



Results From the NASP 2015 Membership Survey, Part Two: Professional Practices in School Psychology

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ABSTRACT

The National Association of School Psychologists (NASP) has conducted membership surveys every 5 years since 1990. In this (2015) version, surveys were completed by 1,274 NASP members, 990 of whom reported primary full-time employment as school psychologists in school settings. This is the second in a series of two reports of results, describing the professional practices of these school psychologists for the 2014–2015 school year, and examining trends in these practices over time. The report presents findings in the context of two of the five current (2017–2022) NASP Strategic Goals: (1) School psychologists, state education agencies, and local education agencies implement the NASP *Model for Comprehensive and Integrated School Psychological Services*; and (2) Advance the role of school psychologists as qualified mental and behavioral health providers. Results indicate that, while individual evaluations continue to play a major role in their daily activities, school psychologists also report noteworthy levels of engagement in consultation and collaboration targeting individual students' instructional needs, as well as services to enhance mental and behavior health.

Keywords: School Psychology, Professional Practices, School-Based Mental Health, Behavioral Health

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The National Association of School Psychologists (NASP) has studied and reported nationwide demographic and professional trends in school psychology every 5 years since 1989 (Graden & Curtis, 1991). At that time, the NASP leadership wanted an ongoing measure to track (a) the demand for and availability of school psychologists, (b) characteristics of members of the profession as a whole, and (c) commonly reported professional practices. With each administration of the survey, items were kept relatively consistent to allow for a snapshot of current characteristics and practices, as well as a historical depiction of trends, typically reflecting advances in research and changes in policy and law. These data can be useful in advocacy efforts conducted at state and federal levels, and as indicators of how well best practices in comprehensive service delivery actually are being translated into school roles and functions. NASP now has Membership Survey data available for six consecutive iterations (1990, 1995, 2000, 2005,

2010, and 2015). This is the second installment of reported results from the 2015 Membership Survey, with a focus on professional practices during the 2014–2015 academic year. For a summary of demographic characteristics and trends, as well as leadership development in the field, please see the Part One report (Walcott & Hyson, 2018).

At the time of the 2015 Membership Survey, the NASP Leadership Assembly developed a number of key initiatives and, ultimately (in September 2017), finalized and approved the NASP Strategic Plan for 2017–2022. This report utilizes two of the five Strategic Goals (see Table 1) that appear in the Strategic Plan as a framework for discussing results, so as to more clearly inform advocacy initiatives and guide the work of the Association. These goals are: (1) School psychologists, state education agencies, and local education agencies implement the *NASP Model for Comprehensive and Integrated School Psychological Services*; and (2) Advance the role of school psychologists as qualified mental and behavioral health providers.

Table 1. 2017–2022 NASP Strategic Goals

NASP Practice Model: School psychologists, state education agencies, and local education agencies implement the <i>NASP Model for Comprehensive and Integrated School Psychological Services</i> .
Mental/Behavioral Health Providers: Advance the role of school psychologists as qualified mental and behavioral health providers.
Workforce Shortages: A high-quality and diverse school psychology workforce is available to meet an increasing demand for school psychological services.
Leadership Development: School psychologists possess the leadership skills to effect change at the local, state, and national levels.
Social Justice: Ensure that all children and youth are valued and that their rights and opportunities are protected in schools and communities.

Note. National Association of School Psychologists. (2017, September). *National Association of School Psychologists strategic plan: 2017–2022*. Bethesda, MD: Author. Retrieved from <http://www.nasponline.org/utility/about-nasp/vision-core-purpose-core-values-and-strategic-goals>

NASP Practice Model

This report discusses results of the 2015 Membership Survey in the context of the *NASP Model for Comprehensive and Integrated School Psychological Services* (NASP Practice Model; 2010) and the growing need for prevention and early intervention, as well as mental and behavioral health services. The range of services provided by school psychologists has evolved over the decades since the profession was established almost 100 years ago. To a great extent, changes in the nature of services have been driven by community needs and legislative milestones (e.g., the *Education of All Handicapped Children Act* of 1977 and its successor legislation), as well as by an expanding research base for effective academic and other school-based practices. First published in 1978, the NASP Practice Model was adopted in 2010 as the sixth iteration of the Association’s official policy regarding the delivery of comprehensive school psychological services. The NASP Practice Model is intended

as a guide to the organization and delivery of school psychological services at the federal, state, and local levels, (and to) provide direction to school psychologists, students, and faculty in school psychology, administrators ... and consumers of school psychological services, regarding excellence in professional school psychology. It also delineates what services might reasonably be expected to be available from most school psychologists and, thus, should help to further define the field. In addition, the model is intended to educate the profession and the public regarding appropriate professional practices and ... will stimulate the continued development of the profession. (NASP, 2010, p. 2)

School psychological practice, based on the NASP Practice Model, encompasses specific domains of practice as well as foundations of service delivery. Specifically, the domains of school psychology practice include data-based decision-making and accountability, consultation and collaboration, interventions and instructional support to develop academic skills, interventions and mental health services to develop social and life skills, school-wide practices to promote learning, preventive and responsive services, and family–school collaboration services. These services rest on the NASP Practice Model’s foundations of diversity in development and learning; research and program evaluation; and legal, ethical, and professional practice. Overall, the NASP Practice Model serves to push the traditional boundaries of school psychological services by expanding roles outside of assessment for eligibility for special education and into more early intervention and prevention work, both at the student and system levels.

Mental and Behavioral Health Service Providers

Prominent among services presented in the NASP Practice Model are those services that are focused on enhancing the mental and behavioral health of students, whether through direct involvement (e.g., counseling or crisis intervention) or through indirect supports, including screening programs and planning positive behavioral supports for school-wide implementation. In recent years, school psychologists have played an increasingly greater role in building the capacity of systems to successfully identify and address concerns about students’ mental and behavioral health. NASP strategic goals support this role expansion, which is encouraged and facilitated in the form of the Association’s policy and publications, professional credentialing, and preservice and inservice educational standards and programs.

A 2015 White Paper published by NASP advocates for the provision of a range of mental and behavioral health services in schools, and asserts that school psychologists are uniquely positioned to offer these services. Noting that “(a)pproximately 75–80% of children and youth in need of mental health services do not receive them ...” and that “(o)f those who do receive assistance, the vast majority (70 to 80%) receive mental health services in schools,” the White Paper states that “(s)chool psychologists who maintain competencies, knowledge, and skills ... are qualified to provide mental and behavioral health services in schools” (NASP, 2015, p. 1–2). Given this increasing need and the profession’s focus of this aspect of service delivery, we examined the reported roles and functions of school-based practitioners in regard to their provision of mental and behavioral health services.

METHOD

Members’ state of residence was used to generate a random sample of 2,654 NASP members meeting inclusionary criteria; these members were invited to participate in the 2015 survey. This recruitment method was used to ensure balanced representation of states and geographic regions in the survey sample, and because member characteristics and practices tend to vary geographically. For this Part Two report of professional practices, inclusionary criteria were the same as those for the entire participant sample: (a) active NASP membership for the June 2015–June 2016 membership year; (b) status as a Regular or Early Career member; (c) a valid email address in the NASP database; and one additional requirement: (d) a YES response to Survey item 21, “Was your primary employment in 2014–2015 FULL TIME in a SCHOOL SETTING such as a public, private, or faith-based preschool, elementary school, middle/jr. high school, and/or high school?” Thus, those who identified as graduate educators or who practiced psychology in nonschool settings were not included in the subsample analyzed for this report. A total of 1,247 completed surveys were received, representing a 48% response rate. Of 1,247 respondents, 990 indicated that they were practicing school psychologists employed on a full-time basis. For a full description of the

recruitment and selection of the full 2015 NASP Membership Survey sample, see the Part One report (Walcott & Hyson, 2018).

Demographic characteristics of this subsample are presented in Table 2; a substantial majority were White and female, reporting Specialist-level training. Geographic locations of schools served by respondents were reported as suburban (49.5%), urban (26.4%), rural (20.4%), and frontier-other (2.2%), and more than half of respondents were located in the Northeast and Midwest regions. The geographic representation of survey respondents was similar to that of NASP as a whole. About two thirds of respondents were Nationally Certified School Psychologists; other credentials reported include counselor licensure and board certification in Behavior Analysis and School Neuropsychology.

Additional information about the full sample ($n= 1,247$) of 2015 survey respondents is presented in the Part One report (Walcott & Hyson, 2018).

Table 2. Demographic Characteristics of Subsample of School Psychologists Employed Full-Time in School Setting (n = 990)

	N	Percent of Subsample	Mean	Standard Deviation	Range
Age	--	--	41.9	11.6	24–74
Years of Experience	--	--	11.9	9.6	0–48
Hispanic, Latino, or Spanish Origin	58	6%			
Race					
White	854	86.3%			
Black/African American	54	5.5%			
Asian	29	2.9%			
Other or Multiracial	40	4.0%			
Gender					
Female	834	84.2%			
Male	151	15.3%			
Agender or No Response	5	0.5%			
Highest Degree in School Psychology					
Specialist or Equivalent	599	60.5%			
Doctorate	184	18.6%			
Masters	205	20.7%			
Geographic Region of Residence*					
Northeast	286	28.9%			
Midwest	245	24.7%			
Southeast	193	19.5%			
West	173	17.5%			
Southwest	69	.0%			
HI, AK, Armed Forces Europe, or PR	14	1.4%			

Geographic Classification of Schools Served

Urban	261	26.4%
Suburban	490	49.5%
Rural	202	20.4%
Frontier	4	0.4%
Other	18	1.8%

Note. HI = Hawaii, AK = Alaska, PR = Puerto Rico; sample sizes vary by item because not all participants answered all items.

*See Walcott & Hyson (2018) for states included in each region.

2015 Membership Survey Development

In order to monitor and report trends in professional practices over time, there are many consistencies across all six iterations of the NASP Membership Survey, the first of which was administered to practicing school psychologists in 1989 (Graden & Curtis, 1991). In the 2015 survey, items requesting information about respondent characteristics (e.g., years of experience, credentials, languages spoken) and employment conditions (e.g., salary, released time for professional development) were the same as those that appeared in the 2010 Membership Survey. Regarding professional practices, as in past surveys, items included counts of students who were served in various ways by respondents (e.g., initial evaluations for special education; individual and group counseling) and the number of parent/educator educational programs conducted; however, the percentage of work time spent providing these services was not assessed. Instead, to better assess school psychological services in the context of the NASP Practice Model, two additional items (#38 and #39) were included; they asked respondents about the extent to which they engaged in fourteen specific activities (from “not at all” to “a great deal,” on a 5-point scale). A draft of the survey was reviewed by NASP leadership for suggested revisions prior to being finalized in August 2015 (a copy of the survey is available on the NASP website: <http://www.nasponline.org/research-and-policy/nasp-research-center/nasp-studies>). For a complete description of the survey development process, see Walcott and Hyson (2018).

The 41-item survey includes questions about the demographic characteristics, employment conditions, and professional practices of respondents during the 2014–2015 school year. All participants were presented with items 1–20, focusing on demographics and employment conditions, and those who reported their primary employment during 2014–2015 as providing services on a full-time basis in a school setting (Item 21) were presented the remaining survey items. Items 22–29 asked about the amount of time spent working with students at various levels, as well as student diversity and school enrollments. Items 30 and 31 asked about the provision of contract services. Items 32–37 asked participants to report counts of particular services provided during the past school year (e.g., how many psychoeducational evaluations and reevaluations completed, students counseled). As noted above, items 38 and 39 asked for the degree to which participants engage in specific activities related to the NASP Practice Model. Many of these activities reflect school psychologists’ typical school-based practices; others were based on the content of the NASP Practice Model and included in the survey despite the fact that they are not always reflected in school psychologists’ daily activities. To assess engagement in these activities, participants were asked to rate the degree to which they engaged in each activity. Finally, items 40–41 requested information about evaluation, mentorship, and supervision of one’s professional practice as a school psychologist.

Procedure

During the summer of 2015, the NASP Research Committee finalized the 2015 NASP Membership Survey instrument and obtained approval for human subjects research from a university’s Institutional

Review Board (IRB). On September 23, 2015, invitations were issued to a representative sample of NASP members to participate in the survey, and it remained open for a 2-month period that ended on November 23, 2015. Respondent participation incentives were offered and weekly e-mail reminders were sent to those who had not yet completed the online survey. Data were tabulated electronically and then provided by the NASP Director of Research to the Research Committee for analysis and dissemination. For a complete description of the administration procedure, see Walcott and Hyson (2018).

RESULTS

Table 3 presents the average number of weekly hours that respondents reported working in public, private, and faith-based school settings, and at preschool, elementary, middle/junior high, secondary, and other grade levels. A total of 955 respondents furnished information about their work settings, with the greatest amount of weekly work time reported in public schools ($M = 38.3$ hours/week), and an average of only 2.3 and 1.0 weekly hours of work in private schools and faith-based schools, respectively. The restricted range of weekly hours worked in each of these settings made it impossible to examine differences in services by school type or grade level. However, characteristics of the data did allow us to analyze differences in school psychological services as a function of the ratio of school psychologists to enrolled students. Improvements in student ratios over time, as well as regional differences in ratios were discussed in Part One of this report (Walcott & Hyson, 2018), and the relationship between ratios (which averaged 1:1,398 for 719 respondents in this 2015 survey) and service types will be reported later in this section.

Table 3. Number of Weekly Hours Spent in School Types and Levels

Work Setting	N	Mean	Standard Deviation	Minimum	Maximum
Public School	955	38.1	10.6	0	60
Private School	550	2.3	8.9	0	60
Faith-Based School	538	1.0	5.4	0	50
Preschool Level	723	3.9	7.7	0	45
Elementary Level	891	23.6	14.6	0	60
Middle/Junior High	747	10.1	11.7	0	60
High School Level	732	10.0	13.4	0	60
Other Level	440	2.9	9.0	0	60

Professional Practices and Historical Trends

As with the Part One report of 2015 NASP Membership Survey results, historical trends were examined using data obtained in previous Membership Survey cycles (Castillo, Curtis, & Gellely, 2012; Curtis et al., 2012; Curtis, Grier, Walker Abshier, Sutton, & Hunley, 2002; Curtis, Hunley, & Grier, 2004; Curtis, Hunley, Walker, & Baker, 1999; Curtis et al. 2008). With respect to student-level services, a consistent finding over time has been school psychologists' reports of substantial engagement in completing evaluations to determine initial and continuing eligibility for special education and related services.

Table 4 presents the array of professional practices reported by the 2015 sample. The average number of evaluations to determine initial eligibility for special education and related services ($M = 27.5$) has changed only slightly since 2010 ($M = 27.3$), and 90% of survey respondents indicated that they do conduct such evaluations. Thus, the persistence of these activities in school psychologists' descriptions of their work was in evidence once again during the 2014–2015 academic year. As illustrated in Figure 1, the percentage of

respondents who complete “fewer than 50” *initial* evaluations per year has increased since 2010, but the percentage of those completing “fewer than 25” evaluations has decreased, and the percentage completing “more than 100” initial evaluations has remained about the same.

Table 4. Services Delivered by Those Whose Primary Employment Was Full-Time in a School Setting

Professional Practice	N	Percent of Respondents Who Engaged in This Practice	Mean Number of Cases (Std. Dev.)	Range
No. of Initial Evaluations for Special Education	864	91.4%	27.5 (27.5)	0–300
No. of Reevaluations for Special Education	862	93.3%	32.1 (25.0)	0–150
No. of Inservice Programs Conducted	829	66.7%	2.7 (4.5)	0–50
No. of Parent Groups or Presentations	822	30.5%	1.6 (7.5)	0–115
No. of Students Counseled Individually: Behavior/Mental Health	793	71.6%	10.2 (16.4)	0–160
No. of Students Counseled Individually: Academic or Study Skills	679	44.9%	5.8 (15.2)	0–130
No. of Counseling Groups (not sessions): Behavior/Mental Health	694	43.8%	2.8 (9.7)	0–100
No. of Counseling Groups (not sessions): Academic or Study Skills	593	18.0%	1.0 (5.6)	0–80
Counseling: Other	440	16.1%	1.7 (5.8)	0–50

There has been a slight decline in the number of *reevaluations* (to determine continued eligibility for special education and related services) conducted annually, with 862 respondents reporting an average of 32.1 reevaluations, compared to the average of 33.3 reported in 2010. Moreover, as presented in Figure 2, the

Figure 1. Percentage of Full-Time School-Based School Psychologists Who Completed < 25, < 50 and More Than 100 Initial Evaluations

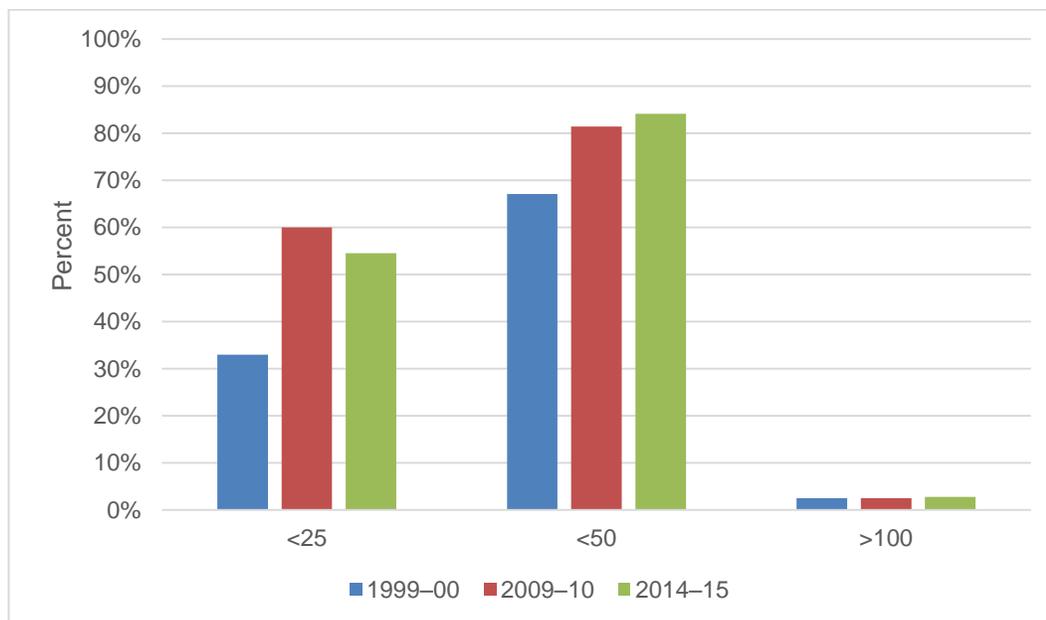
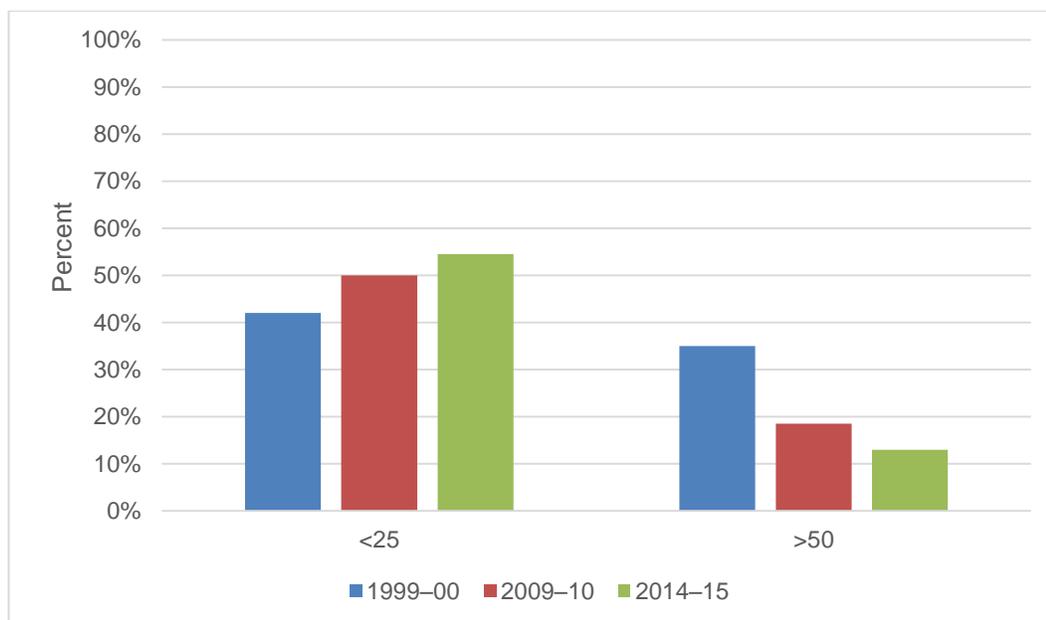


Figure 2. Percentage of Full-Time School-Based School Psychologists Who Completed < 25 and More Than 50 Reevaluations



percentage of respondents who completed “fewer than 25” reevaluations has increased, while the percentage of those completing “more than 50” decreased. Thus, while evaluations related to special education eligibility continue to figure prominently in the role and function of the vast majority of school psychologists—and the number of initial evaluations is relatively stable—the number of reevaluations has decreased.

Approximately 67% of respondents reported that they conducted an average of 2.7 professional inservice programs during the 2014–2015 academic year; about 30% reported having conducted an average of 1.6 groups or programs for parents. These averages are similar to those obtained for the 2010 Membership Survey, with respondents reporting having conducted about 3 inservice programs during the 2009–2010 academic year, and 0.8 programs for parents.

Many respondents reported engaging in counseling individuals and/or groups of students; 71.6% respondents reported *individual* counseling for mental and behavioral health concerns, serving an average of 10.2 students per year. These data are similar to the reported average of 10.4 students who received individual counseling services in the 2010 survey. The percent of practitioners who reported providing individual counseling services for mental and behavioral health concerns also was similar to 2010 findings. Individual counseling focused on academic concerns or study skills was provided by 44.9% of respondents, serving an average of 5.8 students during the 2014–2015 academic year. The 2010 survey did not ask respondents to report engagement in counseling for academic concerns in either individual or group formats.

With respect to *group* counseling for behavioral/mental health concerns, 43.8% of those who responded reported conducting counseling groups, with an average of 2.8 student groups during the 2014–2015 academic year. Engagement in group counseling for academic or study skills was reported by 18% of respondents in 2015; they reported an average of 1 such group during the past year. In contrast, in 2010, 32.8% of respondents reported engagement in group counseling to address behavioral concerns, and 10–20% reported engagement in counseling for academic, mental health, and other concerns. In 2010, respondents reported conducting a yearly average of 1.4 student groups addressing only behavioral

concerns, and fewer than 0.5 groups to address academic, mental health, and other topics. Thus, although we measured counseling activities somewhat differently from the 2010 survey, it appears that 2015 respondents reported higher levels of group counseling relative to the previous survey period.

Strategic Goal: NASP Practice Model

NASP Membership Survey items 38 and 39 requested information about school psychologists' engagement in 14 different professional activities during the 2014–2015 school year. These items were new to the survey in 2015, so comparisons with practices reported in earlier Membership Surveys could not be made. Results are presented in Table 5, which displays average ratings of reported engagement in each of 14 specific activities in order of decreasing frequency.

Respondents reported the highest level of engagement in conducting evaluations to determine eligibility for special education and related services, followed by participating in meetings focused on the development of Individualized Education Programs (IEPs). They reported only minimal engagement in activities related to the development of Section 504 plans, which stipulate services to students with a variety of disabilities that are not addressed under IDEA, such as chronic health conditions and attention deficit/hyperactivity disorder. This is consistent with findings from earlier NASP surveys, suggesting that primary responsibility for this process continues to lie with other educators in the school setting, rather than with school psychologists.

Survey respondents reported a low average degree of engagement in school-wide programs to promote positive behavior interventions and supports (PBIS), safety and wellness, and violence prevention, with average reported ratings of $M=1.37$ to $M=1.68$. That is, as a group, respondents reported that they rarely engage in these activities. Consistent with findings of earlier NASP Membership Surveys, respondents also reported that they rarely engaged in supervision and mentorship activities ($M = 1.26$), and the lowest reported degree of engagement among all activities was in conducting or using research to improve professional practice ($M = 1.11$).

The burden of competing responsibilities with higher school psychologist-to-student ratios has been cited as a barrier to school psychologists' provision of a broader range of services (Castillo et al., 2016). Table 5 presents data reflecting statistically significant differences in degree of engagement in various service activities as a function of school psychologist-to-student ratios, grouped into four ranges that align roughly with recent NASP recommendations: fewer than 1,000 students per school psychologist; 1,000 to 1,499 students; 1,500 to 1,999 students; and 2,000 or more students.

Table 5. Self-Reported Degree of Engagement in NASP Practice Model Activities

Survey Item	N	Overall Mean Rating ^a	Overall Descriptive Label	Significant Between-Groups Differences*
Conducting individual evaluations to determine eligibility for special education	838	3.31	Quite a Bit	$F_{(3,652)} = 3.89, p < .01$ (1,500–1,999 & 2,000+ groups significantly higher than < 1,000)
Participating in meetings focused on the development of IEPs	836	2.81	Somewhat	n.s.
Consulting and collaborating with a team responsible for developing and evaluating instructional supports for students in need	837	2.68	Somewhat	$F_{(3,650)} = 3.23, p < .05$ (2,000+ group significantly lower than < 1,000 group)

Survey Item	N	Overall Mean Rating ^a	Overall Descriptive Label	Significant Between-Groups Differences*
Personally collecting, analyzing, and interpreting data to identify student strengths and needs for reasons other than special education eligibility	837	2.21	Somewhat	$F_{(3,652)} = 5.07, p < .01$ ($< 1,000$ group significantly higher than all other ratio groups)
Providing mental and behavioral health services and interventions	837	2.08	Somewhat	$F_{(3,650)} = 15.42, p < .001$ ($< 1,000$ group significantly higher than all other ratio groups)
Participating in school crisis prevention and response efforts	838	1.74	Rarely	$F_{(3,651)} = 11.23, p < .001$ (< 1000 group significantly higher than all other ratio groups)
Participating in evaluation or meetings focused on the development of 504 plans	834	1.70	Rarely	n.s.
Consulting and collaborating with a team regarding developing and evaluating system-level or school-wide programs (e.g., bullying prevention, PBIS, school violence prevention)	836	1.68	Rarely	$F_{(3,650)} = 3.73, p < .05$ (2000+ group significantly lower than all other ratio groups)
Providing interventions and instructional support to develop academic skills	836	1.61	Rarely	n.s.
Developing and implementing school-wide strategies to promote safe and supportive learning environments and student wellness	838	1.51	Rarely	$F_{(3,651)} = 12.60, p < .001$ (< 1000 group significantly higher than all other ratio groups)
Personally collecting, analyzing, and interpreting data to develop and evaluate system-level or school-wide programs (e.g., bullying prevention, PBIS, school violence prevention)	836	1.37	Rarely	n.s.
Providing supervision/mentorship	835	1.26	Rarely	n.s.
Providing services to families and promoting family engagement	824	1.18	Rarely	$F_{(3,642)} = 8.59, p < .001$ (< 1000 group significantly higher than all other ratio groups)
Participating in research or the review of research to improve practice	835	1.11	Rarely	n.s.

Note. Numerical scale is 0-Not At All, 1-Rarely, 2-Somewhat, 3-Quite a Bit, 4-A Great Deal.

^aAll standard deviations fell within the range of 1.0–1.3; all variables had a minimum of 0 and maximum of 4.

*Degrees of freedom reflect the smaller sample size ($n = 656$) for group comparisons of those who responded to both ratio and NASP Practice Model items.

Respondents in the 1,500–1,999 and 2,000+ ratio ranges rated their engagement in special education-related evaluations as significantly greater than the other (lower) ratio groups. Ratios lower than 1:1,000 were associated with significantly greater engagement in mental and behavioral health services and crisis intervention, while ratios greater than 1:2,000 were associated with significantly lower degrees of engagement in system-level services. Similarly, respondents who reported ratios below 1:1,000 were more likely to report engagement in school-wide strategies to promote safe and supportive learning environments and student wellness.

Strategic Goal: Mental and Behavioral Health Providers

Of the 14 specific activities reflecting aspects of the 2010 NASP Practice Model, six activities focus on support for students' mental and behavioral health. Some of these activities represent services provided to individual or small groups of students, while other activities, such as consulting on the development and implementation of antibullying or positive behavior support initiatives, target schools at the system level. Counseling services described earlier in this section are a critical component of mental and behavioral health resources, so findings regarding these services are reiterated here. A substantial majority (80.1%, $n = 793$) of respondents indicated that, during the 2014–2015 academic year, they engaged in counseling an average of 10.2 individual students for mental or behavioral health concerns. Somewhat fewer practitioners reported engaging in group counseling, although 70.1% ($n = 694$) reported conducting groups addressing mental or behavioral health concerns.

Other activities to support students' mental and behavioral health include services to families and efforts to promote family engagement in children's school experience. This form of indirect service to students was provided only rarely, with an average reported engagement rating of only 1.18 (on a scale of 1 to 5). However, school psychologists with ratios lower than 1:1,500 reported higher levels of engagement in family-focused services. More direct forms of mental and behavioral health services include delivering interventions, which respondents reported at a somewhat frequent level of engagement ($M = 2.08$) and participating in school crisis prevention and response, which was reported to occur only rarely ($M = 1.74$).

A relationship between the degree of engagement in behavioral and mental health services and student ratios was observed in reports of active engagement in school-wide mental and behavioral health promotion programs, such as PBIS, violence prevention, support for student wellness, and promotion of safe and supportive learning environments. While none of these services was reported to occur, on average, more than "rarely," school psychologists with student ratios exceeding 1:2,000 were significantly less likely to report involvement in such system-level or school-wide activities. Of all mental and behavioral health-related services, respondents reported the lowest degree of engagement in assessment activities related to school-wide programs, such as behavioral screening, tracking incidents and types of behavioral incidents, and monitoring progress of school-wide initiatives ($M = 1.37$).

DISCUSSION

The goals of this report were to identify the types and frequency of various professional practices among school psychologists, to monitor changes in practices over time, and to examine factors that may be related to the provision of a broad range of school psychological services. Among the strategic goals adopted by NASP for the 5-year period from 2017–2022, two goals—promoting the NASP Practice Model, and increasing school psychologists' engagement as providers of mental and behavioral health services—were a focus of this report.

Engagement in individual student evaluations continues to be a central role for school psychologists, as has been the case in past surveys. Approximately 90% of respondents to the 2015 survey reported engagement in special education-related assessment activities, and, while this survey revealed a small decrease in the number of reevaluations completed by respondents, the number of initial evaluations for special education eligibility has remained relatively stable over time. Despite this general finding, respondents who reported ratios lower than 1:1,500 reported significantly less engagement in special education-related evaluations, presumably freeing them to participate in the broader range of services recommended in the NASP Practice Model.

Although there likely is overlap in team-based services presented in the survey as “develop IEPs,” “evaluate students and plan instructional supports,” and “personally conduct, analyze, and interpret data to identify students’ strengths and needs,” the latter two imply school psychologists’ involvement in planning non-special education interventions, typically as members of intervention assistance or student support teams. Indeed, consultative and collaborative activities focused on planning instructional supports ranked just below special education-related activities in respondents’ reported degree of engagement. This suggests that school psychologists contribute more than a diagnostic classification for students’ school problems, using data to inform intervention planning in both general and special education settings, as described in the NASP Practice Model domain of “Data-Based Decision-Making and Accountability.” Although the refer-test-place sequence has long been challenged as an appropriate centerpiece of school psychologists’ role, linking assessment to intervention opens a realistic pathway for school psychologists to contribute in a meaningful way to improving outcomes for the students whose aptitudes and skills they evaluate.

Current findings revealed a promising degree of engagement in the broad range of services recommended by the NASP Practice Model. The finding of a relationship between lower ratios and an expanded role extended to many activities recommended by the NASP Practice Model, including collecting and interpreting student data for purposes other than determining special education eligibility, providing mental and behavioral health services and interventions, and participating in crisis prevention and response efforts. Taken together, these findings lend support to the notion that school psychologists cannot be expected to engage in the full range of activities recommended by the NASP Practice Model if they are working with a high school psychologist-to-student ratio. In fact, although mean differences between ratio groups showed improvements in breadth of service with each successive ratio “step,” a ratio under 1:1,000 is a clear benchmark associated with expanded services relative to all other ratio groupings. Having to devote so much time to compliance-focused evaluation activities probably leaves school psychologists with insufficient time to provide mental/behavioral health and system-level prevention and intervention services.

School psychologists who completed the survey reported greater engagement in providing more educational programs for other educators than for parents; approximately two thirds provided professional inservice programs, while only 30% reported conducting such programs for parents. Moreover, despite its prominence in the NASP Practice Model, school psychologists responded that they did not provide a high level of service to families, or to family-school collaboration. In general, findings indicate a discouragingly low rate of participation in activities that build capacity for parents and other professionals, continuing a trend observed in the 2010 NASP Membership Survey (Castillo et al., 2012).

Similarly, respondents reported minimal engagement in mentoring and supervising interns and others, or in conducting, participating in, or reviewing research. Opportunities to serve in mentoring and supervisory roles are probably limited (and engagement in these activities had no statistically significant relationship with school psychologist-to-student ratios), so the finding of low engagement in supervision may be more descriptive of work setting characteristics (e.g., number of interns needing supervision) than of factors under the control of school psychologists themselves. Nevertheless, mentoring opportunities can be made available through the formation of informal early career or special interest networks. Likewise, school psychologists’ low reported engagement in research may not be surprising given that their job responsibilities likely do not require it. However, it is troubling to consider the possibility that school psychologists are not using up-to-date research to inform their work and to steer school personnel and families toward evidence-based practices.

Three of the 14 activities listed in Table 5 target system-level assessment and intervention; of these, respondents reported the greatest degree of engagement as consultants and collaborators in efforts to

develop and evaluate system-level initiatives, such as bullying prevention/intervention and positive behavior supports. Respondents were less likely to report direct involvement in collecting, analyzing and reporting data on school-wide programs. Overall, engagement in direct and indirect services targeting individual students was reported to be much greater than engagement in system-focused services. These findings are disappointing in view of the NASP Practice Model's emphasis on developing and implementing practices and strategies

to create and maintain effective and supportive learning environments ... that enhance learning, mental health, safety, and physical well-being through protective and adaptive factors ... that respond to culture and context, and facilitate family and school partnerships and interactions with community agencies for enhancement of ... outcomes for children. (NASP, 2010, p. 6–7)

Changes in items since the 2010 survey made it impossible to make direct comparisons between reports of engagement in individual- vs. system-focused services in 2010 vs. 2015, but in 2010, school psychologists reported spending between 10% and 13% of their time engaged in system-level services (Castillo et al., 2012). Future versions of the survey may enable researchers to identify whether practitioners have increased their involvement in system-level services, especially prevention and early intervention.

School psychologists are qualified mental and behavioral health providers who provide comprehensive mental and behavioral health services, consistent with the NASP Practice Model (2010). Overall, the 2015 survey provided evidence of school psychologists' provision of such services to individual students. For example, over 40% of respondents reported counseling individual students for a number of mental health concerns, especially social skills and relationship concerns. However, school psychologists also reported providing counseling for issues related to trauma and crisis, grief and loss, sexual orientation and gender identity, truancy, and access to social services. Respondents reported "somewhat frequent" provision of mental and behavioral health services and interventions in general and, in the presence of lower (< 1,000) student ratios, a greater likelihood of engagement in crisis prevention and response efforts. With an elevated degree of cultural awareness of the need to address unacceptable rates of self-harm, school violence, and suicide among our youth, increasing the number of school psychologists seems an obvious way to build within-school capacity for effective mental and behavioral health services.

Overall, results of the 2015 NASP Membership Survey suggest that substantial effort will be needed on the part of advocates to gain acceptance for, and engagement in, the broad range of professional activities prescribed by the NASP Practice Model. Nevertheless, this report offers cause for optimism in the form of trends favorable to engagement in these activities, including lower school psychologist-to-student ratios and their association with individual and school-wide academic and mental/behavioral health initiatives.

Limitations

Although findings of the 2015 NASP Membership Survey reveal important trends in the professional practices of school psychologists, survey studies are not without limitations. The self-report and retrospective nature of this survey may have introduced social desirability bias and errors in subjective recall, which represent threats to the internal validity of the study. In addition, although the study's 48% response rate is considered acceptable, participants self-selected into the survey sample, and their reasons for participating (or not) in the survey are unknown. More extensive analyses of professional practices as a function of respondent characteristics or employment conditions were not possible due to characteristics of the data, including variations in the number of cases in each condition. Nevertheless, the survey

successfully revealed characteristics and practices of a broad sample of NASP members in 2015 and enabled an examination of changes in these variables over time.

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