Educational and School Psychology in Newfoundland and Labrador: Current Practices and Preferred Roles

by

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Submitted in partial fulfillment of the requirements

for the degree of Master of Arts in School Psychology

at

Mount Saint Vincent University

Halifax, Nova Scotia

September 2024

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Abstract

The study surveyed educational psychologists in Newfoundland and Labrador about their practice across the six core competencies outlined in the Mutual Recognition Agreement (2004), as well as their current and preferred roles. Results indicated that although participants engage in all competency areas, their practice is predominately focused on assessment. The findings suggest that the role of the educational psychologist in Newfoundland and Labrador has seen minimal change since Harris and Joy's (2010) study. However, participants expressed a desire to expand their roles and allocate more time to intervention, consultation outside the educational system, and reviewing current research. The increasing emphasis on multi-tiered systems within schools provides an opportunity to better integrate mental health services, allowing educational psychologists to address the academic, behavioural, and mental health needs of children and youth more comprehensively.

List of Abbreviations

ACPRO	Association of Canadian Psychology Regulatory Organizations
ADHD	Attention-Deficit/Hyperactivity Disorder
ASD	Autism Spectrum Disorder
CBRS	Conners Comprehensive Behaviour Rating Scales
CCC	Canadian Certified Counsellor
CCPA	Canadian Counselling and Psychotherapy Association
CIHI	Canadian Institute of Health Information
CPA	Canadian Psychological Association
CPI	Crisis Prevention Institute
CSSD	Children, Seniors, and Social Development Department
FASD	Fetal Alcohol Spectrum Disorder
GDD	Global Developmental Delay
IDD	Intellectual Developmental Disorder
MDD	Major Depressive Disorder
MHCC	Mental Health Commission of Canada
MRA	Mutual Recognition Agreement
MTSS	Multi-Tiered System of Support
MUN	Memorial University of Newfoundland and Labrador
NASP	National Association of School Psychologists
NLESD	Newfoundland and Labrador English School District
NLPB	Newfoundland and Labrador Psychology Board
NLTA	Newfoundland and Labrador Teachers' Association

OCD	Obsessive-Compulsive Disorder
ODD	Oppositional Defiant Disorder
OPA	Ontario Psychological Association
OT	Occupational Therapy/Occupational Therapist
PIE	Psychologists in Education
RTI	Response to Intervention
RTL	Responsive Teaching and Learning
SBMHSA	School-Based Mental Health and Substance Abuse Consortium
SIC	Special Interest Council
SLD	Specific Learning Disorder
SLP	Speech Language Pathologist
SWPBIS	School-Wide Positive Behavioural Interventions and Support
SWPBS	School-Wide Positive Behaviour Support
TAL	Tiered Approach to Learning

CHAPTER 1

LITERAURE REVIEW

Mental Health Disorders in Children and Youth

Mental health disorders affect approximately 1.2 million children and youth in Canada, with 50-70% of these disorders manifesting before the age of 18 (Mental Health Commission of Canada [MHCC], 2017). The COVID-19 pandemic has led to a growing body of research examining its effects on the mental health of children and youth in Canada. Studies conducted during the early stages of the pandemic indicated a notable decline in the overall mental well-being of this population (Cost et al., 2022; Canadian Institute of Health Information [CIHI], 2022; Findlay & Arim, 2020). A survey conducted by Statistics Canada over March and April 2020 found that youth aged 15 to 24 experienced the most significant decline of any age group in self-perceived mental well-being during the onset of the pandemic. The percentage of youth in this age group who reported *excellent* or *very good* mental health decreased from 62% in 2018 to 42% in 2020 (Findlay & Arim, 2020). A large cross-sectional study conducted by Cost et al. (2022) investigated the effects of COVID-19 emergency measures on the mental health of children and youth aged 2 to 18. The study, conducted between April and June 2020, collected data from parent reports of children 2 to 18 and self-reports from youth aged 10 to 18. Findings indicated that during the initial wave of the pandemic, 67%-70% of children and youth, regardless of pre-existing psychiatric diagnoses, experienced a decline in at least one mental health domain (Cost et al., 2022). Additionally, a report from the CIHI (2022) revealed an increase in the percentage of hospitalizations related to mental health disorders among children and youth aged 5 to 24. This percentage increased from 21% in 2019 to 23% in 2020, with one in four hospitalizations in this age group attributed to mental health conditions (CIHI, 2022).

Although researchers have recognized the difficulties presented by the pandemic for children and youth, some have expressed concern about drawing definitive conclusions regarding its impact on the mental health of children and youth in Canada (Black et al., 2023; Chadi et al., 2022; Sheikhan et al., 2022).

Many studies examining the effects of the pandemic were conducted during the pandemic and took a cross-sectional approach, resulting in a lack of pre- and post-pandemic symptom level comparisons. Currently, only a limited number of longitudinal studies exist that assess the mental health of Canadian children and youth during the pandemic. One study examined a sample of 168 Ontario youth aged 14 to 24 with pre-existing mental health or substance use disorders (Sheikhan et al., 2022). Findings indicated that during the first year of the pandemic, there was a significant decline in substance use among the same, while the mental health of those with internalizing and externalizing disorders remained stable. At present, it is difficult to draw concrete conclusions regarding the effects of the pandemic on the mental health of children and youth in Canada. A more comprehensive understanding will evolve as researchers continue to examine the mental health of this population pre- and post-pandemic.

Percentage of Children Accessing Services

Despite the prevalence of mental health challenges experienced by Canadian children and youth, it is estimated that less than 20% will receive adequate treatment and intervention (MHCC, 2017). This discrepancy between mental health needs and service access has prompted researchers to explore the contributing factors behind these unmet needs. Reardon et al. (2017) conducted a systematic review to examine parents' perspectives on the barriers and facilitators to accessing mental health services for children and youth. This review encompassed 22 qualitative, 20 quantitative, and two mixed-methods studies. Four interrelated themes were identified

regarding perceived barriers and facilitators: systemic and structural issues within the mental health system, views and attitudes towards services and treatment, knowledge and understanding of mental health problems and the help-seeking process, and family circumstances. A lack of available services, long wait times, and cost of care were commonly cited barriers. Within the Canadian context, similar concerns have been raised by parents, youth, and service providers (Fearing, 2024; Kourgiantakis et al., 2023; Woodgate et al., 2023). Woodgate et al. (2023) emphasized that children and youth often require a referral from a primary care physician to access mental health services. Frustration and discouragement arise as parents and youth frequently encounter waitlists when attempting to obtain a referral, leading to further service access delays (Kourgiantakis et al., 2023; Woodgate et al., 2023).

In response to the barrier of waitlists, service providers have suggested accessing private rather than public services (Kourgiantakis et al., 2023). Although private services often have shorter wait times than public services (Fearing, 2024; Kourgiantakis et al., 2023; Woodgate et al., 2023), the cost associated with accessing private services must be considered. Parents have reported the necessity of being placed on waitlists for publicly funded care due to their inability to afford private care (Kourgiantakis et al., 2023; Woodgate et al., 2023). Although some families with financial resources can access more timely care through the private sector, it remains unaffordable for many.

Parents' views and attitudes towards mental health services and treatment significantly influence their help-seeking behaviour (Reardon et al., 2017). A lack of trust and confidence in professionals and the absence of a trusting relationship with service providers can impede access to care. Parents' beliefs about the potential consequences of seeking help, including stigma and fear of negative judgment, further hinder access (Reardon et al., 2017). Concerns about the

perceived negative attitudes of others and the potential impact on their child's future and family reputation are commonly reported barriers (Carbonell et al., 2023; Fearing, 2024; Hansen, 2021).

Reardon et al. (2017) also emphasized that a lack of understanding about mental health difficulties poses a significant challenge for parents. Many parents struggle to recognize or understand their child's symptoms and often feel uncertain about their child's mental health needs. For example, studies examining parents' perceptions of barriers to accessing anxiety services found that parents frequently have difficulty identifying their child's symptoms or behaviours as anxiety and determining if support is needed (Crouch et al., 2019; Reardon et al., 2018, 2020).

In addition to mental health difficulties, parents often lack sufficient knowledge about available mental health services and how to access them (Reardon et al., 2017). Many parents are unaware or lack clear information about the services available and how to navigate the mental health system (Fearing, 2024; Hansen et al., 2021). The fragmented nature of the mental health system has also been identified as a significant barrier to accessing services by parents, youth, and service providers (Kourgiantakis et al., 2023; Reardon et al., 2017; Woodgate et al., 2023). This fragmentation often results in a lack of necessary information about where and how to seek help, leaving individuals without clear pathways to access care (Carbonell et al., 2023; Kourgiantakis et al., 2023).

Family circumstances, such as socioeconomic status, transportation issues, and parental work commitments, also affect access to mental health services (Hansen et al., 2021; Reardon et al., 2017). Carbonell et al. (2023) highlighted that geographical disparities can exacerbate these challenges, making it harder for families in rural or underserved areas to obtain necessary care.

School-Based Mental Health Services

All children and youth attend school, and due to the substantial amount of time they spend in school settings, a number of groups have highlighted the practicality of offering mental health services within schools (Canadian Psychological Association [CPA], 2022; Kern et al., 2017; MHCC, 2017), as well as many advantages, including increased accessibility by eliminating financial and transportation barriers and early detection and intervention (CPA, 2022; Kern et al., 2017).

As previously stated, mental health services offered in the private sector are often inaccessible to many families due to their cost. As publicly funded institutions, schools eliminate this financial barrier and promote more equitable access to mental health services (CPA, 2022; Doll et al., 2017; Kern et al., 2017). In addition, schools are the only institutions that provide students with free access to psychological assessment and mental health services on a large scale (Ontario Psychological Association [OPA], 2021). Providing mental health services within schools, is especially relevant for children and youth in rural or underserved communities where geographical challenges, limited transportation, and a shortage of service providers create additional barriers to access (CPA, 2022).

Early identification and intervention are critical in managing mental health difficulties among children and youth, as they can mitigate long-term effects and foster positive psychological outcomes (CPA 2022). Schools play a significant role in this process, often serving as the setting where mental health concerns are initially identified and addressed (Georgiades et al., 2019; Hoover & Bostic, 2021), and as the first point of contact for many families seeking support (Suldo, 2010). Teachers and other school personnel are often among the first to observe behaviours that indicate the onset or worsening of mental health difficulties

(Whitley et al., 2012), enabling them to facilitate timely intervention. Additionally, accessing mental health services through school can help reduce the stigma associated with community-based care (OPA, 2021), making these services more approachable for families. By using these immediate and consistent interactions, schools can effectively implement comprehensive mental health services (Doll et al., 2017; Kern et al., 2017), including multiyear prevention programs (National Association of School Psychologists [NASP], 2023) and targeted interventions that address the academic, behavioural, and mental health needs of all students (CPA, 2022).

Characteristics of Effective Mental Health Programs in Schools

A wide range of programs and interventions fall within the scope of school-based mental health services, from school-wide mental health promotion initiatives to targeted interventions aimed at students identified with a specific mental health disorder (Richter, 2022). In some reviews on the effectiveness of school-based mental health programs, researchers have noted the considerable variability in the efficacy of interventions due to the heterogeneous nature of these programs (O'Connor et al., 2018; Richter, 2022; Weare & Nind, 2011). Due to this variability, Weare and Nind (2011) recommended a shift in the discussion surrounding effectiveness from solely assessing the interventions' effect(s) to identifying the characteristics commonly found in effective interventions.

Ideal Practice Frameworks

Multi-tiered frameworks have been recommended as an effective approach to delivering comprehensive school-based mental health services (Cole & Kokai, 2021; Kern et al., 2017). Tiered models encompass a continuum of services across three distinct tiers or levels. The first tier, often referred to as tier one or primary prevention/intervention, involves universal programming designed for all students. These services primarily focus on programs and

strategies to promote general well-being, including initiatives such as social-emotional learning and mental health promotion programs. The second tier, commonly referred to as tier two or secondary prevention/intervention, aims to address the needs of students at risk of academic and/or mental health difficulties. These services are targeted, typically more intensive, and are frequently delivered in a small group format. The third tier, known as tier three or tertiary prevention/intervention, provides highly individualized and intensive programming for individual students or a few students with significant needs. This tier offers specialized support to address issues such as anxiety and depression (Cole & Kokai, 2021; Kern et al., 2017).

Tier 1: Universal Programming. There is evidence that universal school-based mental health programs can be effective in promoting and enhancing the well-being of children and youth (Barry et al., 2013; Durlak et al., 2011; Greenberg et al., 2001; School-Based Mental Health and Substance Abuse Consortium [SBMHSA Consortium], 2013). In terms of program sustainability and maintenance, effective school-based mental health programs are characterized by consistent and systematic implementation, school-wide engagement, and active integration into the classroom curriculum (Rones & Hoagwood, 2000; SBMHSA Consortium, 2013). These programs tend to achieve better results when they employ various teaching methods and encourage the involvement of parents, teachers, and peers during implementation (Rones & Hoagwood, 2000).

Tier 2: Prevention Programming. A review of the literature indicated that school-based prevention programs have the potential to reduce the severity of symptoms related to depressed mood, anxiety, conduct problems, and aggression (SBMHSA Consortium, 2013). Effective prevention programs employ behavioural and cognitive-behavioural approaches and emphasize skill development. Programs aimed at reducing internalizing symptoms are most effective when

tailored to target and facilitate the development of competencies and protective factors. Programs aimed at reducing externalizing symptoms are most effective when they target and facilitate the development of prosocial skills, conflict resolution, anger management, and stress management (SBMHSA Consortium, 2013).

Tier 3: Intervention Programming. School-based intervention programs can be effective in treating both internalizing and externalizing mental health disorders (SBMHSA Consortium, 2013). Effective intervention programs employ behavioural and cognitive-behavioural approaches and prioritize skill development. Effective interventions for internalizing mental health disorders foster the development and application of problem-solving skills and coping strategies and often incorporate strategies focused on cognitive restructuring. Effective interventions for externalizing mental health disorders foster the development of alternative behaviours and strategies and enhance self-control, perspective-taking, and conflict-resolution skills (SBMHSA Consortium, 2013).

Schools commonly use tiered service delivery models to prevent and address academic and behavioural difficulties. Intervention models such as *Response to Intervention* (RTI; Fuchs & Fuchs, 2006; Fletcher & Vaughn, 2009; McIntosh et al., 2011) and *School-Wide Positive Behaviour Support* (SWPBS; Horner et al., 2010; Sugai & Horner, 2009), also known as *School-Wide Positive Behavioural Interventions and Supports* (SWPBIS; Noltemeyer et al., 2019) have been successfully implemented in many schools (Fabiano & Evans, 2019). All of these models follow the three-tiered structure that implements universal, evidence-based instructional practices for all students and provides targeted and intensive support and intervention based on individual student needs (Fletcher & Vaughn, 2009; Fuchs & Fuchs, 2006; Horner et al., 2010; Sugai & Horner, 2009; McIntosh et al., 2011; Noltemeyer et al., 2019). More recently, schools have

begun adopting a *Multi-tiered System of Support* (MTSS) as an overarching, comprehensive framework for providing students with academic, behavioural, and social-emotional support (Fabiano & Evans, 2019; Santiago et al., 2024). MTSS aims to provide a continuum of support across the three-tiered system. As highlighted by NASP (2016), "an optimal service delivery system is one that is aligned with a multi-tiered system of support (MTSS) in which evidence-based instruction is delivered along a continuum, based on student need, includes both academics and behaviour, and uses data to guide instructional decision making" (p. 1). However, it is important to note that MTSS, RTI, and SWPBIS are frameworks for prevention and intervention rather than individual interventions or programs. Therefore, the effectiveness of these approaches depends on the quality and fidelity of assessments and interventions implemented across tiers, as well as the use of data to inform instructional strategies and decisions (Fabiano & Evans, 2019; Sugai & Horner, 2009).

School Psychology

School psychologists are highly trained professionals who play a vital role in providing mental health services to children and youth (CPA, 2022; Jordan et al., 2009; King et al., 2022; NASP, 2020) and are often regarded as "the most highly trained mental health experts in schools" (Sheridan & Gutkin, 2000, p. 488). They possess a diverse range of skills in assessment, intervention, prevention, consultation, and research (CPA, 2022; Jordan et al., 2009), which enables them to provide comprehensive support within the multi-tiered framework (Cole & Kokai, 2021; Kern et al., 2017; O'Connor & Freeman, 2012). Their expertise in mental health, child development, learning, and behaviour within the school environment, combined with their knowledge of evidence-based interventions and ability to evaluate research critically, can make them a valuable resource in the development, implementation, and evaluation of effective

programs and interventions (CPA, 2021; Loftus-Rattan et al., 2023). Additionally, school psychologists have extensive experience in collaboration, as they generally work closely with school administrators, teachers, children, youth, and their families (CPA, 2002; NASP, 2023). This collaborative background also prepares them to play a consultative role within the school environment (Cole & Kokai, 2021; CPA, 2002; Eagle et al., 2015), allowing them to reach a greater number of students by providing indirect support (Conoley et al., 2020; Gormley et al., 2024; Newman et al., 2018).

There is broad recognition that school psychologists possess the skills and expertise to effectively address the academic, behavioural, and mental health needs of children and youth (CPA, 2022; Loftus-Rattan et al., 2023; NASP, 2021; Splett et al., 2013). There has also been longstanding discussion about the need for school psychologists to expand and diversify their roles to encompass these skills and transition from a direct to indirect service model (Rosenfield, 2013; Sheridan & Gutkin, 2000; Ysseldyke et al., 2009). It has also been suggested that school psychologists can serve as a bridge between the education and healthcare systems (King et al., 2016; van den Heuvel et al., 2016), as they deliver psychoeducational and clinical services within the education setting (CPA, 2002).

Training of School Psychologists

Unlike other regulated health professions such as medicine which have national standards for training, there are no common national licensure or training standards for school psychologists in Canada. It is speculated that this leads to variations across training programs (Montreuil, 2016). Generally, school psychology training programs aim to equip students with the knowledge and skills necessary to provide comprehensive support to students, schools, and the community (CPA, 2023; NASP, 2020). NASP, a professional organization representing

school psychologists, graduate students, and related professionals in the United States, delineates the professional skills and knowledge that are expected to be gained through graduate education in school psychology. These include competencies in data-based decision-making, consultation and collaboration, academic interventions and instructional supports, mental and behavioural health services and interventions, school-wide practices to promote learning, services to promote safe and supportive schools, family, school, and community collaboration, equitable practices for diverse student populations, research and evidence-based practice, and legal, ethical, and professional conduct (NASP, 2020).

Canada does not have a national regulatory body specific to school psychology such as NASP. Instead, the Canadian Psychological Association (CPA) accredits doctoral-level clinically-focused programs in psychology generally. Accreditation is not mandatory for practice, however. The CPA's (2023) *Accreditation Standards and Procedures for Doctoral Programs and Internships in Professional Psychology* do not specifically address training for school psychologists, but require competency development in assessment, intervention, consultation, supervision, research, and program development. Determining whether a training program meets the necessary standards is the purview of each province's regulatory body. It has been suggested that the focus of school psychology training can vary significantly between institutions, leading to a lack of uniformity in clinical training across programs (Montreuil, 2016). Accreditation is also only possible at the doctoral level, and master's level programs cannot be accredited.

Licensure of School Psychologists

In Canada, the field of psychology is self-regulated, with each province and territory having the responsibility of licensure and upholding professional practice standards (CPA, 2023; Montreuil, 2016). All licensed/registered psychologists in Canada must hold a master's and/or doctoral degree in psychology (CPA, n.d.). Generally, psychologists have completed graduate training in clinical psychology, counselling psychology, clinical neuropsychology or educational/school psychology. Similar to training, licensure is not granted in specific specialty areas. Instead, all psychologists, irrespective of their graduate training, must demonstrate the same core competencies (CPA, n.d.), and there are no specific competencies that are unique to school psychologists within the licensure framework.

To allow for mobility between jurisdictions, members of the Association of Canadian Psychology Regulatory Organizations (ACPRO), composed of Canadian regulatory bodies, entered the Mutual Recognition Agreement (MRA). Initially developed in 2001 and later amended in 2004, it aimed to identify the requirements necessary to enable psychologists licensed in one jurisdiction to have their credentials recognized in another jurisdiction that is a party to the Agreement. The main goals of the MRA were to facilitate mobility and enhance professional practice. The MRA includes six core competencies for professional practice: interpersonal relationships, assessment and evaluation, intervention and consultation, research, ethics and standards, and supervision. These competencies serve as a standard for maintaining the quality and consistency of professional practice across Canadian jurisdictions (MRA, 2004).

Competencies of Psychologists

Interpersonal Relationships

The interpersonal relationships competency is a foundational component of all other competencies required of psychologists (MRA, 2004). Given that therapeutic alliance is a critical factor in psychologists' effectiveness, psychologists must demonstrate the ability to establish and maintain positive working relationships with their clients. Competent psychologists possess theoretical and empirical knowledge regarding the clinician-client relationship and the various factors that can influence the professional relationship. Within their professional relationships, competent psychologists demonstrate effective communication skills and the ability to establish and maintain rapport, trust, and respect (MRA, 2004).

Assessment and Evaluation

The assessment and evaluation competency requires psychologists to employ context-specific evaluation methods (MRA, 2004). Competent psychologists demonstrate the use of a diverse set of evaluation methods tailored to meet the specific needs of their clients rather than simply relying on a fixed set of methods for every situation. Moreover, they are aware of the transferability of these assessment and evaluation skills and regularly apply them outside the initial evaluation process. To fulfill this competency, psychologists must possess knowledge of various assessment and evaluation methods and an understanding of the developmental process and the populations they serve. They must demonstrate proficiency in developing appropriate referral questions, gathering and analyzing relevant information, selecting and using psychometric methods, and developing hypotheses, diagnoses, and action plans. Additionally, they must efficiently synthesize and present the collected information in a comprehensible and informative report (MRA, 2004).

Intervention and Consultation

The intervention and consultation competency refers to the provision of services that promote the overall well-being of clients and may be preventive, developmental, or remedial (MRA, 2004). Competent psychologists demonstrate a thorough understanding of various interventions and their relative effectiveness. They possess an awareness and appreciation for diverse viewpoints and perspectives and an understanding of cultural and diversity factors. Competent psychologists also have the knowledge and skills to refer and consult with others when appropriate (MRA, 2004).

Research

The research competency pertains to scientific knowledge and its contribution to the practice of psychology (MRA, 2004). Competent psychologists possess the skills necessary to conduct research in a professional setting and are critical consumers of scientific literature. As part of their training, psychologists are expected to have acquired knowledge of research methods and the practical applications of scientific research. To fulfill this competency, psychologists must have knowledge of applied statistics and measurement, approaches to scientific research, and the reliability and validity of various methods (MRA, 2004).

Ethics and Standards

The ethics and standards competency requires psychologists to uphold ethical principles and professional conduct in their relationships (MRA, 2004). This includes awareness of their responsibilities to clients, society, colleagues, and the profession. Psychologists must have knowledge of the ethical principles, standards for psychological tests and measurements, standards for conducting psychological research, and legal and local regulations.

Competent psychologists are proactive in identifying potential conflicts of interest and possess the skills to employ ethical decision-making processes and resolve ethical dilemmas (MRA, 2004).

Supervision

The supervision competency encompasses the supervisor's role in effectively overseeing the delivery of psychological services by the individual under supervision (MRA, 2004). This extends to the supervision of practicum students, interns, and provisionally registered psychologists (CPA, n.d.). The supervisor ensures that the services the supervisee provides adhere to necessary standards and are conducted competently and ethically (MRA, 2004). This competency often has a teaching component, aiming to develop or enhance the supervisee's competence. Psychologists must possess knowledge in various areas related to supervision, including models for skill acquisition, supervisory methods, and evaluation techniques. Competent psychologists also demonstrate self-awareness concerning their strengths and limitations in the supervisor role (MRA, 2004).

School Psychology Guidelines

In 2007, the Canadian Psychological Association (CPA) Section of Psychologists in Education, now called the Section on Educational and School Psychology, established *Professional Practice Guidelines for School Psychologists in Canada*. These guidelines were derived from the 2001 *Guidelines for Professional Practice for School Psychology* from the New Brunswick Department of Education. The primary aim of establishing these guidelines was to provide guidance for Canadian school psychologists and to enhance the understanding of other educational and health professionals in the school system regarding the roles and responsibilities of school psychologists.

The *Professional Practice Guidelines for School Psychologists in Canada* (CPA, 2007) outlines five levels of intervention for school psychologists: student-focused indirect intervention, student-focused direct intervention, school-wide intervention, district/system-wide intervention, and research. The first level, student-focused indirect intervention, comprises consultation, program planning, parent collaboration, goal setting, teacher assistance, interagency networking, and referrals. The second level, student-focused direct intervention, includes individual psychological assessment, individual therapy, and group behaviour skills development. The third level, school-wide intervention, includes liaison, collaboration, in-service education, prevention, consultation, best practice, planning, and teaching. The fourth level, district/system-wide intervention, includes in-service education, outreach, networking, screening, evaluation, intervention programs, and advocacy. The fifth level, research, highlights the requirement for psychologists to remain up to date on current research literature and ensure that their practice is guided by scientific evidence (CPA, 2007).

CHAPTER 2

EDUCATIONAL AND SCHOOL PSYCHOLOGY IN NEWFOUNDLAND AND LABRADOR: CURRENT PRACTICES AND PREFERRED ROLES

School Psychology in Newfoundland and Labrador

In Newfoundland and Labrador, *school psychology* is often referred to as *educational psychology*, and the title *educational psychologist* is more commonly used than *school psychologist* when referring to psychologists working in an educational setting. When discussing Newfoundland and Labrador, the term *educational psychology* and the title *educational psychologist* will be used. When discussing the broader Canadian context, the term *school psychology* and the title *school psychologist* will be used.

History of Training in Newfoundland and Labrador

Educational psychology began to evolve in Newfoundland and Labrador with the development of the province's first educational psychology program (Martin, 2001). In 1970, Memorial University of Newfoundland and Labrador (MUN) introduced its Educational Foundations, Guidance and Counselling program, offering students the choice to pursue a diploma or degree at the graduate level (Joy et al., 2016). By the 1973-1974 academic year, the program was renamed Educational Psychology in Guidance and Counselling.

During the mid-1980s, notable changes were made to the program, including the transition into a single-stream Master of Education in Educational Psychology: Guidance and Counselling (Martin, 2001). The enactment of legislation in 1985 regarding licensure for psychologists necessitated significant adjustments to the Educational Psychology program so that its graduates could fulfill the newly established registration requirements and align with the evolving needs of the province. By the 1988-89 academic year, the Educational Psychology

program evolved into a two-stream graduate program, allowing students to specialize in School Counselling or Special Education (Joy et al., 2016). By 1995, this had further evolved into School Counselling and School Psychology streams. The aim of the School Counselling stream was to train counsellors for the educational setting, focusing on adolescent learning and development, career education, and counselling psychology, while the aim of the School Psychology stream was to train practitioners for careers in school psychology, integrating knowledge from psychology and education (MUN, 1995-1996, p. 398).

An external review of the two-stream Educational Psychology program conducted in 1997 highlighted a shortage of faculty members with expertise in school psychology (Martin, 2001). Consequently, there were concerns regarding the program's ability to support itself adequately. The recommendations arising from the review proposed a return to a single-stream program, with a stronger emphasis on training individuals as counsellors (Joy et al., 2016). In response to the review's findings, the program transitioned into the Master of Education degree in Counselling Psychology in 2001. According to Martin (2001), most program graduates pursued careers as guidance counsellors. Some graduates also entered the field of school psychology, as the program enabled them to meet the registration requirements if they possessed an undergraduate degree in psychology (Martin, 2001).

Over subsequent years, the program underwent several changes to better align with the requirements for registration as a psychologist. New courses were introduced, and existing courses were modified (Joy et al., 2016). For example, the program saw the addition of courses such as advanced research design and advanced counselling. In the 2005-2006 academic year, the program introduced a mandatory course in ethics and legal issues, and the program was adjusted to ensure that a specific number of core courses were taught by registered psychologists

(Joy et al., 2016). Harris and Joy (2010) note that students who entered the program with an undergraduate degree in psychology and seeking to fulfill NLPB registration requirements often pursued an alternative path within the program. This path primarily relied on the students themselves, who, in collaboration with faculty, took the initiative to ensure the completion of a thesis, that they took courses that were taught by registered psychologists, and that their internship met the Newfoundland Board of Examiners in Psychology's requirements (now known as the Newfoundland and Labrador Psychology Board).

The Current Master of Education Degree at Memorial University

The redeveloped Master of Education in Counselling Psychology degree program began in September 2023 (MUN, 2023). The program's goals are stated as: "to prepare highly knowledgeable, skilled, dedicated, and ethical practitioners, who will endeavour to enhance human potential throughout the lifespan and who can effectively practice within a variety of educational and community settings" (MUN, 2023, para. 1). There is significant overlap between the required courses in the previous program and those in the redeveloped program. The redeveloped program description does not mention registration with the Newfoundland and Labrador Psychology Board. It does state that graduates of the redeveloped program will meet the Canadian Counselling and Psychotherapy Association's (CCPA) requirements for eligibility to become a Canadian Certified Counsellor (CCC; MUN, 2023, para. 1).

Licensure of School Psychologists in Newfoundland and Labrador

In 1985, the province enacted *An Act Respecting the Registration of Psychologists*, now called the *Psychologists Act*. This legislation mandated that individuals practicing as psychologists in any setting must fulfill all requirements outlined within the *Act* by July 1, 1990.

The Newfoundland and Labrador Psychology Board (NLPB), governed by the *Psychologists Act* (2005), serves as the regulatory body for the profession of psychology in Newfoundland and Labrador. As with other regulatory bodies across Canada, the NLPB's registration process is independent of a registrant's area or scope of practice. Individuals seeking registration as a psychologist in Newfoundland and Labrador must register with the NLPB, and only those registered with and by the NLPB may use the title of psychologist. As per the amendment to the *Psychologists Act* (2005) in 2012, individuals seeking registration with the NLPB must have an undergraduate degree in psychology and a master's or doctoral degree in psychology. The master's or doctoral degree must come from an educational institution the board deems satisfactory and provides adequate training in the following five competency areas: interpersonal relationships, assessment and evaluation, intervention and consultation, research, and ethics and standards (NLPB, n.d.).

Educational Psychology Guidelines from the Newfoundland and Labrador Department of Education and Early Childhood Development

In 2014, the Newfoundland and Labrador Department of Education (DOE) produced *Standards of Practice for Educational Psychologists*. The document is intended to provide an "overarching framework of principles that describe knowledge, skills and values that guide the professional practice of all educational psychologists in the Newfoundland and Labrador education system" (Department of Education, 2014a, p.1). The framework includes the following eight standards:

1. The educational psychologist, after consultation with the administration of each school, will develop one comprehensive work plan that outlines the psychological services he/she will provide throughout the school year.

2. The educational psychologist understands the dimensions of human diversity and the possible influence they may have on child/adolescent development.
3. The educational psychologist understands the assessment process and its implications for student learning.
4. The educational psychologist collaborates and consults with families, educators and the school community.
5. The educational psychologist works with districts and the community to address issues related to student behaviour and mental health.
6. The educational psychologist participates in the development and implementation of a response plan for possible crisis situations.
7. The educational psychologist understands department and district guidelines and policies as they pertain to student support services.
8. The educational psychologist understands the ethical requirements in providing psychological services to the school community (Department of Education, 2014, p. 1).

The *Standards* state that educational psychologists must develop a comprehensive work plan that outlines the psychological services they will provide throughout the school year. This work plan must reference three areas: assessment regarding student learning and behaviour, consultation regarding student learning and behaviour, and professional learning related to psychological services. In the Newfoundland and Labrador education system, *psychological services* refers to "administering psychological and educational tests and other assessment procedures; interpreting test and assessment results; writing comprehensive reports or other reports describing the findings of their involvement; obtaining, integrating, and interpreting information about a student's behaviour and conditions relating to learning; consulting with

program planning teams to discuss students programming needs, in light of psychological tests, interviews, and behavioural evaluations; consulting on child development, parent training, and educational programs" (Department of Education, n.d., p. 3).

As of January 1, 2024, the Newfoundland and Labrador English School District (NLESD), the sole school board responsible for English-speaking students in the province, was restructured and integrated into the Government of Newfoundland and Labrador, becoming NLSchools. This new entity is now responsible for all K-12 English-speaking public schools in the province. Educational systems frequently establish policies and guidelines that impact practices in areas where school and educational psychologists invest considerable time, such as assessment (Dailor & Jacob, 2011; Maki et al., 2022). In this context, educational psychologists in NLSchools must also follow the *Guidelines for Comprehensive Assessment* (Department of Education, 2023a). This document provides a definition of assessment and seven assessment standards: information about the levels of assessment and qualification, the role of confidentiality in assessment, the time frame for assessment, considerations for the administration of assessment, interpreting assessment scores, writing a comprehensive assessment report, and presenting assessment findings. These *Guidelines* apply to all professionals working in schools who carry out assessments (e.g., guidance/school counsellors, instructional resource teachers, and speech-language pathologists).

According to *Guidelines* (Department of Education, 2023a), "a comprehensive assessment will answer the referral question in a valid and reliable manner," "increase understanding of the student's learning profile to inform programming decisions," and "identify if the student may benefit from special education programming and services based on their learning profile" (p. 1). The *Guidelines* specify that every comprehensive assessment must

include the review of the cumulative and confidential files, interviews with students, parents/guardians and educators, and observation of the student in multiple school settings. The use of standardized assessment tools is not required in every comprehensive assessment. However, “when the referral question requires information beyond what can be obtained from the mandatory components, standardized assessment tools can be used” (Department of Education, 2023a p. 5).

The *Guidelines* state that the *service delivery team* determines whether a comprehensive assessment is required. The service delivery team collaborates regularly "to inform responsive teaching and learning practices related to consultation requests, the comprehensive assessment process, and Individual Education Plans (Responsive Teaching and Learning Policy; Department of Education, 2023b, p. 2). Educational psychologists are not listed as core members of this team. The team includes "other educators and specialist teachers as required (e.g., music, physical education, teachers of students who are deaf and hard of hearing, teachers of students who are blind and visually impaired, educational psychologists, speech pathologists)" (Department of Education, 2023b, p. 27).

When a student is referred for an assessment, a *comprehensive assessment team* is assigned to that student, and a *lead assessor* is chosen based on the referral question. The lead assessor may be one of the following: educational psychologist, guidance counsellor, speech-language pathologist, teacher for students who are blind or visually impaired, or teacher for students who are deaf or hard of hearing. For example, educational psychologists or guidance counsellors can serve as lead assessors for various assessments, including those related to academics, accessibility, adaptive functioning, and social-emotional/behavioural programming. In addition, “school-based and/or district assessors working with the lead assessor can support

the comprehensive assessment process" (p. 2). Different educational professionals may complete various aspects of the comprehensive assessment and each professional is responsible for preparing the assessment results for the lead assessor. The lead assessor is responsible for analyzing the collected data, writing a report summarizing the assessment process and findings, and making recommendations.

Alignment with Core Competencies

Although the *Standards of Practice for Educational Psychologists* state that "[the standards of practice] are not synonymous with the roles and responsibilities of educational psychologists, or expectations for specific practice in their day to day work" (Department of Education, 2014, p. 1), it is important to consider their alignment with the six core required competencies for professional practice (MRA, 2004).

In relation to the interpersonal relationship competency, the *Standards* emphasize the importance of interpersonal relationships in collaboration with colleagues but overlook the psychologist-client relationship. As previously highlighted, the therapeutic alliance is critical to effective psychological practice (MRA, 2004). The *Standards'* lack of emphasis on direct service provision and direct client contact suggests that they do not fully recognize the importance of psychologist-client relationships and the development of positive working relationships.

In relation to the assessment and evaluation competency, the MRA (2004) highlights that "diagnosis is not a core competency, but rather a component subsumed under Assessment" (p. 3), and that psychologists must demonstrate competence in the "formulation of hypotheses and making a diagnosis when appropriate" (p. 8). The term "diagnosis" is not used in the practice guidelines. The *Standards* state that educational psychologists "apply information contained in the DSM when providing psychological services" (Department of Education, 2014, p. 10) and

"engage in consultation with guidance counsellors to interpret the DSM" (p. 6). Furthermore, while the *Standards* recognize that educational psychologists need to "understand the assessment process and its implications for student learning" (Department of Education, 2014, p. 1), their focus is limited to student learning rather than the broader scope of mental health.

In the description of the intervention and consultation competency, it states that intervention encompasses "preventive, developmental, and remedial services" (MRA, 2004, p. 9). The *Standards* only refer to "consultation and collaboration regarding direct/indirect intervention strategies" (Department of Education, 2014, p. 7), without mentioning educational psychologists facilitating or implementing individual, group, classroom, or school-wide prevention or intervention. Aside from using the term mental health in the title "Standard 5: Behaviour & Mental Health" (Department of Education, 2014, p. 7), the *Standards* do not mention mental health in any other context, nor do they indicate that educational psychologists provide or even consult on interventions targeting mental health.

In relation to the research competency, the *Standards* only mention research in "Standard 8: Ethics and Standards" (Department of Education, 2014, p. 10): the "educational psychologist knows and understands the importance of keeping current with research and assessment tools and techniques" and "applies current research in providing psychological services" (p. 8). The *Standards* do not explicitly state the involvement of the educational psychologist in applying research methods to evaluate the effectiveness of interventions or school-wide programming. There is a lack of emphasis on the evidence-based nature of the profession and psychologists' ability to apply research knowledge to the educational setting.

In relation to the ethics competency, the *Standards* recognize that psychologists must adhere to the Code of Ethics (CPA, 2017) and emphasize the importance of maintaining

confidentiality, obtaining informed consent, and securing assessment reports. They also stipulate that "the educational psychologist maintains registration as outlined by NLPB requirements" and that "if not registered with the NLPB shall not refer to themselves as psychologists" (Department of Education, 2014, p. 10). This inadvertently implies that individuals who are not registered psychologists can still fulfill the duties of an educational psychologist. As a result, it may cause ambiguity regarding the expertise and expected competencies of psychologists and the professional and ethical standards to which they are held.

There is no mention of supervision within the *Standards*. While the NLPB does not list supervision as a core competency, it is included in the MRA (2004) and CPA's (2023) *Accreditation Standards for Doctoral and Residency Programs in Professional Psychology*. Supervision plays a crucial role in psychologists' training and ongoing development, ensuring they deliver ethical and competent service. Without an opportunity to receive or provide supervision, the opportunities for learning and supporting novice psychologists are limited.

Taken together, there are significant gaps in how the *Standards* align with the six core competencies. They describe a narrower role that does not encompass practice across all areas. Although the expectation that educational psychologists will adopt a broader scope of practice through consultation and collaboration is promising, their ability to provide direct services is not recognized. Further, there is no mention of the provision of mental health services, despite educational psychologists being well-positioned to address this area of need (CPA, 2022; King et al., 2022).

Multi-Tiered Framework of Supports and Services in Newfoundland and Labrador

NLSchools employs a multi-tiered framework to guide the provision of psychological services, academic support, and behavioural support. As previously highlighted, within the educational context, psychological services encompass a range of activities, including the administration and interpretation of psychological and educational tests, the development of comprehensive assessment reports, and collaborative efforts to address identified behavioural and learning needs (Department of Education, n.d.). The multi-tiered framework, known as *Responsive Teaching and Learning* (RTL), is fairly similar to MTSS. Within this framework, the *Tiered Approach to Learning* (TAL) resembles RTI, and the behavioural component resembles the previously described *School-wide Positive Behaviour Support* framework (SWPBS; Horner et al., 2010; Sugai & Horner, 2009).

As outlined in the *Responsive Teaching and Learning Policy* (Department of Education, 2023b), primary and elementary schools in Newfoundland and Labrador adhere to a Tiered Approach to Learning (TAL). Applicable to K-6 educators and students, the policy integrates universal design for learning, differentiated instruction, and special education to deliver the prescribed curriculum. The overarching objective of the multi-tiered approach is to systematically address students' literacy, numeracy, and social-emotional needs. In the first tier, universal instruction is provided to all students, serving as the foundation for learning. The second tier is designed to offer targeted intervention for students requiring additional support beyond universal instruction, and the third tier is designed to offer intensive support. As outlined in the policy, targeted intervention consists of 1.5 hours of weekly instruction in small groups of five or fewer, while intensive intervention consists of 2.5 hours of weekly instruction in groups of three or fewer (Department of Education, 2023b).

A tiered approach is also employed to promote positive behaviour and address behavioural challenges. The School-Wide Positive Behaviour Supports (SWPBS) framework consists of three distinct tiers, each offering a continuum of instructional and behavioural support (Department of Education, 2013). The first tier, termed primary or universal prevention/intervention, focuses on establishing a positive and inclusive school climate for all students. Strategies include clearly defining student expectations, teaching and modelling these expectations, responding to inappropriate behaviours, and systematically collecting relevant data. The second tier, referred to as secondary prevention or targeted intervention, aims to support students requiring additional support to meet behavioural expectations. Intervention at this level often involves adjusting the environment to encourage the practice of target behaviours. The third tier, tertiary intervention, targets a small percentage of students exhibiting significant behavioural difficulties. Intervention is highly individualized and often guided by functional behavioural assessment (Department of Education, 2013).

The School Psychologist-to-Student Ratio

Maintaining an appropriate ratio of school psychologists to students is essential to enable school psychologists to fulfill their responsibilities effectively and efficiently within a school district (CPA, 2014, 2022; Ontario Psychological Association [OPA], 2021). The ratio plays a significant role in ensuring that school psychologists can perform their expected functions efficiently and effectively (CPA, 2014). Recommended guidelines suggest that the ratio of school psychologists to students should generally not exceed 1:1000 students (CPA, 2014; King et al., 2016; NASP, 2020). However, in settings where school psychologists are expected to provide more comprehensive services, it is recommended that the ratio be lowered to 1:500 – 1:700 students (NASP, 2020). Moreover, when psychologists are tasked with working on more

challenging and time-consuming cases, the recommendation is to decrease the ratio further (CPA, 2014; King et al., 2016; NASP, 2020).

Across Canada, the school psychologist-to-student ratio typically determines the allocation of school psychologists. For example, in Nova Scotia, school psychologists typically work across four to seven schools, with the school psychologist-to-student ratio ranging from 1:1220 to 1:2160 across different regional centres for education (King et al., 2016). King et al. (2022) highlight that although a number of school boards in Nova Scotia take the school psychologist-to-student ratio into account, many exceed the recommended ratio.

The Educational Psychologist-to-Student Ratio in Newfoundland and Labrador

Unlike other Canadian provinces and territories, the school psychologist-to-student ratio model does not inform the distribution of educational psychologists in Newfoundland and Labrador (Joy et al., 2016). Educational psychologists in the province are allocated to specific regions across the island, where each psychologist is responsible for a designated number or *cluster* of schools (Joy et al., 2016, p. 265). Over the past two decades, the distribution of educational psychologists across Newfoundland and Labrador has remained relatively stable, although the number has fluctuated. During the 1990s, 45 educational psychologists were employed in the Newfoundland and Labrador education system (Martin, 2001). By 2010, this number had decreased to 37, and additional roles were designated as itinerant assessors. Harris and Joy (2016) noted that these itinerant assessor positions, although similar to those of educational psychologists, were filled by individuals not registered with the NLPB. According to the NLSchools' staff directory, there are 35 educational psychologists currently working within the education system (NLSchools, 2024a), which represents a slight decline since 2010.

Across the province, there is significant variability in terms of the geographical distance between schools within a region and the number of students served across different regions in the province (Joy et al., 2016), and there is also significant variability regarding the educational psychologist-to-student ratio. As noted by Joy et al. (2016), the ratio of educational psychologist-to-student ratio varies significantly depending on whether the educational psychologist is responsible for a cluster of schools in an urban or rural region. For example, an educational psychologist working in a geographically extensive rural area may be responsible for 1100 students, while an educational psychologist working in an urban area may serve upwards of 3100 students (Joy et al., 2016).

Although educational psychologists serving rural areas may be responsible for fewer students, many rural communities have limited access to mental health resources, such as specialized services and professional support from other mental health professionals (Barker & Berg, 2022; Goodwin et al., 2016; Lints-Martindale, 2018). As a result, a school or educational psychologist in these areas may be the only mental health specialist who regularly travels to the community. To effectively address the needs of students and their families, these psychologists often require a broader knowledge base and must adopt a more generalist approach than those working in urban areas (Barker & Berg, 2022).

Current and Preferred Roles of Canadian Psychologists

School psychologists in Canada have long expressed a desire to broaden the scope of their roles within schools, aiming to move beyond their traditional focus on assessment (Corkum et al., 2007; Harris & Joy, 2010; Heise, 1964; Jordan et al., 2009; King et al., 2022). This preference for diversifying their practice has been a consistent theme across several studies

examining both current and preferred roles among Canadian school psychologists (Corkum et al., 2007; Harris & Joy, 2010; Heise, 1964; Jordan et al., 2009; King et al., 2022).

Despite this well-documented desire, the role of school psychologists remains predominantly focused on assessment. For example, in 1964, Heise conducted a study to examine the status and role of school psychologists across Canada. Through questionnaires, communications with educational officials, and documents from school psychology departments in New Brunswick, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, and British Columbia, Heise found that school psychologists spent over half their time conducting assessments, with many expressing a shared concern about "the excessive emphasis on testing to the detriment of adequate time for follow-up" (Heise, 1964, p. 122). This traditional focus on assessment, identified decades ago, continues to persist.

Corkum et al. (2007) surveyed 27 school psychologists in Nova Scotia to gain insight into their current and preferred roles, responsibilities, and practices. Respondents indicated spending approximately half their time conducting psychoeducational assessments in their current roles. Although they expressed a desire to maintain psychoeducational assessment as a core aspect of the practice, they wanted to reduce the time spent on psychoeducational assessments to approximately one-quarter of their workload and expand their practice to include prevention services, group counselling, individual counselling, and research.

Jordan et al. (2009) conducted a Canada-wide survey of school psychologists' current and preferred roles. Two hundred and twenty-five Canadian school psychologists completed the internet-based survey. When interpreting the study results, it is important to acknowledge the disproportionality of the sample and the significant variability in response rates between provinces. In particular, some provinces with larger populations (e.g., British Columbia) had

lower response rates than those with smaller populations. Despite this variability, the results showed that respondents spent a considerable amount of time conducting psychoeducational assessments, with the majority of their assessment time ranging from 50% to 75% dedicated to conducting intellectual assessments. Within the assessment domain, 36% of respondents expressed a desire to increase the amount of time spent conducting behavioural and emotional assessment, and 17.5% expressed a desire to increase the amount of time spent conducting intellectual assessment.

King et al. (2022) surveyed 31 school psychologists in Nova Scotia to update and expand on the previous findings of Corkum et al. (2007). The study found that participants spent approximately one-half of their time conducting psychoeducational assessments, a finding consistent with previous surveys. Participants expressed a desire to expand their overall scope of practice but placed a particular emphasis on individual and group intervention, as well as having avenues for professional development.

To date, only one study has examined the current and preferred practices of educational psychologists in Newfoundland and Labrador. Harris and Joy (2010) adapted the survey developed by Corkum et al. (2007) and surveyed 26 educational psychologists from four Newfoundland and Labrador school districts. Although the study found that psychoeducational assessment was the most time-consuming practice for participants, the amount of time dedicated to assessment varied significantly between districts. The Eastern District reported the lowest percentage of time spent on psychoeducational assessment, at approximately 21% to 40%. Participants from this region expressed a desire to increase the time spent conducting assessments. These results were in contrast to the practice of participants from the Nova Central and Western school districts, which echoed the results of the Corkum et al. (2007) study, with

participants reporting spending approximately 41% to 61% of their time conducting assessments. Educational psychologists in these districts expressed a desire to decrease the time spent on assessment. All participants identified prevention, individual and group counselling, and research as areas where they desired to allocate more of their time.

Overall, the existing literature suggests that psychoeducational assessment remains the most time-consuming activity for school psychologists in Newfoundland and Labrador, as well as in Nova Scotia and across the country. Fourteen years have passed since the publication of Harris and Joy's (2010) study examining educational psychologists' practice in Newfoundland and Labrador. Many changes have occurred: the structure of the Newfoundland and Labrador school system underwent substantial change through the amalgamation of the four school districts in 2013, the Department of Education introduced the *Standards of Practice for Educational Psychologists* in 2014, and in January 2024, the Newfoundland and Labrador English School District was integrated into the Government of Newfoundland and Labrador, becoming *NLSchools* (NLSchools, 2024b). In addition, in 2022, it was identified that there is a shortage of psychologists in Newfoundland and Labrador (Yun, 2022). Given all of the above, it is important to gather up-to-date information about the scope of practice for educational psychologists.

The Current Study

The purpose of this study was to survey educational/school psychologists in Newfoundland and Labrador regarding their practice across the six core competency areas outlined in the Mutual Recognition Agreement (i.e., assessment and evaluation; intervention and consultation; ethics and standards; research; interpersonal relationships; supervision), and their current and preferred roles. Although the NLPB does not include supervision as one of the core

competencies for psychologists, it is included in other jurisdictions adhering to the MRA (e.g., Nova Scotia). This research builds upon a study conducted by King et al. (2022), which explored the practice of school psychologists in Nova Scotia across the six core competency areas; including the supervision competency facilitates easier comparison of findings across studies. This study also aims to update and extend the research conducted by Harris and Joy (2010) and provide an understanding of NL educational/school psychologists' current and preferred practice.

Method

Participants

Participants were required to be currently employed by NLSchools and to be using the title *educational psychologist*. Psychologists in Education (PIE), a Special Interest Council (SIC) of the Newfoundland and Labrador Teachers' Association (NLTA), circulated a link to an anonymous online survey to all 35 educational psychologists working in schools across the province. Twenty-four surveys were completed and submitted, with all respondents meeting the inclusion criteria. The sample represents approximately 69% of educational psychologists currently working in schools throughout Newfoundland and Labrador. Eighteen participants identified their gender as female, five as male, and one participant did not specify a gender. Participants ranged in age from 29-60 years, with a mean age of 44.9 years (SD = 8.2).

Measures

An online survey, adapted from the survey used by King et al. (2022) and modified (with permission of the first author) for the Newfoundland and Labrador context, was used in the current study. The survey was used to collect data relating to Newfoundland and Labrador educational psychologists' practice across the six core competency areas outlined in the Mutual Recognition Agreement (i.e., assessment and evaluation; intervention and consultation; ethics

and standards; research; interpersonal relationships; supervision). The survey consisted of three sections and was comprised of multiple-choice and open-ended questions. It was reviewed by a school psychologist in Nova Scotia to assess question clarity, completion time, and ease of completion. Based on the school psychologist's time to complete the survey, it was estimated that the survey would take approximately 20-25 minutes to complete. An educational psychologist in Newfoundland and Labrador also reviewed the survey to ensure local relevance.

The first section of the survey collected demographic information from participants: their current registration status with the Newfoundland and Labrador Psychology Board (NLPB), the number of years they had practiced as a registered psychologist, the number of years working as an educational psychologist, age, gender, the highest degree obtained in psychology, the specific area of psychology in which their training focused, whether they held a bachelor of education, the type of community in which they practiced (i.e., rural or urban), their current place(s) of employment, the number of schools to which they provided service, the total student enrollment in the schools they serviced, the number of students to which they provided direct services in an academic year, the number of students to which they provided indirect services in an academic year, and the number of psychoeducational assessments they conducted during an academic year.

For the purposes of this study, *rural* was defined as a community with a population of fewer than 5000 and *urban* was defined as communities with populations exceeding 5000, aligning with the categorization used by the Newfoundland and Labrador Statistics Agency (Public Engagement and Planning Division, 2019). Direct services were defined as "services that involve psychological assessment and/or intervention with an individual student or group of students" (CPA, 2007, p. 9). Indirect services were defined as "services delivered through

collaboration “with parents/guardians and teachers in planning educational and behavioural interventions for individual students” (e.g., consultation, program planning; CPA, 2007, p. 10).

The second section of the survey gathered information about educational psychologists’ current practice across the six core competency areas outlined in the Mutual Recognition Agreement (i.e., assessment and evaluation; intervention and consultation; ethics and standards; research; interpersonal relationships; supervision).

This second section of the survey consisted of multiple-choice and open-ended questions pertaining to professional activities specific to school psychologists’ practice in relation to each competency. For example, within the assessment and evaluation competency, participants were asked about psychoeducational and behavioural assessments, because school psychologists commonly conduct these kinds of assessments. The survey used by King et al. (2022) incorporated a Likert scale format and asked participants to estimate the frequency with which they included various components in their assessments. In consultation with the first author, it was determined that this information could be gathered more efficiently by asking participants to identify the five most common components they include in assessments, for example, classroom observations, teacher interviews, cumulative record review, consultation with school personnel, and individual standardized testing (King, 2023). The survey used by King et al. (2022) asked participants about the cognitive, academic functioning, memory, and fine-motor ability/visual motor integration measures participants employed in psychoeducational assessments. Questions related to the types of measures used were omitted from the current survey because they collected information beyond the scope of the research questions in this study.

Regarding the intervention and consultation competency, participants were asked about their involvement in interventions that typically take place within a school setting: academic

intervention, behavioural intervention, individual counselling, and group counselling. Participants were also asked about the school-wide interventions currently being implemented in Newfoundland and Labrador schools, as outlined on the Government of Newfoundland and Labrador Department of Education's website (https://www.gov.nl.ca/education/k12/safeandcaring/).

The survey was also modified to incorporate questions explicitly addressing consultation practices. To establish a common understanding of what consultation entailed in the survey context, participants were given definitions of the terms *school consultation*, *consultant*, and *consultee* used in a survey by Craig (2009) examining consultation practices of school psychologists in New Brunswick. School consultation was defined as "a method of providing psychological and educational services in which consultants and consultees form cooperative partnerships for the purpose of exchanging knowledge. It is a reciprocal, systematic, and collaborative problem-solving process." A consultant was defined as "a person who has specialized knowledge in a particular area and provides information to the consultee." A consultee was defined as "a person who seeks assistance or information from a consultant."

Due to the low percentage of psychologists conducting independent research in both the studies conducted by King et al. (2022) and Joy and Harris (2010), the questions regarding the research competency in the current survey were modified to focus on research activities at both the tier one and tier two levels. For example, participants were asked about their involvement in reviewing evidence-based school-wide prevention/intervention programs and their role in facilitating research-based professional development workshops and information sessions for school personnel and parents/guardians.

Within the interpersonal relationships competency, participants were asked about building rapport with parents/guardians and working with various professionals. Additionally, participants were asked questions related to diversity. To provide more clarity, the term "diverse groups of students," as stated in the King et al. (2022) study, was modified to better represent the idea of working with students from diverse backgrounds and contexts.

The third section of the survey asked participants to approximate the percentage of time they currently spend in specific areas of practice on a weekly basis and to specify the percentage of time they would prefer to spend in each area of practice. The survey used by King et al. (2022) asked participants to provide yearly approximations and did not include a predefined list of percentages. Consultation with the first author revealed that feedback from participants in the prior study highlighted the difficulty of answering the question without a predefined list of percentages. In the current study, a list of percentages allowed participants to choose from 10% increments when indicating the time spent in various areas of practice. This choice was also influenced by the findings of Harris and Joy's (2010) study, where the authors identified their use of 20% increments as a limitation. The authors noted that 20% increments yielded rough estimates and prevented participants from providing precise time measurements. It was thought that approximating the percentage of time spent in each area of practice on a weekly basis may also enable participants to provide a more accurate and representative response.

At the end of each topic and competency section, participants had the opportunity to provide additional information by answering the open-ended question: "Would you like to add any comments about your responses to the items above?" Within the research competency, if participants indicated that they facilitated workshops or information sessions for school personnel or parents/guardians, they were encouraged to describe the topics they discussed

briefly. Additionally, within the interpersonal relationships competency, participants were asked two open-ended questions: “In your experience, what opportunities and/or challenges have you encountered when working with students from diverse backgrounds and contexts/communities?” and “In your experience, what opportunities and/or challenges have you encountered when working with other professionals?”

Procedure

Before beginning the study, ethics clearance was received from Mount Saint Vincent University’s Research Ethics Board, and approval was obtained from NLSchools to distribute the link to the survey. Members of the Psychologists in Education Special Interest Council (PIE) received an email from the executive (see Appendix A) containing information about the purpose of the study and the link to the anonymous online survey on SimpleSurvey. After clicking the link, participants were presented with the consent form (see Appendix B) and required to indicate consent by clicking the ‘I agree’ response option before beginning the survey.

Results

Data Analysis

Data were extracted from SimpleSurvey and entered into SPSS. Descriptive statistics were generated for participants’ demographic data and data regarding participants’ practice within each competency. Frequency counts were generated to determine the actual and preferred percentage of time spent in each area of practice, and a series of paired samples t-tests were used to determine the significance of the discrepancy between the actual and preferred percentage of time spent in each area of practice.

Thirteen (54.2%) participants responded to the question, “Would you like to add any comments about your responses above?” at the end of the topic and competency sections,

generating 41 responses. The number of comments provided by each participant ranged from one to six. Four (16.7%) participants provided one additional comment, one (4.2%) participant provided two, three (12.5%) participants provided three, four (16.7%) participants provided five, and one (4.2%) participant provided six.

For each fixed-response question, participants had the option to select "other" if they wanted to provide a response not captured by the predefined options. These "other" responses were included in the data analysis. The open-ended responses were used to provide additional information and examples of practice. Each section will report the quantitative results, followed by a description of the open-ended responses.

Participants' Demographic Information

Table 1 presents participants' demographic information. All participants (N = 24) were registered with the NLPB. Participants had been practicing as psychologists (including provisional registration) for an average of 13.79 years (SD = 7.86, range = 2-27 years) and as educational psychologists for an average of 11.71 years (SD = 7.52, range = 0-25 years). All participants held a master's degree, and none reported having a doctoral degree. Fifty percent (n = 12) were trained in counselling psychology, 38% (n = 9) in school psychology, 4% (n = 1) in clinical neuropsychology, and 8% (n = 2) in other fields.

On average, participants serviced between one and 11 schools (M = 5.71, SD = 2.24), with student enrollments ranging from 300 to 3000 (M = 1542.57, SD = 710.89). In a school year, participants provided direct services to 15-100 students (M = 40.57, SD = 17.89) and indirect services to 10-1250 students (M = 198.57, SD = 268.61).

Educational Psychologists' Practice in Core Competencies

Assessment and Evaluation

All 24 participants responded to items related to the assessment and evaluation competency. They reported conducting psychoeducational assessments, with the number of psychoeducational assessments conducted per school year ranging from one to 50 (M = 25.77, SD = 9.23). All participants indicated that, as part of their psychoeducational assessments, they included cumulative record reviews, parent interviews, individual standardized testing, feedback meetings with parents/guardians, teacher interviews, feedback meetings with the school team, and consultation with school personnel (see Table 2).

Seven (29.2%) participants selected the "other" option and reported the following components as part of their assessments: classroom observations, referrals, hearing and vision screening, confidential file review, review of medical records, rating scales, recommendations and reason for referral, or consultation with others.

Eighteen (75.0%) participants reported conducting behavioural assessments, all of whom reported including parent interviews and informal observations in their assessments (see Table 3). Four (22.2%) participants selected "other" and identified one of the following components: consultation with other service providers, review of behaviour reports and medical information, psychoeducational assessment, and the Conners Comprehensive Behaviour Rating Scales (CBRS).

Academic difficulties were ranked as the most common reason for referral to an educational psychologist, followed by behavioural, attention, and mental health difficulties (see Table 4). Nine (37.5%) participants incorporated the "other" option in their ranking and reported additional reasons for referral. Of these, one participant reported consulting on various topics,

while another highlighted that referrals often result from a combination of challenges. The remaining seven participants each reported receiving referrals for one of the following difficulties: other neurodevelopmental concerns, adaptive assessments for programming changes, anxiety, autism spectrum disorder, attendance, death of a loved one/tragedy in the community, or environmental issues at home.

Specific learning disorder was reported as the most common diagnosis provided by 21 (87.5%) participants. When asked about the diagnoses they provide, all participants (n = 24) reported diagnosing specific learning disorder (SLD) and intellectual developmental disorder (IDD), 15 (62.5%) reported diagnosing attention-deficit/hyperactivity disorder (ADHD), three (12.5%) reported diagnosing oppositional defiant disorder (ODD), and three (12.5%) reported diagnosing anxiety. Additionally, five (20.8%) reported diagnosing "other" disorders. Four participants each reported diagnosing one of the following: obsessive-compulsive disorder (OCD), major depressive disorder (MDD), global developmental delay (GDD), or fetal alcohol spectrum disorder (FASD). The fifth did not identify a specific disorder but stated that they are "moving towards a broader scope of practice."

Open-Ended Responses. Six (25.0%) participants provided additional comments related to diagnosis. Two participants reported conducting initial screenings or assessments for diagnoses beyond SLD and IDD and then referring students to physicians. One participant indicated that they conduct screenings for autism spectrum disorder (ASD) and FASD but do not make the diagnosis independently. One participant noted that they do not diagnose ADHD in the school setting but do so in private practice. Another reported ADHD as the second most common diagnosis they provide due to arrangements with local pediatricians. Another participant stated, "Unfortunately, due to delays in referrals and assessments, by the time a child is referred to me,

they have struggled for many years and consequently present multiple comorbid diagnoses that generally require several assessment professionals."

Intervention and Consultation

Twenty-two out of 24 (91.7%) participants reported offering intervention services addressing: social-emotional difficulties (*n* = 20; 83.3%), behaviour difficulties (*n* = 18; 75.0%), mental health difficulties (*n* = 18; 75.0%), academic difficulties (*n* = 14; 58.3%), self-regulation difficulties (*n* = 14; 58.3%), and social skills difficulties (*n* = 11; 45.8%). The most commonly addressed difficulties were academic (*n* = 6; 27.3%) and social-emotional (*n* = 6; 27.3%). On average, participants reported that they provided intervention services to between two and 3000 students per school year (*M* = 270.32, *SD* = 709.12).

Individual Intervention. Nineteen (79.2%) participants reported providing some form of individual intervention services (see Table 5). Behaviour intervention and individual counselling were the most commonly reported. The two "other" interventions were: individual intervention in response "to a tragedy or suicidal ideation" and "assist[ing] schools in their provision of the sorts of services listed." Among the 19 participants providing individual intervention services, the most commonly provided type was behaviour interventions (*n* = 9), followed by individual counselling (*n* = 7), and academic interventions (*n* = 3). On average, participants provided individual intervention to between two and 210 students per school year (*M* = 26.72, *SD* = 47.53).

Group Intervention. Five (20.8%) participants reported providing group intervention services (see Table 5). The "other" types of group intervention services reported were classroom psychoeducational sessions and direct service in response to trauma. Three of the five participants identified behaviour intervention as their most commonly provided group

intervention service. Two participants identified "other" types of group intervention: "presentations/consultation," "classroom psychoeducational sessions," and "trauma [intervention]." Participants reported providing group intervention to between six and 300 students per school year (M = 86.50, SD = 142.49).

School-Wide Intervention. Nineteen (79.2%) participants reported being involved in implementing school-wide initiatives (see Table 5). Participants were most commonly involved in social-emotional learning initiatives, followed by SWPBS, and nonviolent crisis intervention. One participant who selected "other" reported "PFA/SBT," while another noted that they "go as requested or needed."

Consultation. Twenty-three (95.8%) participants reported providing consultation (see Table 6). Participants most commonly provided consultation to school administrators, teachers, and school counsellors. They reported working collaboratively with others to solve problems (n = 22; 91.7%) and providing knowledge and resources regarding: behavioural, academic, or social-emotional issues (n = 23; 95.7%), evidence-based programming (n = 19; 79.2%), and evidence-based teaching strategies (n = 17; 70.8%). They also reported that they provided direction and support around intervention and implementation (n = 21; 87.5%) and professional development sessions to school staff (n = 2; 8.3%).

Open-Ended Responses. Four participants provided further details about their intervention and consultation practices. One participant stated:

> I do not provide direct intervention but rather a lot of consultation. School counsellors run cases through me. I often consult with my [speech language pathologist] SLP on assessment cases. For students who have a psychiatrist[,] I have had one-to-one meetings with them.

Another participant commented:

> A great deal of my job is consultation. Because I have a lot of schools, and I can't be a consistent, reliable person, it is more efficient for me to work with the people in the building to help them support the student, rather than provide the support myself. This ensures the student has stable, consistent support during the school day.

A third participant stated:

> I would consult with [occupational therapy] OT, but have not yet done so in this role. Currently, programming decisions may take into account the results of an assessment, but are largely the responsibility of program specialists and other school staff. Parents are also important decision-makers.

Additionally, one participant reported having "regular psychology meetings to discuss student issues."

Ethics and Standards

Twenty-three (95.8%) participants reported having experienced an ethical dilemma in their work as an educational psychologist. Most frequently, they reported a discrepancy between work policy and the Code of Ethics (n = 21, 87.5%). Seventeen (70.8%) participants reported an ethical dilemma related to a discrepancy between employment demands and the Code of Ethics, 14 (58.3%) reported it was related to maintaining confidentiality, 11 (45.8%) reported that the dilemma related to a discrepancy between the scope of practice outlined by the workplace and the scope of practice outlined by the NLPB, and one (4.2%) did not specify.

When asked how participants managed the ethical dilemma(s), 22 (91.7%) sought consultation with peers, 18 (75.0%) used the ethical decision-making model to guide their decision, 15 (62.5%) sought supervision from their workplace supervisor or senior colleagues,

three managed the dilemma by "other" means, and one (4.2%) did not specify. One participant reported consultation with other psychologists, one reported seeking additional supervision, and one reported reviewing similar cases and consulting with the district lawyer.

Open-Ended Responses. Two (8.3%) participants provided additional comments regarding ethics and standards. One participant raised concerns about consent and confidentiality, and another noted that "ethical dilemmas are common, especially in dealing with conflict between organizational policies and procedures and the code of ethics."

Research

All 24 participants ranked the three most common ways they keep up to date with research in the field (see Table 7). The most common approach, identified by 20 (83.3%) participants, was attending workshops and professional development sessions, followed by engaging in informal discussions with colleagues (n = 14, 58.3%), setting aside to read published research (n = 14, 58.3%), and attending conferences (n = 13, 54.2%). At the broader school level, 22 (91.7%) participants reported consulting the literature to assess the evidence-based nature of school-wide prevention and intervention programs.

Sixteen (66.7%) participants indicated that they facilitate professional development or information sessions on a wide range of topics: administration of Level B assessment tools, ADHD, SLD, IDD, mental health, wellness/stress/burnout, self-regulation, emotional de-escalation, development, executive functioning, trauma-informed practices, behavioural interventions, social-emotional learning, nonviolent crisis intervention, Crisis Prevention Institute (CPI) training, the referral process, and changes in student support services.

Five (20.7%) participants reported facilitating workshops or information sessions for parents and guardians. Three participants reported providing "kinderstart" presentations, and one

reported providing sessions on “effective parenting strategies [and] school psychology services.” Another participant stated they "provide[d] more sessions for teacher/parents in the past.”

Open-Ended Responses. Six (25.0%) participants included an additional comment regarding the research competency. Two participants indicated that they had never facilitated workshops/professional development sessions but hoped to in the future, and two participants reported facilitating workshops in the past. One participant indicated, "[they] consult with parents on individual cases.” Another participant stated that “[they] would like to see more work being done with parents” and “would also like to see some collaborative work in providing parents with information/resources with other agencies (such as CSSD [Children, Seniors, and Social Development Department] or public health).”

Interpersonal Relationships

All 24 participants responded to the items pertaining to the interpersonal relationship competency. The most frequently cited challenges in building and maintaining rapport with parents and guardians were scheduling time to meet and getting in touch with parents (*n* = 17, 70.8%) and parents’ difficulty understanding and responding to their child’s needs (*n* = 15, 68.2%). Seven (29.2%) participants identified parents’ reluctance to consent to a specialist referral, and five (20.8%) reported misconceptions about psychology and/or psychologists as barriers. One participant selected “other” and identified “parents’ existing disengagement from/frustration with school” as an additional challenge. The same participant also identified the unique challenges associated with virtual/hybrid service: “parents’ comfort with virtual sessions, limited time for in-person parent meetings during on-site visits.”

All 24 participants reported working with students from diverse backgrounds and contexts. The most frequently cited area was socioeconomic status (*n* = 22, 91.7%), followed by

gender and sexuality (*n* = 17, 70.8%), physical abilities (*n* = 14, 58.3%), ethnicity (*n* = 13, 54.2%), race (*n* = 10, 41.7%), and religious beliefs (*n* = 6, 25.0%). Three participants selected "other," and all three reported "neurodiversity" as an additional area of diversity.

Participants ranked the top five professionals they are most likely to interact with (see Table 7). All participants (*n* = 24) included school counsellors, school administrators, and teachers in their ranking, while other psychologists were reported by 23 (95.8%) participants, and speech-language pathologists were identified by 17 (70.8%) participants.

Open-Ended Responses. Twelve (50.0%) participants responded regarding opportunities and/or challenges encountered when working with students from diverse backgrounds and contexts/communities (see Table 8). Fourteen (58.3%) participants responded regarding opportunities and/or challenges encountered when working with other professionals (see Table 9). Only one participant mentioned an opportunity: "learn from one another."

Supervision

All 24 participants responded regarding their experience supervising a practicum or internship student. In the last five years, six (25.0%) participants had supervised a practicum student, and seven (29.2%) had supervised an internship student. Twenty-one (87.5%) participants responded regarding the benefits of supervising a student and/or provisionally registered psychologist: 19 (90.5%) participants identified that supervision allows the psychologist to reflect on their practice, 18 (85.7%) identified giving back to the profession, 16 (76.2%) saw the benefit staying up to date with current trends in research and teaching by hearing about what the student recently learned in their training program, and 14 (66.7%) reported finding it rewarding to see growth in the student or provisionally registered psychologist.

Twenty (83.3%) participants identified barriers to supervising an internship student: 17 (85.0%) identified workload during the workday, 14 (70.0%) identified workload after school hours, 11 (50.0%) cited taking responsibility for the intern's work, six (30.0%) reported feeling unsure about an intern's competency, and three (15.0%) reported feeling uncomfortable with an intern shadowing them (n = 3, 15.0%). Two participants identified one of the following "other" barriers: "misalignment with intern's beliefs/values" and "obtaining consent from families to share info with intern."

Twenty-one (87.5%) participants identified barriers to supervising a provisionally registered psychologist. The two most commonly cited barriers were: the extra workload of supervision (n = 18, 87.5%) and the time commitment (n = 18, 87.5%). The perceived responsibility for the provisionally registered psychologist's clinical practice was identified by 11 (52.4%) participants, and scheduling difficulties were reported by nine (42.9%) participants.

The "other" additional barriers identified were: concerns about the supervisee not making anticipated progress; misalignment between the beliefs, values, or orientations of the supervising psychologist and provisionally registered psychologist; and difficulties in obtaining support or information from the regulatory body.

Open-Ended Responses. Two participants provided additional comments regarding supervision. One participant stated, that they "have never supervised a practicum student, intern, or provisionally registered psychologist, but would be open to doing so soon." Another noted that the supervision experience "depends completely on the competency and work ethic of the supervisee."

Current Practices and Preferred Roles

Current Practices

Participants identified spending most of their time conducting psychoeducational assessments (see Table 10), followed by consulting with professionals in education, consulting with parents/guardians, and being involved in student program planning. They spent the least amount of time in school-wide intervention and research areas. The results indicated that participants primarily practice across two competency areas: assessment and evaluation and intervention and consultation, with most of their time spent in the former.

Preferred Roles

Participants would prefer to spend the largest portion of their time on psychoeducational assessments, but they generally want to reduce the total amount of time dedicated to this activity. They would also prefer to decrease the amount of time spent consulting with professionals in education and commuting/travelling. In contrast, they would like to allocate more time to the following activities: individual intervention/counselling, group intervention/counselling, consulting with professionals outside of education, consulting relevant literature, behavioural assessment, school-wide intervention, consulting with parents/guardians, and program planning.

Current Versus Preferred Roles

To examine differences between current and preferred roles, a series of paired samples t-tests were conducted (see Table 10). The size of samples varied across tests due to missing values. Overall, the results indicated that participants wished to increase the time spent consulting with professionals outside of education, consulting relevant literature, providing individual intervention/counselling, and providing group intervention/counselling.

Open-Ended Responses. Six (25.0%) participants provided additional information regarding their actual and preferred roles. One participant mentioned the psychologist-to-student ratio: “School psychologists need an allocation of psychologist positions that will allow psychologists to practice more fully within [the] full scope of practice (1:500 ratio).” Two participants highlighted the role of assessment, as one participant reported, “I love my job. I really enjoy completing assessments [and] that is where I feel my strength lies. What my role looks like really depends upon the week/month/year.”

Another participant commented:

> I enjoy doing assessment so I am happy with that part of my job. I would like to have more time to help out with school wide prevention services and to work with school counselors in getting more information and support to parents

Three participants elaborated on travelling/commuting and variability in practice, with one participant stating,

> This is difficult to say, as it depends on the day and time, and what referrals have come to me. I do spend a lot of time travelling, but have generally put in additional hours (leaving early, coming home late) in order to maximize my day. When I go to a school, I often get pulled into many informal consultation questions, so it can be hard to measure exactly how much time I spend doing each activity.

Another commented:

> I typically use my personal time to commute, and that is why it takes up little of my work schedule. Otherwise, I wouldn't have enough time to get work done. My commutes are extensive and not reflected in the numbers above. An average day is 2 hours of

> commuting, but I have several schools significantly further away than that, which take longer to reach.

A third participant stated,

> I think this can depend on what area you are located […], I think it is hard for school psychs to take clients on for individual counselling when we can be anywhere. I think we could be doing more preventative work.

Discussion

The purpose of this study was to survey educational/school psychologists in Newfoundland and Labrador regarding their practice across the six core competency areas outlined in the Mutual Recognition Agreement (i.e., assessment and evaluation; intervention and consultation; ethics and standards; interpersonal relationships; supervision) and about their current and preferred roles. The study aimed to (1) examine the current practice of educational psychologists in Newfoundland and Labrador across these competencies, (2) gather data on their current and preferred roles, and (3) determine whether their scope of practice has changed since Harris and Joy's study in 2010.

Practice Across Competency Areas

Assessment and Evaluation

The results of the current study indicate that most of the educational psychologists' practice was focused on assessment and evaluation. This finding is consistent with previous studies from Newfoundland and Labrador (Harris & Joy, 2010), Nova Scotia (Corkum et al., 2007; King et al., 2022), and across Canada (Jordan et al., 2009). Participants reported including a number of different components in their assessments, with the most common being cumulative record reviews.

Intervention and Consultation

The findings from the current study indicate that many of the educational psychologists provided intervention services across various levels, as outlined in CPA's (2007) professional practice guidelines. These include student-focused direct intervention (e.g., individual and group counselling), student-focused indirect intervention (e.g., consultation), and school-wide interventions (e.g., social-emotional learning, SWPBS). As previously highlighted, school/educational psychologists possess a range of skills that prepare them to work effectively within the multi-tiered system (Cole & Kokai, 2021; CPA, 2021; Kern, 2017). However, the results suggest that the educational psychologists in the current study do not practice to their full extent within this system. Specifically, the educational psychologists reported allocating the least amount of time to school-wide intervention (tier 1), group counselling/intervention (tier 2), and individual counselling/intervention (tier 3).

In contrast, although the time spent on consultation is less than that allocated to assessment, it still represents a significant portion of their work. This pattern suggests that the educational psychologists primarily focused on consultation within the intervention and consultation competency. The low psychologist-to-school and psychologist-to-student ratios may partly drive this emphasis on consultation. With the challenge of delivering consistent and effective direct intervention across numerous schools, the educational psychologists likely view consultation as a more feasible approach to address immediate concerns without the same level of direct involvement.

For decades, there has been a call for a shift from direct service delivery focused on individual students to a more indirect service delivery model (Rosenfield, 2013; Sheridan & Gutkin, 2000; Ysseldyke et al., 2009). Consultation has been identified as a way for school

psychologists to build the capacity of systems to meet all students' needs and improve competencies for all students (Ysseldyke et al., 2009). As emphasized in the literature, consultation allows school psychologists to deliver psychoeducation and disseminate evidence-based practices to key stakeholders (e.g., teachers, administrators, parents), facilitate the implementation of interventions directly in the setting where problems occur, and reach more students by building systems-level capacity and providing more indirect support (Cole & Kokai, 2021; Gormley et al., 2024; Newman et al., 2018).

Ethics and Standards

Nearly all the educational psychologists in the current study reported experiencing an ethical dilemma in their practice. This is consistent with previous research examining ethically challenging situations encountered by school psychologists (Dailor & Jacob, 2011; Maki et al., 2022). Although the current study did not examine participants' ethical dilemmas in depth, the educational psychologists most frequently reported encountering conflicts between workplace policies and the Code of Ethics (CPA, 2017), as well as those between employment demands and the Code. These dilemmas are consistent with the findings of King et al. (2022) and challenges reported by Dailor and Jacob (2011) and Maki et al. (2022), highlighting how many educational systems impose their policies and expectations in areas where psychologists are actively engaged (i.e., assessment and intervention).

Research

In the current study, common methods for maintaining up-to-date knowledge about current research were attending professional development sessions and workshops, participating in discussions with colleagues, and dedicating time to reading published research. This aligns

with the findings of King et al. (2022) and reflect the ethical responsibility of psychologists to stay informed, as the practice of psychology is inherently evidence-based (CPA, 2007, 2022).

Regarding the application of research in their practice, over half of the educational psychologists in the current study reported facilitating professional development sessions for school personnel, with only a small percentage extending these sessions to parents and guardians. School and educational psychologists serve as valuable resources for school districts, teachers, and parents by providing information sessions on various school-related issues, such as behavioural management and parenting skills (CPA, 2007). Staying informed about current research is essential for psychologists to offer evidence-based information and strategies during these sessions. These sessions provide an opportunity to translate knowledge into practice and foster improved communication and collaboration between psychologists, school personnel, and parents, and guardians.

Interpersonal Relationships

In the current study, the educational psychologists most frequently cited a lack of time as their primary challenge in building and maintaining rapport with parents and guardians, and working with other professionals. As previously highlighted, the educational psychologists primarily dedicated their time to assessment and evaluation. Although interviews with parents and teachers were common components of their assessments, these interactions are unlikely to provide enough time to establish meaningful relationships. Additionally, the low psychologist-to-student ratio likely makes it challenging for psychologists to develop strong relationships with students, their families, and school staff before moving on to the next case. The itinerant nature of the profession, coupled with work across multiple schools, limits their ability to maintain a consistent presence at any one location (Splett et al., 2013). This lack of continuity may prevent

opportunities to establish and maintain working relationships with parents, guardians, and other involved professionals.

Supervision

A small percentage of the participants supervised a practicum or internship student in the past five years. This result echoes the previous findings by King et al. (2022). The perceived added workload and time commitment were commonly cited barriers to supervising. According to Guiney and Newman (2021), effective supervisors invest significant time at the beginning of the supervisory period to create a supportive environment that promotes learning and development. Supervisor accessibility is frequently emphasized as a key component of effective supervision. Despite the challenges of an increased workload and time commitment, these factors are integral to the effectiveness of supervision. Interestingly, one participant in the current study emphasized that interns can assist with workload issues, and another highlighted its benefits for recruitment. Participants' responses suggest that the supervision experience, and whether its benefits outweigh the potential drawbacks, largely depends on the supervisee's competence and approach to practice.

Opportunities for educational psychologists to provide supervision may be limited, because there is not a school psychology program in Newfoundland and Labrador. The only program in the province that meets NLPB requirements is a doctoral-level program with a focus on clinical psychology (MUN, 2024). It is likely that a limited number of provisionally registered psychologists from this program would enter the school system which would further restrict opportunities for supervision.

Current Versus Preferred Areas of Practice

Although the educational psychologists considered psychoeducational assessment a central aspect of their practice and wished for it to remain a primary activity, they preferred to reduce the time allocated to it slightly (Corkum et al., 2007; Harris & Joy, 2010; Jordan et al., 2009; King et al., 2009). The predominant focus on assessment limits the broader range of services educational psychologists can provide within the school setting (CPA, 2022). As highlighted by the CPA's Educational and School Psychology Section (2014), "[psychological assessment] should not and cannot be the only role of the school psychologist that is utilized by a progressive school district concerned with ensuring the social-emotional health of its students" (p. 4).

Consultation was the second most time-consuming activity for the educational psychologists in the current study. They primarily provided consultation to professionals within the school system and expressed a desire to have more time to consult with professionals outside the school system. This finding is consistent with Harris and Joy (2010), who also identified consultation as the second most time-consuming activity for educational psychologists. Consultation is a critical aspect of school and educational psychology practice, enabling psychologists to provide a broad range of indirect services to children and youth (Cole & Kokai, 2021; Conoley et al., 2020; CPA, 2007; Gormley et al., 2024; Newman et al., 2018). Although school/educational psychologists are well-equipped to provide consultation to both professionals inside (e.g., teachers and administrators) and outside (e.g., family physicians, pediatricians) of education (Cole & Kokai, 2021; CPA, 2022), the results indicated that their consultation practices and primarily focused within the school system.

To provide more comprehensive services, educational psychologists must consult and collaborate with mental health professionals outside the school environment. Effective communication between schools and these professionals is critical for delivering comprehensive mental health services (Richter, 2022). Establishing long-term relationships with community-based organizations and creating coordinated systems of care can significantly improve the mental health services offered in schools (CPA, 2007, 2022; Kern et al., 2017). Such partnerships foster continuity of care and enhance access to mental health services for children, youth and their families (van den Heuvel et al., 2016).

The educational psychologists stated that they wish to diversify their practice, specifically in individual and group interventions and counselling. These findings are consistent with previous studies (Corkum et al., 2007; Harris & Joy, 2010; Jordan et al., 2009; King et al., 2022), reflecting a persistent willingness to expand their role to provide more comprehensive services and move beyond the traditional focus on assessment. Participants would also prefer to spend more time consulting relevant literature, echoing a similar finding by Harris and Joy (2010). This suggests that although educational psychologists recognize the importance of research and evidence-based practice, it is often not prioritized within the school system.

The call for Canadian school psychologists to diversify their roles has been ongoing for decades. Research from the 1960s indicated that school psychologists spent over half their time on assessment and that this emphasis was at the expense of follow-up and intervention services (Heise, 1964). Since then, school/educational psychologists have consistently expressed a willingness and desire to diversify their practice (Corkum et al., 2007; Harris & Joy, 2010; Jordan et al., 2009; King et al., 2022). The results of the current study suggest that the primary

focus on assessment in school/educational psychology has remained relatively consistent over the past 14 years in Newfoundland and Labrador.

Current Practice Challenges for Educational Psychologists in Newfoundland and Labrador

The educational psychologists in the current study reported that academic difficulties were the most common reason for referrals, with mental health difficulties being the least common. This may be related to the *Guidelines*' definition of comprehensive assessment, which focuses primarily on learning difficulties and does not explicitly address mental health concerns (Department of Education, 2023a).

According to the *Guidelines*, every comprehensive assessment must include several mandatory components, such as file reviews, interviews, and observations. This was reflected in the participants' reports of the typically included assessment components. However, many of the educational psychologists also reported frequently incorporating additional components, such as consultations with school personnel and follow-ups, which are not explicitly mandated by the *Guidelines*. This suggests that the educational psychologists in the current study often go beyond the minimum requirements of the guidelines to conduct a more comprehensive assessment. Although the use of standardized assessment tools is not required in every comprehensive assessment, only one participant indicated that they do not always use standardized testing. This may suggest that educational psychologists typically become involved when the referral question cannot be answered using the mandatory requirements. Such practices raise concerns about whether all students receive the necessary assessment and support, as students who could benefit from an educational psychologist's involvement might not have contact with one if the mandatory assessment components are deemed sufficient.

Several educational psychologists reported experiencing ethical dilemmas where work policies and employment demands conflict with the Code of Ethics (CPA, 2017). Although participants did not specifically reference diagnostic practices in the ethics and standards section, two participants noted that educational psychologists were discouraged from providing diagnoses outside of SLD and IDD. Despite competency in assessing and diagnosing mental health difficulties (CPA, 2014), only a few of the participants reported diagnosing ADHD, and even fewer diagnosed anxiety-related disorders. These results suggest that there may be inconsistencies in diagnostic practices among educational psychologists across the province. For example, some participants conduct ADHD assessments and provide diagnoses, while others conduct initial screenings and refer to physicians. Currently, there is no document for educational psychologists working in schools in Newfoundland and Labrador that explicitly outlines their diagnostic scope. It may be that whether a student receives a diagnosis apart from IDD or SLD will depend on the educational psychologist's comfort and perception of their scope within the school system.

In the current sample, many participants reported psychologist-to-student ratios well beyond the recommended limits. As previously highlighted, NASP (2020) recommends that the psychologist-to-student ratio should not exceed 1:1000. For more comprehensive services, this ratio should be adjusted to 1:500 to 1:700. These low ratios not only hinder the delivery of comprehensive services but are further complicated by the geographical landscape of Newfoundland and Labrador, which presents additional challenges for service delivery. Some participants in the current sample reported spending more time commuting to schools than engaging in several practice-related activities (e.g., individual and group intervention/counselling and school-wide intervention), with some noting that they do not include travel time in their

working hours in order to avoid reducing the time available for service provision. Newfoundland and Labrador covers an area more than three times the total area of the Maritime Provinces (i.e., Nova Scotia, New Brunswick, and Prince Edward Island; Government of Newfoundland and Labrador, 2024), with over 250 schools located across the province (NLSchools, 2024b). The population distribution and presence of remote or rural communities pose significant travel challenges for educational psychologists, exacerbating difficulties in accessing mental health services (Carbonell et al., 2023; CPA, 2022).

Although major urban centres are more densely populated, many rural and remote areas have smaller populations. As a result, psychologists located outside of urban centres typically cover large geographic areas with limited resources and support (Goforth et al., 2017). Travel time can vary widely based on location, with psychologists providing services to smaller and more rural areas frequently travelling long distances to reach schools. In some cases, psychologists in Newfoundland and Labrador must take a ferry or a small aircraft to reach communities, which adds additional time and uncertainty to travel plans. Heavy snowfall and icy roads also add to travel difficulties during the winter months and may delay school visits.

Relevance of Findings to the Practice of School Psychology

There is an increasing demand for universally accessible mental health services for children and youth throughout Canada (e.g., CPA, 2022; MHCC, 2017; van den Heuvel et al., 2016). Schools are frequently identified as the most appropriate setting for delivering these services, given the significant time children and youth spend in this environment (CPA, 2022; Kern et al., 2017), and school psychologists have been identified as well-positioned to address this need (CPA, 2007, 2022; NASP, 2021). The results of the current study suggest that the roles of educational psychologists within the Newfoundland and Labrador school system are not fully

aligned with these expectations. At the same time, participants' reports of current versus preferred practices suggest a strong desire to adopt a more comprehensive role.

Research consistently supports the effectiveness of multi-tiered systems in providing comprehensive mental health services (Cole & Kokai, 2021; Kern et al., 2017). However, the success of these systems depends heavily on implementing evidence-based practices and data-driven decision-making (Fabiano & Evans, 2019; Sugai & Horner, 2009). With the current emphasis on multi-tiered models in Newfoundland and Labrador schools, there is an opportunity to expand these frameworks to include mental health services. Given their expertise in measurement, data interpretation, and evidence-based practices, school and educational psychologists can serve an instrumental role in the effective and sustainable implementation of a multi-tiered framework (CPA, 2007; O'Connor & Freeman, 2012).

Despite this potential, the results of the current study indicate that educational psychologists are not fully engaged across all tiers of these frameworks. Their roles remain focused on tier three interventions, primarily on assessments. Without a more balanced combination of indirect and direct services across all three tiers, their full potential is unlikely to be recognized or realized.

At the tier one level, educational psychologists can enhance their involvement by assisting schools with the selection and implementation of evidence-based, school-wide prevention and intervention programs. Research supports the effectiveness of universal school-based mental health programs, such as SWPBS and SEL initiatives, in promoting students' well-being (Barry et al., 2013; Durlak et al., 2011; Greenberg et al., 2001). Educational psychologists can ensure that the program is evidence-based and provide ongoing implementation support (Cole & Kokai, 2021; CPA, 2021; Loftus-Rattan et al., 2023). Participants in the current study

expressed a desire to increase their involvement in school-wide interventions, highlighting an opportunity for greater engagement at this level.

For students who require additional support beyond what is provided at the universal level, educational psychologists can contribute more effectively through both direct and indirect services. Currently, educational psychologists are not listed as core members of school-based teams responsible for identifying students with academic, behavioural, or social-emotional difficulties and planning targeted interventions (Department of Education, 2023b). At this tier, it is important for educational psychologists to be recognized as core members of school teams, ensuring that their knowledge and expertise can effectively address students' needs before a comprehensive assessment referral (Cole & Kokai, 2021). They can also engage in more direct interventions, such as group sessions focused on behavioural or social skills. This would align with participants' desire to increase their involvement in providing direct group interventions. Educational psychologists can also increase indirect involvement by supporting the implementation of these interventions by other school professionals (Cole & Kokai, 2021).

As previously highlighted, the results of the current study indicated that the educational psychologists' practice mainly centered on tier three services. To align with a more comprehensive approach, educational psychologists can increase their involvement in direct, intensive interventions. Additionally, educational psychologists can provide indirect support through consultation with professionals outside the education system, allowing for increased continuity of care (Cole & Kokai, 2021).

Taken together, educational psychologists are well-positioned to provide student-focused direct and indirect interventions, school-wide interventions, system-wide interventions, and research (CPA, 2007). Within the educational system, there needs to be greater recognition of the

significant role that educational psychologists can play across all three tiers of support. It is recommended that the district adopt a comprehensive model for consultation and intervention, such as the one presented by Cole and Kokai (2021), to facilitate a broader scope of practice for educational psychologists and enable them to use their skills and expertise to address the academic, behavioural, and mental health needs of children and youth.

Limitations

The current study's sample size represented approximately 69% of educational psychologists working in schools across the province. Although this represents a response rate similar to that of Harris and Joy (2010), the sample size is relatively small overall, and the statistical analyses were mainly descriptive. The amalgamation of the four school districts and the decision not to ask participants to specify their region limited the ability to examine regional differences in practices and preferred roles. Due to the small sample size, exploring potential differences between geographical areas (e.g., rural or urban) was not feasible. In Newfoundland and Labrador, distinguishing between urban and rural areas is challenging. St. John’s is the only major urban centre with a population close to 100000. Other urban areas, such as Mount Pearl and Conception Bay South, have populations over 20000 (Statistics Canada, 2021), but are very close to St. John’s. Regions with populations between 10000 and 20000 often function as regional hubs, providing essential services to surrounding communities. Rural communities with fewer than 5000 residents can also differ significantly. For example, Gambo, with a population of less than 2000, is approximately half an hour from Gander, an area considered a regional hub. In contrast, Fogo Island, with a population of approximately 2500, is primarily accessed by ferry and is more isolated from the regional hub (Statistics Canada, 2021).

Another limitation of the study was that, in the section on intervention and consultation competency, participants were initially asked if they provided intervention services. If participants selected "no," they were automatically directed to the following section regarding school-wide intervention services. Although the survey used the definition of “intervention services” as specified in the MRA (2004), participants might not have been familiar with this definition. This lack of familiarity may have led to differences in how participants interpreted or applied the term to their individual practices. As a result, they might have indicated that they provided individual or group intervention services if given the opportunity.

Regarding the section on current and preferred practices, there was variability in the number of responses across different practice areas. This variability may have limited how accurately the findings reflect each specific practice area. As a result, the comparisons between and across different practice areas may not have been fully representative and should be interpreted with this limitation in mind.

Implications and Future Directions

Future Research

Future research exploring school personnel's perceptions of educational psychologists' roles and responsibilities would offer valuable insights for improving collaboration and understanding within schools in Newfoundland and Labrador. This research could help identify any discrepancies between perceptions and the preferred roles and responsibilities of educational psychologists, informing efforts to clarify any misunderstandings and align expectations. It could also provide a clearer understanding of the extent to which educational psychologists are integrated into school teams, highlighting areas where increased collaboration and communication are needed. Gathering information about educational psychologists' self-

perceived competency would highlight areas needing further development and inform targeted professional development opportunities. Examining geographic and demographic challenges specific to Newfoundland and Labrador could identify barriers to adopting a broader scope of practice, and these insights could lead to the development of more effective service delivery strategies.

Policy Implications

Educational psychologists' practice is significantly influenced by how their roles and responsibilities are conceptualized at the district and governmental levels, which is often reflected in the policies and guidelines (Splett et al., 2013). However, policymakers and other decision-makers often lack a comprehensive understanding of educational psychologists' extensive training and competencies (CPA, 2022). This gap not only restricts their scope of practice but also impacts hiring and recruitment efforts.

The current policies and guidelines that educational psychologists employed by NLSchools are required to follow do not adequately recognize the significant impact mental health difficulties can have on learning (CPA, 2007). The most recent assessment guidelines remain narrowly focused on Special Education Programming (Department of Education, 2023a), adhering to a traditional "refer, test, place" model (CPA, 2007; King et al., 2022; Splett et al., 2013). This approach limits educational psychologists primarily to assessment for learning difficulties, restricts their involvement in prevention and early intervention, and limits their broader role in supporting student mental health.

Addressing these issues effectively requires more than isolated or individual efforts. A comprehensive approach is needed involving long-term collaboration among multiple stakeholders, including government officials, educational psychologists, educators,

administrators, and the NLPB. The recent integration of the school system into the government presents an opportunity to re-evaluate educational psychologists' role in schools and develop standards of practice that align with the guidelines and practice recommendations from CPA (2007, 2014) and NASP (2020). Newly developed policies and guidelines should reflect the competencies, ethical codes, and standards required of educational psychologists and have educational psychologists engage in a broader range of services, including school-based mental health services.

Training and Supervision Implications

The lack of a dedicated graduate-level program in school psychology in Newfoundland and Labrador also poses a challenge for recruitment. The only school psychology program in the Atlantic region is in Nova Scotia. Although MUN offers a doctoral-level clinical psychology program, establishing school psychology training program in Newfoundland and Labrador would require substantial effort to ensure that graduates met both registration requirements and received comprehensive supervision across all CPA competency areas.

Given the lack of an in-province program, increasing opportunities for providing and receiving supervision is crucial. Marketing internship opportunities in Newfoundland and Labrador to programs outside the province could help attract students to the region. To facilitate this, it will be necessary for educational psychologists in the province to receive training in effective supervision practices.

Conclusion

The structure and policies of the Newfoundland and Labrador school system have changed significantly since Harris and Joy's (2010) study, but the day-to-day practice of the educational psychologists has undergone minimal change. Although there was some variability

in practice among the psychologists, likely reflecting regional differences, they continue to primarily focus on assessment. There are encouraging signs of increased engagement in consultation. There is a need for a more comprehensive approach to consultation, integrating it in each tier to fully align educational psychologists' practice with the recommendations and guidelines from national psychological associations, such as CPA and NASP. Given that educational psychologists expressed a desire to expand their role 14 years ago in Harris and Joy's study, it is clear that, in order to make meaningful change in their roles, there needs to be policy and structural adjustments. Allowing educational psychologists to adopt a broader scope of practice encompassing all competency areas would enable them to contribute more positively and significantly to the mental health and well-being of children, youth, and their families in Newfoundland and Labrador.

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Table 1

Participant Demographics

	n	%
NLPB registration status		
Fully registered	21	87.5
Provisionally registered	2	8.3
Did not specify	1	4.2
Degree type		
MEd	19	79.2
MA	2	8.3
MSc	2	8.3
Did not specify	1	4.2
Bachelor of Education		
Yes	18	75.0
No	6	25.0
Employment setting		
Urban	10	42.0
Rural	7	29.0
Both urban and rural	7	29.0
NLSchools	24	100
Additional private practice	10	10.0

Note. NLPB = Newfoundland and Labrador Psychology Board.

Table 2

*Frequencies of Inclusion of Psychoeducational Assessment Component*s

	Frequency of inclusion		Frequency in top five	
Component	*n*	%	*n*	%
Cumulative record review	24	100	24	100
Parent interview	24	100	20	83.3
Individualized standardized testing	24	100	20	83.3
Feedback meeting with parents/guardians	24	100	16	66.7
Teacher interview	24	100	11	45.8
Feedback meeting with school team	24	100	8	33.3
Consultation with school personnel	24	100	7	29.2
Classroom observations	23	95.8	8	33.3
Student interview	23	95.8	5	20.8
Follow-up	20	83.3	0	0.0
Other	7	29.2	0	0.0

Note. $N = 24$. The frequencies represent the number of participants who cited a particular component as being part of their psychoeducational assessments and the number of participants who included that component among their five most commonly included components.

Table 3

*Frequencies of Inclusion of Behavioural Assessment Component*s

	Frequency of inclusion		Frequency in top five	
Component	*n*	%	*n*	%
Parent interview	18	100	16	88.9
Informal observations	18	100	10	55.6
Observations in multiple settings	17	94.4	14	77.8
Cumulative record review	17	94.4	11	61.1
Teacher interview	17	94.4	11	61.1
Consultation with school personnel	17	94.4	6	33.3
Formal observations (structure form)	16	88.9	10	55.6
Feedback meeting with parents/guardians	15	83.3	7	38.9
Student interview	15	83.3	0	0.0
Feedback with school team	14	77.8	1	5.6
Follow-up	12	70.6	1	5.6
Other	4	22.2	3	16.7

Note. $N = 18$. The frequencies represent the number of participants who cited a particular component as being part of their behavioural assessments and the number of participants who included that component among their five most commonly included components.

Table 4

Ranking of Reasons for Referral to an Educational Psychologist

Reason	Rank 1 (*n*)	Rank 2 (*n*)	Rank 3 (*n*)	Rank 4 (*n*)	Rank 5 (*n*)	Total (*n*)
Academic difficulties	16	3	2	3	0	24
Behavioural difficulties	5	10	7	2	0	24
Attention difficulties	1	8	8	6	1	24
Mental health difficulties	1	3	7	12	1	24
Other	1	0	0	1	7	9

Note. $N = 24$. Participants were required to rank at least four of the five options from most common (Rank 1) to least common (Rank 5). Ranking the "other" category was optional.

Table 5

Intervention Services Provided by Educational Psychologists

Intervention type	*n*	%
Individual interventions	19	79.2
Behaviour	14	58.3
Counselling	14	58.3
Academic	7	29.2
Other	2	8.3
Group interventions	5	20.8
Behaviour	3	12.5
Other	2	8.3
Counselling	1	4.2
Academic	0	0.0
School-wide prevention/interventions	19	79.2
Social-emotional learning	13	54.2
School-wide positive behaviour supports	12	50.0
Nonviolent crisis intervention	12	50.0
Bullying intervention	5	20.8
Other	2	8.3

Note. $N = 24$. The frequencies represent the number of participants providing each type of intervention service.

Table 6

Professionals With Whom Educational Psychologists Provide Consultation

Professional	*n*	%
School Administrators	23	95.8
Teachers	23	95.8
School Counsellors	23	95.8
Other Psychologists	20	83.3
Speech-Language Pathologists	20	83.3
Family Physicians	15	62.5
Teaching and Learning Assistants	13	54.2
Occupational Therapists	5	20.8
Other	5	20.8
Psychiatrists	3	12.5
Pediatricians	2	8.3
Social Workers	2	8.3
Student Assistants	1	4.2

Note. $N = 24$

Table 7

Ranking of Top Five Professionals With Whom Educational Psychologists are Most Likely to Interact

Professional	Rank 1 (*n*)	Rank 2 (*n*)	Rank 3 (*n*)	Rank 4 (*n*)	Rank 5 (*n*)	Total (*n*)
School Counsellors	16	6	0	1	1	24
School Administrators	3	9	6	4	2	24
Teachers	2	5	11	4	2	24
Other Psychologists	3	3	2	8	7	23
Speech-Language Pathologists	0	2	2	6	8	18
Teaching and Learning Assistants	0	0	1	1	2	4
Family Physicians	0	0	1	0	2	3
Other	0	0	1	0	0	1
Occupational Therapists	0	0	0	0	0	0

Note. $N = 24$. Participants were required to rank five out of the nine professionals they are most likely to interact from most common (Rank 1) to least common (Rank 5). Ranking the "other" category was optional.

Table 8

Challenges of Working with Students from Diverse Backgrounds/Contexts

Challenge area	Example quote	*n*
Language and communication	"Communication with parents of children from different ethnic backgrounds is sometimes difficult and they have problems understanding the school system." "Unidentified learning difficult due [to] ESL."	4
Assessment	"Accessing assessment instruments suitable for diverse populations."	3
Misunderstandings and lack of awareness	"The system's lack of awareness of what their diversity means in the context of typical school expectations. For example, living in poverty with four children. Not having a vehicle and not being offered transportation to an important meeting when it's -20° and then complaining openly about the parent when they are unable to show up…" "…It is challenging to help teachers and other professionals understand the varied perspectives that come with diverse backgrounds and thinking. To help others approach these students with a desire to understand, rather than judge."	3
Supports and services	"Parents not being receptive and/or not providing a continuity of services at home." "Ensuring they get supports in an unfamiliar education system."	3

Table 9

Challenges of Working with Other Professionals

Challenge area	Example quote	*n*
Time constraints	"Everyone is so busy it is hard to get responses within a timely manner and schedule meetings. You feel bad for asking teachers to do something, like complete a rating scale or questionnaire..."	6
	"Coordinating schedules to meet and discuss."	
Follow-through of recommendations	"[…] Often your recommendations are not followed-through. Students do not get the programming they need in intensity and duration."	2
Lack of access to resources	"The majority of the school population does not have access to outside agency involvement (GPs, Peds, OT/PT, BMS). Service personnel (i.e., S-LPs) are not part of the school counselling/assessment process in the school. Contact with other psychologists/school counsellors is at a minimum. Recent changes to assessment practices, shortages in medical personnel have widened the gap for consultation and inter-disciplinary assessment/intervention. If the service is not available 'in house' it doesn't happen."	2
Misconceptions of psychologists' role	"Wanting things done yesterday without understanding the full scope of my responsibilities, turnover in school counsellors, lack of experience and understanding about the whole process, what works for the school as a whole may not work for a particular student, lack of resources."	2
Misconceptions of the education system	"Others not understanding the school Lens, suggestions that don't translate well to a classroom."	2
Other	"[…] obtaining data (versus anecdotal)."	3
	"[…] adjusting less efficient ingrained practices (out) of schools."	

Table 10

Current Versus Preferred Time Spent in Various Areas of Practice

Activity/area	Approximate percentage of time spent weekly		Preferred percentage of time spent weekly		*df*	*t*	*p*	Cohen's *d*
	M	*SD*	*M*	*SD*				
Psychoeducational assessment [a]	5.70	2.42	5.13	1.66	22	1.77	.091	0.37
Consultation with professionals in education [b]	3.55	1.99	3.32	1.56	21	1.10	.285	0.23
Consultation with parents/guardians [b]	1.82	0.66	2.09	0.92	21	-1.67	.110	-0.36
Involvement in program planning for students [b]	1.82	0.73	2.09	1.07	21	-1.37	.186	-0.29
Behavioural assessment [c]	1.81	0.93	2.19	0.87	20	-1.90	.072	-0.41
Travelling/commuting [b]	1.55	0.74	1.32	0.65	21	2.02	.057	0.43
Consultation with professionals outside of education [b]	1.36	0.85	2.09	1.02	21	-3.46	.002	-0.74
Individual intervention/counselling [a]	1.22	0.67	2.43	1.65	22	-4.70	<.001	-0.98
School-wide intervention [b]	1.18	0.50	1.55	0.67	21	-2.35	.029	-0.50
Consulting relevant literature [b]	1.18	0.40	1.64	0.73	21	-3.58	.002	-0.76
Group intervention/counselling [b]	1.00	0.00	1.55	0.60	21	-4.29	<.001	-0.92

Note. Participants indicated the proportion of their time spent weekly on each activity/area using the following ranges: 1 = less than 10%, 2 = 10-20%, 3 = 21-30%, 4 = 31-40%, 5 = 41-50%, 6 = 51-60%, 7 = 61-70%, 8 = 71-80%, 9 = more than 80%.

[a] $n = 23$. [b] $n = 22$. [c] $n = 21$

Appendix A

Recruitment Email Sent to PIE Members

Hello,

My name is Abigail Peyton. I am a graduate student in the School Psychology program at Mount Saint Vincent University. I am conducting a research study to fulfill my thesis requirement as part of the program under the supervision of Dr. Elizabeth Church.

The purpose of this study is to survey school/educational psychologists in Newfoundland and Labrador regarding their practice across the six core competency areas outlined in the Mutual Recognition Agreement (i.e., interpersonal relationships; assessment and evaluation; intervention and consultation; research; ethics and standards; supervision), and their current and preferred roles. Gathering this data will update and broaden our understanding of the current scope of practice of psychologists working in schools and could provide important information to advocate for the profession.

The link below contains the survey, which will take approximately 20-25 minutes to complete. The survey consists of multiple-choice questions, with the chance to elaborate on some of the questions (optional), and a few short-answer questions. All identifying information will be removed from short-answer responses before analysis and will not be reported.

Your participation is completely voluntary, and your responses are anonymous. If at any point you wish to withdraw from the survey, you can exit the survey without submitting your responses. Once your responses are submitted, we cannot remove your data, as your responses are anonymous.

If you have any questions or concerns, please contact the principal investigator or the research supervisor.

SURVEY LINK

Sincerely,

Abigail Peyton, B.Sc. (Honours)
Graduate Student in School Psychology
Mount Saint Vincent University
abigail.peyton@msvu.ca

Elizabeth Church, PhD, R. Psych
Professor Emeritus
Faculty of Education
Mount Saint Vincent University
elizabeth.church@msvu.ca

Appendix B

Informed Consent Form

Educational and School Psychology in Newfoundland and Labrador: Current Practices and

Preferred roles

Principal Investigator:
Abigail Peyton, B.Sc. (Honours)
Graduate Student in School Psychology
Mount Saint Vincent University
Email: abigail.peyton@msvu.ca

Research Supervisor:
Elizabeth Church, PhD, R. Psych
Professor Emeritus
Mount Saint Vincent University
Email: elizabeth.church@msvu.ca

Introduction: You have been invited to take part in a research study. This form gives you information about the study. Before you decide if you want to take part, it is important that you understand the purpose of this study. Taking part in this study is voluntary (your choice). Informed consent starts with the initial contact about the study and continues until the end of the study. If you have any questions or concerns that this form does not answer, the principal investigator and research supervisor will be happy to give you further information. You do not have to take part in this study and you may withdraw from this study at any time.
The ethical components of this research study have been reviewed by the University Research Ethics Board and found to be in compliance with Mount Saint Vincent University's Research Ethics Policy.

Purpose of the Study: This study is being conducted at Mount Saint Vincent University. The purpose of this study is to survey school/educational psychologists in Newfoundland and Labrador regarding their practice across the six core competency areas outlined in the Mutual Recognition Agreement (i.e., interpersonal relationships; assessment and evaluation; intervention and consultation; research; ethics and standards; supervision), and their current and preferred roles. Similar information was collected as part of a study conducted by Harris and Joy (2010); however, it is important to update our current knowledge of the field, as well as identify any changes in the practice of school/educational psychology in Newfoundland and Labrador.

Study Design: If you wish to participate in the study, you will be asked to complete an online survey, which will take approximately 20-25 minutes to complete. The survey is hosted on a secure server through Mount Saint Vincent University. The survey will ask you about your background information, such as but not limited to your previous education, the number of years you have been practicing as a school/educational psychologist, and the number of students to whom you provide services. The survey also includes questions related to each core competency area (i.e., assessment and evaluation, intervention and consultation, ethics and standards, research, interpersonal relationships, and supervision) as it relates to your practice as a school/educational psychologist. The survey will include multiple-choice questions with a few short-answer questions. The last section of the survey will ask you to estimate how much time you currently spend on different categories/activities related to the job and how much time you

would prefer to spend on them. All participants will complete the same questions in the same order. All responses are anonymous and you will not be identifiable to the researchers in any way.

Potential Harm: We do not foresee any risks or harm for you in taking part in this study. If any issues do arise as a result of your participation in our study, you are encouraged to contact the principal investigator, Abigail Peyton, at abigail.peyton@msvu.ca or the research supervisor, Dr. Elizabeth Church, at elizabeth.church@msvu.ca.

Potential Benefit: A summary of the study's findings will be shared with members of the Psychologists in Education (PIE) Council. This information has the potential to benefit you as a school/educational psychologist by providing insight into the practice and perspectives of your colleagues.

Alternatives to Study: Participation in this study is completely voluntary (your choice). You *do not* have to take part in this study.

Withdrawal from Study: You may decide to withdraw from this study at any time while you are filling out the survey. There are no risks involved with withdrawing from this study. Your position will not be affected by this study. Should you decide to withdraw from the study while filling out the survey, all data collected up to that point will be discarded and not used in the study. However, once the online survey is complete, it will not be possible to remove your data because the survey data are anonymous and cannot be traced back to participants. Once responses have been submitted, the anonymous data will be aggregated and analyzed in SPSS. If you decide that you no longer wish to participate, you should exit the survey before clicking "submit."

Costs and Reimbursements: The study will be at no cost to you.

Confidentiality: Your confidentiality (privacy) will be protected throughout the study and after the study is complete. Survey responses are anonymous, and any identifying information included in short-answer responses will be removed. You will not be named in any reports or publications based on this research. Only an ID number will be used on the questionnaire you complete. No member of NLSchools or your affiliated school(s) will be aware of whether or not you decide to participate in the study. Your responses will be password-protected and encrypted to ensure privacy. Only the researchers listed on this form will have access to the anonymous data. All studies conducted at Mount Saint Vincent University are subject to a potential audit by the Mount Saint Vincent University Research Ethics Board. Should an audit be conducted, your privacy will continue to be protected to the maximum extent of the law. If the results of the study are published in a scientific journal, the publication will not contain any identifiable information. Please note that if any issues do arise as a result of your participation in our study, you are encouraged to contact Dr. Elizabeth Church at elizabeth.church@msvu.ca.

Research Rights: By clicking on the box below, you show that you have understood to your satisfaction the information regarding participation in the research project, and agree to participate in the study. In no way does this waive your legal rights nor release the investigator(s)

or involved institution from their legal and professional responsibilities. You are free to withdraw from the study without consequence.
If you have questions about research in general or this particular research study at any time during or after your participation, you may contact Abigail Peyton (abigail.peyton@msvu.ca) or Dr. Elizabeth Church (elizabeth.church@msvu.ca).
If you have questions about how this study is being conducted and wish to speak with someone who is not directly involved in the study, you may contact the Research Ethics Coordinator via email at ethics@msvu.ca.

Consent: I have read this information and consent form, and any questions I may have had have been answered to my satisfaction before signing my name. I understand the nature of the study and I understand the potential risks. I understand that I have the right to withdraw from the study before completing the survey without affecting my position in any way. I understand that I am able to save and print this Consent Form for future reference. I freely agree to participate in this research study and indicate my consent by clicking the box below.

Please indicate below:

☐ I agree

☐ I do not agree

Appendix C

Survey for Educational/School Psychologists in Newfoundland and Labrador

Part I: Demographic Information

Are you currently registered with the Newfoundland and Labrador Psychology Board?

___ Yes
___ No

If yes, please specify current registration:

___ Registered Psychologist
___ Psychologist (Provisionally Registered)
___ Other (please specify): _____

How many years have you practiced as a registered psychologist (including provisional registration)?
_____

How many years have you been working as a school/educational psychologist? _____

Please indicate your age:

_____
_____ Prefer not to answer

What is your self-identified gender?

_____
_____ Prefer not to answer

Highest degree obtained in psychology:

___ MA
___ MSc
___ MEd
___ PhD
___ PsyD
___ Other (please specify): _____

What was the primary focus area of your training in psychology?

___ School Psychology
___ Clinical Psychology
___ Counselling Psychology
___ Clinical Neuropsychology
___ Other (please specify): _____

Do you have a Bachelor of Education?

___ Yes
___ No

In which type of community do you practice?

___ Urban (Population of 5,000 or more)
___ Rural (Population less than 5,000)
___ Both

Where do you currently work? (Check all that apply)

___ Private Practice
___ NLSchools
___ Hospital
___ Community Mental Health Centre
___ Other (please specify): _____
_____

To how many schools do you provide services? _____

Approximately how many students in total are enrolled in the schools in your circuit?
_____

Service Provision

Direct Services: Services involving psychological assessment and/or intervention with an individual student or group of students.

Indirect Services: Services delivered through collaboration with parents/guardians and teachers in planning educational and behavioural interventions for individual students (e.g., consultation, program planning, referrals).

To approximately how many students do you provide direct services in an academic year?
_____

To approximately to how many students do you provide indirect services in an academic year?
_____

Approximately how many psychoeducational assessments do you conduct in an academic year?
_____

Part II: Practice in the Competency Areas Outlined in the Mutual Recognition Agreement
Please consider your practice in the schools when responding to the following items (i.e., please do not provide information about the work you do in other settings, such as private practice).

Competency 1: Assessment and Evaluation

Do you conduct psychoeducational assessments?

___ Yes
___ No

If you conduct psychoeducational assessments, please respond to the following:

What components do you include when conducting a psychoeducational assessment? (Check all that apply)

___ Classroom Observations
___ Cumulative Record Review
___ Parent Interview
___ Teacher Interview
___ Student Interview
___ Individual Standardized Testing
___ Consultation with School Personnel
___ Feedback Meeting with School Team
___ Feedback Meeting with Parents/Guardians
___ Follow-up
___ Other (please specify): _____

Please indicate the five most common components you include when conducting a psychoeducational assessment:

___ Classroom Observations
___ Cumulative Record Review
___ Parent Interview
___ Teacher Interview
___ Student Interview
___ Individual Standardized Testing
___ Consultation with School Personnel
___ Feedback Meeting with School Team
___ Feedback Meeting with Parents/Guardians
___ Follow-up
___ Other (please specify): _____

Would you like to add any comments about your responses to the items above?

_____
_____

Do you conduct behaviour assessments (e.g., functional behaviour assessments) for behaviour problems?

___ Yes
___ No

If you conduct behaviour assessments, please respond to the following:

What components do you include when conducting a behavioural assessment? (Check all that apply)

___ Formal Observations (Using a structured form)
___ Informal Observations
___ Observations in Multiple Settings
___ Cumulative Record Review
___ Parent Interview
___ Student Interview
___ Teacher Interview
___ Consultation with School Personnel
___ Feedback Meeting with School Team
___ Feedback Meeting with Parents/Guardians
___ Follow-up
___ Other (please specify): _____

Please indicate the five most common components you include when conducting a behaviour assessment:

___ Formal Observations (Using a structured form)
___ Informal Observations
___ Observations in Multiple Settings
___ Cumulative Record Review
___ Parent Interview
___ Student Interview
___ Teacher Interview
___ Consultation with School Personnel
___ Feedback Meeting with School Team
___ Feedback Meeting with Parents/Guardians
___ Follow-up
___ Other (please specify): _____

Would you like to include any comments about your responses to the items above?

_____
_____

What are the most common difficulties that result in children being referred to you? (Please rank from most to least common, with 1 being most common)

___ Academic Difficulties
___ Behavioural Difficulties
___ Mental Health Difficulties
___ Attention Difficulties
___ Other (please specify): _____

What is the most common diagnosis you provide?

___ Specific Learning Disorder
___ Attention Deficit Hyperactivity Disorder
___ Intellectual Development Disorder
___ Oppositional Defiant Disorder
___ Conduct Disorder
___ Anxiety Disorders
___ Other (please specify): _____

Please check all diagnoses you provide:

___ Specific Learning Disorder
___ Attention Deficit Hyperactivity Disorder
___ Intellectual Development Disorder
___ Oppositional Defiant Disorder
___ Conduct Disorder
___ Anxiety Disorders
___ Other (please specify): _____
_____

Would you like to include any comments about your responses to the items above?

_____
_____

Competency 2: Intervention and Consultation

Intervention Services: Activities designed to promote, restore, sustain, and/or enhance positive functioning and a sense of well-being in students through preventive, developmental, and/or supportive services.

Do you provide intervention services?

___ Yes
___ No

If you provide intervention services, please respond to the following:

For what types of difficulties do you provide intervention? (Check all that apply)

___ Academic Difficulties
___ Social Emotional Difficulties
___ Behaviour Difficulties
___ Social Skills Difficulties
___ Self-Regulation Difficulties
___ Mental Health Difficulties (e.g., anxiety, depression, trauma)
___ Other (please specify): _____

What is the type of difficulty you most commonly provide intervention for?

___ Academic Difficulties
___ Social Emotional Difficulties
___ Behaviour Difficulties
___ Social Skills Difficulties
___ Self-Regulation Difficulties
___ Mental Health Difficulties (e.g., anxiety, depression, trauma)
___ Other (please specify): _____

What individual intervention services do you provide to students? (Check all that apply)

___ Academic Interventions
___ Individual Counselling
___ Behaviour Interventions
___ Other (please specify): _____
___ I do not provide individual intervention services

What is the most common individual intervention service you provide?

___ Academic Interventions
___ Individual Counselling
___ Behaviour Interventions
___ Other (please specify): _____
___ I do not provide individual intervention services

What group intervention services do you provide to students? (Check all that apply)

___ Academic Interventions
___ Group Counselling
___ Behaviour Interventions
___ Other (please specify): _____
___ I do not provide group intervention services

What is the most common group intervention service you provide?

___ Academic Interventions
___ Group Counselling
___ Behaviour Interventions
___ Other (please specify): _____
___ I do not provide group intervention services

In which areas do you support the implementation of school-wide intervention? (Check all that apply)

___ School-Wide Positive Behaviour Supports (SWPBS)
___ Bullying Intervention
___ Nonviolent Crisis Intervention
___ Social-Emotional Learning
___ Other (please specify): _____
___ I am not involved in the implementation of school-wide initiatives

To approximately how many students do you provide interventions in an academic year?

_____

To approximately to how many students do you provide individual intervention in an academic year?

_____

To approximately how many students do you provide group intervention in an academic year?

_____

Consultation

School Consultation: A method of providing psychological and educational services in which consultants and consultees form cooperative partnerships for the purpose of exchanging knowledge. It is a reciprocal, systematic, and collaborative problem-solving process.

Consultant: A person who has specialized knowledge in a particular area and provides information to the consultee.

Consultee: A person who seeks assistance or information from a consultant.

Do you provide consultation?

___ Yes
___ No

If you provide consultation, please respond to the following:

To whom do you provide consultation? (Check all that apply)

___ Parents/Guardians
___ School Administrators
___ Teachers
___ Teaching and Learning Assistants
___ School Counsellors
___ Speech Language Pathologists
___ Occupational Therapists
___ Family Physicians
___ Other Psychologists
___ Other (please specify): _____

Which consultation services do you provide? (Check all that apply)

___ Working collaboratively with others to solve problems
___ Providing knowledge and resources regarding behavioural, academic, or social-emotional issues
___ Providing knowledge and resources regarding evidence-based programming
___ Providing knowledge and resources regarding evidence-based teaching strategies
___ Providing direction and support around intervention implementation
___ Other (please specify): _____

Would you like to include any comments about your responses to the items above?

_____
_____

Competency 3: Ethics and Standards

Have you ever experienced (an) ethical dilemma(s) in your work as a school/educational psychologist?

___ Yes
___ No

If yes, what did this dilemma relate to? (Check all that apply)

___ Maintaining confidentiality
___ Discrepancy between Department of Education policy and the Code of Ethics
___ Discrepancy between employment demands and the Code of Ethics
___ Discrepancy between scope of practice outlined by Department of Education and by NLPB
___ Other (please specify the nature of the dilemma if you feel comfortable doing so): _____

If you responded yes to the above question, how did you manage the dilemma? (Check all that apply)

___ Sought supervision from NLPB supervisor
___ Sought supervision from workplace supervisor or senior colleagues
___ Sought consultation with peers
___ Used the ethical decision-making model to guide the decision
___ Other (please be specific if you feel comfortable doing so):
_____

Would you like to include any comments about your responses to the items above?

_____
_____

Competency 4: Research

Please rank the three most common things you do to keep up with research in the field, with 1 being most common and three the least common:

___ Set aside time to read published research
___ Attend conferences
___ Engage in informal discussion with colleagues
___ Formal/informal consultation
___ Attend workshops/professional development sessions
____Other (please specify): _____

Do you consult the literature to assess the evidence-based nature of school-wide prevention/intervention programs?

____Yes
____No

Do you facilitate workshops/information sessions/professional development sessions for school personnel?

____Yes
____No

If yes, please briefly describe the topics you discuss:

_____
_____

Do you facilitate workshops/information sessions for parents/guardians?

____Yes
____No

If yes, please briefly describe the topics you discuss:

_____
_____

Would you like to include any comments about your responses to the items above?

_____
_____

Competency 5: Interpersonal Relationships

What are some challenges in building and maintaining rapport with parents/guardians? (Check all that apply):

___ Scheduling time to meet with parents/guardians
___ Getting in touch with parents/guardians
___ Parents/guardians have difficulty understanding/responding to their child's needs
___ Parents/guardians reluctant to consent to a specialist referral to consult about the child's difficulties
___ Misconceptions about psychology and/or psychologists
____Other (please specify): _____

Do you have the opportunity to work with students from diverse backgrounds and contexts?

____Yes
____No

What areas of diversity are most common in your practice? (Check all that apply)

___ Race
___ Ethnicity
___ Gender
___ Sexual Orientation
___ Socio-Economic Status
___ Physical Abilities
___ Religious Beliefs
____Other (please specify): _____

In your experience, what opportunities and/or challenges have you encountered when working with students from diverse backgrounds and contexts/communities?

_____
_____

Which five professionals are you most likely to interact with? (Please rank from most to least likely, with 1 being most likely)

___ School Administrators
___ School Counsellors
___ Teachers
___ Teaching and Learning Assistants
___ Speech-Language Pathologists
___ Occupational Therapists
___ Family Physicians
___ Other Psychologists
___ Other (please specify): _____

In your experience, what opportunities and/or challenges have you encountered when working with other professionals?

_____
_____

Would you like to include any comments about your responses to the items above?

_____
_____

Competency 6: Supervision

Practicum: A field placement in which the work is psychological in nature, is supervised by a fully registered psychologist, and takes place prior to completion of an internship.

Internship: A field placement in which the work is psychological in nature, is supervised by one or more fully registered psychologists, and takes place after completion of all practica but before convocation with a graduate-level degree.

In the last five years, have you supervised a practicum student?

____Yes
____No

In the last five years, have you supervised an intern?

____Yes
____No

In your experience, what are some benefits of supervising an internship student and/or provisionally registered psychologist? (Check all that apply)

___ Allows the psychologist to stay up-to-date with current trends in research and teaching (e.g., by hearing about what the student recently learned in their training program)
___ Allows the psychologist to reflect on his or her practice
___ Allows the psychologist to give back to the profession
___ It is rewarding to see growth in student and/or provisionally registered psychologist
___ Other (please specify): _____

In your experience, what are some barriers to supervising an *internship student*? (Check all that apply)

___ Workload during the workday (e.g., organizing a busy schedule around intern's needs)
___ Workload after school hours (e.g., checking intern's work and providing feedback)
___ Uncomfortable with an intern shadowing you
___ Being unsure about an intern's competency
___ Taking responsibility for the intern's work (e.g., signing off on reports)
___ Other (please specify): _____

In your experience, what are some barriers to supervising a *provisionally registered psychologist*? (Check all that apply)

___ Extra workload of providing supervision
___ Time commitment
___ Scheduling difficulty
___ Perceived responsibility for provisionally registered psychologist's clinical practice
___ Other (please specify): _____

Would you like to include any comments about your responses to the items above?

_____
_____

CURRENT PRACTICES

Please indicate the approximate percentage of time you spend in the following areas of practice, in a **typical** week. Then please indicate the percentage of time you would PREFER to practice in the following areas.

The total percentage does not need to equal exactly 100%.

You will be asked about the following 12 areas of practice:
Psychoeducational Assessment
Behavioural Assessment (e.g., Functional Behavioural Assessment, Behaviour Intervention Plan)
Intervention/Counselling (Individual)
Intervention/Counselling (Group)
School-Wide Intervention (Including the Facilitation of Professional Development)
Consultation with Professionals in Education (e.g., School Administrators, Teachers, School Counsellors, other School/Educational Psychologists)
Consultation with Professionals outside of Education (e.g., Family Physicians, Occupational Therapists, other Psychologists)
Consultation with Parents/Guardians
Involvement in Program Planning for Students
Consulting Relevant Literature
Travelling (e.g., Commuting between Schools)

Psychoeducational Assessment

Approximate Percentage of Time Spent Weekly	Preferred Percentage of Time Spent Weekly
___ Less than 10%	___ Less than 10%
___ 10-20%	___ 10-20%
___21-30	___21-30
___31-40	___31-40
___41-50	___41-50
___51-60	___51-60
___61-70	___61-70
___71-80	___71-80
___ More than 80%	___ More than 80%

Behavioural Assessment (e.g., Functional Behavioural Assessment, Behaviour Intervention Plan)

Approximate Percentage of Time Spent Weekly	Preferred Percentage of Time Spent Weekly
___ Less than 10%	___ Less than 10%
___ 10-20%	___ 10-20%
___21-30	___21-30
___31-40	___31-40
___41-50	___41-50
___51-60	___51-60
___61-70	___61-70
___71-80	___71-80
___ More than 80%	___ More than 80%

Intervention/Counselling (Individual)

Approximate Percentage of Time Spent Weekly	Preferred Percentage of Time Spent Weekly
___ Less than 10%	___ Less than 10%
___ 10-20%	___ 10-20%
___21-30	___21-30
___31-40	___31-40
___41-50	___41-50
___51-60	___51-60
___61-70	___61-70
___71-80	___71-80
___ More than 80%	___ More than 80%

Intervention/Counselling (Group)

Approximate Percentage of Time Spent Weekly	Preferred Percentage of Time Spent Weekly
___ Less than 10%	___ Less than 10%
___ 10-20%	___ 10-20%
___21-30	___21-30
___31-40	___31-40
___41-50	___41-50
___51-60	___51-60
___61-70	___61-70
___71-80	___71-80
___ More than 80%	___ More than 80%

School-Wide Intervention (Including the Facilitation of Professional Development)

Approximate Percentage of Time Spent Weekly	Preferred Percentage of Time Spent Weekly
___ Less than 10%	___ Less than 10%
___ 10-20%	___ 10-20%
___21-30	___21-30
___31-40	___31-40
___41-50	___41-50
___51-60	___51-60
___61-70	___61-70
___71-80	___71-80
___ More than 80%	___ More than 80%

Consultation with Professionals in Education (e.g., School Administrators, Teachers, School Counsellors, other School/Educational Psychologists)

Approximate Percentage of Time Spent Weekly	Preferred Percentage of Time Spent Weekly
___ Less than 10%	___ Less than 10%
___ 10-20%	___ 10-20%
___21-30	___21-30
___31-40	___31-40
___41-50	___41-50
___51-60	___51-60
___61-70	___61-70
___71-80	___71-80
___ More than 80%	___ More than 80%

Consultation with Professionals outside of Education (e.g., Family Physicians, Occupational Therapists, other Psychologists)

Approximate Percentage of Time Spent Weekly	Preferred Percentage of Time Spent Weekly
___ Less than 10%	___ Less than 10%
___ 10-20%	___ 10-20%
___21-30	___21-30
___31-40	___31-40
___41-50	___41-50
___51-60	___51-60
___61-70	___61-70
___71-80	___71-80
___ More than 80%	___ More than 80%

Consultation with Parents/Guardians

Approximate Percentage of Time Spent Weekly	Preferred Percentage of Time Spent Weekly
___ Less than 10%	___ Less than 10%
___ 10-20%	___ 10-20%
___21-30	___21-30
___31-40	___31-40
___41-50	___41-50
___51-60	___51-60
___61-70	___61-70
___71-80	___71-80
___ More than 80%	___ More than 80%

Involvement in Program Planning for Students

Approximate Percentage of Time Spent Weekly	Preferred Percentage of Time Spent Weekly
___ Less than 10%	___ Less than 10%
___ 10-20%	___ 10-20%
___21-30	___21-30
___31-40	___31-40
___41-50	___41-50
___51-60	___51-60
___61-70	___61-70
___71-80	___71-80
___ More than 80%	___ More than 80%

Consulting Relevant Literature	
Approximate Percentage of Time Spent Weekly	Preferred Percentage of Time Spent Weekly
___ Less than 10%	___ Less than 10%
___ 10-20%	___ 10-20%
___21-30	___21-30
___31-40	___31-40
___41-50	___41-50
___51-60	___51-60
___61-70	___61-70
___71-80	___71-80
___ More than 80%	___ More than 80%

Travelling (e.g., Commuting Between Schools)	
Approximate Percentage of Time Spent Weekly	Preferred Percentage of Time Spent Weekly
___ Less than 10%	___ Less than 10%
___ 10-20%	___ 10-20%
___21-30	___21-30
___31-40	___31-40
___41-50	___41-50
___51-60	___51-60
___61-70	___61-70
___71-80	___71-80
___ More than 80%	___ More than 80%

Would you like to include any comments about your actual and preferred areas of practice?

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