, as well as language and cultural interpreters, consult with each other to enhance skills in working with these diverse populations (Geva, Barsky, & Westernoff, 2000; Geva & Wiener, 2015).

**Training in Consultation**

Although most school psychology training programs provide a course in consultation, to our knowledge there are no empirical studies that provide evaluations of the efficacy of training practices. The second author of this chapter, however, provides this training for the School and Clinical Child Psychology program at the University of Toronto. Similar to other training programs, this training involves a didactic component, specific skills training, students engaging in case and program consultation in practicum settings, students reflecting on their experiences, and supervision by a licensed school psychologist in the school setting (Hazel, Laviolette, & Lineman, 2010).

The didactic component involves readings and course lectures on effective classrooms and schools and the association of teacher beliefs with their practices (e.g.,...
Doll, Leclair, & Kurien, 2009; Ducharme & Schecter, 2011; Gettinger & Callan Stoiber, 2009); consultation models, including collaborative consultation and conjoint behavioral consultation (e.g. Gutkin & Curtis, 2009); and consultation and interprofessional practice in settings with culturally diverse clients (e.g., Geva et al., 2000; Geva & Wiener, 2015). Students learn about primary, secondary, and tertiary prevention models and the factors that are critical for effective implementation of such programs (e.g., Durlak, 2009; Nastasi, 2000).

The specific skills training component includes instruction in classroom observation and teacher interviewing and strategies for effecting educational change. This occurs through case studies, examining videotapes of classrooms, and simulations of teacher interviewing. Because the cultural backgrounds of the students in the program are diverse, they are taught to consult with each other with regard to the cultural issues that they need to be aware of when working with specific children. In their 250-hour school-based practicum, which occurs concurrently with some of the didactic and skills instruction, students are required to undertake at least 20 hours of face-to-face consultation work that is not connected with a psychoeducational assessment. Most implement behavioral or conjoint behavioral consultations with teachers and parents regarding students exhibiting challenging behaviors in classrooms, but some are involved in consulting with regard to school-wide prevention programs.

In addition to receiving ongoing supervision from a school psychologist in the field, they reflect on their own and other students’ experiences using a web forum and discussion in class, and they must do class presentations on their experiences. This permits the course instructor to link the didactic and practical components of the course, to scaffold their learning experiences, and to troubleshoot when necessary. Although we attempt to select practicum supervisors who themselves are involved in case and program consultation, the requirement to supervise a graduate student sometimes encourages supervisors to enhance and use their consultation skills and to implement school- and classroom-based prevention and intervention programs. Following the course that mainly focuses on school-based consultation, students use these skills to collaborate with teachers and school staff in relation to an assessment and intervention with a culturally and linguistically diverse child or adolescent in our university clinic. Some students are also involved in a project that provides consultative services to a school in a remote Aboriginal community.

**FINAL THOUGHTS**

In summary, as education systems become more complex and demands for increased accountability grow, psychologists need to work with educators to help them understand that school psychology is a dynamic profession that can make significant contributions to the development of school communities that provide optimal support of students. To this end, school psychologists need to be more proactive in promoting the concept that psychology in education is not only about services for those experiencing difficulties in mainstream programs but that the profession has a significant role to play in supporting teachers and promoting the academic and social growth of all students. This tall order will likely be achieved by utilizing comprehensive service delivery models and restructuring preservice and in-service training practices that promote inclusiveness and equity of outcomes for the adults of tomorrow.
REFERENCES


