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**SCHOOL-BASED FAMILY INTERVENTIONS:
CURRENT AND PREFERRED PRACTICES
OF SCHOOL COUNSELORS**

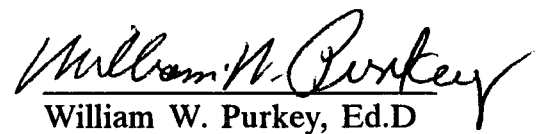
by

Kim Kathryn Bloss

**A Dissertation Submitted to
the Faculty of the Graduate School at
The University of North Carolina at Greensboro
in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy**

**Greensboro
1995**

Approved by


William W. Purkey, Ed.D

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APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of the Graduate School at the University of North Carolina at Greensboro.

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**BLOSS, KIM, KATHRYN, Ph.D. School-Based Family Interventions: Current and Preferred Practices of School Counselors. (1995).
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The purpose of the current study was to examine the school-based family intervention practices of school counselors at all levels. More specifically, this study was designed to examine school counselor's perceptions of: (a) **current school-based family interventions**, (b) **preferred school-based family interventions**, (c) **limitations to providing school-based family interventions**, and (d) **appropriateness of school-based family interventions to the role of the school counselor**. The secondary goal of the study was to examine the influence school-level and formal training have on school counselors' perceptions of school-based family interventions.

A national survey of American School Counselor Association (ASCA) members was conducted. Surveys were sent to 900 school counselors and returned by 467 (52%). Descriptive statistics and repeated measures ANOVAs analyses were conducted for the total sample and subgroups classified by school-level and number of graduate courses in family counseling.

Results indicated that school counselors are currently using school-based family interventions sometimes. They prefer to work with students individually and consult with staff more than doing parent consultation. Work load and work schedule were rated as the largest barriers to providing family interventions. Parent consultation, parent education, and family consultation were reported as appropriate functions of a school counselor's role.

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CHAPTER I

INTRODUCTION

The impact of family dynamics on the academic, behavioral, and social adjustment of children has long been recognized (Adler, 1927; Baumrind, 1966; Bronfenbrenner, 1986; Milner, 1951; Nicoll, 1992; Peeks, 1992b; Rutter, 1985). The child brings patterns, attitudes, and perceptions regarding self and relationships with others to the classroom. A child's responses to social and academic tasks are influenced by the family (Nicoll, 1984). According to Palmo, Lowry, Weldon, and Scioscia (1988), the purpose behind family counseling is to conceptualize each family member as part of a unit as well as an individual. Anderson (1988) suggests that from a family systems perspective, change stems from the counselor's affiliation with the family and from techniques aimed at restructuring the family system to transform dysfunctional patterns. This systemic approach to counseling is perceived by some as the ultimate professional challenge, one that will continue to have an impact on helping professions (Power & Bartholomew, 1987).

The need for parental involvement in the schools was sanctioned by the enactment of Public Law 94-142, the Education for Handicapped Children Act of

1975, that requires joint parent-school participation in the identification, assessment, and formation of intervention strategies (Fine & Gardner, 1991). Public Law 99-457, the Education for the Handicapped Amendments of 1986, further required that a multidisciplinary team collaborate with families to develop and implement an Individualized Family Service Plan (IFSP) (Nash, 1990). School counselors have the opportunity to integrate family involvement into their counseling strategies.

School-based family interventions are of increasing importance to school counselors. For example, two special issues of the Elementary School Guidance & Counseling Journal (Vol. 15(3), 1981; Vol. 27(4), 1993) and two special issues of The School Counselor (Vol. 28(3), 1981; Vol. 29(2), 1981) were exclusively devoted to the topic of school-based family interventions. Recently, numerous authors have focused on the utilization of a systemic approach in handling academic, social, emotional, and behavioral problems at school (Amatea, 1989; Amatea & Brown, 1993; Christensen & Schramski, 1983; Dowling & Osborne, 1985; Fine, 1984; Fine & Carlson, 1992; Golden & Capuzzi, 1986; Lambie & Daniels-Mohring, 1993; O'Callaghan, 1993; Walsh & Giblin, 1988). Also, a number of articles have described case studies in which systems principles are used to solve student problems in schools (Amatea, 1990; Amatea & Fabrick, 1981; Carlson, 1987; Conoley, 1987; Margalit, 1982; McComb, 1981c; Peeks, 1989a; Seligman, 1981).

According to Nicoll (1992), there is a need to include an assessment of family dynamics when working with student learning and behavioral difficulties. School counselors are in a unique position to provide this service because of their involvement with parents, teachers, and students. Through P.L. 94-142 and P.L. 99-457, the federal government has endorsed systemic interventions in the schools. However, it is unknown whether school counselors have time and sufficient training in family counseling to be able to provide these critical services.

Purpose of the Study

The literature supports the efficacy of school-based family interventions. However, despite the increased interest in family involvement by school counselors, there is a surprising lack of empirical data regarding the attitudes, judgements, preferences, and training of practicing school counselors in providing school-based family interventions. A review of the literature found only one article (Samis, Allan, & Echols, 1993) and one doctoral dissertation (Beck, 1984) in this area. A greater understanding of school counselors' experiences with and attitudes toward school-based family interventions at all levels is needed. The purpose of this study was to determine the differences between school counselors' current and preferred practices of school-based family interventions and to identify potential limitations to service delivery.

The primary goal of the study was to provide baseline data regarding the school-based family intervention practices of school counselors at all levels.

More specifically, this study was designed to identify school counselors' perceptions of: (a) **current school-based family interventions**, (b) **preferred school-based family interventions**, (c) **limitations to providing school-based family interventions**, and (d) **appropriateness of school-based family interventions to the role of school counselor**.

The secondary goal of the study was to examine the influence that (a) school-level (i.e., elementary, middle, and high school), and (b) formal training have on school counselors' perceptions of school-based family interventions.

Need for the Study

Previous research designed to examine the practices and preferences of school counselors concerning school-based family interventions has been limited; only two studies (Beck, 1984; Samis et al., 1993) have attempted to identify school counselors' perceptions of school-based family interventions.

Generalizability of results from these surveys has been restricted because only elementary-level school counselors were surveyed (i.e., Samis et al., 1993) or because samples were drawn from restricted geographic locations (i.e., Beck, 1984; Samis et al., 1993). Research is needed to examine a national sample of school counselors across all grade levels.

Information about the realities of the school counselor's role in providing family interventions (Beck, 1984; Samis et al., 1993) when compared to the number of publications advocating school counselor intervention with parents and families (Amatea & Sherrard, 1991; Arciniega & Newlon, 1981; Fine & Gardner,

1991; Hinkle, 1992; Nicoll, 1984; Palmo et al., 1984; Peeks, 1992a; Young, 1979) is highly disproportionate. The dominance of literature advocating school-based family interventions coupled with insufficient research in the realities of practice may foster role confusion in school counselors. Additionally, a sense of frustration is experienced when counselors are faced with a discrepancy between training and the realities of the services being provided (Lincoln, 1992).

This study investigated the relationship among school counselors' current and preferred school-based family interventions by school level (i.e., elementary, middle and junior high, high school), and by amount of formal training in family counseling. Further, this study identified what school counselors believe to be the barriers to providing school-based family interventions.

The current study also provides counselor educators with information related to the current and preferred practices of school counselors with regard to school-based family interventions based on responses from a nationally representative sample of school counselors at all grade levels. Refinement in school counselor preparation programs depends, in part, on a clear understanding of the counselor's role. Also, with an increased understanding of current school-based family intervention practices, counselor educators, supervisors, and researchers can become more focused in their efforts to provide practical and timely assistance for school counselors.

Research Questions

The current study addresses the following research questions:

1. In comparison with other functions, to what extent are school counselors currently using school-based family interventions?
2. In comparison with other functions, to what extent do school counselors prefer using school-based family interventions?
3. To what extent do school counselors view school-based family interventions as an appropriate function of the school counselors' role?
4. What limitations to providing school-based family interventions do school counselors perceive?
5. How do responses to research questions #1 through #4 differ by the school-level of the counselor (i.e., elementary, middle/junior high, and high school)?
6. How do responses to research questions #1 through #4 differ by amount of training in family interventions?

Definition of Terms

For purposes of this study, the following definitions were used:

Family: A group of two persons or more, at least one of whom is considered a "parent".

Parent: Any adult with the responsibility of caring for and raising one or more children.

School-based family intervention: A general term referring to six different types of counselor interventions (parent education, parent consultation, parent counseling, family consultation, family counseling, and family therapy) with parents and families in a school setting (i.e., elementary, middle and junior high, high school).

The following terms will be provided to survey recipients. These direct quotations (Samis et al., 1993) reflect operational definitions provided to survey recipients. The definition of family therapy was adapted.

Parent Education: The counselor facilitates educational meetings with a group of parents whose children may or may not be experiencing difficulties at school. The primary focus of these meetings is to help parents learn more effective parenting skills and to improve their relationships with their children.

Parent Consultation: The counselor assists parents to understand their child within the educational and social context of the school; provides information about school or community programs which may be of assistance; and offers suggestions regarding parenting skills which may help the child to grow both at school and at home.

Parent Counseling: The counselor provides assistance to parents individually or as a couple regarding personal issues such as divorce, loss, substance abuse, family of origin influences on parenting, child behavioral influences on

the marital relationship, etc. These issues usually come to the attention of the counselor because of difficulties the child is experiencing in school.

Family Consultation: The counselor provides short-term assistance to help a child and his or her family explore and understand the child's problem within the context of both the school and the family; provides information about community and school programs that may be of assistance; may refer the family for counseling or therapy; and/or offers suggestions to family members about how to assist the child both at school and at home.

Family Counseling: The counselor provides assistance to help a child and his or her family resolve issues (e.g., loss, illness, single-parent family adjustment) that are linked to difficulties that the child is experiencing in school. This assistance could take the form of giving information, facilitating awareness of painful emotions, and teaching strategies for improving communication skills and problem solving.

Family Therapy: The counselor becomes involved in an intensive treatment process with a family in which one or more children are experiencing difficulties at school. The school difficulties are viewed as pathology-based, with the pathology existing in the child, family system, or both.

Organization of the Study

This study is presented in five chapters. Chapter I provided a brief overview of the study and described important aspects of the study. The purpose of the

study, need for the study, statement of the problem, definition of terms, and organization of the study have been described.

Chapter II provides a review of the literature concerning school-based family interventions and the role of the school counselor. Six types of school-based family interventions are described: (a) parent education, (b) parent consultation, (c) parent counseling, (d) family consultation, (e) family counseling, and (f) family therapy.

Chapter III describes the methodology used in the study. The research questions, research hypotheses, participants, instrumentation, procedures, data analysis, and limitations of the study are included.

Chapter IV includes the results of the study. Discussion of the data analysis and results correspond with the six research questions and hypotheses.

Finally, Chapter V provides a discussion of these results. It includes a summary of the study, implications for school counselors and counselor educators and recommendations for future research.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Given the emphasis being placed on systemic approaches within schools, literature was reviewed on (a) school and family, (b) family dynamics and student adjustment, (c) family counseling objectives, (d) school-based family interventions, (e) role of the school counselor, and (f) the barriers to providing school-based family interventions. This integration of previous research provides support for the efficacy of school-based family interventions, and establishes a foundation for the current study, which is designed to examine school counselors' current and preferred practices in providing direct services to parents and families.

School and the Family

One emerging trend for schools is an increased emphasis on cooperation between school and family (Kaplan, 1992). In the past 10 years, there has been a surge in the literature on school and family partnerships (Chavkin, 1993; Evans, Evans, & Schmid, 1989; Holtzman, 1992; Kellaghan, Sloane, Alvarez, & Bloom, 1993; Kindred, Bagin, & Gallagher, 1990; McConkey, 1985; O'Callaghan, 1993; Procidano & Fisher, 1992; Swap, 1993). In 1990 the Center on Families,

Communities, Schools and Children's Learning set a national goal for the year 2000, "(that) all schools should be ready for children and their families [emphasis added]" (Swap, 1993).

Three reasons for the increased emphasis on the family are: (a) numerous research findings highlighting the important contributions of the home to children's school progress, (b) unsuccessful school reform efforts which focused on schools in order to improve student achievement and retention rates, and (c) increasing pressures on families resulting in concerns about families' ability to provide the conditions that foster children's scholastic development (Kellaghan et al., 1993). Additionally, Swap (1993) emphasized the increasing diversity among families as an important cause for home-school partnerships. Effective partnerships in diverse communities not only enhance the academic achievement of students, but also provide opportunities for the school to function as a site for learning and support for adults (Swap, 1993).

Federal statutes also mandate a systemic approach within schools. Public Law 94-142 of 1975, the Education of All Handicapped Children Act, mandated joint preparation by professionals and parents of an Individualized Education Plan (IEP) for school-age children with disabilities (Parette & Holder-Brown, 1992). More recently, Public Law 99-457, the Education for the Handicapped Amendments of 1986, extends services into the early childhood years and mandates the development of an individualized family plan that recognizes a family's strengths and weaknesses and essentially puts the family, not the child

with the disability, at the center of the intervention efforts (Nash, 1990; Parette & Holder-Brown, 1992).

Educators and policy makers have discovered that parent-school relationships have a positive effect on student achievement. The results of Jennings (1990) survey of state legislation and regulations promoting school-home partnerships indicated that of the 47 responding states, 20 had enacted legislation encouraging districts to reach out to parents. Of these 20 states, four, Massachusetts, Missouri, Oregon, and South Carolina, mandated that districts involve parents in the education of their children; an additional six states furnished guidelines for parental involvement.

Family Dynamics and Student Adjustment

Several researchers have investigated the importance of the family in student adjustment (Forehand, Long, Brody, & Fauber, 1986; Rutter, 1985). Rutter (1985), in a review of the literature, suggested that environmental effects on cognitive development were relatively modest, but that effects of strong negative family situations were substantial. Forehand et. al. (1986) examined the relationship between home variables and young adolescents' school behavior and performance. Results indicated that both academic performance and problem behavior in school were related to the parent-adolescent relationship and/or maternal depression. Data also suggested that both mothers and fathers were influential in inhibiting or stimulating school performance and adjustment.

Working with a sample of almost 1,000 eighth graders, Epstein (1983) investigated the effect of family and classroom environments on student attitudes and academic achievement. Importantly, results suggested that family processes were more powerful than classroom processes in producing change in student attitudes and academic achievement.

Beveridge, Jerrams, and Lo (1987) examined the impact of a 30-week Parental Assistance Plan (PAP) to teach parents how to more effectively tutor their children. Their hypothesis was that this program would impact not only children's academic efforts but would also increase the children's social sensitivity. Results suggested a significant growth in children's social sensitivity during the pre- and posttest interval of eight months relative to a control group.

Family Counseling

Family counseling has been shown to be an important method of intervention (Anderson, 1988; Carlson & Lewis, 1988, 1991; Christensen & Schramski, 1983; Framo, 1981; Heinicke, 1990; Slovik & Griffith, 1992; Thomas, 1992; Vernon, 1993). The major constructs of a family systems approach to counseling, as noted by Thomas (1992), include the following: (a) the family is dynamic and changing constantly, (b) the family regulates itself to maintain homeostasis, (c) the family operates according to the principle of equifinality, (d) all family behavior, including symptoms, provide positive functions for the entire family system, (e) every member plays a part in the working whole, and (f) every action in the family influences a reaction or feedback. While these major constructs are

central to working with families, there are many theoretical approaches to family counseling. Some of these include systemic family therapy (Boscolo, Cecchin, Hoffman, & Penn, 1987; Selvini Palazzoli, Boscolo, Cecchin, & Prata, 1980), structural family therapy (Minuchin, 1974; Minuchin & Fishman, 1981), strategic family therapy (Haley, 1984, 1987; Madanes 1981, 1984; Madanes & Haley, 1977), transgenerational or family of origin therapy (Bowen, 1978; Framo, 1981, 1992), experiential family therapy (Satir, 1967, 1972; Whitaker, 1976), and behavioral family therapy (Jacobson & Margolin, 1979; Patterson, 1971).

Anderson (1988) provided an overview of families from a systems perspective. The goals of family treatment include: (a) awareness of the primary problems in family functioning, (b) neutralization of scapegoating, (c) a decrease in guilt and blame, (d) an increase in empathy for differences, (e) challenging family myths and non-functional rules, and (f) forming new agreements in living together. Through family counseling, issues may be openly discussed and family secrets may be exposed to bring relief and reduce tension. The reduction of tension often results in changes that help a child cope.

Family interventions have been shown to be effective in treating the social, emotional, and behavioral problems of children (Amatea, 1989; Carlson & Lewis, 1988; Cashwell, 1994; Cashwell, Bloss, & McFarland, in press; Fine, 1984; Golden & Capuzzi, 1986; Vernon, 1993). The integration of individual psychotherapy and family interventions with children was explored by Heinicke (1990). The author focused on conditions affecting the outcome of individual and family

interventions, including the amenability of the person to treatment, the comprehensiveness of the treatment, treatment duration, and treatment intensity. Conclusions indicated that these, as well as other variables, may have an impact on the success of the family intervention.

School-Based Family Interventions

Researchers have explored the efficacy of school-based family interventions (Getz & Gunn, 1988; Goodman & Kjonaas, 1984; Nicoll, 1984; Palmo et al., 1984; Wilcoxon & Comas, 1987; Williams, Robinson, & Smaby, 1988). Historically, school counselors have referred family counseling issues to community agencies (Amatea & Fabrick, 1984; Bobele & Conran, 1988; Braden & Sherrard, 1987; Ritchie & Partin, 1994). However, research has shown that only 30% of the families referred to outside agencies actually followed through and only 8% continued beyond two sessions (Conti, 1971).

According to Nicoll (1984), one of the advantages of school-based family interventions is an equal opportunity for families from all income levels to receive services. A second advantage is that the school counselor's position within the school enables greater communication and consultation with all significant adults involved with the child. Nicoll (1984) suggested that additional training for school counselors in family counseling is needed.

Getz and Gunn (1988) presented a rationale and a description for incorporating family-systems knowledge into the assessment process within schools to determine the most appropriate intervention. A variety of assessment

considerations are provided and discussed, including family communication patterns, emotional distance between family members, and family role structuring. The authors suggested that families be assessed to determine whether parent education or family counseling would be the most beneficial. The authors concluded that awareness and analysis of family-systems dynamics are very important for school counselors who work with children.

Few authors have conducted research to determine the actual directions that school counselors are taking in the area of school-based family interventions. Exceptions are two studies (Beck, 1984; Samis et al., 1993) in which attempts were made to identify the school-based family intervention practices of school counselors.

Beck (1984) surveyed 117 school counselors (elementary, middle and junior high) and 30 counselor educators in Milwaukee. She found that 78.3% of the responding counselor educators and 81.5% of the responding school counselors saw a need for family counseling in the schools. Furthermore, she found that 40.4% of the school counselors believed they should do more family counseling and 69.6% of the counselor educators believed school counselors should do more family counseling.

In a survey of British Columbian elementary school counselors, Samis et. al. (1993) found that of the 249 school counselors who returned questionnaires, parent education (78%), parent consultation (99%), and family consultation (86%) were reported as family interventions that they believed should be offered

by school districts. A typology of six different types of school-based family interventions was used to provide a frame of reference for the respondents. This typology included parent education, parent consultation, parent counseling, family consultation, family counseling, and family therapy. This typology will be used in the current study. Further explication of these six types is provided here.

Parent Education

Parent education refers to educational meetings to assist parents in learning effective parenting skills (Samis et al., 1993). Research has systematically examined the efficacy of parent education programs (Beveridge et al., 1987; Bredehoft, 1986; Bridges, 1985; Getz & Gunn, 1988; Heinicke, 1990; Hudgins, Shoudt, Kaiser & Sillin, 1977; Huhn & Zimpfer, 1989; James & Etheridge, 1983; Omizo, Williams & Omizo, 1986; Sheldon & Morgan, 1984; Smith, 1994; Summerlin & Ward, 1981; Williams, Omizo & Abrams, 1984). For example, Huhn and Zimpfer (1989) assessed the effectiveness of the Survival Training for Parents (STP) program. The impact on parental attitudes as well as changes in children's self-esteem and anxiety were examined. Pre- and posttreatment measures were collected on 18 parent-child pairs, with 10 pairs assigned to the experimental group and eight pairs to the control group. The experimental group participated in the six week STP program. All participants were administered the Parent Attitude Survey, the Traditional Family Ideology Scale, and the Attitude Toward Parent Control of Children's Activities. Two instruments were used to assess change in the children: The Self-Esteem

Inventory and The Children's Manifest Anxiety Scale. Results suggested that parents' confidence in themselves and their ability to effectively handle parenting responsibilities increased. Results also indicated a greater appreciation for communication with the child and the need to be more empathic of the child, as reflected in the understanding scale of the Parent Attitude Survey.

In another study (Omizo et al., 1986) researchers examined the effects of participation in parent education groups on the child-rearing attitudes of parents of learning disabled children. Subjects included 38 mothers and 12 fathers of learning disabled children. Pre- and posttreatment measures on the Parent Attitude Survey were gathered. Treatment consisted of 10 weekly group sessions. Results indicated that parents who participated in the parent education group sessions were significantly more accepting, trusting, and ready to believe that their own behavior could be a causative factor in their child's behavior.

Bredehoft (1986) evaluated the effectiveness of an eight-week parent education program entitled Self-Esteem: A Family Affair. The study included 13 treatment families and 14 control families. Instrumentation included FACES II: Family Adaptability and Cohesion Evaluation Scales (FACES), The Inventory of Parent-Adolescent Conflict (IPAC), and The Tennessee Self-Concept Scale (TSCS). Overall, analysis of variance indicated that, post-treatment, fathers' perceptions of the family system changed the most when compared to the other family members. Treatment families scores were significantly different from those of the control families on measures of adaptability, cohesion, and conflict.

Huhn and Zimpfer (1984) suggested that parent education programs have the potential benefits of increasing counselors' visibility, reducing parent-child problems, fostering acceptance of the counselor by parents, increasing parents' self-confidence, increasing counselors' knowledge of students' families, reducing students' problems, and creating a stronger home-school alliance.

Parent Consultation

Parent consultation includes meeting with parents to discuss their child within the context of the school, provide information about programs, and offer suggestions about parenting skills (Samis et al., 1993). Professional literature supports the utility of parent consultation in the schools (Campbell, 1993; Dustin & Ehly, 1992; Palmo & Kuzniar, 1972; Poppen & White, 1984; Ritchie & Partin, 1994; Shelton & Dobson 1973).

Shelton and Dobson (1973) suggested a multi-faceted consultation model, The Family Involvement Communication Systems (FICS), designed to coordinate consulting services within a school. Goals of the FICS are: (1) open communication among counselors, parents, teachers, and administrators; (2) emphasize human interaction; (3) involve parents as paraprofessionals; and (4) provide teachers with inservice training. The components of the FICS are: case study, child study groups, home visitation-communication specialist, case conference, parent room, teacher inservice, and guidance committee. FICS allows for family input and offers the elementary school counselor a model for providing ongoing consultative services.

The impact of supplementing group counseling with children with parent consultation was examined by Palmo and Kuzniar (1972). Participants in the study were 56 randomly selected first, second, third, and fourth grade elementary school children in two West Virginia city schools with adjustment problems (e.g., low class involvement, acting out, low academic achievement). The children were assigned to one of four treatment groups: (a) Group Counseling / Parent-Teacher Consultation Procedure, (b) Group Counseling Procedure, (c) Parent-Teacher Procedure, and (e) Control Group Procedure. Results of the study suggest that the Parent-Teacher Consultation Procedure was the most effective strategy used in the modification of classroom behavior.

Parent Counseling

Parent counseling involves counseling parents about their personal issues. These issues come to the attention of the school counselor through difficulties the child is having in school (Samis et al., 1993). The literature supports the efficacy of providing counseling services to parents (Boswell, 1981; Downing & Harrison, 1991). The wide variety of parent issues addressed by the literature include dual-career couples (Boswell, 1981), divorce (Goldman, 1986), transition to the blended family (Poppen & White, 1984), single parenting (Burns & Brassard, 1988), and coping with crisis (Downing & Harrison, 1991).

Family Consultation

Family consultation involves short-term assistance in helping a family understand the child within the family context. Also, the school counselor may

refer the family for counseling outside of the school (Samis et al., 1993). There is support in the literature for the efficacy of school counselors providing family consultation (Fine & Gardner, 1991; Fish & Jain, 1985; Lester & Anderson, 1981; Nicoll, 1992; Perosa & Perosa, 1981). Much of the family consultation literature emphasizes use with special populations, including learning-disabled students (Dunst & Trivette, 1987; Perosa & Perosa, 1981) and gifted students (Lester & Anderson, 1981).

Dunst and Trivette (1987) offer a consultation model designed to empower families of learning disabled students. The four components of the model are: (1) identify family concerns, issues, and priorities, (2) identify family strengths and capabilities, (3) identify family's social support network (existing and potential), and (4) assist family in mobilizing resources. An important point is made about the role of help giving behaviors in either promoting or discouraging a family's acquisition of self-sustaining behavior.

Family Counseling

In family counseling, the school counselor provides counseling to a child's family in order to resolve issues related to school performance and behavior (Samis et al., 1993). Family counseling has received attention as an effective school-based service (Amatea & Fabrick, 1981; Aponte, 1976; Goodman & Kjonaas, 1984; Hinkle 1992, 1993; Knox, 1981; Nicoll, 1992; Palmo et al., 1984; Peeks, 1989a, 1989b, 1992a, 1992b). School-based models of family counseling include the Family Problem Solving and Communication Skills Model (Williams

et al., 1988) and Aponte's (1976) Family-School Interview Ecostructural Model.

The Family Problem Solving and Communication Skills Model provides a practical framework for school counselors to work with families and involves training family members to apply effective problem-solving and communication skills. The goal of the training is to control disruptive behavior, enhance communication, and foster positive relationships among family members.

Implementation of this model teaches family members skills for coping successfully with future family problems. Various advantages of implementing this model include the ability to treat family processes, opportunities to intervene directly to reduce behavioral disruptions, encouraging the family to acquire the effective problem-solving and communications skills they will use to avoid future disturbances, and empowering families to deal with other long-term relationship problems more effectively (Williams et al., 1988). The model developed by Aponte (1976) provides guidelines for a structured interview to assess the child within an ecological context.

A pilot project conducted by Goodman and Kjonaas (1984) examined the belief that the problems of elementary school children could be remediated by including families in the treatment process. Their specific goals were to (a) involve families in the shared responsibility of helping their children, (b) provide short-term counseling to families not considered chronic and dysfunctional, (c) follow a problem-solving method of family treatment using systemic assessment procedures, (d) reduce or eliminate the presenting problem, and (e) coordinate

treatment efforts through consultation with classroom teachers and principals. Participants included children identified by teachers and principals as having problem behavior, low achievement, or some indication of emotional distress. Results suggested that 64% of the participants received termination ratings of either problem resolved or significant progress based on the data derived from parents and teachers.

Family Therapy

In family therapy, the therapist works intensively with a family in which a child is experiencing difficulties at school. The school difficulties are viewed as pathology-based, with the pathology existing in the child, family system, or both. School counselors often refer families to community agencies when the problem is perceived as beyond the counselor's area of expertise (Downing, 1985; Golden, 1983; Samis et al., 1993).

Golden (1993) provided a method to distinguish between functional and dysfunctional families. A functional family is one that will most likely benefit from a short-term non-intrusive approach that may be provided within the school. Conversely, a dysfunctional family may require longer and more intensive therapy that may best be provided outside of the school. Golden (1993) provided five variables to assist in making decisions about appropriate interventions. These five variables include: (a) parental resources (i.e., Can the parents provide for the child's basic needs?), (b) time frame of problem behavior (Is the problem of short or chronic duration?), (c) communication (Is family communication

sufficient for the family to solve problems?), (d) hierarchy of authority (Are parents effective in asserting authority?), and (e) rapport between helping adults (Can school counselor and parents work together to resolve the problem?).

School counselors can use these criteria in making decisions about appropriate service providers.

In an earlier study, Golden (1988) used the structured family interview, described above. Families likely to respond effectively to the brief interventions of a school counselor scored high on each of these criteria: (a) parental resources, (b) chronicity, (c) communication between family members, (d) parental authority, and (e) rapport with professional helpers. Trained raters viewed videotaped interviews of 20 cases to establish reliability. Results suggested that there was a significant correlation between criterion scores and effectiveness of brief family interventions of school counselors.

Role of the School Counselor

The American School Counselors Association (ASCA) defined the school counselor as "a certified professional educator who assists students, teachers, parents, and administrators. Three generally recognized helping processes used by the counselor are counseling, consulting, and coordinating" (ASCA, 1990, p. 1). The primary goal of the school counselor is to assist students in reaching their highest potential (Ginter, Scalise, & Presse, 1990). Carrying out that goal often involves extending services beyond students to include parents and families.

Numerous authors have addressed the emerging role of the school counselor in working with family systems (Amatea, 1989, 1990; Amatea & Fabrick, 1981; Dowling & Osborne, 1985; Fine & Carlson, 1992; Fine & Gardner, 1991; Getz & Gunn, 1988; Golden, 1983, 1984; Golden & Capuzzi, 1986; Goldenberg & Goldenberg, 1981; Goodman & Kjonaas, 1984; Green & Kolevzon, 1984; Hinkle, 1992, 1993; Lambie & Daniels-Mohring, 1993; Nicoll, 1984, 1992; Palmo et al., 1984; Peeks, 1989a, 1989b; Perosa & Perosa, 1981; Sawatzky, Eckert, & Ryan, 1993; Walsh & Giblin, 1988; Wilcoxon, 1986; Wilcoxon & Comas, 1987; Williams et al., 1988; Young, 1979). Palmo et al. (1984) demonstrated the growing need for school counselors to be involved in family counseling with their clientele. Three prerequisites for providing effective family interventions were discussed, including additional training, adequate supervision, and more confidence in themselves as family counselors. A primary benefit of the family systems approach is that the counselor would be able to explore family dynamics in depth rather than working solely with the surface symptoms a child presents in the classroom (Palmo et al., 1984).

Wilcoxon and Comas (1987) reviewed the literature and identified a trend toward school-based family interventions. They further noted three implications for school counselors: (a) school counselors should increase their understanding of the principles of family systems theory and family counseling intervention strategies; (b) school counselors should become aware of the available family services in their communities and the methods for referring students and families

to those services; and (c) school counselors should become familiar with current family-based research to enhance their understanding of family dynamics and to help them make referral decisions. This review of the literature underscores how important it is for school counselors to develop a working knowledge of systems theory and practice.

Barriers to Providing School-Based Family Interventions

Various authors have discussed barriers that could potentially prevent school counselors from providing school-based family interventions (Hinkle, 1993; Palmo et al., 1984; Samis et al., 1993). One critical issue is that many school counselors have received little or no training in working with families (Hinkle, 1993, Palmo et al., 1984). In fact, some school counselors may have little supervised experience in counseling adults. Samis et al. (1993) surveyed elementary school counselors in British Columbia to determine barriers to school-based family interventions. They found work load and work schedule to be the largest barriers. Other barriers were inadequate administrative support, administrative attitude, teacher attitude, counselor theoretical orientation, parent reluctance, lack of facilities, and insufficient training. Similarly, Beck (1984) found work load, lack of training, and time constraints as the barriers most often reported by school counselors.

Palmo et al. (1984) discussed a number of changes that may be necessary to advance school-based family interventions. These changes include: flexibility in scheduling that allows counselors to meet with families during evenings,

Saturdays, and summer months, accessibility of counselors to families requesting family services, and availability of counselors as 12-month employees in order to maintain a consistent family counseling program. Samis et al. (1993) further suggested: (a) reducing the counselor/pupil ratio, (b) providing more counseling (rather than non-counseling responsibilities), (c) hiring more counselors, (d) increasing opportunities for training and supervision, (e) providing appropriate facilities for family interventions, (f) redefining and reclarifying the counselor's role, and (g) offering more flexible work hours.

Conclusion

The academic, behavioral, and social adjustment of children is influenced by the family. Goldenberg and Goldenberg (1988) contended that family counseling is the intervention of choice when problems are determined to be systemic. School counselors are well-positioned to provide school-based family interventions in order to more efficiently facilitate student adjustment (Nicoll, 1984). Generalizability of results from previous surveys on school-based family interventions by school counselors has been limited because only elementary-level school counselors were surveyed (Samis et al., 1993) or because samples were drawn from a restricted geographic location (Beck, 1984). The current study extends the literature by surveying a national sample of school counselors from all levels (i.e., elementary, middle or junior high, and high school).

CHAPTER III

METHODOLOGY

A review of the literature in Chapter II supports the efficacy of school-based family interventions. Despite school counselors' and counselor educators' increased interest in school-based family intervention, however, there is an absence of empirical data regarding the attitudes of school counselors toward family counseling and the limitations to providing these services. More in-depth research is needed to assess current family-intervention practices and preferences of school counselors.

This chapter describes the methodology used in systematically examining school counselors' current school-based family intervention practices, preferred school-based family interventions, and limitations to providing school-based family interventions. Included in this chapter are research questions, research hypotheses, descriptions of the survey instrument and participants, survey procedures, statistical procedures, and limitations of the study.

Research Questions

The current study was conducted to address the following research questions:

1. In comparison with other functions, to what extent are school counselors currently using school-based family interventions?

2. In comparison with other functions, to what extent do school counselors prefer using school-based family interventions?
3. To what extent do school counselors view school-based family interventions as an appropriate function of the school counselors' role?
4. What limitations to providing school-based family interventions do school counselors perceive?
5. How do responses to research questions #1 through #4 differ by the school-level of the counselor (i.e., elementary, middle/junior high, and high school)?
6. How do responses to research questions #1 through #4 differ by amount of training in family interventions?

Research Hypotheses

The following research hypotheses are made for the above research questions:

1. A significant difference will exist between amount of time school counselors spend on school-based family intervention functions versus other school functions.
2. A significant difference will exist between amount of time school counselors prefer to spend on school-based family intervention functions versus other school functions.
- 3a. School counselors will view parent education, parent consultation, parent counseling and family consultation as appropriate functions of the school

counselor's role; that is, will rate each of these functions above 3 on a scale of 1 to 5.

3b. School counselors will not view family counseling and family therapy as appropriate functions of the school counselor's role; that is, will rate each of these functions at 3 or below on a scale of 1 to 5.

4a. Certain barriers will receive a high mean limitation rating, that is above 2.5 on a scale of 1 to 4, for specific family interventions as outlined below and in Table 1.

- (1) Work load will be rated above 2.5 on all six interventions.
- (2) Role definition will be rated above 2.5 on all interventions except parent consultation.
- (3) Work schedule will be rated above 2.5 on all six interventions.
- (4) Lack of facilities will be rated above 2.5 on family therapy.
- (5) Lack of training will be rated above 2.5 on family counseling and family therapy.
- (6) Parent reluctance will be rated above 2.5 on all six interventions.
- (7) Teacher attitude will not receive any ratings above 2.5.
- (8) Administrative attitude will be rated above 2.5 on family counseling and family therapy.
- (9) Theoretical orientation will be rated above 2.5 on family therapy.

4b. There will be significant differences among the limitation ratings of the nine barriers (when averaged across the six family interventions).

Table 1

Hypothesized Mean Limitation Ratings Higher Than 2.5

Barrier	Family Interventions					
	<u>Parent Education</u>	<u>Parent Consult.</u>	<u>Parent Couns.</u>	<u>Family Consult.</u>	<u>Family Couns.</u>	<u>Family Therapy</u>
Work Load	X	X	X	X	X	X
Role Definition	X		X	X	X	X
Work Schedule	X	X	X	X	X	X
Lack of Facilities						X
Lack of Training					X	X
Parent Reluctance	X	X	X	X	X	X
Teacher Attitude						
Administrative Attitude					X	X
Theoretical Orientation						X

4c. There will be significant differences among the limitation ratings of the six family interventions (when averaged across the nine barriers).

5. No significant differences will exist among elementary, middle/junior, and high school counselors' perceptions on school-based family interventions for the following:

- (a) amount of time spent on school-based family interventions versus other school functions,
- (b) amount of time they would like to spend doing school-based family interventions versus other school functions,
- (c) average rating of counselor role appropriateness for each of the 6 school-based family interventions,
- (d) rating of limitations to the six school-based family interventions,
- (e) rating of limitations by the nine barriers.

6. No significant differences will exist among low, moderate, and high training groups' perceptions on school-based family interventions for the following:

- (a) amount of time spent on school-based family interventions versus other school functions,
- (b) amount of time they would like to spend doing school-based family interventions versus other school functions,
- (c) average rating of counselor role appropriateness for each of the six school-based family interventions,

- (d) rating of limitations to the six school-based family interventions,
- (e) rating of limitations by the nine barriers.

Participants

To gain information from a representative sample of school counselors, a random sample of the American School Counselor Association (ASCA) was obtained. The sample was drawn from the population of 12,672 ASCA members (as of September 1, 1994). Members of the Arizona School Counselor Association participated in the pilot study; consequently, Arizona members of ASCA were excluded from the sample. The sample was stratified by level of school counseling (high school, junior/middle school, and elementary school) to ensure similar group sizes for the statistical analysis.

The pilot data were used to determine sample size through power calculations. Means and standard deviations were computed for the three school-level groups (elementary, middle, and high school). A group difference of .5 was considered to be of practical importance and was used in the power calculations, along with the highest standard deviation for any group. Calculations were performed for all 20 scores that were created from Parts II through IV. A sample size of 100 per group would provide power of .90 to detect a group difference of .5 or larger at the .05 level of significance for all 20 scores.

Based on the return rate of the pilot study (43%), 235 surveys per group needed to be mailed to obtain at least 100 per group. It was decided to use 300 per group. A random list of 300 ASCA members per school level was generated.

Surveys were mailed to these 900 counselors across the U.S. Of the 467 surveys returned (52%), 412 were usable (46%) for the study. The 55 surveys not included in the study were deleted because: (a) 13 subjects were employed less than 50% of the time as a school counselor, (b) 15 subjects did not respond to the question pertaining to the percent of time employed as a school counselor, and (c) 27 subjects had more than two missing items on Parts II-IV.

The participants in this study were 412 elementary, middle, and high school counselors residing in 48 states. All four regions (see Appendix A for a complete list of states by geographic region) of the United States were represented, with 88 from the Northeast (21%), 115 from the Midwest (28%), 146 from the South (35%), and 63 from the West (15%) (see Table 2). As can be seen in the table, the final sample breakdown by region is almost identical to the randomly generated mailing list. Return rates for the four regions are similar.

The school counselors worked primarily in schools in suburban areas (44%), with 35% located in rural areas, 20% in urban areas, and 1% indicated a combination or all three areas. Almost all of the counselors (95%) were employed in public schools.

Three hundred surveys were mailed to counselors at each of the three school levels. Return rates for the three groups were almost identical, producing similar size groups. The final sample was comprised of 115 elementary school counselors (28%), 118 middle/junior high school counselors (29%), 127 high school counselors (31%), and 51 (12%) counselors who indicated a combination of the three levels (most indicated an elementary/middle combination).

Table 2

School Counselor Representation by Geographic Region

Region	Mailed		Final Sample		Return Rate
	n	%	n	%	%
Northeast	198	22%	88	21%	45%
New England	71	8%	28	7%	
Middle Atlantic	127	14%	60	15%	
Midwest	234	26%	115	28%	49%
East North Central	131	15%	65	16%	
West North Central	103	11%	50	12%	
South	338	38%	146	35%	43%
South Atlantic	230	26%	95	23%	
East South Central	37	4%	15	4%	
West South Central	71	8%	36	9%	
West	130	14%	63	15%	48%
Mountain	57	6%	25	6%	
Pacific	<u>73</u>	8%	<u>38</u>	9%	—
	N = 900		N = 412		46%

Note: Geographic regions used by the United States Bureau of the Census.

The majority of the final sample were females (77%) with 23% males. The ages of the participants ranged from 23 to 74 with the average being 45. A majority of school counselors (93%) were employed as school counselors 100% of the time, with 3% working 50% of the time as a school counselor, and 5% spending between 60% - 95% of their time in that role (respondents working less than 50% of the time as a school counselor were eliminated from the final sample). The average number of years employed as a school counselor was 10, ranging from less than a year (.17) up to 32 years (see Table 3). A Masters degree was the highest degree held by most (82%) of the sample; 13% had an Ed. Specialist degree; 5% had a doctorate; and two persons reported a bachelors as the highest degree held. The ratio of students to counselor ranged from 360 to 1800, with an average ratio of 438 students to one counselor. Most of the school counselors were responsible for one school (88%), the other 20% were responsible for a range from two to twelve schools.

The demographics of the sample are similar to that of the population (see Table 4). The percentage of females in ASCA is 77% and 23% for males. School counselors in public school compose 98% of the population and 2% work in private schools. Of the ASCA members, 42% are listed at the elementary level, with 21% middle and 37% high school.

Table 3

Demographic Data

	Mean	Standard Deviation	Lowest	Highest
Age	44.6	8.7	23	74
Percent time employed as school counselor	97.6	9.7	50	100
Number of schools responsible for	1.3	1.1	1	12
Years employed as school counselor	10.00	7.5	<1	32
Ratio: Students per counselor	436.6	211.8	25	1800

Instrumentation

The instrument for this study was an adaptation of the Elementary School Counselor Survey: Your Role with Parents and Families (Samis, 1991).

Adaptations to the original survey were made with the permission of the author (See Appendix B).

The survey instrument (see Appendix C) was constructed in four parts. Part I was a demographic section requesting information about the respondents and the schools in which they are employed. In Part II, respondents were asked to indicate the extent to which they currently perform each of 14 counselor role functions using a five-point Likert scale (1 = "never" to 5 = "very often"). Part III asked counselors to indicate the extent to which they prefer to perform the

Table 4

Representativeness of the Sample

	ASCA		Sample	
	n	%	n	%
<u>Gender</u>				
Female	7312	77%	317	77%
Male	2150	23%	95	23%
<u>Schools</u>				
Public	7521	98%	392	95%
Private	143	2%	19	5%
<u>School Level</u>				
Elementary	3218	42%	115	28%
Middle	1636	21%	118	29%
High	2810	37%	127	31%

same 14 functions using the same Likert scale format as in Part II. In Part IV, counselors were asked to indicate, using a Likert scale (1 = "not a limitation" to 4 = "large limitation"), the extent to which a variety of potential limitations prevent them from providing school-based family interventions. Potential limitations included: work load, role definition, work schedule vs. parent availability, lack of facilities, lack of training, parent reluctance, teacher attitude, administrative attitude, and theoretical orientation. In this section, counselors also indicated, using a Likert scale (1 = "definitely not a school counselor's role" to 5 = "definitely a school counselor's role"), the extent to which they consider each of the six school-based family interventions to be an appropriate role of the school counselor.

There were 20 items in Part I. Parts II and III contained 14 items each. Part IV contained three multiple-item questions, followed by two open-ended questions. Question 1 of Part IV had 6 items and questions 2 and 3 had 27 items each. Definitions were provided for six different forms of school-based family interventions: parent education, parent consultation, parent counseling, family consultation, family counseling, and family therapy (See Appendix D).

To establish content validity of the instrument, a panel of five experts (two former school counselors, one current school counselor, and two counselor educators with experience in school-based family interventions) reviewed the survey and provided feedback on content and format. The experts were asked to respond to each survey item in accordance with specific step-by-step instructions

(See Appendix E). The subsequent revised draft of the survey was pilot tested by mailing it to 150 randomly-selected members of the Arizona School Counselors Association. Written suggestions made by the 65 respondents in this pilot study were used to further revise the survey.

Procedures

Survey packets were mailed to 900 randomly-selected ASCA members. A cover letter (See Appendix F) provided information regarding the purpose of the study, requested the respondent's participation, and ensured anonymity of responses. The survey packet included the survey, the cover letter, and a postage-paid return envelope. After an initial mailing of the survey, a follow-up letter (See Appendix G) was sent to those subjects who had not responded to the survey. Each survey was assigned an identification number for data entry and to ensure anonymity of responses.

Data Analysis

A number of procedures were used to analyze the data. First, descriptive statistics (e.g., frequency counts, percentages, and means) as appropriate to the response format were calculated for each item in Part I for the total sample. The same descriptive statistics were calculated on selected demographic items for subgroups based on work setting (elementary, junior/middle, or high school), and level of training in family counseling (high, medium, and low).

To address research questions #1 and #2, mean ratings of all 14 items in both Parts II and III were compared descriptively. Additionally, a repeated

measures ANOVA was used to test for differences among the average ratings of the family versus the other functions of both Parts II and III. A Tukey's multiple comparison procedure was used for follow-up to the ANOVA.

To address research question #3, mean ratings of the six family interventions in Question 1 of Part IV were compared descriptively.

Research question #4 was addressed by comparing means descriptively among all 54 items in Questions 2 and 3 of Part IV. Additionally, mean ratings for each of the nine barriers and for each of the six interventions were compared descriptively. Finally, two repeated measures ANOVAs were computed with Tukey's multiple comparison follow-up. The first ANOVA was performed on the mean ratings of the nine barriers while the second ANOVA used the mean ratings of the six interventions.

To address research question #5, four mixed-factor ANOVAs were conducted using counselor's school level (elementary, middle/junior high, high school) as the between-subjects factor and the following within-subjects factors:

1. Average ratings for family versus other functions in Parts II and III (actual versus preferred time).
2. Rating of each of the six family interventions in Question 1 of Part IV (appropriateness of counselor's role).
3. Average rating of each of six family interventions (across nine barriers) in Questions 2 and 3 of Part IV (limitation rating).

4. Average rating of each of nine barriers (across six interventions) in Questions 2 and 3 of Part IV (limitation rating).

Four mixed-factor ANOVAs were also used to address research question #6, using counselor's training level in family counseling (high, moderate, and low) as the between-subject factor and the following within-subjects factors:

1. Average ratings for family versus other functions in Parts II and III (actual versus preferred time).
2. Rating of each of the six family interventions in Question 1 of Part IV (appropriateness of counselor's role).
3. Average rating of each of six family interventions (across nine barriers) in Questions 2 and 3 of Part IV (limitation rating).
4. Average rating of each of nine barriers (across six interventions) in Questions 2 and 3 of Part IV (limitation rating).

Criteria for training level placement were suggested by the panel of experts. To qualify for the high category, respondents needed a minimum of three graduate courses designed to train counselors to work with parents or families (question 16 of Part I). To qualify for the moderate category respondents needed one or two graduate courses. The low category consisted of respondents with no graduate courses designed to train counselors to work with parents or families.

An alpha level of .05 was set for each research question. Alpha levels for individual tests were adjusted to maintain an overall alpha of .05 per research question.

Limitations of the Study

The findings of the present study must be viewed in the context of several considerations. The preferred ratings for school counselor functions could be inflated because the results are based on self-report and only represent the views of those who chose to respond to the survey. Survey respondents may have represented a biased group with particular interest in this topic. It is unknown how nonrespondents and non-ASCA members would compare to those reported in this study.

A threat to the internal validity of survey research could be a lack of operational definitions for key terms. Definitions were included with the survey to counter this potential threat to construct validity (Samis et al., 1993). By providing definitions for key constructs, it is expected that the internal validity of the study was strengthened.

Generalization of the results of this study is limited by two factors. First, only ASCA members were surveyed and, secondly, only a moderate return rate (52%) was achieved.

Conclusions

This study was designed to assess the current and preferred school-based family interventions of school counselors and to assess the barriers to providing these interventions. The survey used in the study was adapted from Samis (1991). A random list of 900 ASCA members received surveys. The final sample of 412 school counselors was composed of survey respondents.

CHAPTER IV

RESULTS

This chapter provides the results of the current study based on descriptive statistics (e.g., frequency counts, percentages and means), within-subjects ANOVAs, and mixed-factor ANOVAs. The results of the statistical analyses are used to examine counselor background and to answer the six research questions delineated in Chapter III.

Counselor Background

The typical respondent was a female (77%), average age of 45 years (SD = 8.7), master's-level (82%), who was employed full time (93%) as a public school counselor (95%). Respondents' total years of school counseling experience ranged from less than 1 full year to 32 years with a mean of 10.0 years (SD = 7.5).

In response to the question regarding non-school counseling experience, over three-fourths (78%) indicated that they had not worked as a counselor outside of the school system. Of the respondents that had non-school counseling experience (22%), the total years ranged from less than a full year to 30 years with the average being 5.3 years (SD = 5.4).

When asked about training involving family counseling, a majority of the respondents (73%) indicated that their counselor education program did not require training in family counseling. However, about two-thirds had taken courses or workshops which specifically addressed the topics of counseling with parents (64%) or families (71%). Respondents provided their total number of graduate courses designed to specifically train counselors to work with parents and families. The number of courses ranged from zero to 30, with a mean of 1.6 (SD = 3.1).

Combining "Definitely Yes" and "Probably Yes" responses, a majority of respondents (82%) saw a need for providing school-based family interventions in the schools. Of the total, only 6% did not see a need for school-based family interventions, while 12% selected "maybe." Only 24% had family counselors employed by the school district; of these, 18% had a family counselor employed at their school

Research Questions #1 and #2

The first research question asks to what extent are school counselors currently using various school-based family interventions in comparison with other functions. Part II of the survey addressed this question. Counselors rated the amount of time spent on 14 functions (7 family interventions and 7 other functions) using a Likert scale (1 = "Never" to 5 = "Very Often"). Of the seven school-based family interventions in Part II (see Table 5), parent consultation via telephone received the highest average rating (M = 4.3), followed by face-to-face

Table 5

Means and Standard Deviations of Ratings of Current and Preferred Use of
Family Interventions

Intervention	Current Use		Preferred Use	
	Mean	SD	Mean	SD
Parent consultation/phone	4.33	.66	3.99	.72
Parent consultation/in person	3.97	.75	4.08	.68
Family consultation	2.99	.95	3.52	.92
Parent education	2.97	1.02	3.62	.81
Parent counseling	2.48	.99	2.87	1.09
Family counseling	2.20	.97	2.84	1.12
Family therapy	1.30	.61	1.87	1.11
Average for all seven family interventions	2.89	.56	3.26	.63

Note: Rating System 1-5 where 1 denotes "Never," 2 denotes "Almost Never," 3 denotes "Sometimes," 4 denotes "Often," and 5 denotes "Very Often."

parent consultation (M = 4.0), family consultation (M = 3.0), and parent education (M = 3.0). The remaining three family interventions were ranked as being performed to a lesser extent: parent counseling (M = 2.5), family counseling (M = 2.2), and family therapy (M = 1.3). The mean rating for all of the family interventions combined was 2.9. Only two of the family functions were rated above the mid-point of 3.

The mean rating for all of the other school counselor functions was 4.0 (see Table 6). Of the seven "other" functions school counselors perform, counseling students received the highest average (M = 4.8), followed by consultation with staff (M = 4.4), classroom guidance (M = 4.0), consultation with other professionals (M = 3.8), group counseling (M = 3.8), and clerical/other duties (3.7). Counseling staff received the lowest average (M = 3.1). Each of the seven "other" functions was rated above the mid-point of 3.

The second research question asked to what extent school counselors would like to use school-based family interventions in comparison with other functions. Part III of the survey addressed this question, by having counselors rate how much time they would like to spend on 14 functions (7 family interventions and 7 other functions) using a Likert scale (1 = "Never" to 5 = "Very Often"). Of the seven school-based family interventions in Part III (see Table 5), school counselors would like to provide face-to-face parent consultation (M = 4.1), parent consultation via telephone (M = 4.0), and parent education (M = 3.6) "often." On an average, respondents would like to provide family consultation

Table 6

**Means and Standard Deviations of Ratings of Current and Preferred Use of
"Other" Functions**

Function	Current Use		Preferred Use	
	Mean	SD	Mean	SD
Counseling students	4.77	.46	4.73	.51
Staff consultation	4.45	.70	4.26	.71
Classroom guidance	4.00	.96	4.06	.91
Consultation/other professionals	3.84	.80	4.09	.73
Group counseling	3.81	1.01	4.28	.76
Clerical/other duties	3.71	1.02	1.92	.80
Counseling staff	3.14	1.09	3.20	1.10
Average for all seven "other" functions	3.96	.44	3.79	.43

Note: Rating System 1-5 where 1 denotes "Never," 2 denotes "Almost Never," 3 denotes "Sometimes," 4 denotes "Often," and 5 denotes "Very Often."

(M = 3.5), parent counseling (M = 2.9), and family counseling (M = 2.8) "sometimes." School counselors would "almost never" choose to provide family therapy (M = 1.9). four of the family interventions were rated above the mid-point of 3. The mean rating for all of the family interventions was 3.3.

Overall, school counselors gave the "other" functions a mean rating of 3.8 (see Table 6). Of the seven "other" functions in Part III, school counselors would like to counsel students (M = 4.7) "very often" and provide group counseling (M = 4.3), staff consultation (M = 4.3), consultation with other professionals (M = 4.1), and classroom guidance (M = 4.1) "often." Counseling staff (M = 3.2) was rated as something school counselors would like to do "sometimes." The lowest rating was given to clerical and other duties (M = 1.9), in the "Almost Never" range. All but one of the seven "other" functions were rated above the mid-point of 3.

Table 5 indicates time school counselors currently spend on each of seven family interventions compared to the time they would prefer to spend on these functions. Respondents rated the amount of time they would like to spend on family interventions (M = 3.3) slightly higher than the amount of time currently spent on family functions (M = 2.9). With the exception of parent consultation via telephone, all ratings of family interventions were higher in Part III. Table 6 indicates time school counselors currently spend on each of seven "other" school functions. Respondents rated the amount of time they would like to spend on "other" functions (M = 3.8) slightly lower than the amount of time currently

spent on these functions ($M = 4.0$). Staff consultation, and clerical duties were rated as functions school counselors preferred to do less often.

Hypothesis one proposed that a significant difference would exist between rating of time school counselors spend on school-based family intervention functions versus other school functions. Hypothesis two posited that a significant difference would exist between rating of time school counselors prefer to spend on school-based family interventions versus other functions.

A repeated measures one-way analysis of variance (ANOVA) was used to test the differences among current time spent on family interventions ("do family"), current time spent on other functions ("do other"), time preferred to spend on family interventions ("prefer family"), and time preferred to spend on other functions ("prefer other"). A significant main effect was found for the four function groupings [$F(3,1233) = 615.07, p = .0001$]. Results are reported in Table 7. A Tukey's multiple comparison procedure was conducted to determine what differences existed among the four groupings. School counselors spend significantly more time on other functions ("do other") than they do on family interventions ("do family"). Also, they would prefer to do other functions ("prefer other") more than they would prefer to do family functions ("prefer family").

Significant differences also existed between the amount of time school counselors spend doing other functions ("do other") and the time they would prefer to spend on other functions ("prefer other"). Although respondents

Table 7

Within-Subjects ANOVA on Rating of How Much Time Counselors Spend vs.
Prefer to Spend on Family vs. Other Functions

<u>Source</u>	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Subjects	411	248.22			
Function Grouping	3	298.42	99.47	615.07	.0001
<u>S</u> x Function Grouping	1233	199.41	.16		
Total	1647	746.05			

indicated that they would prefer to increase time spent on family interventions, they still prefer to spend more time doing the other functions. Both hypotheses one and two are supported.

Research Question #3

The third research question asked to what extent school counselors view school-based family interventions as an appropriate role of school counselors. The first section of Part IV of the survey addressed this question, asking respondents to rate each of six family interventions, using a Likert scale (1 = "Definitely Not a School Counselor's Role" to 5 = "Definitely a School Counselor's Role").

School counselors indicated that parent consultation was the family intervention most appropriate to their role (see Table 8). This intervention received an average rating of 4.71 and 95% of the respondents rated it "Probably" or "Definitely a School Counselor's Role." None of the 411 respondents selected "Definitely Not" or "Probably Not" for this intervention. Parent education ($M = 4.2$) and family consultation ($M = 4.0$) were rated in the range of "probably" appropriate for school counselors, while parent counseling ($M = 3.0$) and family counseling ($M = 2.9$) were seen as interventions less appropriate to their role. Family therapy ($M = 1.7$) had the lowest rating. On average, the school counselor role appropriateness for working with families was 3.4, slightly above the mid-point of the scale.

Table 8

**Means and Standard Deviations of Ratings of the Role Appropriateness of
School-Based Family Interventions**

Intervention	Mean	SD
Parent consultation	4.71	.56
Parent education	4.20	.85
Family consultation	4.01	.98
Parent counseling	3.00	1.25
Family counseling	2.90	1.22
Family therapy	1.65	.91
Average for all six family interventions	3.41	.65

Note: Range = 1-5 where 1 denotes "Definitely Not," 2 denotes "Probably Not," 3 denotes "Might Be," 4 denotes "Probably," and 5 denotes "Definitely."

Hypothesis #3 was written in two parts. The first part proposed that school counselors would view parent education, parent consultation, parent counseling, and family consultation as appropriate functions of the school counselor's role; that is, would rate each of the functions above three. As predicted, parent education, parent consultation, and family consultation received ratings above 3; parent counseling received a rating of 3.0. Therefore, Hypothesis #3a is supported.

The second part of the third hypothesis indicated that school counselors would not view family counseling and family therapy as appropriate functions of the school counselor's role; that is, would rate each of the functions at or below 3. Since both of these functions were, in fact, rated below 3, Hypothesis #3B is supported.

Research Question #4

The fourth research question asks about the limitations to providing school-based family interventions. The second section of Part IV addressed this question. Participants were asked to rate nine potential barriers in terms of how large a hinderance they are to performing each of the six family interventions. Again, a Likert scale was used (1 - "Not a Limitation" to 4 = "Large Limitation"). On average, family therapy was the intervention having the largest limitation rating across the nine barriers ($M = 3.0$), while parent consultation had the lowest limitation rating ($M = 2.0$) (see Table 9).

Table 9**Means and Standard Deviations for Limitations to Family Interventions (across barriers)**

Intervention	Mean	SD
Family therapy	3.02	.58
Family counseling	2.61	.63
Parent counseling	2.52	.60
Parent education	2.41	.54
Family consultation	2.22	.65
Parent consultation	2.03	.59

Note: These numbers represent the average rating of nine limitations. Mean range = 1-4 where 1 denotes "Not a Limitation," 2 denotes "Small Limitation," 3 denotes "Moderate Limitation," 4 denotes "Large Limitation."

Work load was consistently rated as the largest barrier to performing each intervention with an average rating across the six interventions of 3.5 (see Table 10). Work schedule was also rated high ($M = 3.2$), as was parent reluctance ($M = 2.8$), and role definition ($M = 2.7$). Lack of training ($M = 2.3$), administrative attitude ($M = 2.1$), theoretical orientation ($M = 1.9$), lack of facilities ($M = 1.9$), and teacher attitude ($M = 1.8$) received lower ratings.

As shown in Table 11, the barriers rated as being the most hindering (those rated above the mid-point of 2.5) to providing parent education were work load ($M = 3.6$), work schedule ($M = 3.4$), and parent reluctance ($M = 2.9$). Also, for parent education the items rated as least hindering (rated below the 2.5 mid-point) were role definition ($M = 2.4$), lack of training ($M = 2.2$), lack of facilities ($M = 2.0$), administrator attitude ($M = 1.9$), teacher attitude ($M = 1.8$), and theoretical orientation ($M = 1.5$).

For parent consultation, two barriers were rated above the mid-point (See Table 12): work load ($M = 3.1$) and work schedule ($M = 3.0$). The remaining seven barriers received ratings below 2.5; means for these items ranged from 1.3 to 2.4.

For parent counseling (see Table 13), four barriers were rated above 2.5: work load ($M = 3.6$), work schedule ($M = 3.3$), role definition ($M = 2.9$), and parent reluctance ($M = 2.8$). The remaining five barriers received ratings below the mid-point; means for these items ranged from 1.8 to 2.3.

Table 10**Means and Standard Deviations for All Barriers (across interventions)**

Barrier	Mean	SD
Work load	3.48	.61
Work schedule	3.25	.66
Parent reluctance	2.75	.69
Role definition	2.70	.73
Lack of training	2.32	.85
Administrative attitude	2.05	.83
Theoretical orientation	1.92	.74
Lack of facilities	1.89	.95
Teacher attitude	1.82	.77

Note: These numbers represent the average rating across all six family interventions. Range = 1-4 where 1 denotes "Not a Limitation," 2 denotes "Small Limitation," 3 denotes "Moderate Limitation," 4 denotes "Large Limitation."

Table 11**Means and Standard Deviations: Limits to Providing Parent Education**

Limitations	% Rated "Moderate" or "Large Limitation"	Mean	SD
Work load	92.7%	3.59	.68
Work schedule	86.4%	3.36	.78
Parent reluctance	68.4%	2.86	.84
Role definition	50.0%	2.38	1.10
Lack of training	38.8%	2.20	1.06
Lack of facilities	32.9%	2.02	1.07
Administrative attitude	26.5%	1.88	.98
Teacher attitude	22.8%	1.83	.86
Theoretical orientation	15.6%	1.54	.81
All nine limitations		2.41	.54

Range = 1-4 where 1 denotes "Not a Limitation," 2 denotes "Small Limitation," 3 denotes "Moderate Limitation," 4 denotes "Large Limitation."

Table 12**Means and Standard Deviations: Limits to Providing Parent Consultation**

Limitations	% Rated "Moderate" or "Large Limitation"	Mean	SD
Work load	75.0%	3.10	.99
Work schedule	73.8%	3.02	.84
Parent reluctance	45.0%	2.41	.87
Role definition	28.6%	1.90	1.03
Lack of training	19.2%	1.73	.94
Lack of facilities	17.7%	1.64	.94
Administrative attitude	14.4%	1.60	.79
Teacher attitude	15.1%	1.53	.82
Theoretical orientation	8.2%	1.31	.64
All nine limitations		2.03	.59

Range = 1-4 where 1 denotes "Not a Limitation," 2 denotes "Small Limitation," 3 denotes "Moderate Limitation," 4 denotes "Large Limitation."

Table 13**Means and Standard Deviations: Limits to Providing Parent Counseling**

Limitations	% Rated "Moderate" or "Large Limitation"	Mean	SD
Work load	90.5%	3.56	.74
Work schedule	84.5%	2.94	.80
Role definition	69.1%	2.77	1.05
Parent reluctance	62.4%	1.73	.87
Lack of training	43.7%	2.34	1.09
Administrative attitude	36.0%	2.13	1.08
Theoretical orientation	35.6%	2.04	1.11
Teacher attitude	23.0%	1.82	.93
Lack of facilities	23.1%	1.81	1.03
All nine limitations		2.52	.60

Range = 1-4 where 1 denotes "Not a Limitation," 2 denotes "Small Limitation," 3 denotes "Moderate Limitation," 4 denotes "Large Limitation."

Work load ($M = 3.3$), work schedule ($M = 3.1$), and parent reluctance ($M = 2.6$) were rated as the greatest barriers to performing family consultation (see Table 14). The items rated below 2.5 included role definition ($M = 2.3$), lack of training ($M = 2.0$), lack of facilities ($M = 1.8$), administrative attitude ($M = 1.8$), teacher attitude (1.6), and theoretical orientation ($M = 1.6$).

For family counseling (see Table 15), work load ($M = 3.6$), work schedule ($M = 3.3$), role definition ($M = 3.0$), parent reluctance ($M = 2.8$), and lack of training ($M = 2.5$) were rated above the mid-point. The remaining four items received ratings at or below 2.5; means for these items ranged from 1.9 to 2.5.

Seven of the nine barriers to providing family therapy were rated above the mid-point of 2.5; means for these items ranged from 2.8 to 3.8 (See Table 16). Only teacher attitude ($M = 2.2$) and lack of facilities ($M = 2.2$) were rated below 2.5.

As hypothesized, work load was rated above 2.5 on all family interventions (see Table 17). Thus, hypothesis 4a-1 was supported.

Hypothesis 4a-2 stated that role definition would be rated above 2.5 on all interventions except parent consultation. The hypothesis was only partially supported, with three of the five hypothesized areas rated above 2.5 (see Table 17).

As hypothesized in 4a-3, work schedule was rated above 2.5 on all family interventions (see Table 17). This hypothesis was supported.

Table 14**Means and Standard Deviations: Limits to Providing Family Consultation**

Limitations	% Rated "Moderate" or "Large Limitation"	Mean	SD
Work load	79.9%	3.25	.93
Work schedule	76.4%	3.10	.87
Parent reluctance	53.4%	2.58	.87
Role definition	42.1%	2.31	1.13
Lack of training	28.3%	1.97	1.01
Lack of facilities	22.1%	1.77	1.02
Administrative attitude	21.9%	1.76	.97
Teacher attitude	15.3%	1.63	.84
Theoretical orientation	18.2%	1.59	.90
All nine limitations		2.22	.65

Range = 1-4 where 1 denotes "Not a Limitation," 2 denotes "Small Limitation," 3 denotes "Moderate Limitation," 4 denotes "Large Limitation."

Table 15**Means and Standard Deviations: Limits to Providing Family Counseling**

Limitations	% Rated "Moderate" or "Large Limitation"	Mean	SD
Work load	92.0%	3.61	.72
Work schedule	83.2%	3.30	.80
Role definition	69.2%	2.99	1.01
Parent reluctance	65.4%	2.80	.84
Lack of training	52.7%	2.54	1.12
Administrative attitude	41.8%	2.25	1.12
Theoretical orientation	38.9%	2.15	1.14
Lack of facilities	30.1%	1.95	1.12
Teacher attitude	24.7%	1.87	.99
All nine limitations		2.61	.63

Range = 1-4 where 1 denotes "Not a Limitation," 2 denotes "Small Limitation," 3 denotes "Moderate Limitation," 4 denotes "Large Limitation."

Table 16**Means and Standard Deviations: Limits to Providing Family Therapy**

Limitations	% Rated "Moderate" or "Large Limitation"	Mean	SD
Work load	95.9%	3.80	.58
Role definition	94.2%	3.69	.68
Work schedule	87.2%	3.43	.78
Lack of training	74.2%	3.15	1.11
Parent reluctance	78.3%	3.08	.88
Theoretical orientation	65.7%	2.89	1.21
Administrative attitude	61.6%	2.77	1.16
Teacher attitude	38.9%	2.20	1.15
Lack of facilities	38.0%	2.18	1.22
All nine limitations		3.02	.58

Range = 1-4 where 1 denotes "Not a Limitation," 2 denotes "Small Limitation," 3 denotes "Moderate Limitation," 4 denotes "Large Limitation."

Table 17**Mean Limitation Ratings Higher Than 2.5**

Barrier	Family Interventions					
	<u>Parent Education</u>	<u>Parent Consult.</u>	<u>Parent Couns.</u>	<u>Family Consult.</u>	<u>Family Couns.</u>	<u>Family Therapy</u>
Work Load	X	X	X	X	X	X
Role Definition			X		X	X
Work Schedule	X	X	X	X	X	X
Lack of Facilities						
Lack of Training					X	X
Parent Reluctance	X	X	X	X	X	X
Teacher Attitude						
Administrative Attitude						X
Theoretical Orientation						X

Hypothesis 4a-4 was partially supported. Lack of facilities was hypothesized to only be a large limitation for family therapy. In fact, it was not rated above 2.5 on any of the interventions (see Table 17).

As hypothesized, lack of training was rated above 2.5 on family counseling and family therapy (see Table 17). Thus, hypothesis 4a-5 was supported.

Hypothesis 4a-6 stated that parent reluctance would be rated above 2.5 on all six interventions. The hypothesis was only partially supported, with five of the six hypothesized averages rated above 2.5 (see Table 17).

As hypothesized in 4a-7, teacher attitude did not receive any ratings above 2.5 (see Table 17). This hypothesis was supported.

Hypothesis 4a-8 was partially supported. Administrative attitude was hypothesized to be a large limitation for family counseling and family therapy. In fact, it was only rated above 2.5 for family therapy (see Table 17).

As hypothesized, theoretical orientation was rated above 2.5 for family therapy (see Table 17). Thus, hypothesis 4a-9 was supported.

Hypothesis 4b indicated that a significant difference would exist among the limitation ratings of the nine barriers when averaged across the six family interventions. A repeated measures ANOVA was used to test differences among the nine barriers. A significant main effect was found for barriers [$F(8, 3288) = 404.11, p = .0001$]. Results are reported in Table 18. A Tukey's multiple comparison procedure was conducted to determine what differences existed among the nine barriers. Work load was rated significantly higher than all other

Table 18**Within-Subjects ANOVA on Limitation Ratings of Barriers**

<u>Source</u>	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Subjects	411	903.47			
Barrier	8	1242.51	155.31	404.11	.0001
Subj. (Barrier)	3288	1263.71	.38		
Total	3707	3409.69			

barriers (see Table 10). A significant difference also existed between work schedule and all other barriers. The means for parent reluctance and role definition did not differ from one another, but were significantly different from all other means. Lack of training was rated as the fifth highest barrier and was significantly different from all other barriers. Administrative attitude did not differ from theoretical orientation. However, administrative attitude was higher than lack of facilities and teacher attitude. Overall, the means indicated that the barriers fell in the following order from greatest to least: work load, work schedule, parent reluctance, role definition, lack of training, administrative attitude, theoretical orientation, lack of facilities, and teacher attitude.

Hypothesis 4c posited that a significant difference would exist among the limitation ratings of the six family interventions when averaged across the nine barriers. Again, a repeated measures ANOVA was used to test differences among the family interventions. A significant main effect was found for the interventions [$F(5, 2055) = 346.46, p = .0001$]. Results are reported in Table 19.

A Tukey's multiple comparison procedure was conducted to determine what differences existed among the six interventions. Significant differences were found among the means for all six family interventions; means are reported in Table 9. The means for this analysis fell in the following order from the intervention with the highest rated limitations to the intervention with the lowest ratings: family therapy, family counseling, parent counseling, parent education, family consultation, and parent consultation.

Table 19**Within-Subjects ANOVA on Limitation Ratings of Family Intervention**

<u>Source</u>	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Subjects	411	603.92			
Intervention	5	242.01	48.40	346.46	.0001
Subj. (Interv.)	2055	287.09	.14		
Total	2471	1133.02			

Research Question #5

The fifth research question asks to what extent elementary, middle/junior, and high school counselors' perceptions on school-based family interventions differ in terms of: (a) current functions, (b) preferred functions, (c) role appropriateness, and (d) limitations (research questions 1-4). To examine the effects of school level, four mixed-factor ANOVAs were conducted. Counselor's school level was used as the between-subjects factor. Ratings from Parts II, III, and IV of the survey served as within-subjects factors for specific ANOVAs. Of interest in these analyses are the interaction of school level and the specific within-subjects factor. Main effects for the within-subjects factor are repetitions of previously discussed results.

The original "N" of 412 was used for all previous analyses, however, the respondents who checked more than one level were excluded from these analyses. The "N" for all analyses involving school level was 360, with 115 elementary school, 118 middle school and 127 high school respondents.

A demographic analysis indicated that 84% of the elementary school counselors were female with 16% males. Eighty-two percent had a masters degree; 13% had an Ed. Specialist degree; and 5% reported a doctorate as the highest degree held. The majority of middle and junior high counselors were female (76%) with 24% males. A masters degree was the highest degree held by most (81%) of the middle school sample; 14% had an Ed. Specialist degree; 5% had a doctorate; and one person reported a bachelors as the highest degree held.

Sixty-nine percent of the high school counselors were female with 31% males. Eighty-three percent of the high school respondents had a masters degree; 9% had an Ed. Specialist degree; 7% had a doctorate; and one person reported a bachelors as the highest degree held. Selected demographic characteristics for each level are listed in Table 20.

The first mixed-factor ANOVA was used to test differences among current time spent on family interventions ("do family"), current time spent on other functions ("do other"), time preferred to spend on family ("prefer family"), and time preferred to spend on other functions ("prefer other") by school level. A significant main effect was found for the four function groupings [$F(3, 1071) = 525.17, p = .0001$]. A significant main effect was also found for school level [$F(2, 357) = 6.76, p = .0013$]. No significant interaction was found. Results are reported in Table 21. A Tukey's multiple comparison procedure was conducted to further explore the main effect for school level. Elementary counselors had higher ratings across all of four function groupings and were significantly different from high school counselors (see Table 22 for means).

The next mixed-factor ANOVA was used to test the difference among ratings of role appropriateness for the three school levels. A significant main effect was found for the role appropriateness ratings of the six school-based family interventions [$F(5, 1783) = 655.75, p = .0001$]. A significant main effect was also found for school level [$F(2, 357) = 5.03, p = .007$]. No significant interaction was found. Results are reported in Table 23. A Tukey's multiple

Table 20**Means for Selected Demographic Variables by School Level**

	<u>Elementary</u>		<u>Middle/Junior High</u>		<u>High School</u>	
	Mean	SD	Mean	SD	Mean	SD
Age	43.83	9.11	43.93	8.39	46.56	8.52
Number of schools responsible for	1.30	0.68	1.00	0.00	1.04	0.23
Years employed as school counselor	8.75	6.80	9.93	7.08	11.94	8.41
Ratio: Students per counselor	581.10	225.03	401.67	152.80	340.27	108.92
Graduate courses re parents/families	1.28	1.62	1.20	1.79	1.89	3.99
See need for family interventions	4.40	0.94	4.38	0.90	4.11	1.06

Table 21

Mixed-Factor ANOVA on Rating of How Much Time Counselors Spend vs. Prefer to Spend on Family vs. Other Functions by School Level

<u>Source</u>	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
School Level	2	7.67	3.84	6.76	.0013
Subject (Level)	357	202.48	.57		
Function Grouping	3	258.13	86.04	525.17	.0001
Function Group. X Level	6	1.06	.18	1.08	.3744
Function Group. X Subject (Level)	1071	175.47	.16		
Total	1439	644.77			

Table 22

**Means and Standard Deviations of Ratings of Current and Preferred Use of
Family and "Other" Functions by School Level**

Function	Elementary		Middle/Jr.		High	
	Mean	SD	Mean	SD	Mean	SD
Current/Family	2.95	.52	2.95	.51	2.83	.61
Current/"Other"	4.09	.36	3.99	.41	3.85	.49
Prefer/Family	3.38	.63	3.25	.57	3.18	.67
Prefer/"Other"	3.89	.41	3.78	.40	3.74	.47
Overall	3.58	.66	3.49	.63	3.40	.70

Range = 1-5 where 1 denotes "Never," 2 denotes "Almost Never," 3 denotes "Sometimes," 4 denotes "Often," and 5 denotes "Very Often."

Table 23Mixed-Factor ANOVA on Ratings of Role Appropriateness of School Level

<u>Source</u>	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
School Level	2	25.22	12.61	5.03	.007
Subject (Level)	357	894.92	2.51		
Role	5	2236.36	447.27	665.75	.0001
Role X Level	10	11.48	1.15	1.68	.0791
Role X Subject (Level)	1783	1216.14	.68		
Total	2157	4382.96			

comparison procedure was conducted to further explore the main effect for school level. Elementary school counselors again had higher ratings and were significantly different from high school counselors (see Table 24 for means).

The third mixed-factor ANOVA was conducted to test differences among the limitation ratings of the nine barriers for the three school levels. A significant main effect was found for the nine barriers, [$F(8, 2856) = 366.77, p = .0001$]. A significant main effect was also found for school level [$F(2, 359) = 4.43, p = .0126$]. No significant interaction was found. Results are reported in Table 25. A Tukey's multiple comparison procedure was conducted to further explore the main effect for school level. High school counselors had higher ratings across the nine barriers and were significantly different from middle school counselors (see Table 26 for means).

A final mixed-factor ANOVA was used to test the differences among the limitation ratings of the six family interventions, when averaged across the nine barriers, by school level. A significant main effect was found for the limitation ratings of the six family interventions [$F(5, 1785) = 296.82, p = .0001$]. A significant main effect was also found for school level [$F(2, 359) = 4.37, p = .0133$]. No significant interaction was found. Results are summarized in Table 27. A multiple comparison procedure (Tukey's) was conducted to further explore the main effect for school level. The means for high school counselors were significantly higher than middle school counselors. Means and standard deviations are reported in Table 28.

Table 24

**Means and Standard Deviations of Role Appropriateness Ratings of the Six
Family Interventions by Level**

Function	Elementary		Middle/Jr.		High	
	Mean	SD	Mean	SD	Mean	SD
Parent consult.	4.81	.46	4.74	.53	4.60	.63
Parent education	4.46	.74	4.19	.83	3.95	.89
Family consult.	4.04	.95	4.06	.95	3.91	1.06
Parent counseling	3.25	1.34	2.93	1.16	2.85	1.28
Family counseling	2.93	1.25	3.03	1.22	2.74	1.21
Family therapy	1.70	.98	1.65	.94	1.57	.88
Overall	3.53	1.44	3.43	1.40	3.27	1.42

Range = 1-5 where 1 denotes "Definitely Not," 2 denotes "Probably Not," 3 denotes "Might Be," 4 denotes "Probably," and 5 denotes "Definitely."

Table 25Mixed-Factor ANOVA on Ratings of Barriers by School Level

<u>Source</u>	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
School Level	2	19.65	9.82	4.43	.0126
Subject (Level)	357	792.29	2.22		
Barrier	8	1113.98	139.25	366.77	.0001
Barrier (Level)	16	9.14	.57	1.50	.0889
Barrier X Subject (Level)	2856	1084.30	.38		
Total	3239	3016.67			

Table 26

Means and Standard Deviations for Limitation Ratings of Barriers by School Level

Function	Elementary		Middle/Jr.		High	
	Mean	SD	Mean	SD	Mean	SD
Work Load	3.44	.62	3.52	.51	3.50	.62
Work Schedule	3.28	.63	3.21	.67	3.29	.66
Parent Reluctance	2.73	.69	2.69	.66	2.74	.72
Role Definition	2.62	.79	2.61	.66	2.86	.72
Lack of Training	2.26	.90	2.22	.81	2.46	.86
Admin. attitude	2.00	.85	1.86	.76	2.20	.83
Theoretical orien.	1.79	.71	1.86	.70	2.09	.80
Lack of facilities	1.86	.95	1.77	.94	1.99	.99
Teacher attitude	1.80	.75	1.72	.81	1.91	.79
Overall	2.42	.98	2.38	.96	2.56	.95

Note: These numbers represent the average rating across all six family interventions. Range = 1-4 where 1 denotes "Not a Limitation," 2 denotes "Small Limitation," 3 denotes "Moderate Limitation," and 4 denotes "Large Limitation."

Table 27Mixed-Factor ANOVA on Limitation Ratings of Interventions by School Level

<u>Source</u>	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
School Level	2	12.98	6.49	4.37	.0133
Subject (Level)	357	529.82	1.48		
Intervention	5	210.28	42.06	296.82	.0001
Interv. X School Level	10	1.88	.19	1.32	.2117
Family Int. X Subject (Level)	1785	252.92	.14		
Total	2159	1007.66			

Table 28

Means and Standard Deviations of Limitation Ratings of Family Interventions by School Level

Function	Elementary		Middle/Jr.		High	
	Mean	SD	Mean	SD	Mean	SD
Parent consult.	2.01	.58	1.92	.58	2.14	.62
Parent education	2.32	.55	2.32	.51	2.53	.56
Family consult.	2.21	.67	2.10	.63	2.32	.65
Parent counseling	2.47	.66	2.41	.58	2.62	.59
Family counseling	2.54	.67	3.01	.56	3.06	.56
Family therapy	2.98	.65	3.01	.56	3.06	.56
Overall	2.42	.70	2.39	.68	2.56	.66

Note: The numbers represent the average rating of nine limitations. Range = 1-4 where 1 denotes "Not a Limitation," 2 denotes "Small Limitation," 3 denotes "Moderate Limitation," and 4 denotes "Large Limitation."

Hypothesis Five posited that no significant differences would exist among elementary, middle/junior, and high school counselors' perceptions on research questions one through four. The results of all four mixed-factor ANOVAs yielded no significant interactions. Thus, this hypothesis is supported.

Research Question #6

The sixth research question asks how counselors with different levels of training in family counseling (high, moderate, and low) compare in terms of: (a) current functions, (b) preferred functions, (c) role appropriateness, and (d) limitations (research questions 1-4). To examine the effects of training, four mixed-factor ANOVAs were conducted. Counselor's training level was used as the between-subjects factor. Ratings from Part II, III, and IV of the survey served as within-subjects factors for specific ANOVAs. Of interest in these analyses are the interaction of training level and the specific within-subjects factor. Main effects for the within-subjects factors are repetitions of previously discussed results.

The "N" for all analyses involving training level was 396. The high group consisted of 73 respondents. To qualify for this category, respondents needed a minimum of three graduate courses designed to train counselors to work with parents and families (question 16 of Part I). The moderate group consisted of 146 respondents having one to two graduate courses. The low group consisted of 177 respondents with no graduate courses designed to train counselors to work with parents or families. The 16 counselors not responding to question 16 were excluded from these analyses.

A demographic analysis indicated that 77% of the low training group were female with 23% males. Eighty-five percent had a masters degree; 11% had an Ed. Specialist degree; and 4% reported a doctorate as the highest degree held. The majority of moderate training group respondents were female (75%) with 25% males. A masters degree was the highest degree held by most (82%) of the moderate sample; 12% had an Ed. Specialist degree; 5% had a doctorate; and one person reported a bachelors as the highest degree held. Eighty-one percent of the high training group were female with 19% males. Seventy-three percent of the high training group had a masters degree; 16% had an Ed. Specialist degree; 10% had a doctorate; and one person reported a bachelors as the highest degree held. Selected demographic characteristics for each level are listed in Table 29.

The first mixed-factor ANOVA was used to test differences among current time spent on family interventions ("do family"), current time spent on other functions ("do other"), time preferred to spend on family ("prefer family"), and time preferred to spend on other functions ("prefer other") by training group. A significant main effect was found for the four function groupings [$F(3, 1179) = 475.54, p = .0001$]. A significant main effect was also found for training group [$F(2, 393) = 13.85, p = .0001$]. In addition, a significant interaction was found [$F(6, 1179) = 7.88, p = .0001$]. Results are reported in Table 30. A Tukey's multiple comparison procedure was conducted to further explore the main effect for training group. The high training group had significantly higher ratings across all of four function groupings than the moderate and low training groups (see Table 31 for means).

Table 29**Means for Selected Demographic Variables by Training Group**

	<u>No Courses</u>		<u>1-2 Courses</u>		<u>3 or + Courses</u>	
	Mean	SD	Mean	SD	Mean	SD
Age	45.11	8.77	43.40	8.42	45.15	8.54
Number of schools responsible for	1.30	1.29	1.21	0.69	1.37	1.25
Years employed as school counselor	10.50	7.80	9.27	7.26	9.77	6.78
Ratio: Students per counselor	437.51	202.77	425.57	181.03	473.72	287.00
Graduate courses re parents/families	0.00	0.00	1.48	0.50	5.77	5.28
See need for family interventions	4.23	1.02	4.36	0.88	4.27	0.98

Table 30

**Mixed-Factor ANOVA on Rating of How Much Time Counselors Spend vs.
Prefer to Spend on Family vs. "Other" Functions by Training Group**

<u>Source</u>	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Training Grp.	2	15.91	7.96	13.85	.0001
Subject (Training Group)	393	225.77	.57		
Function Grouping	3	218.98	72.99	475.54	.0001
Function Group X Training Group	6	7.25	1.21	7.88	.0001
Function Group X Subject (Training Group)	1779	180.97	.15		
Total	1583	714.03			

Table 31

Means and Standard Deviations of Ratings of Current and Preferred Use of Family and "Other" Functions by Training Group

Function	Low		Moderate		High	
	Mean	SD	Mean	SD	Mean	SD
Current/Family	2.75	.54	2.89	.53	3.25	.48
Current/"Other"	3.90	.46	3.99	.40	4.06	.47
Prefer/Family	3.16	.64	3.24	.58	3.55	.61
Prefer/"Other"	3.75	.43	3.83	.41	3.80	.48
Overall	3.39	.70	3.49	.66	3.67	.59

Range = 1-5 where 1 denotes "Never," 2 denotes "Almost Never," 3 denotes "Sometimes," 4 denotes "Often, and 5 denotes "Very Often."

The significant interaction was explored by graphing the interaction means and, through simple effect analyses, followed by Tukey's multiple comparisons. As can be seen in Figure 1, all three groups followed the same pattern; where "do other" received the highest rating followed by "prefer other," "prefer family," and "do family." This pattern was also observed in the total sample (see discussion of Research Questions 1 and 2).

A one-way analysis of variance on the "do family" ratings produced a significant effect for training group [$F(2, 393) = 23.95, p = .0001$]. All three groups were significantly different from each other, with the high training group having the highest ratings, followed by the moderate training group (see Table 30).

A trend towards a significant effect was found for training group on the "do other" ratings [$F(2, 393) = 3.95, p = .0199$]. The high training group had higher ratings than the low training group (see Table 30).

An ANOVA with the "prefer family" ratings produced a significant effect for training group [$F(2, 393) = 10.33, p = .0001$]. The high training group had significantly higher ratings than the moderate and the low groups, which were not significantly different from each other (see Table 30).

The ANOVA on the "prefer other" ratings yielded no significant effect for training group [$F(2, 393) = 1.37, p = .255$].

The next mixed-factor ANOVA was used to test the difference among ratings of role appropriateness for the three training groups. A significant main effect

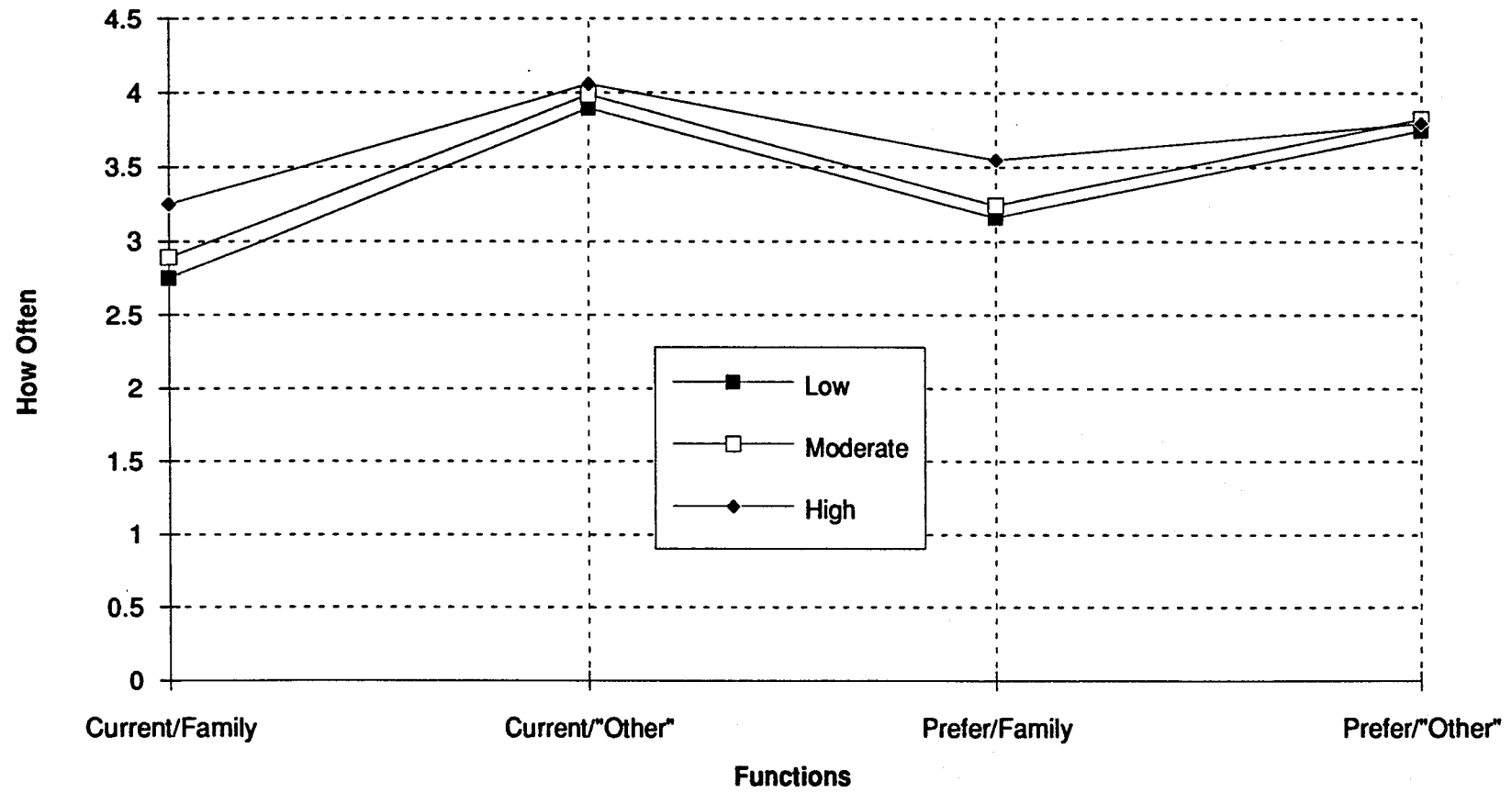


Figure 1. Means of Ratings of Current and Preferred Use of Family and "Other" Functions by Training Group

was found for the role appropriateness ratings for the six school-based family interventions [$F(5, 1963) = 625.55, p = .0001$]. A significant main effect was also found for training group [$F(2, 393) = 5.50, p = .0044$]. In addition, a significant interaction was found [$F(10, 1963) = 2.96, p = .001$]. Results are reported in Table 32. A Tukey's multiple comparison procedure was conducted to further explore the main effect for training group. The high training group had significantly higher ratings across the six family interventions than the low training group (see Table 33 for means).

The significant interaction was explored by graphing the interaction means and through simple effect analyses, followed by Tukey's multiple comparisons. As can be seen in Figure 2, all three groups followed the pattern: parent consultation received the highest rating followed by parent education, family consultation, parent counseling, family counseling, and family therapy. This pattern was also observed in the total sample (see discussion of Research Question 3).

A one-way analysis of variance on the parent consultation ratings produced no significant effect for training group [$F(2, 392) = .32, p = .7267$]. The ratings of the three groups were not significantly different from each other (see Table 32).

No significant effect was found for training group on the parent education role ratings [$F(2, 393) = .95, p = .3883$]. Thus, the training groups were not significantly different from each other.

Table 32**Mixed-Factor ANOVA on Ratings of Role Appropriateness by Training Group**

<u>Source</u>	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Training Grp.	2	26.80	13.40	5.50	.0044
Subject (Training Group)	393	956.81	2.43		
Role	5	2052.30	410.46	625.55	.0001
Role X Training Group	10	19.45	1.94	2.96	.0010
Role X Subject (Training Group)	1963	1288.03	.66		
Total	2373	4778.48			

Table 33**Means and Standard Deviations of Role Appropriateness Ratings by Training****Group**

Function	Low		Moderate		High	
	Mean	SD	Mean	SD	Mean	SD
Parent consult.	4.73	.55	4.68	.57	4.71	.54
Parent education	4.16	.93	4.24	.78	4.32	.81
Family consult.	4.03	1.02	3.91	.92	4.26	.87
Parent counseling	2.82	1.27	3.12	1.24	3.18	1.19
Family counseling	2.74	1.25	2.95	1.13	3.19	1.21
Family therapy	1.47	.81	1.64	.82	2.05	1.13
Overall	3.33	1.48	3.42	1.37	3.62	1.34

Range = 1-5 where 1 denotes "Definitely Not," 2 denotes "Probably Not," 3 denotes "Might Be," 4 denotes "Probably," and 5 denotes "Definitely."

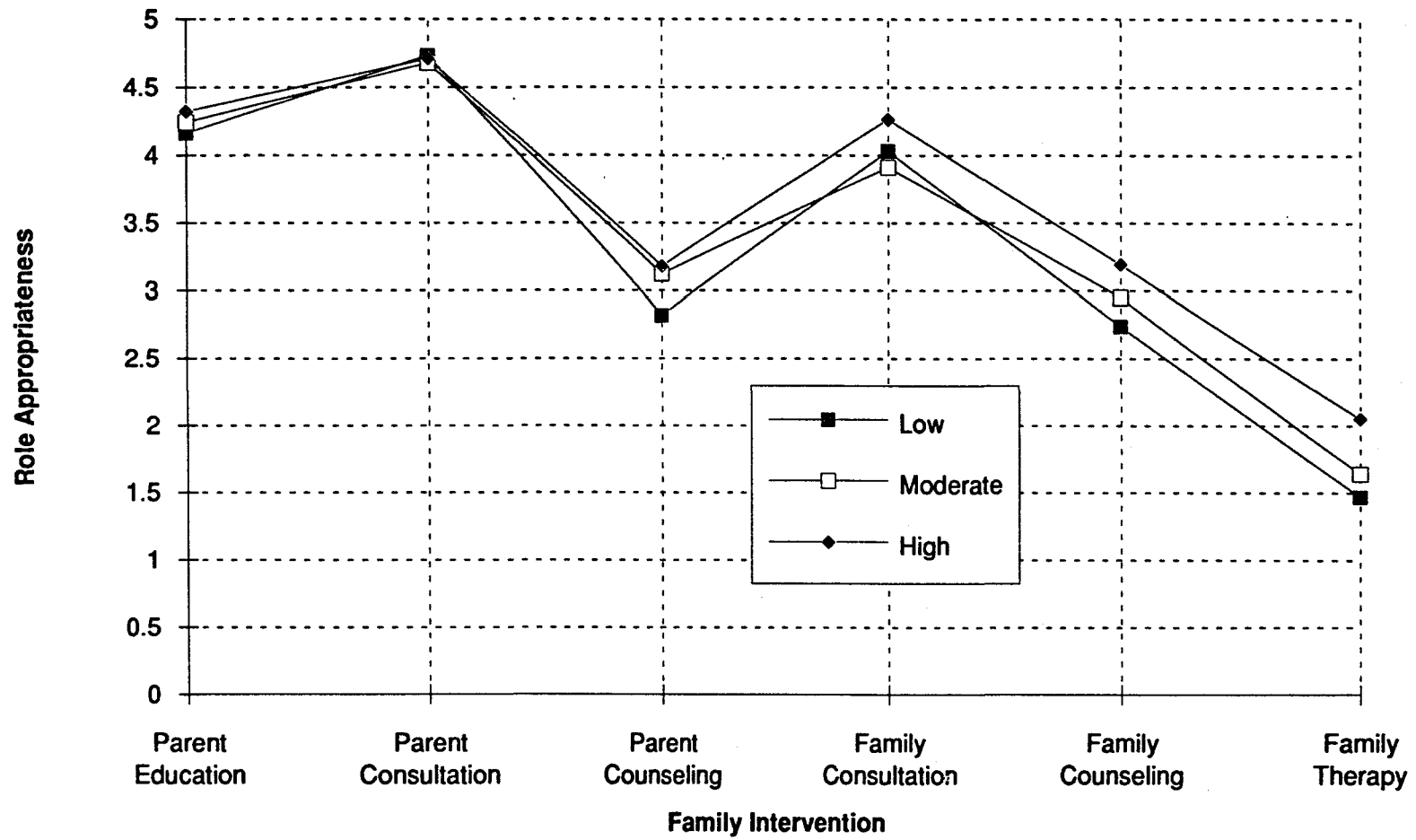


Figure 2. Means of Role Ratings of the Six Family Interventions by Training Group

A trend towards a significant effect for training group was found for family consultation [$F(2, 393) = 3.25, p = .0397$]. The high training group had higher ratings than the moderate group (see Table 32).

A trend towards a significant effect for training group was found for parent counseling [$F(2, 392) = 3.33, p = .0367$]. The low training group was lower than the other two groups.

A trend towards a significant effect for training group was found for family counseling [$F(2, 393) = 3.84, p = .0223$]. The high training group had significantly higher ratings than the low group and was not significantly different from the moderate group (see Table 32).

An ANOVA on the family therapy ratings produced significant results for training groups [$F(2, 393) = 11.26, p = .0001$]. The high training group had significantly higher ratings than the moderate and the low groups, which were not significantly different from each other (see Table 32).

The third mixed-factor ANOVA was conducted to test differences among the limitation ratings of the nine barriers for the three training groupings. A significant main effect was found for [$F(8, 3144) = 338.99, p = .0001$]. No significant effect was found for training group [$F(2, 393) = 2.18, p = .1139$]. A significant interaction was found [$F(16, 3144) = 4.74, p = .0001$]. Results are reported in Tables 34 and 35.

Table 34Mixed-Factor ANOVA on Limitation Rating of Barriers by Training Group

<u>Source</u>	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Training Grp.	2	9.57	4.78	2.18	.1139
Subject (Training Group)	392	860.68	2.19		
Barrier	8	1030.09	128.76	338.99	.0001
Barrier X Training Group	16	28.80	1.80	4.74	.0001
Barrier X Subject (Training Group)	3144	1194.22	.38		
Total	3563	3293.68			

Table 35**Means and Standard Deviations for Limitation Ratings of Barrier by Training****Group**

Barriers	Low		Moderate		High	
	Mean	SD	Mean	SD	Mean	SD
Work Load	3.47	.63	3.54	.56	3.40	.69
Work Schedule	3.29	.66	3.24	.65	3.14	.68
Parent Reluctance	2.75	.66	2.73	.73	2.76	.66
Role Definition	2.72	.70	2.74	.73	2.53	.77
Lack of Training	2.57	.81	2.22	.77	1.89	.88
Admin. attitude	2.07	.82	2.04	.85	2.00	.84
Theoretical orien.	2.01	.76	1.88	.72	1.74	.74
Lack of facilities	1.91	.97	1.82	.89	2.01	1.03
Teacher attitude	1.82	.81	1.75	.74	1.91	.76
Overall	2.51	.95	2.44	.96	2.38	.97

Note: These numbers represent the average rating across all six family interventions. Range = 1-4 where 1 denotes "Not a Limitation," 2 denotes "Small Limitation," 3 denotes "Moderate Limitation," and 4 denotes "Large Limitation."

The significant interaction was explored by graphing the interaction means and through simple effect analyses, followed by Tukey's multiple comparisons. With the exception of "lack of training," Figure 3 shows the similar pattern of the three groups.

A one-way analysis of variance on the work load ratings did not yield a significant effect for training group [$F(2, 393) = 1.42, p = .2422$]. All three training groups were similar.

Nor was a significant effect found for training group with regard to role definition [$F(2, 393) = 2.39, p = .0926$], work schedule/parent availability [$F(2, 393) = 1.37, p = .2545$], lack of facilities [$F(2, 393) = .99, p = .3711$], parent reluctance [$F(2, 393) = .09, p = .9170$], teacher attitude [$F(2, 393) = 1.02, p = .3612$], and administrative attitude [$F(2, 393) = .22, p = .8055$].

A one-way analysis of variance on the lack of training ratings did yield a significant effect for training group [$F(2, 393) = 19.94, p = .0001$]. All three groups were significantly different, with the low training group having the highest limitation ratings, followed by the moderate training group (see Table 34).

A trend towards a significant effect for training group was found for theoretical orientation [$F(2, 393) = 3.68, p = .0261$]. The high training group had lower ratings of limitations than the low group (see Table 34).

A final mixed-factor ANOVA was used to test the differences among the limitation ratings of the six family interventions when averaged across the nine barriers by training group. A significant main effect was found for the limitation

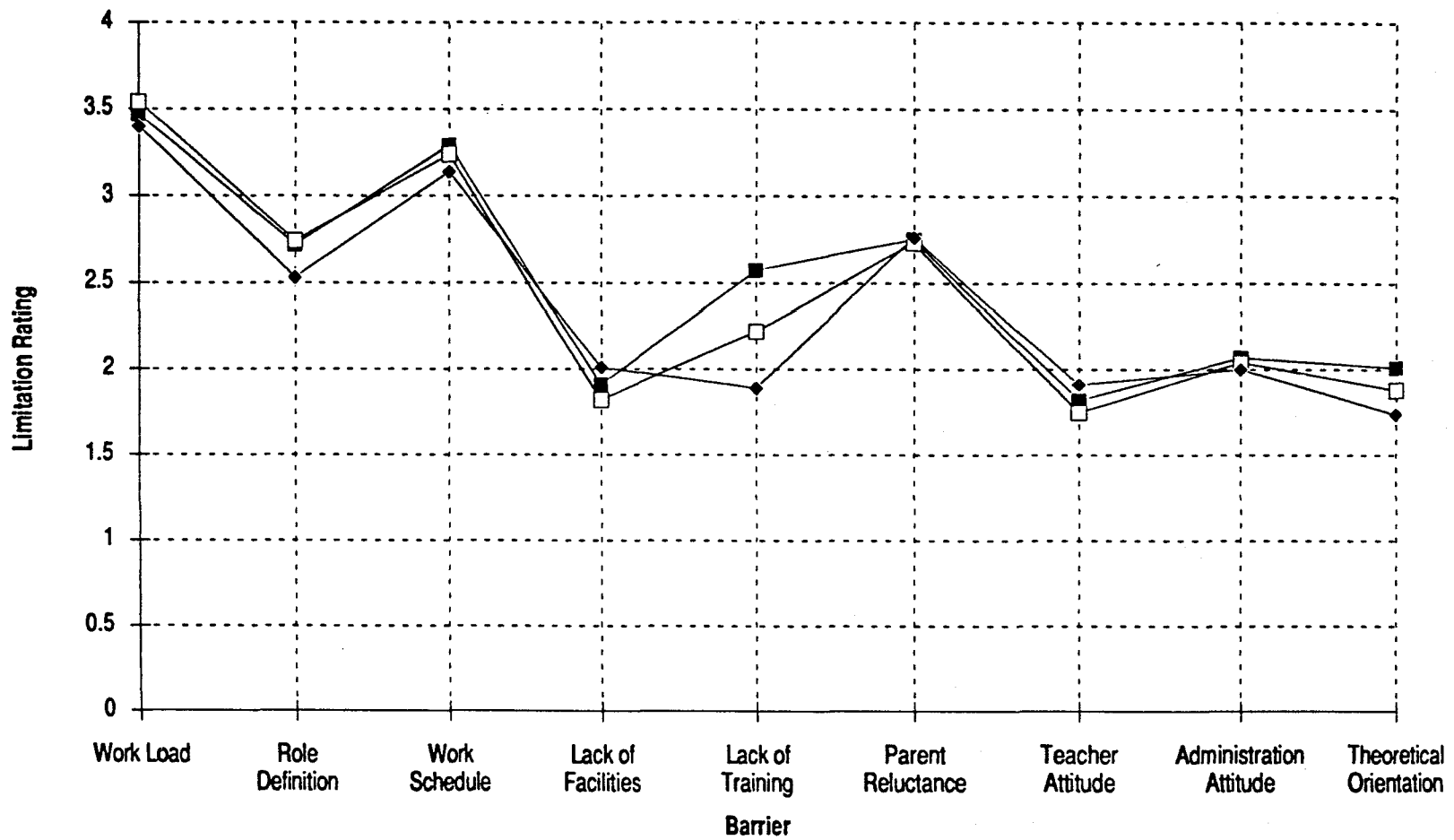


Figure 3. Means of All Barriers (across interventions) by Training Group

ratings of the six family interventions [$F(5, 1965) = 264.04, p = .0001$]. No significant effect was found for training group [$F(2, 393) = 2.22, p = .1099$]. A significant interaction was found [$F(10, 1965) = 3.36, p = .0002$]. Results are summarized in Tables 36 and 37.

The significant interaction was explored by graphing the interaction means and through simple effect analyses, followed by Tukey's multiple comparisons. As can be seen in Figure 4, all three groups followed the same pattern. This pattern was also observed in the total sample (see discussion of Research Question 4).

A one-way analysis of variance on the family therapy ratings produced a significant effect for training group [$F(2, 393) = 6.41, p = .0018$]. The high training group had significantly lower ratings than the low training group (see Table 35).

A one-way analysis of variance on the family counseling ratings also produced a significant effect for training group [$F(2, 393) = 5.21, p = .0059$]. The high training group had significantly lower ratings than the low training group (see Table 35).

The ANOVAs on the ratings for parent education [$F(2, 393) = .56, p = .5736$], parent consultation [$F(2, 393) = .30, p = .7398$], parent counseling [$F(2, 393) = 3.03, p = .0493$], and family consultation [$F(2, 393) = .23, p = .7960$] yielded no significant effects for training group.

Table 36**Mixed-Factor ANOVA on Limitation Ratings of Interventions by Training Group**

<u>Source</u>	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Training Grp.	2	6.50	3.25	2.22	.1099
Subject (Training Group)	393	575.23	1.46		
Intervention	5	179.78	35.96	264.04	.0001
Intervention (Training Group)	10	4.57	.46	3.36	.0002
Family Interv. X Subject (Training Group)	1965	267.58	.14		
Total	2375	1082.42			

Table 37

Means and Standard Deviations of Limitation Ratings of Family Interventions by Training Group

Intervention	Low		Moderate		High	
	Mean	SD	Mean	SD	Mean	SD
Parent consult.	2.03	.62	2.01	.58	2.07	.59
Parent education	2.43	.58	2.39	.51	2.36	.53
Family consult.	2.23	.66	2.21	.64	2.17	.64
Parent counseling	2.59	.60	2.49	.61	2.39	.57
Family counseling	2.70	.64	2.57	.60	2.44	.61
Family therapy	3.10	.57	2.99	.55	2.82	.60
Overall	2.51	.70	2.44	.66	2.38	.63

Note: These numbers represent the average rating across all nine barriers. Range = 1-4 where 1 denotes "Not a Limitation," 2 denotes "Small Limitation," 3 denotes "Moderate Limitation," and 4 denotes "Large Limitation."

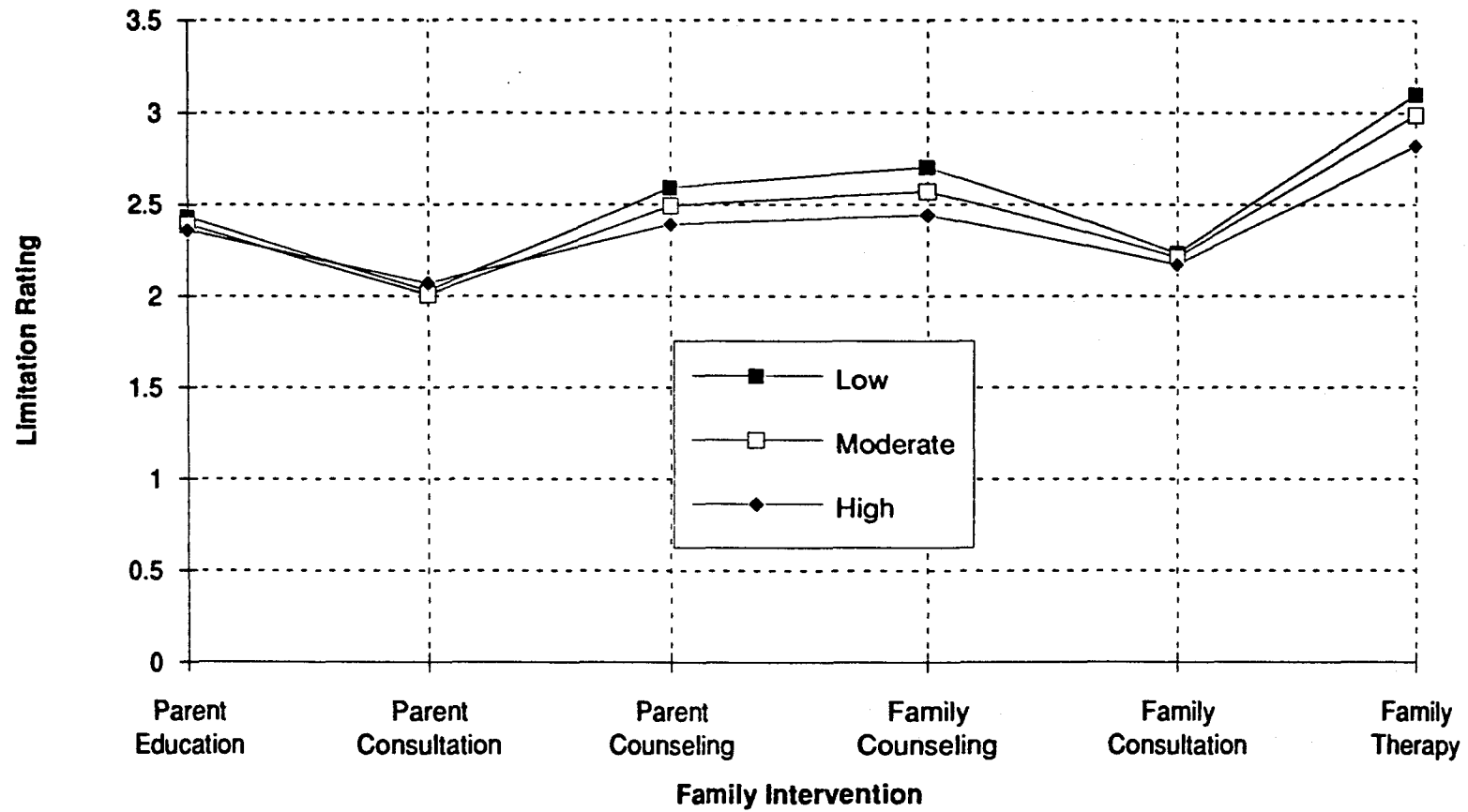


Figure 4. Mean Limitation Ratings of Family Interventions by Training Group

Hypothesis Six indicated that no significant differences would exist among low, moderate, and high training groups' perceptions on research questions one through four. The results of all four mixed-factor ANOVAs yielded significant interactions. Thus, this hypothesis is rejected.

Taken as a whole, the survey data give cause for both excitement and challenge regarding the acceptance of school-based family interventions by school counselors. Chapter V will include a summary of these results, conclusions, implications for school counselors, and recommendations for further research.

CHAPTER V
SUMMARY, CONCLUSIONS, IMPLICATIONS,
AND RECOMMENDATIONS

This chapter includes the following sections: (a) summary of the study, (b) conclusions that may be drawn from the study, (c) implications of the results for school counselors, and (d) recommendations for further research. Additionally, several of the findings are emphasized in terms of their implications for counselor education programs.

This study was designed to provide a greater understanding of school counselors' experiences with and attitudes toward school-based family interventions at all school levels. The primary goal was to identify school counselors' perceptions of: (a) current school-based family interventions, (b) preferred school-based family interventions, (c) limitations to providing school-based family interventions, and (d) appropriateness of school-based family interventions to the role of school counselor. The secondary goal of the study was to examine the influence that (a) school level (i.e., elementary, middle, and high school), and formal training have on school counselors' perceptions of school-based family interventions.

Summary

Research Question #1

To answer the first research question, Part II of the survey addressed school counselors' current use of school-based family interventions in comparison with other potential school counselor functions. Parent consultation via telephone received the highest mean rating ($M = 4.3$), indicating that school counselors currently use this school-based family intervention "Often." Parent consultation face-to-face also received a mean rating of "Often" ($M = 4.0$). Family counseling ($M = 2.2$) and family therapy ($M = 1.3$) obtained the lowest ratings of the seven school-based family interventions, school counselors indicated that they currently performed these interventions "Almost Never" and "Never," respectively. The total mean average for all school-based family interventions was 2.9, indicating that, as a whole, family intervention functions are currently being used "Sometimes."

The mean rating for all of the "Other" school counselor functions was 4.0. Counseling students received the highest mean rating ($M = 4.8$) for this category, indicating that school counselors currently perform this function "Very Often." Consultation with staff ($M = 4.5$), classroom guidance ($M = 4.0$), classroom guidance ($M = 4.0$), consultation with other professionals ($M = 3.8$), group counseling ($M = 3.8$), and clerical/other duties ($M = 3.7$) were all rated as being performed "Often." Of the seven "Other" school counselor functions listed, counseling staff received the lowest average rating ($M = 3.10$), indicating that school counselors currently perform this function "Sometimes."

By comparing the total average means for each of the two categories, school-based family interventions ($M = 2.9$) and other functions ($M = 4.0$), it appears that currently school counselors are performing other functions "Often," while family functions are performed only "Sometimes." Question two will examine how often school counselors would prefer to do family functions vs. other functions.

Research Question #2

To answer the second research question, Part III of the survey addressed school counselors' preferred use of school-based family interventions in comparison with their preference ratings for "other" school counselor functions. Parent consultation face-to-face ($M = 4.1$), parent consultation via telephone ($M = 4.0$), and parent education ($M = 3.5$) received the highest mean ratings, indicating that school counselors would like to do parent consultation and parent education "Often." Family counseling ($M = 2.8$) and family therapy ($M = 1.9$) received the lowest ratings of the seven school-based family interventions, "Sometimes" and "Almost Never," respectively.

The total mean average for all school-based family interventions was 3.3, indicating that school counselors would like to use more family interventions than they are currently. With the exception of parent consultation via telephone, school counselors would like to use all of the family functions more frequently than they are currently using them. This finding is consistent with the results of a previous study (Samis et al., 1993).

The mean rating for how often school counselors would like to do "Other" school counselor functions was 3.8. Counseling students received the highest mean rating ($M = 4.7$) for this category, indicating that school counselors would like to counsel students "Very Often." It is heartening to note that counseling students is what school counselors are doing the most of, and it is also what they prefer to be doing the most of. The current and preferred ratings for counseling students were almost identical (4.8 and 4.7, respectively). Group counseling ($M = 4.3$) is a function school counselors would like to spend more time doing. Staff consultation ($M = 4.3$) and classroom guidance ($M = 4.1$) were rated as functions school counselors would like to do "Often." School counselors indicated that they would like to spend more time than they currently are consulting with other professionals ($M = 3.8$ vs. 4.1). This may reflect a desire for some assistance pertaining to the work they are doing; it has been found that school counselors receive significantly less supervision than counselors in other settings (Usher & Borders, 1993). Of the seven "Other" functions listed, clerical/other duties received the lowest average rating ($M = 1.9$), indicating that school counselors prefer to perform this function "Almost Never."

Overall, respondents rated the amount of time they would like to spend on "Other" functions ($M = 3.8$) slightly lower than the amount of time currently spent on those functions (4.0). This may be a result of the preference ratings for "clerical/other duties"; responses indicate that school counselors would prefer to do much less of this function. However, they would prefer to do more of those

same "traditional" functions than they are currently most often performing (i.e., counseling students, staff consultation, classroom guidance, consultation with other professionals, and group counseling).

School counselors spend significantly more time on other functions than they do on family interventions. Also, they would prefer to do other functions more than they would prefer to do family functions. This is essentially consistent with Kameen, Robinson, and Rotter's (1985) finding that conflict exists between the actual and preferred functions of school counselors.

Research Question #3

To answer the third research question, the first section of Part IV addressed school counselors' views on school-based family interventions as an appropriate role of a school counselor. Respondents indicated that parent consultation was the family intervention most appropriate to their role. Parent education and family consultation were rated as "Probably Appropriate" for school counselors, while parent counseling and family counseling were seen as interventions less appropriate to their role. Family therapy was not considered to be within the role of a school counselor. These findings are consistent with Samis et al. (1993). In sum, results indicate that school counselors consider their role with families as primarily consultative and educational.

Research Question #4

To answer the fourth research question, the second section of Part IV addressed the limitations to providing school-based family interventions. Family

therapy had the largest limitation rating across nine barriers, while parent consultation had the lowest limitation rating.

Work load was consistently rated as the largest barrier to providing school-based family interventions. Work schedule, parent reluctance, and role definition also received high ratings across the six interventions. Lack of training, administrative attitude, theoretical orientation, lack of facilities, and teacher attitude were rated as hindering their work with families to the least extent.

Research Question #5

To answer the fifth research question, the difference among responses of school counselors working exclusively in elementary, middle/junior high, and high school settings were examined. This survey represents the first study of school-based family interventions in which elementary, middle and junior high, and high school counselors were differentiated. The initial hypothesis, which maintained that no significant differences existed among the three levels, was supported.

Research Question #6

To answer the sixth research question, the differences among responses of school counselors with low, moderate, and high levels of training in family counseling were addressed. This survey represents the first study of school-based family interventions in which high, moderate, and low levels of training were differentiated. The initial hypothesis, which maintained that no significant differences existed among the three levels, was rejected.

Conclusions

This study indicates that school counselors in the United States would like to use all forms of school-based family interventions with the exception of family therapy. However, in comparison to "Other" functions (e.g., counseling students, group counseling, staff consultation, and consultation with other professionals), family interventions are not a priority.

School counselors believe that parent consultation, parent education, and family consultation are the most appropriate forms of school-based family interventions to their role. However, there are a number of limitations which counselors perceive to be hindering their ability to provide these family functions.

Counselors indicated that they wanted to spend more time doing family interventions but are limited by their work loads and work schedules. It was not surprising that the largest barrier to working with families was "Work Load." With caseloads averaging 437 students per counselor and sometimes exceeding 1500 students, results indicate that school counselors can become overwhelmed attempting to expand their roles.

Although these data represent only a starting point for examining the role of school counselors in providing school-based family interventions, several issues are suggested by this study. Conflict exists between what school counselors do and what they consider to be appropriate. This may be partly caused by the evolving role of school counselors and relatively recent emphasis on school-based family interventions.

Written responses to the open-ended questions on the final page of the survey give cause for both excitement and challenge regarding the development of a family orientation in school counseling. The excitement rests in the evidence for increased interest in family-oriented training among school counselors, and, thus, the possibilities created for role expansion, alternative intervention methods, and new models of service delivery within the profession.

In contrast, responses which indicate that current family intervention practices lag behind perceived need, highlight the challenge implicit in role expansion efforts within the profession and the constraints on implementation of school-based family interventions. The course of school-based family interventions may be analogous to the acceptance of the role of group counseling within schools. The incorporation of new roles for school counselors and the development of supportive training is a process of consensus that can emerge within a profession over time. The results of this study suggest this process of consensus has been initiated within school counseling. Professional consensus, however, does not assure maturation into a major service delivery model. Survey results indicate the restraining forces of work load and work schedule in providing school-based family interventions.

Implications for School Counselors

Several important implications for school counselors can be noted from the study results. First, greater involvement with parents and families points to the need for increased training and expertise in the areas of parent and family consultation.

Second, given that parent counseling, family counseling, and family therapy were not considered appropriate to the role of the school counselor, school counselors will need to increase their knowledge and skill in making referrals. In order to make successful referrals to nonschool agencies, school counselors need to know when outside help is needed, how to gain a family's trust, and how to motivate a family to follow-through on a referral. Also, they must have specific people and places in mind.

Finally, it is not enough to ensure that there are school counselors in schools. It must be ensured that the roles school counselors are assigned make the best use of their talents. In order to do this, school counselors may need to begin to perceive their roles beyond the more traditional services provided in the schools.

School counselors may have to become more involved in professional development in order to meet the changing needs of students and families. Increased awareness and training in family interventions among school counselors can be expected to have a significant impact on the practice of school-based family interventions. If school counseling reflects trends in the broader field of counseling, it seems clear that a family-orientation in training and practice will continue to grow in importance.

Also, school counselors must assume leadership in defining their roles. They need to actually delineate their roles within the education system rather than accepting the role demands of others. They should develop the ability to be clear, firm, and persistent in presenting the school counseling role to others.

School counselors must also be more assertive in setting limits. They should be willing to take a stand on what they should and should not be asked to do.

Those who serve as administrators for school counseling programs may need to develop more flexible work schedules for school counselors. This will allow them to meet the needs of working parents. Additionally, more efforts must be made to decrease the noncounseling responsibilities of school counselors. Given that work load was considered the greatest barrier to providing parent consultation, family consultation, and parent education, steps must be taken to reduce the number of "clerical/other duties" school counselors are currently performing. Also, more efforts must be made to decrease counselor/pupil ratios.

The findings have several implications for counselor educators. Clearly, counselor educators must move to expand and enhance the family intervention component of their training programs. The family intervention curriculum should include more than theories of family therapy and family dynamics. The training in family interventions should be practical and should teach student counselors the "how to's" of doing work in school settings: how to effectively consult with parents and families, how to utilize various brief family interventions for specific student problems, how to publicize and conduct parent education groups, how to secure support for family interventions from parents, and administrators, and how to make successful referrals for family therapy. Increasing awareness and training in family interventions among school counselors, therefore, can be expected to have a significant impact on the practice of family interventions in the schools.

Also, counselor educators need to consider research findings regarding the role of school counselors in providing school-based family interventions and to examine the congruence between their counselor training programs and the actual family interventions taking place in schools, as well as the family interventions they would prefer to use.

Counselor educators need to collaborate more with school counselors in their research efforts. Collaborative research is needed to examine how school counselors can most effectively and efficiently meet the demands of their schools with regard to the services they provide. Counselor educators need to come to the aid of school counselors who may not have the time or resources to collect the types of assessment data needed.

Recommendations for Future Research

Family interventions have been held in high regard by the counseling profession for decades. They are strategies that school counselors can use more effectively and efficiently than other approaches to make some gains with students. More research is needed to develop specific family approaches to assist the practicing school counselor in implementing and using more systemic interventions. The challenge will be to create effective school-based family models and to develop an empirical base from which to support and modify these models.

Counselors in this study identified parent consultation and family consultation as family interventions appropriate to their role. More research is needed to

determine the type of consultation that works best with parents and families.

Testing the effectiveness of these interventions would be an important area for future research.

Also, more research is needed to determine if counselors trained to refer families for services result in a higher rate of follow-through by families referred. Testing the effectiveness of this type of training would be important.

Written responses to the final survey item (i.e., Use the space below for any comments you may have regarding school-based family interventions) indicated that parents may be reluctant to take advantage of family services provided by a school due to confidentiality issues. An investigation of parents' actual perceptions would be of value.

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Appendix A

Geographic Location of Respondents

<u>REGION</u>	<u>FREQUENCY</u>	<u>PERCENT</u>
<u>Northeast</u>	88	21.4
New England		
Maine	9	10.2
New Hampshire	3	3.4
Vermont	4	4.5
Massachusetts	6	6.8
Rhode Island	0	0
Connecticut	6	6.8
Mid-Atlantic		
New York	24	27.3
New Jersey	6	6.8
Pennsylvania	30	34.1
<u>Midwest</u>	115	27.9
East North Central		
Ohio	13	11.3
Indiana	7	6.1
Illinois	17	14.8
Michigan	12	10.4
Wisconsin	16	13.9

West North Central

Minnesota	2	1.7
Iowa	11	9.6
Missouri	12	10.4
North Dakota	2	1.7
South Dakota	4	3.5
Nebraska	6	5.2
Kansas	13	11.3

South**146 35.4****South Atlantic**

Delaware	3	2.1
Maryland	11	7.5
District of Columbia	0	0
Virginia	22	15.1
West Virginia	3	2.1
North Carolina	22	15.1
South Carolina	9	6.2
Georgia	18	12.3
Florida	7	4.8

East South Central

Kentucky	2	1.4
Tennessee	6	4.1

Alabama	5	3.4
Mississippi	2	1.4
West South Central		
Arkansas	3	2.1
Louisiana	5	3.4
Oklahoma	1	.7
Texas	27	18.5
<u>West</u>	63	15.3
Mountain		
Montana	2	3.2
Idaho	4	6.4
Wyoming	2	3.2
Colorado	10	15.9
New Mexico	1	1.6
Arizona	0	0
Utah	1	1.6
Nevada	5	7.9
Pacific		
Washington	16	25.4
Oregon	6	9.5
California	12	19.0
Alaska	2	3.2
Hawaii	2	3.2

Appendix B

Permission to Adapt Instrument

THE UNIVERSITY OF BRITISH COLUMBIA

Department of Counselling Psychology
Faculty of Education
5780 Toronto Road
Vancouver, B.C. Canada V6T 1L2
Tel: (604) 822-5259
Fax: (604) 822-2328

July 6, 1994

Kim Bloss, M.Ed.
PO Box 4702
Greensboro, NC 27404
USA

Dear Kim,

Thanks for your letter of June 13 which just arrived today. You have Kymberle Samis' permission to adapt and use the survey form - just reference it and quote the article (Samis, Allan & Echols, 1993). I'm enclosing the form, definitions and one "Dear Counsellor" letter and two "follow-up" letters. These were very important to the success of the study. Kym will write to you directly. Please send me a copy of your proposal and your results.

My best regards for the success of your very important study.

Yours sincerely,



John Allan, Ph.D.
Professor

Enc.

JA:rw
win7:ja-bloss

Kymerle Samis
5259 Budd Crescent
Nanaimo, B.C.
Canada, V9T 5N9

July 15, 1994

Kim Bloss
P.O. Box 4702
Greensboro
N. Carolina, NC27404

Dear Ms. Bloss:

I am writing in response to your request for permission to use/adapt my Elementary School Counsellor Survey (1991) for your research in the United States. I am very pleased that it can continue to be useful to others and therefore gladly give my permission. I assume that you would acknowledge our study's contribution in your references. I would like to request that you send me a copy of both your research proposal and your final results so that I might stay informed of recent research in this area. John Allan will be sending you copies of the questionnaire. Thank-you for your interest and good luck with your research.

Sincerely,



Kym Samis, M.A.

Appendix C

Number _____

**School Counselor Survey:
Your Role with Parents and Family**

Part I. Please complete the following:

1. What is your gender?

- ____(1) Female
____(2) Male

2. What is your age?

____ years

3. Please indicate your highest degree:

- ____(1) Bachelors
____(2) Masters
____(3) Education Specialist
____(4) Doctorate

4. Please indicate any of the counseling credentials you hold:

- ____(1) Licensed Professional Counselor (LPC) or other state credential
____(2) National Certified Counselor (NCC)
____(3) National Certified School Counselor (NCSC)
____(4) Other (Please specify) _____

5. State in which you reside (give 2-letter postal abbreviation): _____

6. Your school is located in a(an):

- ____(1) Rural Area
____(2) Suburban Area
____(3) Urban Area

7. Level of school (check all that apply)

- ____(1) Elementary
____(2) Middle or Junior High
____(3) High School

8. What percentage of time are you currently employed as a school counselor?
____%
9. How many schools are you responsible for?
____ schools
10. How many years have you been employed as a school counselor?
____ years
11. What is your counselor/student ratio?(i.e. How many students per counselor?)
____ students per counselor
12. How would you classify your school?
____(1) Public
____(2) Private
13. Have you worked as a counselor outside of a school system?
____(1) Yes - how many years? ____ years
____(2) No
14. Have you taken any courses or workshops which specifically address the topic of counseling with parents?
____(1) Yes
____(2) No
15. Have you taken any courses or workshops which specifically address the topic of counseling with families?
____(1) Yes
____(2) No
16. Did your counselor education program require training in family counseling?
____(1) Yes
____(2) No

17. How many graduate courses have you completed designed specifically to train counselors to work with parents and/or families?

___ Graduate Courses

18. Are there any family counselors, consultants, and/or therapists employed at your school?

___(1) Yes

___(2) No

If yes, please explain their title and function in the space below:

19. Are there any family counselors, consultants, and/or therapists employed by your school district?

___(1) Yes

___(2) No

If yes, please explain their title and function in the space below:

20. Do you see a need for providing school-based family interventions in your school?

___(1) Definitely No

___(2) Probably No

___(3) Maybe

___(4) Probably Yes

___(5) Definitely Yes

Part II. Please **CIRCLE** each item in terms of how often **YOU DO** these potential school counselor functions.

I DO this:

	<u>Never</u>	<u>Almost Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>
(a) Parent Education	1	2	3	4	5
(b) Parent Consultation (Face to Face)	1	2	3	4	5
(c) Parent Consultation (Telephone)	1	2	3	4	5
(d) Parent Counseling (Individual or Couple)	1	2	3	4	5
(e) Family Consultation	1	2	3	4	5
(f) Family Counseling	1	2	3	4	5
(g) Family Therapy	1	2	3	4	5
(h) Counseling Students (One on One)	1	2	3	4	5
(i) Classroom guidance	1	2	3	4	5
(j) Group Counseling	1	2	3	4	5
(k) Consultation with Staff (Teachers/Administration).	1	2	3	4	5
(l) Counseling Staff (Teachers/Administration)	1	2	3	4	5
(m) Consultation with other Professionals	1	2	3	4	5
(n) Clerical/Other Duties	1	2	3	4	5

Part III. Please CIRCLE each item in terms of how often YOU WOULD LIKE TO DO these potential school counselor functions.

I WOULD LIKE TO DO this:

	<u>Never</u>	<u>Almost Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>
(a) Parent Education	1	2	3	4	5
(b) Parent Consultation (Face to Face)	1	2	3	4	5
(c) Parent Consultation (Telephone)	1	2	3	4	5
(d) Parent Counseling (Individual or Couple)	1	2	3	4	5
(e) Family Consultation	1	2	3	4	5
(f) Family Counseling	1	2	3	4	5
(g) Family Therapy	1	2	3	4	5
(h) Counseling Students (One on One)	1	2	3	4	5
(i) Classroom guidance	1	2	3	4	5
(j) Group Counseling	1	2	3	4	5
(k) Consultation with Staff (Teachers/Administration).	1	2	3	4	5
(l) Counseling Staff (Teachers/Administration)	1	2	3	4	5
(m) Consultation with other Professionals	1	2	3	4	5
(n) Clerical/Other Duties	1	2	3	4	5

Part IV.

1. Should the following services for parents and families be offered by appropriately trained school counselors? For each of the six family interventions listed below, please indicate the degree to which you believe it to be an appropriate role function of school counselors. Using the rating scale below, CIRCLE the number that best represents your opinion.

- (1) Definitely Not a School Counselors's Role
 (2) Probably Not a School Counselors's Role
 (3) Might be a School Counselors's Role
 (4) Probably a School Counselors's Role
 (5) Definitely a School Counselors's Role

School Counselor's Role?

		Definitely <u>Not</u>	Probably <u>Not</u>	Might <u>Be</u>	<u>Probably</u>	<u>Definitely</u>
(a)	Parent Education	1	2	3	4	5
(b)	Parent Consultation (Face to Face)	1	2	3	4	5
(c)	Parent Counseling (individual or couple)	1	2	3	4	5
(d)	Family Consultation	1	2	3	4	5
(e)	Family Counseling	1	2	3	4	5
(f)	Family Therapy	1	2	3	4	5

2. Please rate each of the following items in terms of how much they limit the provision of parent education, parent consultation, and parent counseling in schools. CIRCLE the level you believe to be appropriate for each.

PARENT EDUCATION

	<u>Not a Limitation</u>	<u>Small Limitation</u>	<u>Moderate Limitation</u>	<u>Large Limitation</u>
Work Load	1	2	3	4
Role Definition	1	2	3	4
Work Schedule vs. Parent Availability . . .	1	2	3	4
Lack of Facilities	1	2	3	4
Lack of Training	1	2	3	4
Parent Reluctance	1	2	3	4
Teacher Attitude	1	2	3	4
Administrative Attitude	1	2	3	4
My Theoretical Orientation	1	2	3	4

PARENT CONSULTATION

	<u>Not a Limitation</u>	<u>Small Limitation</u>	<u>Moderate Limitation</u>	<u>Large Limitation</u>
Work Load	1	2	3	4
Role Definition	1	2	3	4
Work Schedule vs. Parent Availability . . .	1	2	3	4
Lack of Facilities	1	2	3	4
Lack of Training	1	2	3	4
Parent Reluctance	1	2	3	4
Teacher Attitude	1	2	3	4
Administrative Attitude	1	2	3	4
My Theoretical Orientation	1	2	3	4

Please rate each of the following items in terms of how much they limit the provision of parent education, parent consultation, and parent counseling in schools. CIRCLE the level you believe to be appropriate for each.

	PARENT COUNSELING			
	<u>Not a Limitation</u>	<u>Small Limitation</u>	<u>Moderate Limitation</u>	<u>Large Limitation</u>
Work Load	1	2	3	4
Role Definition	1	2	3	4
Work Schedule vs. Parent Availability ...	1	2	3	4
Lack of Facilities	1	2	3	4
Lack of Training	1	2	3	4
Parent Reluctance	1	2	3	4
Teacher Attitude	1	2	3	4
Administrative Attitude	1	2	3	4
My Theoretical Orientation	1	2	3	4

3. Please rate each of the following items in terms of how much they limit the provision of family consultation, family counseling, and family therapy in schools. **CIRCLE** the level you feel to be appropriate for each.

FAMILY CONSULTATION

	<u>Not a Limitation</u>	<u>Small Limitation</u>	<u>Moderate Limitation</u>	<u>Large Limitation</u>
Work Load	1	2	3	4
Role Definition	1	2	3	4
Work Schedule vs. Parent Availability . . .	1	2	3	4
Lack of Facilities	1	2	3	4
Lack of Training	1	2	3	4
Parent Reluctance	1	2	3	4
Teacher Attitude	1	2	3	4
Administrative Attitude	1	2	3	4
My Theoretical Orientation	1	2	3	4

FAMILY COUNSELING

	<u>Not a Limitation</u>	<u>Small Limitation</u>	<u>Moderate Limitation</u>	<u>Large Limitation</u>
Work Load	1	2	3	4
Role Definition	1	2	3	4
Work Schedule vs. Parent Availability . . .	1	2	3	4
Lack of Facilities	1	2	3	4
Lack of Training	1	2	3	4
Parent Reluctance	1	2	3	4
Teacher Attitude	1	2	3	4
Administrative Attitude	1	2	3	4
My Theoretical Orientation	1	2	3	4

Please rate each of the following items in terms of how much they limit the provision of family consultation, family counseling, and family therapy in schools. CIRCLE the level you feel to be appropriate for each.

FAMILY THERAPY

	<u>Not a Limitation</u>	<u>Small Limitation</u>	<u>Moderate Limitation</u>	<u>Large Limitation</u>
Work Load	1	2	3	4
Role Definition	1	2	3	4
Work Schedule vs. Parent Availability ...	1	2	3	4
Lack of Facilities	1	2	3	4
Lack of Training	1	2	3	4
Parent Reluctance	1	2	3	4
Teacher Attitude	1	2	3	4
Administrative Attitude	1	2	3	4
My Theoretical Orientation	1	2	3	4

4. Use the space below to describe other limitations to providing school-based family interventions that have not been included in the above list:

5. Use the space below for any comments you may have regarding school-based family interventions.

**THANK YOU FOR YOUR TIME AND IMPORTANT CONTRIBUTION.
PLEASE RETURN COMPLETED SURVEY IN THE ENCLOSED POSTAGE-PAID ENVELOPE.**

Appendix D

DEFINITIONS

The following are "working" definitions of six different forms of school-based family interventions. Please use these definitions to complete the survey. A family consists of at least one child and one parent or guardian.

Parent Education

The counselor facilitates educational meetings with a group of parents whose children may or may not be experiencing difficulties at school. The primary focus of these meetings is to help parents to learn more effective parenting skills and to improve their relationships with their children.

Parent Consultation

The counselor assists parents to understand their child within the educational and social context of the school; provides information about school and community programs which may be of assistance; and offers suggestions regarding parenting skills which may help the child to grow both at school and at home.

Parent Counseling

The counselor provides assistance to parents individually or as a couple regarding personal issues such as divorce, loss, substance abuse, family of origin influences on parenting, child behavior influences on the marital relationship, etc. These issues usually come to the attention of the school counselor because of difficulties the child is experiencing in school.

Family Consultation

The counselor provides short-term assistance to help a child and his or her family explore and understand the child's problem with the context of both the school and the family; provides information about community and school programs that may be of assistance; may refer the family for family counseling or therapy; and/or offers suggestions to family members about how to assist the child both at home and at school.

Family Counseling

The counselor provides assistance to help a child and his or her family resolve issues (e.g., loss, illness, single-parent family adjustment) that are linked to difficulties that the child is experiencing in school. This assistance could take the form of giving information, facilitating awareness of painful emotions, and teaching strategies for improving communication skills and problem-solving.

Family Therapy

The counselor becomes involved in an intensive treatment process with a family in which one or more children are experiencing difficulties at school. The school difficulties are viewed as pathology-based, with the pathology existing in the child, family system, or both.

Appendix E

INSTRUCTIONS FOR EXPERT PANEL

The enclosed survey entitled School Counselor Survey: Your Role With Parents And Families will be mailed to elementary, middle/junior high, and high school counselors in the United States. The purpose of the survey is to examine:

- (1) the extent school-based family interventions are being provided,
- (2) school counselors preferences about providing school-based family interventions,
- (3) the extent school counselors believe school-based family interventions to be a part of their role, and
- (4) the limitations school counselors perceive to providing these services for families.

The survey is divided into four parts:

- Part I: Demographic information.
- Part II: Addresses current school counselor functions.
- Part III: Addresses preferred functions of school counselors.
- Part IV: Addresses to what extent school counselors view each of the six school-based family interventions as a function of their role and the limitations to providing each of the interventions.

Your task as expert is to examine each item in each part of the survey in a step-by-step fashion. Please conduct your assessment in accordance with each sequential step.

PART I

Part I of the survey requests information about the individuals and the schools they work in.

Step 1: Your task for this step is to rank each item in Part I (Items 1-20) at the level you believe it is relevant to the results of Parts II, III, and IV. A blank line is provided for your rating in the left margin adjacent to each item. Please rate each item from 1 to 5 using the scale below:

- 1 = Not Relevant
- 2 = Slightly Relevant
- 3 = Moderately Relevant
- 4 = Significantly Relevant
- 5 = Highly Relevant

PART II

Part II of the survey is designed to assess the current level at which school counselors are performing various functions, including school-based family interventions.

Research Question #1: In comparison with other functions, to what extent are school counselors currently using various school-based family interventions?

Step 2: Your task for this step is to rate Part II in terms of how well it addresses research question #1. After reading Part II, please rate the section using the scale below (mark an X to indicate your rating):

- 1 Definitely Does Not Answer the Question
- 2 Probably Does Not Answer the Question
- 3 Might Answer the Question
- 4 Probably Answers the Question
- 5 Definitely Answers the Question

Step 3: Please identify those items you believe should be deleted or modified in some way. Additionally, please describe items you believe should be added.

PART III

Part III of the survey is designed to assess the extent to which school counselors prefer to perform various functions, including school-based family interventions.

Research Question #2: In comparison with other functions, to what extent do school counselors prefer using various school-based family interventions?

Step 4: Your task for this step is to rate Part III in terms of how well it addresses research question #2. After reading Part III, please rate the section using the scale below (mark an X to indicate your rating):

- 1 Definitely Does Not Answer the Question
- 2 Probably Does Not Answer the Question
- 3 Might Answer the Question
- 4 Probably Answers the Question
- 5 Definitely Answers the Question

Step 5: Please identify those items you believe should be deleted or modified in some way. Additionally, please describe items you believe should be added.

PART IV

Part IV of the survey is designed to assess the extent to which school counselors view school-based family interventions as an appropriate function of the school counselors' role and to assess school counselors' perceptions of barriers to providing school-based family interventions.

Research Question #3: To what extent do school counselors view school-based family interventions as an appropriate function of the school counselors' role?

Step 6: Your task for this step is to rate Part IV, Question 1, in terms of how well it addresses research question #3. After reading Part IV, Question 1, please rate the section using the scale below (mark an X to indicate your rating):

- 1 Definitely Does Not Answer the Question
- 2 Probably Does Not Answer the Question
- 3 Might Answer the Question
- 4 Probably Answers the Question
- 5 Definitely Answers the Question

Step 7: Please identify those items you believe should be deleted or modified in some way. Additionally, please describe items you believe should be added.

Research Question #4: What are the perceived limitations to providing school-based family interventions?

Step 8: Your task for this step is to rate Part IV, Questions 2 and 3, in terms of how well they address research question #4. After reading Part IV, Questions 2 and 3, please rate the section using the scale below (mark an X to indicate your rating):

- 1 Definitely Does Not Answer the Question
- 2 Probably Does Not Answer the Question
- 3 Might Answer the Question
- 4 Probably Answers the Question
- 5 Definitely Answers the Question

Step 9: Please identify those items you believe should be deleted or modified in some way. Additionally, please describe items you believe should be added.

Research Question #5: How do responses to research questions #1 through #4 differ by the school level of the counselor (i.e., elementary, middle/junior high, and high school)?

Step 10: Part I, Item #6, will be used as the grouping variable for comparing responses to Parts II, II, and IV. Your task for this step is to rate how well this strategy will address research question #5. Please use the scale below (mark an X to indicate your rating):

- 1 Definitely Does Not Answer the Question
 2 Probably Does Not Answer the Question
 3 Might Answer the Question
 4 Probably Answers the Question
 5 Definitely Answers the Question

Research Question #6: How do responses to research questions #1 through #4 differ by amount of training in family interventions?

Step 11: Items #16 and #17 in Part I will be used to create three groups of counselors (high, moderate, low) based on their level of training in parent/family interventions. Please list below the criteria you would suggest to distinguish these three groups. For example, what amount of hours from #16 and what number of checks from #17 would define a counselor with a high level of training.

Level of Training	Criteria	
	Item #16 Hours	Item #17 Checks
High		
Moderate		
Low		

Step 12: Part I, Items #16 and #17, will be used to groups counselors into high, moderate, and low levels of training in parent/family interventions for comparing responses to Parts II, III, and IV. Your task for this step is to rate how well this strategy will address research question #6. Please use the scale below (mark an X to indicate your rating):

- 1 Definitely Does Not Answer the Question
- 2 Probably Does Not Answer the Question
- 3 Might Answer the Question
- 4 Probably Answers the Question
- 5 Definitely Answers the Question

Step 13: Please provide your comments concerning clarity, understanding and readability of items. You may use the space below and on the back of this page or write comments directly on the questionnaire.

Step 14: After completion of Step 12, please return the survey in the envelope provided. If you have any questions, please call me at (910) 292-3012.

Your recorded observations are critical to establishing the validity of this survey. I sincerely appreciate your time, effort, and willingness to help with this study.

Kim Bloss
August 18, 1994

Appendix F

P.O. Box 4702
Greensboro, NC 27404
October 17, 1994

Dear Colleague:

The role of the school counselor is currently a topic of considerable discussion and concern. A review of recent literature indicates an increasing interest in school counselor interventions with parents and families. As a doctoral student in counselor education and former school counselor I am interested in your views regarding this counselor role issue.

Dr. William W. Purkey and I are investigating school counselors' perceptions of their current and preferred role with parents and families. The purpose of the enclosed survey is to determine what school counselors are currently doing with parents and families and to investigate their preferences about their roles with parents and families.

The survey should take no more than **25 minutes** to complete. Located in the inside front cover, "working" definitions of counseling functions have been provided to assist you. Your survey has been coded to allow you to respond anonymously; no connection will be made between any individual and her or his answers. To ensure an adequate sample size, the survey code numbers will be used to mail follow-up letters to nonrespondents. Completion of this survey assumes your consent to participate in the study.

Please complete the survey prior to **October 31st** and return it in the stamped envelope enclosed. If you have any questions about the survey, please contact me at (910) 292-3012. Your participation and timely response are needed and appreciated. **Thank you** for your time and important contribution.

Sincerely,

Kim K. Bloss, M.Ed.
Department of Counselor Education
University of North Carolina at Greensboro

William W. Purkey, Ed.D.
Department of Counselor Education
University of North Carolina at Greensboro

Appendix G

P. O. Box 4702
Greensboro, NC 27404
November 25, 1994

Dear (First Name):

You probably received our research survey entitled, "School Counselor Survey: Your Role with Parents and Families," in October. If you have already mailed it back, we thank you for your help in ensuring a representative sample of school counselors. If you have not yet filled it out, we would greatly appreciate it if you could spare some of your valuable time to contribute your views by completing and mailing the survey to us. It takes approximately 25 minutes to complete.

The validity of the study is dependent on a high response rate. Your responses will be used to make recommendations regarding: the role of school counselors with parents and families; any necessary modifications to the demands made upon counselors; and any necessary modifications to graduate training programs so that they more accurately reflect job demands and learning needs. The results will be disseminated through professional publications and presentations.

Your voice regarding the future role of school counselors is extremely important! If you need a survey or have any questions about this research, please contact Kim Bloss at (910) 292-3012. Please return the questionnaire as soon as possible. Thanks again for your time and important contribution.

Sincerely,

Kim K. Bloss, M.Ed.
Department of Counselor Education
University of North Carolina at Greensboro

William W. Purkey, Ed.D.
Department of Counselor Education
University of North Carolina at Greensboro