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Examining Differences in Rural, Micropolitan, and Metropolitan School Psychologists Roles and Delivery of Mental Health Services

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Examining Differences in Rural, Micropolitan, and Metropolitan School Psychologists Roles and Delivery of Mental Health Services

By

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Abstract

Title: Examining Differences in Rural, Micropolitan, and Metropolitan School Psychologists Roles and Delivery of Mental Health Services

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Mental health service delivery in rural settings has become increasingly limited while rates of mental health concerns among youth have increased. Schools form a common hub in rural areas and they present an opportunity for the assessment of developing disorders as well as a means for delivering mental health services in an affordable and acceptable fashion. School psychologists supporting rural school districts are presented with a unique opportunity to provide various aspects of rural mental health service delivery. Over the last 40 years, little research has been published on rural school psychologist's roles and responsibilities and their relationship to mental health service delivery. The purpose of this study was to examine differences in the roles, responsibilities, and delivery of mental health services between rural school psychologists and micropolitan/metropolitan practitioners. A survey was created utilizing feedback from Subject Matter Experts (SMEs). Following a feedback session, the final survey was sent to participants who were recruited utilizing the National Association of School Psychologists email list. Findings showed that micropolitan school psychologists spend significantly more time in mental health assessment and advocacy when compared to rural school psychologists. When examining where rural, micropolitan, and metropolitan school psychologists spend the majority of their time, participants indicated that over half of their time is spent in special education assessment.

Keywords: rural mental health, rural schools, models of mental health delivery, rural brain drain, school psychologist

Examining the Differences in Rural, Micropolitan, and Metropolitan School Psychologists Roles and Mental Health Service Delivery

Rural areas began to decline in the 1980s as family farms were lost in the national farm crisis and economic pressures eroded the opportunities in once-thriving farming communities (Sector & Shryer, 1991). Continuing deterioration has led to increases in unemployment, drug use, suicides, and general challenges to mental health (Clopton & Knesting, 2006). Along with communities, rural schools are encountering increased mental health-related challenges facing youth amidst a nationwide decline in funding and resources (Substance Abuse and Mental Health Services Administration (2019). Unfortunately, when services and remediation of difficulties are deemed nonessential, children living in rural areas are often at a disadvantage in dealing with both access to and cost of care. These challenges reduce the likelihood of sustaining and completing treatment in many cases.

Because schools form a common hub in rural areas, they present an opportunity for the assessment of developing disorders as well as a means for delivering mental health services in an affordable and acceptable fashion. Promoting mental health as a core component of student well-being in schools is the first step in developing a comprehensive mental health approach to support students (Graves et al., 2014Therefore, rural communities may need to rely heavily on their school districts to provide local mental health supports.

Rural communities are often faced with a lack of mental health supports within their communities, forcing residents to travel great lengths to find care while also paying high prices to attend treatment (Graves et al., 2014). Rural residents frequently have to travel significant distances to receive mental health services. This is directly related to low numbers of mental health providers within these communities. Mental health services are limited in rural areas. This

poses a critical concern given that problems emerging in youth often intensify if not meaningfully addressed and can persist and intensify if left unaddressed into young adulthood (Patel et al., 2007).

To this end, school psychologists play a vital role in delivering affordable and available mental health support for students. However, the roles expected of school psychologists and types of services delivered may differ between practitioners who work in rural school districts from those who work in metropolitan and micropolitan school districts. Presented with a possible disparity in roles and functions (Reinke et al., 2011) it is important to examine these potential differences to understand how the practice of rural school psychology can support the mental health of youth in rural communities and to better understand if common training models adequately meet the needs of all school psychologists.

In addition to the traditional role of psychoeducational evaluation, school psychologists are now trained extensively in assessing and providing interventions targeting mental health (Meyers et al., 2015). School psychologists are also trained to use current approaches to addressing mental health needs of students, such as response to intervention (RTI), positive behavior intervention supports (PBIS), and social-emotional learning (SEL) to promote the education, assessment, and intervention of mental health needs for students. In 2010, the National Association of School Psychologists (NASP) published the NASP Practice Model. Within this framework, 10 domains of practice were developed to guide the field of school psychology. These domains describe the skills and knowledge school psychologists can provide. Three of these domains address the mental health needs of students. These domains are Interventions and Mental Health Services to Develop Social and Life Skills, Consultation and Collaboration, and Data-Based Decision Making and Accountability.

Research on Rural School Psychology

Given the increased need for mental health services, it is also important to address the growing shortage of school psychologists, particularly in rural areas. It is common for rural districts to have one school psychologist that covers all the schools in three to four school districts (Graves et al., 2014). This extensive coverage limits the availability of rural school psychologists in each district, leaving numerous children with mental health concerns at-risk for not receiving adequate care. These restrictions on rural school psychologists often transfer the responsibility of providing mental health support to teachers and administrators. In a study conducted by Reinke et al. (2011), researchers examined teacher perceptions on supporting children's mental health in schools. Teachers perceived school psychologists as the school's primary mental health service provider. In addition, teachers reported lacking training and experience in supporting children's mental health needs. This study highlights the importance of the school psychologist's role delivering mental health services. With shortages prevalent in rural areas, school psychologists may have little time to provide mental health supports because they serve multiple buildings. As a result, this responsibility may transfer to teachers who likely lack the training necessary to design and implement treatment for mental health concerns in students. Therefore, it is important to identify methods of supporting student mental health that are feasible for rural school psychologists.

Goforth et al. (2017) utilized a mixed method approach to understand specific contexts, characteristics, roles, and responsibilities of rural school psychologists. Rural school psychologists reported that they worked in districts whose communities relied very heavily on farming, ranching, and logging. In addition, Goforth and colleagues found that rural school psychologists had less access to parents. Results showed that rural school psychologists served

more schools, had significantly more travel time, and had fewer years of experience. Regarding travel, one rural school psychologist reported serving 14 schools.

Goforth and colleagues (2017) also identified a series of challenges faced by rural school psychologists that included cultural challenges, professional issues, and ethical issues. Rural school psychologists reported that frequent staff turnover, feelings of isolation, dual relationships with faculty and families, and lack of access to professional development/supervision were their biggest challenges to practicing in rural school districts.

Clopton and Knesting (2006) echoed similar concerns that most rural school psychologists reported limited availability of support services outside of the school setting, limited time for service delivery, and a lack of resources significantly hindered their practice. Forty-seven percent of the responding school psychologists reported they frequently struggled with meeting student's needs, with 57% reporting they did not have access to appropriate treatment options, such as additional outside counseling services. In addition, 86% of participants reported that struggling with meeting student's needs and not having access to additional referral options was stressful. Dealing with feelings of isolation, lack of support, and lack of resources, it is common for rural school psychologists to leave their jobs in rural communities to pursue work in metropolitan or micropolitan areas (Clopton & Knesting, 2006; Goforth et al., 2017).

Research on rural school psychology is limited and outdated. The majority of research on rural school psychology was published in the 1980s. According to Clopton and Knesting (2006), the first three editions of the *Best Practices in School Psychology* covered rural school psychology as a subspecialty. Unfortunately, this subspecialty was not included in the fourth or

fifth editions. Furthermore, rural school psychology was last addressed specifically in a miniseries published by the *School Psychology Review* in 1985.

One common theme throughout the miniseries was the emphasis on how rural school psychologists should work towards providing a variety of services (i.e., mental health services) in addition to psychoeducational assessment and intervention within rural schools. All four of these articles discussed that psychoeducational assessment was the primary role of rural school psychologists during the time this miniseries was published in 1985. Since then, this topic has hardly been addressed in school psychology journals for the last 35 years (Goforth et al., 2017).

Within this miniseries, four articles focused specifically on rural school psychology. Helge (1985) discussed emerging models of service delivery in rural areas and recommended developing competencies for a core curriculum for rural school psychologists. These competencies included training school psychology students about the rural topography, differences in serving rural youth, and gauging a graduate student's ability to modify models of service delivery to rural schools. Helge also addressed that historically, rural school psychologists spend most of their time in assessment and have little time to provide any other service. The second article in the miniseries published by Cummings et al. (1985) also focused on the idea of preservice training for school psychologists in rural settings. Cummings and colleagues argued that rural school psychology should be considered a subspecialty. The article also discussed the importance of training prospective rural school psychologists as "generalists," meaning that psychologists who serve in rural areas should be able to provide a wide scope of services due to a lack of access to other specialists such as reading interventionists or social workers. Essentially, the authors emphasized that rural school psychologists need to be able to

provide other services (i.e., mental health support) outside of psychoeducational assessment and intervention.

Instead of focusing on challenges faced by rural school psychologists, the miniseries article by Fagan and Hughes (1985) identified opportunities for improvement rather than the obstacles faced by rural school psychologists. These researchers discussed how rural school psychologist could use their "referent power" to make a difference in schools. That is, when rural school psychologists demonstrate their worth and become more visible within the community, they can build trusting relationships within their small communities. Essentially, when a rural school psychologist demonstrates that they can be trusted and builds positive relationships, they are more likely to be a successful in becoming a change agent. Another suggestion by Fagan and Hughes was to incorporate collaborating with state and federal government agencies to expand service providers within rural communities. They also discussed the importance of educating parents on their rights and working with parent groups to develop a strong family-school collaboration. Along with other articles in this miniseries, Fagan and Hughes also suggested rural school psychologists need to be prepared to provide additional services outside of traditional psychoeducational assessment. These services could be counseling, family therapy, and spending more time implementing academic and behavioral interventions.

The last article in the miniseries was a review of rural psychology conducted by Kramer and Peters (1985). They reported that rural school psychological services were more similar to the types of services provided in metropolitan areas than the previous articles reported. Kramer and Peters highlighted that even though school psychological services were growing in rural communities, the primary role of rural school psychologists was assessment.

Historically, the role of rural school psychologists has focused on providing psychoeducational assessment services. Rural practitioners have had limited opportunities to provide other services such as consultation and mental health services (Clopton & Knesting, 2006). However, it is necessary for today's rural school psychologists to provide a multitude of services to address the unique needs of rural schools and communities. Therefore, there is a strong need to update the literature surrounding the practice of rural school psychology and the rural school psychologists' roles of providing services such as psychoeducational assessment and mental health supports to students.

Purpose of the Present Study

Over the last 40 years, little research has been published on rural school psychologist's roles and responsibilities and their relationship to mental health service delivery. As discussed by Goforth et al. (2017), rural school psychologists encounter a unique set of challenges when compared to their colleagues who work in metropolitan and micropolitan school districts. Rural communities encounter a variety of barriers when implementing mental health care services such as accessibility, availability, acceptability, and affordability. As noted by Clements and Kratochwill (2008), rural residents frequently have to travel significant distances to receive mental health services. While access to mental health resources in rural areas is limited by accessibility, affordability and availability, schools can find ways to utilize resources they have access to in an effort to provide support to students who are showing signs of mental health needs. With the combination of the shortage of rural school psychologists and the increase in problems associated with rural life, it is essential to examine and update this area of research in an effort to address these challenges.

As previously mentioned, most research focusing on the roles and service delivery of rural school psychologists dates back to the 1980s. Since then, limited research has focused on the components of rural school psychology (Edwards & Sullivan, 2014; Goforth et al., 2017). Recent research has not examined the actual role of rural school psychologists with regards to mental health service delivery specifically. This gap in the literature needs to be addressed since service delivery may look different for rural school psychologists when compared to services delivered in micropolitan and metropolitan schools.

Therefore, the purpose of this study was to examine differences in the roles, responsibilities, and delivery of mental health services between rural school psychologists and micropolitan/metropolitan practitioners. The USDA (2010) uses the following definitions for rural, micropolitan, and metropolitan. The following definitions were adapted for this study: 1) Rural: I work in an area with less than 10,000 people in the surrounding area(s) where you work; the area is generally sparsely populated; 2) Micropolitan: I work in an area near a city with more than 10,000 people but less than 50,000 people; and 3) Metropolitan: I work in an area with more than 50,000 people. The following research questions were used to guide the present study:

1. Do the roles for rural school psychologists differ from metropolitan and micropolitan school psychologists (i.e. What percentage of time do school psychologists engage in various job tasks)?
2. How often do practicing school psychologists in rural districts provide mental health assessment and intervention, and does this differ from metropolitan and micropolitan school psychologists?
3. Would rural school psychologists prefer to spend more time in mental health training/professional development more than their micropolitan/metropolitan

peers? Do metropolitan and micropolitan school psychologists have more access to financial resources?

4. Are there differences in perceptions of training for addressing student mental health concerns between rural, micropolitan, and metropolitan school psychologists?

Based on previous research findings, the following hypotheses were used to guide this study:

1. Rural school psychologists will spend more time providing various services outside of academic assessment.
2. Rural school psychologists will spend less time in mental health assessment and intervention.
3. Rural school psychologists will not prioritize participating in mental health training, and geographical location will impact financial support.
4. Rural school psychologists would feel more inadequately trained and have fewer opportunities to partake in professional development opportunities pertaining to mental health.

Method

Participants

Two separate sets of participants were recruited for this study. For Phase 1, Subject Matter Experts (SME) were recruited to provide feedback on survey items. For Phase 2, participants were school psychologists that were recruited through the National Association of School Psychologists (NASP) member mailing list and Facebook. Participants were informed that their participation in the study was completely voluntary and that they were able to

discontinue at any time. To protect their privacy, no identifying information was collected, and all data were stored in a confidential and secure data collection platform (Qualtrics).

Phase 1 Participants

SMEs were recruited via email prior to the finalization of the survey used to collect data for this study. To be considered a SME, the individual had to possess a school psychology license or have taught in a school psychology graduate program for a minimum of 5 years. These experts were practitioners who have worked in rural, micropolitan, and metropolitan areas or individuals currently serving as school psychology trainers. Twenty experts were recruited via email to provide feedback on the survey. Nine experts volunteered to participate by providing feedback on the list of potential survey items. Out of the nine experts, six were serving as school psychologists while the other three were school psychology trainers. Four of the experts worked in micropolitan districts, one worked in metropolitan districts, and one worked in rural districts. Seven of the SMEs were female and two were male.

Phase 2 Participants

Phase 2 participants were recruited from the NASP member mailing list and Facebook school psychology groups. One thousand NASP members received a link to the survey. Based on self-report, a sample of 157 school psychologists serving K-12 students in rural, metropolitan, and micropolitan school districts completed the survey, all of which were certified NASP members based on the parameters set through the NASP research approval process. Of the 157 total participants, 87% were female (n = 136), 13% were male (n = 20), and one person identified as nonbinary. Eighty-six percent of the participants identified as White (n = 134), six identified as Asian (4%), and five identified as Black or African American (3%). In addition, 107 participants held Specialist degrees, 30 had earned their Masters, and 19 had obtained their

doctorate. The participants represented 30 states with the majority coming from Minnesota (n = 76) followed by Ohio (n = 10). Regarding how many students were served by the participants, answers ranged from 16-16,000, with the majority of respondents serving around 1,200 students. Approximately 33% of respondents were assigned to two schools, 31% of respondents served one school, and 15% served three schools. Participant responses ranged from 1 to 26, with 80% (n = 125) of respondents were assigned to 1-3 buildings.

Participants for Phase 2 were also recruited via Facebook. A search was conducted to identify Facebook groups specializing in school psychology. The following three groups were identified to recruit participants: “Said No School Psychologist Ever”, “School Psychology Research”, and “Sincerely, School Psychologist.” These groups were selected to recruit participants due to the nature of their content and the requirements necessary to obtain group membership. For example, membership to these Facebook groups required members to provide proof of employment, degree, and education to the administrators of these groups. Once the information was submitted, administrators either accepted or denied access to these groups based on the information turned in by potential members. These groups were not open to the public. To access these groups, two colleagues with Facebook accounts were asked to post the recruitment letter (see Appendix C) that contained a link to the Qualtrics survey on the groups’ Facebook pages. These colleagues already had access to the accounts, and they were able to post these materials on behalf of the Principal Investigator. The survey was posted on these Facebook groups two separate times on opposite weeks of the NASP reminder emails. That is, posts were placed on Facebook on April 19 and May 5. In total, the survey was open for 10 weeks. Following the completion of the survey, participants were asked if they wanted to submit their

information into a drawing for one of ten $30 VISA gift cards. These gift cards served as an incentive for this study.

Initially, 238 participants responded to the study via NASP and Facebook recruitment, showing a return rate of 23.8%. However, 81 surveys were excluded because participants did not fully complete the survey items (n = 43), or the participants filled out the survey repeatedly on the same IP address (n = 38).For example, most of the surveys that were eliminated were participants who stopped completing the survey at Question 12 or people who completed the survey only to access the gift card drawing. These conclusions were reached by examining respondent data in Qualtrics. Qualtrics allows researchers to see the IP address(s) on which the survey was taken. It became evident that some participants were repeatedly completing the survey using the same IP address, indicating that these participants were most likely partaking in the survey to access the gift card drawing at the end. Responses that came from the same IP address (internet source) and/or surveys that were not fully completed were excluded from data analysis. Overall, no responses from Facebook were utilized in this study. Overall, 157 surveys were included in the data analyses for this study.

Participants were also asked what type of geographic community they worked in. Geographical communities were split into three categories: Rural/small town (an area with less than 10,000 people in the surrounding area(s) where you work; the area is generally sparsely populated); micropolitan (an area near a city with more than 10,000 people but less than 50,000 people); or metropolitan (an area with more than 50,000 people; U.S. Census Bureau, 2010). Responses indicated that 19% of the participants worked in rural areas (n = 29), 26% worked in micropolitan areas (n = 41), and 55% worked in metropolitan areas (n = 87). In addition, this

sample of school psychologists had worked for an average of 12 years with responses ranging from 1 to 38 years (M = 11.74, SD = 9.38).

Measures

The survey was developed through a two-step process. The initial questionnaire was comprised of questions that were pulled from Goforth et al. (2017) and Clopton and Knesting (2006). This questionnaire was then sent to SMEs for their feedback, which informed the revisions. This revised survey served as the final survey that was disseminated in Phase 2 of the study. More details about this process are described below.

Phase 1 Survey

The initial survey created for the SME test utilized questions from previous research conducted on rural school psychology (Clopton & Knesting, 2006; Goforth et al, 2017; Appendix A). This survey included 21 questions that were mostly dichotomous (i.e., Yes/No) followed by the opportunity for respondents to provide more information (i.e., 'Please explain' or "Can you add to this?'). Participants were asked to provide one of three responses: Yes, no, or yes with modifications. If experts selected "Yes, with modifications" for an item, participants were given the opportunity to provide open-ended feedback. Following the completion of the SME test, the finalized items created the Phase 2 survey of this study.

Phase 2 Survey

Based on the feedback of the SMEs in Phase 1, the survey was revised to create the final version that was sent to participants in Phase 2. The final survey consisted of 24 questions and took participants approximately 15-20 minutes to complete (see Appendix B). The items were organized into categories that align with three NASP Practice Model Domains: Data-based Decision Making and Accountability; Consultation and Collaboration; and Interventions and

Mental Health Services to Develop Social and Life Skills (National Association of School Psychologists, 2020). In addition, the survey included a demographic section that collected information on the number of years the participant has been practicing as a school psychologist, the state in which they are employed, and in what type of school district they work (rural, micropolitan, or metropolitan).

Following the demographic section of the survey, the next questions gathered information on participants' roles as a school psychologist, such as case load, how much time was spent in various buildings (elementary, middle, or high school), student to practitioner ratio, and time spent traveling. This section targeted the daily activities for each participant. The next set of questions targeted the participant's role in mental health service delivery. These questions centered around time spent in mental health assessment and intervention, how often they attended professional development training on mental health service delivery, whether they are part of threat assessment or crisis management teams and their roles on those teams, and what type of training they have received in mental health service delivery.

Procedures

For Phase 1 of the study, the nine SMEs reviewed the initial survey that consisted of 21 questions. SMEs read each question to determine if the item was relevant to the research questions of this study. For example, one of the questions was "To which gender do you most identify?" The item responses to this question were originally the following: Female, Male, Transgender, and Prefer not to answer. Several experts suggested adding the terms "transgender male," "transgender female," and "non-binary" to use more inclusive language. This process continued for the entirety of the SME test. Next, SME participants were asked to provide feedback on whether items addressed one of the following three NASP domains: Interventions

and Mental Health Services to Develop Social and Life Skills, Consultation and Collaboration, and Data-Based Decision Making and Accountability. SMEs also provided feedback on how to phrase questions. For example, three separate items asked participants to identify how many hours they spent engaged in certain activities. SMEs suggested using percentages of the work week versus hours, as this would provide less participant fatigue and more accurate data.

Responses to the Phase 1 survey were analyzed to determine which questions were deemed most relevant by the experts, which questions needed to be modified, and which questions should be eliminated. If experts determined that an item addressed the research questions and fell into one of the three NASP domains, the items were included in the final draft of the survey.

After the survey was finalized, an application was submitted to the National Association of School Psychologists (NASP) research committee to request conducting research with NASP members. This application included submitting a brief research proposal consisting of 500 words that explained the purpose of the research, how it would contribute to the field of school psychology, the requested sample size, and any potential risks to the participants. The application was approved by NASP on April 5, 2020.

In previous years, research with NASP members was conducted via mail sent through the U.S. postal service. However, due to the COVID-19 pandemic, NASP allowed researchers to solicit participation via email. After permission to conduct research was granted, a recruitment letter with a link to the survey was sent to NASP. The NASP Director of Research indicated that there would be three emails sent to the sample of members directly from NASP. The email included the recruitment letter embedded with a link to the Qualtrics survey. The initial email was sent to 1,000 participants on April 14, 2020. Following the initial email, two reminder

emails were sent on April 26 and May 10. The link to the online survey was activated on April 12, two days prior to the initial NASP email.

Results

Survey data were collected on Qualtrics and were protected under a secure login kept by researchers. Data were exported to another program, Statistical Package for Social Sciences (SPSS), for analysis. The data were then reviewed to identify any missing or inaccurate data prior to starting any analysis. Participants were divided into three groups for analyses. The groups were rural (n = 29), micropolitan (n = 41), and metropolitan (n = 87) school psychologists.

Data analyses were guided by the following research questions: 1) Do the roles for rural school psychologists differ from metropolitan and micropolitan school psychologists? 2) How often do practicing school psychologists in rural districts provide mental health assessment and intervention and does this differ from metropolitan and micropolitan school psychologists? 3) Would rural school psychologists prefer to spend more time in mental health/professional health training and does geographic location impact financial support from districts? 4) Are there differences in perceptions of training for addressing student mental health concerns between rural and metropolitan school psychologists?

Analyses

Research Question 1

For Research Question 1, it was predicted that roles for school psychologists would differ from micropolitan and metropolitan school psychologists in that rural school psychologists would report having to provide various services outside of psychoeducational assessment (see Table 1). A Welch's one-way between-subjects ANOVA with a Bonferroni correction found a

significant difference for school psychologists serving in rural, micropolitan, and metropolitan districts in regard to time spent advocating for themselves as mental health professionals, $F(2, 152) = 3.93$, $p = .02$, ($\eta 2 = .05$). A Tukey HSD test indicated that school psychologists practicing in micropolitan areas spent significantly more time per week advocating for themselves as mental health professionals ($M = 8.80$, $SD = 19.49$) when compared to metropolitan school psychologists ($M = 5.27$, $SD = 13.93$). Rural school psychologists also spent more time advocating for themselves as mental health professionals ($M = 8.57$, $SD = 20.53$) when compared to metropolitan school psychologists.

A one-way between-subjects ANOVA found no significant differences among rural, micropolitan, and metropolitan school psychologists in time spent developing and implementing school-wide strategies to promote positive and safe mental health, $F(2, 153) = 0.21$, $p = .81$. With regard to participating in professional development opportunities that focus on mental health, a one-way between-subjects ANOVA found no significant differences among the three groups of school psychologists $F(2, 156) = 2.24$, $p = .11$. There were also no significant differences between groups regarding connecting with families about mental health support for students $F(2, 156) = 2.06$, $p = .13$.

According to a one-way between-subjects ANOVA, there were no significant differences between school psychologists in rural, micropolitan, or metropolitan areas when conducting valid and reliable assessments for the purpose of identifying a student's eligibility for special education services $F(2, 156) = 2.51$ $p = .09$. Evaluating treatment fidelity for student interventions also showed no significant differences between school psychologists serving different types of communities $F(2, 155) = 0.83$, $p = .44$.

A one-way between-subjects ANOVA showed no significant differences between school psychologists when examining how they use a consultative problem-solving process for planning, implementing, and evaluating all instructional, mental, and behavioral health services $F(2, 156) = 1.87$, $p = .16$. When examining differences in facilitating effective communication and collaborating with families, teachers, and students, analyses showed no significant differences between school psychologists serving in different community settings $F(2, 155) = 0.64$, $p = .53$. Analyses also showed no significant difference between groups of school psychologists regarding how much time they spend integrating behavioral supports and mental health services with academic and learning goals for students $F(2, 156) = 0.05$, $p = .95$.

Regarding how rural, micropolitan, and metropolitan school psychologists develop and implement behavior change programs at individual, group, and school-wide levels, a one-way between-subjects ANOVA showed no significant differences between the three groups of school psychologists $F(2, 156) = .200$, $p = .82$. There was also no significant difference between the three groups of school psychologists when examining how much time they spend evaluating evidence-based interventions to improve individual student social, emotional, and behavioral wellness $F(2, 156) = 1.04$, $p = .36$.

Research Question 2

For Research Question 2, it was hypothesized that rural school psychologists minimally partake in mental health assessment and intervention (see Table 2). This prediction was based on their limited availability compared to those who serve in metropolitan school districts and the perception from research in the 1980s that the primary role of rural school psychologists was psychoeducational assessment (Clopton & Knesting, 2006; Goforth et al., 2017). A Welch one-way between-subjects ANOVA showed a significant difference in time spent conducting mental

health intervention between rural and micropolitan school psychologists $F(2, 154) = 3.98$, $p = .02$, ($\eta 2 = .05$). That is, micropolitan school psychologists spent significantly more time in mental health intervention ($M = 16.32$, $SD = 22.78$) compared to their rural counterparts ($M = 5.33$, $SD = 6.30$). There was no significant difference between groups of school psychologists when examining time spent conducting mental health assessment $F(2, 155) = 1.53$, $p = .22$.

Research Question 3

Regarding skills of mental health service delivery for Research Question 3, it was predicted that rural school psychologists would not prefer participating in mental health trainings due to their daily demands of assessment and evaluation and large caseloads (see Table 3).
A Welch one-way between-subjects ANOVA demonstrated that there was no significant difference between school psychologists preferring to spend more time in mental health professional development trainings $F(2, 156) = 2.31$, $p = .10$. It was also hypothesized that rural school psychologists would be less likely to receive financial support from their districts when compared to micropolitan and metropolitan school districts. A Chi-square analysis showed no significant difference between smaller and bigger districts when it comes to receiving financial support $H(4) = 3.27$, $p = .51$). Out of the 157 participant responses to this item, 19 rural school psychologist out of 39, 24 micropolitan psychologists out of 41, and 51 metropolitan psychologists out of 87 responded with “yes” to receiving financial support. A one-way between-subjects ANOVA found no significant differences in job satisfaction among school psychologists based on community types $F(2, 152) = 4.62$ $p = .63$.

Research Question 4

For Research Question 4, it was hypothesized that rural school psychologists would feel inadequately trained in mental health service delivery. To determine whether there was a

difference between geographical location and feelings towards training, a Kruskal-Wallis H test was conducted. Respondents were asked to rate the quality of their training using the following scale: 1) inadequate, 2) less than adequate, 3) adequate, 4) more than adequate, and 5) superior. No significant differences were found between rural, micropolitan, or metropolitan school psychologists when looking at how they perceived the quality of their formal training in relation to mental health $H(2) = 2.53$, $p = .28$ (see Table 4). Although not significant, most psychologists rated their graduate level training in the area of mental health as less than adequate ($M = 2.88$, $SD = 0.90$). Overall, the participants felt less than adequately to adequately trained when rating their graduate study training on mental health service delivery.

Discussion

The purpose of the present study was to examine differences in the roles, responsibilities, and delivery of mental health services between rural school psychologists and metropolitan/micropolitan practitioners. For Research Question 1, it was predicted that roles for school psychologists would differ in that rural school psychologists would report having to provide various services outside of psychoeducational assessment due to lack of access to other school professionals (i.e., occupational therapists, social workers, school counselors). Analyses showed no significant differences across the three groups of school psychologists when examining how much time was spent outside of psychoeducational assessment except when it came to advocacy. Even though there was no statistically significant difference, it should be noted that rural school psychologists spent a higher percentage of time, on average, using a consultative problem-solving process for planning, implementing, and evaluating all instructional, and mental/behavioral health services ($M = 13.72$, $SD = 19.65$) than their micropolitan ($M = 10.34$, $SD = 14.29$) and metropolitan counterparts ($M = 8.56$, $SD = 7.76$). This

finding suggests that rural school psychologists tend to spend more time engaged in active problem solving and utilizing various consultative skills.

For Research Question 2, it was hypothesized that rural school psychologists minimally partake in mental health assessment and intervention due to their limited availability compared to those who serve in metropolitan and micropolitan school districts and the preexisting perception that the primary role of rural school psychologists was psychoeducational assessment. Results indicated that there was a significant difference in time spent in mental health service delivery between rural and micropolitan school psychologists. Micropolitan school psychologists spent significantly more time in mental health intervention. In addition, rural school psychologists spent significantly less time in mental health intervention and assessment. This finding supports previous research that rural school psychologists struggle to focus their time on mental health intervention or assessment due to a lack of time, resources, accessibility, and availability (Goforth et al., 2017).

Previous research indicated that lack of resources and limited availability for mental health service delivery were two of the biggest barriers faced by rural school psychologists (Clopton & Knesting, 2006; Goforth et al., 2017). Similar concerns were noted by respondents in this study. For example, 69.4% of participants reported that their jobs as school psychologists were affected by lack of resources, testing tools, and time. In addition, participants reported spending an average of 2.8 hours per week traveling (*SD* = 4.36) with responses ranging from 0-30 hours.

It was also predicted that rural school psychologists would prefer to spend more time in mental health assessment and intervention than micropolitan and metropolitan school psychologists and that rural school psychologists would have less access to financial resources.

Results showed no statistically significant differences between all three groups regarding whether they would prefer to spend more time in mental health focused professional development trainings. Also, no statistically significant differences were found between rural, micropolitan, and metropolitan school psychologists regarding access to financial support from their districts. Even though there was no statistically significant difference regarding financial support, 32% of metropolitan school psychologists reported receiving financial support from their district while only 12% of rural school psychologists reported receiving financial support support H (4) = 3.27, p = .51, ($\eta 2$ = .03). T his finding is consistent with previous research that found rural school psychologists struggled with lack of financial support and resources (Goforth et al., 2017).

No statistically significant differences were found when examining whether rural, micropolitan, and metropolitan school psychologists would prefer to spend more time delivering mental health services. However, it was found that school psychologists overall would prefer to spend more time in individual and/or group counseling (M = 14.77, SD = 13.22), developing and implementing behavior change programs (M = 10.06, SD = 8.23), and providing mental health assessments and intervention (M = 10.23, SD = 8.95). These preferences demonstrate that school psychologists might be primarily focusing psychoeducational assessment rather than spending time in mental health service delivery F(2, 154) = 3.98, p = .02, $\eta 2$ = .05). While all those tasks positively contribute to the districts school psychologists serve, this also highlights that school psychologists still tend to spend their time performing other aspects of their job even though there is a higher demand for mental health services in school. Based on the moderate effect size, future research should be conducted on how school psychologists prioritize their time conducting

various aspects of the 10 NASP domains of service and what types of variables influence those choices.

Lastly, for Research Question 4, it was hypothesized that rural school psychologists would feel inadequately trained and have less access to professional development opportunities than their metropolitan counterparts. Results showed that the majority of school psychologists rated their graduate study training in this area as less than adequate (M = 2.88, SD = 0.90), although significant differences were identified based on community type). Findings in the current study demonstrated that practitioners still feel inadequately trained to provide mental health supports in schools, indicating that training programs are not successfully preparing their graduate students for service delivery across topographies. Considering the findings of the current study, a future discussion on how graduate programs prepare their students and the importance of focusing on how to train students to serve various settings should be explored.

It is important to emphasize that results from this study are similar to results from studies completed 30 years ago. For example, Fagan and Hughes (1985) highlighted the delivery of mental health services in rural areas has been limited by training concerns, external influences on local schools, parent and administrator variables, and expanded roles and functions of rural school psychologists. While the current study did not examine all of these factors, this study identified some of them. That is, participants felt less than adequately trained in mental health service delivery, spent more time in psychoeducational assessment due to their expanded roles and functions, and even preferred to do other tasks related to their job outside of conducting mental health assessment and intervention.

Implications and Future Research

If improvements are to be made within the context of mental health services, one of the best places to do so is within the school setting in rural areas. When access to mental health services are limited, concerns such as anxiety, depression, suicide, and behavioral problems have the potential to develop into severe problems that could cause significant impairment and negatively impact the development of rural students. Recognizing mental health as a core component of student well-being is the first step in developing a whole school approach and identifying mental health concerns early. School psychologists in rural areas have a unique opportunity to actively participate in the development and implementation of mental health service delivery in rural schools.

Implications of this study are related to findings in previous studies on rural school psychology. For example, results indicated that micropolitan and metropolitan psychologists spent more time in mental health intervention than rural school psychologists. In addition, analyses indicated that rural school psychologists are more affected by the lack of resources and time in a way that impairs their ability to do their jobs. This study found that participants felt underprepared for implementing various aspects of mental health delivery due to a lack of training in graduate school. This information can be used to address the barriers specifically encountered by rural school psychologists, improve the quality of graduate level training, and to develop professional training opportunities that target the delivery of mental health services in rural districts. Combining the results of the current study and previous research, school psychology trainers, researchers, and practitioners can collaborate to address these barriers to mental health service delivery and training.

No statistically significant differences were found between groups when examining time spent engaging in various tasks outside of psychoeducational assessment (consulting, problem-

solving, intervention/assessment, etc.) between rural, micropolitan, and metropolitan school psychologists. However, metropolitan school psychologists spent significantly less time advocating for themselves as school psychologists when compared to rural and micropolitan school psychologists. Future research could examine how administrators view the roles of the school psychologists serving in their district to educate administration, teachers, and staff on the importance of mental health services that rural school psychologists can provide. School psychology trainers and current practitioners should work to find ways to advocate for themselves as mental health professionals within their respective districts.

Continued research on how to limit these barriers for school psychologists is necessary due to the increasing needs of mental health services within the school setting. If school psychologists do not have the resources to do their jobs, they will be limited in their ability to properly serve their students. School psychology trainers and current practitioners must actively seek out current research and methods of practice relating to mental health intervention and assessment.

School psychologists reported wanting to spend more time engaged in mental health assessment and intervention. Out of all the mental health services examined in this study, participants reported wanting to spend more time conducting individual and/or group counseling. This preference demonstrates that school psychologists want to connect with students in small groups or one-on-one. Participants reported they would rather be working directly with students rather than spending most of their time in psychoeducational assessment. School psychologists recognize how important it is to collaborate and problem-solve with students at an individual level. Connecting with students on a personal level is especially critical when addressing mental health concerns.

This study found that most respondents rated their graduate training in mental health service delivery as less than adequate. Researchers need to focus on what needs to be adjusted in school psychology training programs to improve this rating. Seeking feedback from current graduate students and practicing school psychologists about their training in mental health could provide valuable information about how training at the graduate level could be improved. Future research in this area may help graduate training programs in preparing their students more adequately to address mental health service delivery across topographies. Technology platforms such as AIMSweb, FastBridge, SpedForms, and Q-Global allow school psychologists to screen, intervene, and problem-solve using updated research-based strategies. Implementing new techniques is key to addressing barriers such as lack of time and resources for rural school psychologists. Graduate programs must utilize the updated technology, resources, and programs that students could potentially be using in the field as they enter the work force.

Another area that could be explored in the future research based on this study's findings pertains to job satisfaction. Even though these average scores were not statistically significant, rural school psychologists reported being less satisfied with their jobs when compared to micropolitan and metropolitan school psychologists. This could be due to larger caseloads, more windshield time serving multiple districts, lack of financial support, and less access to other professionals and/or professional development trainings. Future research may want to examine what types of factors play into job satisfaction and how those differ across geographical location to combat school psychologist burnout.

Lastly, participants identified the following barriers that prevent them from completing their duties: travel, lack of professional development opportunities, lack of professional services provided within the community to refer students to, and access to resources. Future research

could focus on how to help practitioners address these common barriers school psychologists face regardless of district size.

Limitations

There are several limitations to consider when interpreting the findings of the present study. First, the sample used for the statistical analyses was 157 participants. According to NASP, mailing lists received an average of a 4-11% return rate. However, due to the COVID-19 pandemic, NASP refrained from mailing out copies to members and switched to an electronic delivery of the survey. Therefore, it is difficult to evaluate the return rate for the current study since surveys were distributed electronically.

In addition, selected interest groups on Facebook were chosen to recruit participants. This strategy became problematic since the survey could not contain any forced response questions per the university's IRB requirement. Participants did not have to answer every single question to move forward through the survey. They were able advance all the way to page that provided respondent's access to the gift card raffle. There was also no way to confirm if participants recruited from Facebook were school psychologists who accessed the survey. Upon further examination, it became evident that participants recruited via Facebook were completing the survey multiple times to increase their chances of winning one of the $30 gift cards. Researchers were able to track how many participants had responded to the survey prior to it being posted on Facebook. At that time, 200 participants had been recruited via the NASP emailing list. After the survey was posted on Facebook, 38 individuals responded to the survey. Data on Qualtrics showed that these responses were the same person completing the survey multiple times due to the consistency in IP addresses. Therefore, the 38 responses from the same IP address were

excluded as they were more than likely completed by the same person. In addition, all 38 surveys were not completed in full.

Another limitation of the study is the limited analyses that could be conducted due to the sample size. That is, regressions, a principal components analysis, and other tests could not be run because of the sample size. Instead, several one-way between-groups ANOVAs were conducted to examine if significant differences between rural, micropolitan, and metropolitan school psychologists existed. Having more participants across all three groups would have been beneficial so that additional analyses could have been conducted.

Conclusion

The purpose of this study was to examine differences in the roles, responsibilities, and delivery of mental health services between rural, micropolitan, and metropolitan school psychologists. More specifically, this study aimed to update the information on rural mental health and rural school psychologist's role in mental health service delivery.

Overall, findings from this study contribute to a body of research that needed to be updated. Examining the roles school psychologists serve in various settings and across different types of districts can help practitioners provide school psychological services more effectively. In addition, these findings can help school psychology training programs improve their offering so that students feel more prepared to address mental health needs. This information can also help school districts gain a better understanding of the multiple skills school psychologists possess. Lastly, this research can help individuals from rural communities understand that school psychologists are trained in ways that many other school staff are not. With rates of mental health needs on the rise, especially in the midst of a global pandemic, it is imperative to raise

awareness about the various types of support school psychologists can provide and the valuable role they can play in maintaining safe, healthy communities.

Research on rural school psychologists' roles and their ability to provide mental health service providers has been lacking. The importance of school psychology and the role of school psychologists in various settings has been brought to the forefront of national discussions in recent years due to the increased demand of mental health services within schools. Therefore, it is important to continue examining the importance of mental health service delivery, especially within the rural school setting.

References

Clements, M. R., & Kratochwill, T. R. (2008). Multitiered prevention models: Implications and future perspectives. In C. Greenwood, T. Kratochwill, & M. Clements (Eds.), Schoolwide prevention models: Lessons learned in elementary schools (pp. 269–289). New York: Guilford.

Clopton, K.L., & Knesting, K. (2006). Rural school psychology: Re-opening the discussion. *Journal of Research in Rural Education*, *21*(5), 1-11.

Cummings, J. A., McLeskey, J., & Huebner, E. S. (1985). Issues in the preservice preparation of school psychologists for rural settings. *School Psychology Review*, *14*(4), 429-437. https://doi.org/10.1080/02796015.1985.12085190

Edwards, L. M., & Sullivan, A. L. (2014). School psychology in rural contexts: Ethical, professional, and legal issues. *Journal of Applied School Psychology*, *30*(3), 254-277. https://doi.org/10.1080/15377903.2014.924455

Fagan, T. K., & Hughes, J. (1985). Rural school psychology: Perspectives on lessons learned and future directions. *School Psychology Review*, *14*(4), 444-451. https://doi.org/10.1080/02796015.1985.12085192

Goforth, A. N., Yosai, E. R., Brown, J. A., & Shindorf, Z. R. (2017). A multi-method inquiry of the practice and context of rural school psychology. *Contemporary School Psychology*, *21*(1), 58-70. https://doi.org/10.1007/s40688-016-0110-1

Graves Jr, S. L., Proctor, S. L., & Aston, C. (2014). Professional roles and practices of school psychologists in metropolitan schools. *Psychology in the Schools*, *51*(4), 384-394. https://doi.org/10.1002/pits.21754

Helge, D. (1985). The school psychologist in the rural education context. *School Psychology*

Review, *14*(4), 402-420. https://doi.org/10.1080/02796015.1985.12085188

Kramer, J. J., & Peters, G. J. (1985). What we know about rural school psychology: A brief review and analysis. *School Psychology Review*, *14*(4), 452-456. https://doi.org/10.1080/02796015.1985.12085193

Meyers, A. B., Tobin, R. M., Huber, B. J., Conway, D. E., & Shelvin, K. H. (2015). Interdisciplinary collaboration supporting social-emotional learning in rural school systems. *Journal of Educational & Psychological Consultation*, *25*(2), 109-128. https://doi.org/10.1080/10474412.2014.929956

National Association of School Psychologists (2010). *NASP 2020 Domains of Practice.* National Association of School Psychologists. https://www.nasponline.org/standards-and-certification/nasp-2020-professional-standards-adopted/nasp-2020-domains-of-practice

Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: a global public-health challenge. *The Lancet*, *369*(9569), 1302-1313.

Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, *26*(1), 1-13.

Sector, B., & Shryer, T. (July 23, 1991). Farming's exodus of the young: The 1980's crisis is over, but the turmoil took a toll on youth. *Los Angeles Times.*

Substance Abuse and Mental Health Services Administration (2019). *Mental health and substance use disorders.* Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/find-help/disorders.

United States Department of Agriculture (2018). Rural America at a glance. Retrieved from https://www.ers.usda.gov/webdocs/publications/90556/eib-200.pdf.

Appendix A

Phase 1 Questionnaire

You have been asked to participate in providing feedback on the following survey items. Your feedback on this survey will contribute to finalizing the items for the survey I will use for my dissertation. Any and all feedback is welcome and encouraged!

There is a strong need to update the literature surrounding the practice of rural school psychology and the rural school psychologists' roles of providing services such as psychoeducational assessment and mental health supports to students. **The purpose of this study is to examine the differences in roles, responsibilities, and the delivery of mental health services between rural school psychologists and metropolitan/micropolitan practitioners.**

With that in mind, I kindly ask that you move through this survey with the intent of determining which items you think are relevant to the purpose of the study, items that are not, and items that you think are relevant if they could be modified. You will also see responses that participants will have to choose from to evaluate.

You will be provided with three response options: "Yes", "No", or "Yes, with modifications." If you choose the "Yes, with modifications" option, you will be given the opportunity to provide written feedback for that particular item.

Thank you in advance for your participation! Your feedback plays a critically important role in designing this survey tool.

If you have any additional feedback or questions, please feel free to email me at: ashley.williamson@mnsu.edu.

1) To which gender identity do you most identify?
A) Female
B) Male
C) Transgender
D) Prefer not to answer

- Yes (1)
- No (2)
- Yes, with modifications (3)

2) How many years (including the current school year and your internship year) have you worked as a school psychologist?
—*Fill in the blank response*

- Yes (1)
- No (2)
- Yes, with modifications (3)

3) To which ethnic group do you most identify? (*Choose all that apply)*
A) American Indian or Alaska Native
B) Asian

C) Hispanic
D) Black or African American

E) Native Hawaiian or Other Pacific Islander
F) White, non-Hispanic

G) Other
H) Prefer not to answer

- Yes (1)
- No (2)
- Yes, with modifications (3)

4) What is the geographic definition of the community you work in?
A) Rural/small town (less than 10,000 people in the surrounding area(s) where you work; the area is generally sparsely populated)

B) Micropolitan (I work in an area near a city with more than 10,000 people but less than 50,000 people)

C) Metropolitan (I work in a location with more than 50,000 people)

- Yes (1)
- No (2)
- Yes, with modifications (3)

5) Please select your highest degree earned:
A) Masters
B) Specialist
C) Doctorate

- Yes (1)
- No (2)
- Yes, with modifications (3)

6) Please select how you classify your position as a school psychologist:
A) Full time (1.0 FTE)
B) ¾ time or more (.75 FTE)
C) ½ time or more (.5 FTE)
D) ¼ time or more (.25 FTE)
E) less than ¼ time (<.25 FTE)

- Yes (1)
- No (2)
- Yes, with modifications (3)

7) Please enter how many school buildings you currently serve:
--Fill in the blank response

- Yes (1)
- No (2)
- Yes, with modifications (3)

8) As a school psychologist, approximately how many students are in the school buildings you serve?

--Fill in the blank response

- Yes (1)
- No (2)
- Yes, with modifications (3)

9) How many hours of your total time during a typical workweek do you spend in the following mental health activities through your role as a school psychologist? (Participants will be asked to fill in how many hours they spend a week on each listed activity)
A) Providing mental health assessment to students
B) Providing mental health intervention(s) to students
C) Developing and implementing school-wide strategies to promote positive and safe mental health
D) Participating in research on mental health assessment and intervention (consuming and/or conducting)
E) Participating in professional development opportunities with a mental health focus
F) Consulting with teachers and other faculty about mental health supports
G) Connecting with families about mental health support for students
H) Advocating yourself as a mental health professional

- Yes (1)
- No (2)
- Yes, with modifications (3)

10) How many hours of your total time during a typical workweek do you participate in the following activities through your role as a school psychologist?
A) Conducting valid and reliable assessments for the purpose of identifying student's eligibility for special education services
B) Evaluating treatment fidelity of student interventions
C) Using data to analyze progress toward meeting academic and behavioral goals
D) Using a consultative problem-solving process for planning, implementing, and evaluating all instructional, and mental and behavioral health services
E) Using consultation and collaboration when working at the individual classroom, school, or systems levels
F) Facilitating effective communication and collaboration among families, teachers, students, community providers, and others
G) Integrating behavioral supports and mental health services with academic and learning goals for students
H) Developing and implementing behavior change programs at individual, group, and school-wide levels
I) Evaluating evidence-based interventions to improve individual student social, emotional, and behavioral wellness
J) Using systematic decision-making to consider the antecedents, consequences, functions, and causes of behavioral difficulties

- Yes (1)
- No (2)
- Yes, with modifications (3)

11) How many hours of your total time during a typical workweek would you **PREFER** to spend in the following activities as a school psychologist?
A) Individual counseling
B) Group counseling

C) Behavioral coaching
D) Positive behavioral supports
E) Parent education
F) Integrating behavioral supports and mental services with academic and learning goals for students
G) Developing and implementing behavior change programs at individual, group, classroom, and school-wide levels
H) Evaluating evidence based interventions to improve individual student social, emotional, and behavioral wellness
I) Using systematic decision-making to consider the antecedents consequences, functions, and causes of behavioral difficulties
J) Providing mental health assessment to students
K) Providing mental health intervention(s) to students
L) Developing and implementing school-wide strategies to promote positive and safe mental health
M) Participating in professional development opportunities that focus on mental health

- Yes (1)
- No (2)
- Yes, with modifications (3)

12) On average, how many hours a week do you spend traveling for your work as a school psychologist (i.e. windshield time)?
--*Fill in the blank response*

- Yes (1)
- No (2)
- Yes, with modifications (3)

13) How many students are currently on your workload?
--*Fill in the blank response*

- Yes (1)
- No (2)
- Yes, with modifications (3)

14) Who purchases the assessment tools (i.e. test kits, behavior rating scales, etc.) that you use as a school psychologist?
--*Fill in the blank response*

- Yes (1)
- No (2)
- Yes, with modifications (3)

15) If your district experiences a lack of testing tools/resources, does it affect how you do your job as a school psychologist?
A) Yes
B) No

- Yes (1)
- No (2)
- Yes, with modifications (3)

16) Does lack of support from your district effect your job as a school psychologist?
A) Yes
B) No

- Yes (1)
- No (2)
- Yes, with modifications (3)

17) Does your district provide financial support for you to attend conventions, conferences, or other external professional development activities provided outside of your school district?
--Fill in the blank response (if participants answer "Yes," they will be prompted to a separate question asking them how much financial support they receive from their district each year)

- Yes (1)
- No (2)
- Yes, with modifications (3)

18) How would you judge the quality of your formal training in graduate school to address mental health concerns of students?
A) Inadequate
B) Less than adequate
C) Adequate
D) More than adequate
E) Superior

- Yes (1)
- No (2)
- Yes, with modifications (3)

19) Please **rank** the following items **in order** from the biggest barrier to the smallest barrier of performing your duties as a school psychologist:
-Access to resources
-Family-school collaboration
-Lack of professional development opportunities
-Lack of professional services provided within the community to refer students to
-Support from the district-Time-Travel (i.e. windshield time)
-Time
-Workload

- Yes (1)
- No (2)
- Yes, with modifications (3)

20) On a scale of 1 to 10, with 1 being the lowest and 10 being the highest, how would you rate your satisfaction with your role as a school psychologist?
-This will be a scale from 1-10 that participants can slide to respond

- Yes (1)
- No (2)
- Yes, with modifications (3)

21) Are there any other suggestions or questions you would add to make this survey more useful?

Appendix B

Phase 2 Survey

Examining Differences in Rural, Micropolitan, and Metropolitan School Psychologists Roles and Delivery of Mental Health Services

You are requested to participate in research conducted by Ashley A. Williamson, M.S. under the supervision of Chip Panahon, Ph.D. in the School Psychology Doctoral Program at Minnesota State University, Mankato. The research will examine the differences in rural, micropolitan, and metropolitan school psychologists' roles and delivery of mental health services. This survey will take approximately 15 to 20 minutes to complete. The goal of this survey is to update research on this topic and provide insight for policy, practice, and training of school psychologists. If you have any questions about the research, please contact Dr. Panahon at (507) 389-2815 or carlos.panahon@mnsu.edu. Participation is voluntary. You have the option not to respond to any of the questions. You may stop taking the survey at any time by closing your web browser. The decision whether or not to participate will not affect your relationship with Minnesota State University, Mankato, and refusal to participate will involve no penalty or loss of benefits. If you have any questions about participants' rights and for research-related injuries, please contact the Administrator of the Institutional Review Board at (507) 389-1242.

Responses will be anonymous. However, whenever one works with online technology there is always the risk of compromising privacy, confidentiality, and/or anonymity. If you are completing this survey in a public space, be aware that the internet may not be secure and people around you may be able to see the questions and your responses. If you would like more information about the specific privacy and anonymity risks posed by online surveys, please contact the Minnesota State University, Mankato IT Solutions Center (507-389-6654) and ask to speak to the Information Security Manager. The risks of participating are no more than are experienced in daily life.

Completion of the survey may provide participants an opportunity to reflect on their own personal experiences as a school psychologists, specifically how they provide mental health supports to students. This may lead them to developing a broader awareness of their own participation and implementation of mental health practices. Submitting the completed survey will indicate your informed consent to participate and indicate your assurance that you are at least 18 years of age. Participants will also be given a chance to win 1 of 10 $30 VISA gift cards. At the end of the survey, participants will be asked if they would like to be entered into a drawing for one of these gift cards. If a participant would like to be entered, they will be taken to a separate link where they will be asked to provide their name and email address. Following the conclusion of data collection for this study, winners will be emailed directly by Ashley Williamson.

Please print a copy of this page for your future reference.

Minnesota State University, Mankato
IRBNet Id#: 16133314
Date of Minnesota State University, Mankato IRB approval: 7/11/2020

Do you agree to participate?

- Yes (1)
- No (2)

1) To which gender identity do you most identify?

a) Female (1)
b) Male (2)
c) Nonbinary (3)
d) Transgender Female (4)
e) Transgender Male (5)
f) Other (6)
g) Prefer not to answer (7)

2) How many years (including the current school year and your internship year) have you worked as a school psychologist (i.e., 2 years)

- Fill in the blank

3) To which ethnic group do you most identify? (Select all that apply)

a) American Indian or Alaska Native (1)
b) Asian (2)
c) Hispanic (3)
d) Black or African American (4)
e) Native Hawaiian or Other Pacific Islander (5)
f) White, non-Hispanic (6)
g) Other (7)
h) Prefer not to answer (8)

4) In what state are you currently working as a school psychologist? (Select all that apply)

- Drop down menu

5) What is the geographic definition of the community you work in?

a) Rural/small town (I work in an area with less than 10,000 people in the surrounding area(s) where you work; the area is generally sparsely populated) (1)
b) Micropolitan (I work in an area near a city with more than 10,000 people but less than 50,000 people) (2)
c) Metropolitan (I work in an area with more than 50,000 people) (3)

6) Please select your highest degree earned:

a) Masters (1)
b) Specialist (2)
c) Doctorate (3)

7) Please select how you classify your position as a school psychologist:

a) Full time (1.0 FTE) (1)
b) ¾ time (.75 FTE) (4)
c) ½ time (.5 FTE) (5)
d) ¼ time (.25 FTE) (6)
e) less than ¼ time (7)

8) Please enter how many school buildings you currently serve (i.e., 2):

- Fill in the blank

9) As a school psychologist, approximately how many students are in the school buildings you serve? If you work in **multiple buildings**, please add up each building and provide an **overall total** of the students you serve. (i.e., If you work in two buildings and one building has 300 students while the other building has 400, you serve 700 students).

- Fill in the blank

10) What **percentage** of your total time during a typical workweek do you spend in the following **mental health activities** through **your role as a school psychologist**? *The total*

should approximate the percentage of time you spend engaging in mental health related services per week.

a) Providing mental health assessment to students: (1)
b) Providing mental health intervention(s) to students: (4)
c) Developing and implementing school-wide strategies to promote positive and safe mental health: (5)
d) Participating in professional development opportunities with a mental health focus: (7)
e) Connecting with families about mental health support for students: (9)
f) Advocating yourself as a mental health professional: (10)
g) Total:

11) What **percentage** of your total time during a typical workweek do you participate in the following activities through **your role as a school psychologist**? *The total should approximate the percentage of time you spend engaging in these responsibilities per week.*

a) Conducting valid and reliable assessments for the purpose of identifying student's eligibility for special education services: (1)
b) Evaluating treatment fidelity of student interventions: (4)
c) Using a consultative problem-solving process for planning, implementing, and evaluating all instructional, and mental and behavioral health services: (6)
d) Facilitating effective communication and collaboration among families, teachers, students, community providers, and others: (8)
e) Integrating behavioral supports and mental health services with academic and learning goals for students: (9)
f) Developing and implementing behavior change programs at individual, group, and school-wide levels: (10)
g) Evaluating evidence-based interventions to improve individual student social, emotional, and behavioral wellness: (11)
h) Total:

12) What percentage of your total time during a typical workweek would you **PREFER** to spend in the following activities as a school psychologist? *The total should approximate the percentage of time you would prefer engaging in these responsibilities per week.*

a) Individual and/or group counseling: (1)
b) Positive behavioral supports: (6)
c) Parent education: (7)
d) Integrating behavioral supports and mental services with academic and learning goals for students: (8)
e) Developing and implementing behavior change programs at individual, group, classroom, and school-wide levels: (9)
f) Evaluating evidence-based interventions to improve individual student social, emotional, and behavioral wellness: (10)
g) Providing mental health assessment and/or intervention to students: (12)
h) Developing and implementing school-wide strategies to promote positive and safe mental health: (14)
i) Participating in professional development opportunities that focus on mental health: (15)
j) Total:

13) On average, how many **hours** a week do you spend traveling for your work as a school psychologist (i.e., windshield time)?

- Fill in the blank

14) How many students are currently on your workload (this includes assessments, intervention, small groups, etc.)?

- Fill in the blank

15) Who purchases the assessment tools (i.e., test kits, behavior rating scales, etc.) that you use as a school psychologist?

a) My district(s) (1)
b) My cooperative (2)
c) Me personally (3)
d) Other (4)

16) If you selected "Other," please specify who purchases the assessment tools (i.e. test kits, behavior rating scales, etc.) that you use as a school psychologist.

- Fill in the blank

17) If your district experiences a lack of testing tools/resources, does it affect how you do your job as a school psychologist?

a) Yes (1)
b) No (2)

18) Does lack of support from your district affect your job as a school psychologist?

a) Yes (1)
b) No (2)

19) Does your district provide financial support for you to attend conventions, conferences, or other external professional development activities provided outside of your school district?

a) Yes (1)
b) No (2)

20) How much financial support do you receive from your district each year (i.e., $100)?

- Fill in the blank

21) How would you judge the quality of your formal training in graduate school to address mental health concerns of students?

a) Inadequate (1)
b) Less than adequate (2)
c) Adequate (3)
d) More than adequate (4)
e) Superior (5)

22) Please **rank** the following items **in order** from the biggest barrier (1) to the smallest barrier (8) of performing your duties as a school psychologist:

_____ Access to resources (2)
_____ Family-school collaboration (3)
_____ Lack of professional development opportunities (4)
_____ Lack of professional services provided within the community to refer students to (5)
_____ Support from the district (6)
_____ Time (7)
_____ Travel (8)
_____ Workload (9)

24) On a scale of 1 to 10, with 1 being the lowest and 10 being the highest, how would you rate your satisfaction with your role as a school psychologist?

- Rate on a scale

Appendix C

Approved Recruitment Letter for NASP and Facebook Ad

Hello! My name is Ashley Williamson and I am a doctoral candidate at Minnesota State University, Mankato. Under the supervision of my advisor Dr. Chip Panahon, I am conducting research examining the differences in rural, micropolitan, and metropolitan school psychologists' roles and delivery of mental health services. I invite you to take this short 15-20 minute online survey! Survey data will be collected anonymously. All participation is voluntary, and participants may discontinue at any time. Participants will be given a chance to win 1 of 10 $30 VISA gift cards. At the end of the survey participants will be taken to a separate link where they will be given the option to enter into the gift card giveaway. At the conclusion of this study, winners will be emailed directly. If you have any questions, feel free to contact me directly.

The NASP Research Committee has reviewed this study and granted the researchers permission to recruit NASP members as research participants.

Thank you for participating!

Link for Survey: https://mnsu.co1.qualtrics.com/jfe/form/SV_eA4wu9RWCwITVTD

Appendix C

Table 1

Table 1

Percentage of Time Spent Engaging in Various Job Tasks Related to Mental Health Support

Specific Task	Rural		Micropolitan		Metropolitan		*F-value*
	M	*SD*	*M*	*SD*	*M*	*SD*	
Participating in professional development focused on mental health	5.69	12.81	7.12	9.95	3.87	4.89	2.24
Connecting with families about mental health support for students	3.39	4.79	6.73	8.70	4.70	6.81	2.06
Advocating yourself as a mental health professional	8.57	20.53	8.81	19.49	2.52	4.67	3.93**
Evaluating treatment fidelity of student interventions	3.52	5.40	2.40	4.15	2.52	3.10	.83
Conducting valid and reliable assessments for special education services	54.48	26.01	40.63	28.53	43.29	26.39	2.5
Using consultative problem-solving for planning, implementing, and evaluating all instructional, mental, and behavioral health services	13.72	19.65	10.34	14.29	8.56	7.76	1.87
Facilitating effective communication and collaboration among families, teachers, students, community providers, and others	8.10	6.75	10.27	9.39	8.95	8.16	.64
Integrating behavioral supports and mental health services with academic and learning goals for students	5.21	10.28	5.76	6.72	5.74	7.80	.05
Developing and implementing behavior change programs at individual, group, and school-wide levels	4.72	6.31	5.51	7.78	4.74	6.42	.20
Evaluating evidence-based interventions to improve individual student social, emotional, and behavioral wellness	2.67	4.44	5.72	15.94	3.65	5.70	1.04

**$p < .05$

Appendix D

Table 2

Table 2

Mental Health Assessment and Intervention

Specific Task	Rural		Micropolitan		Metropolitan		*F-value*
	M	*SD*	*M*	*SD*	*M*	*SD*	
Time spent conducting mental health intervention	5.33	6.30	16.32	22.78	9.53	15.69	3.98**
Time spent in mental health assessment	5.21	6.45	11.29	17.02	11.80	20.75	1.53

**$p < .05$

Appendix E

Table 3

Table 3

Overall Preference of Hours Spent in Various Mental Health Tasks

Preferred Task	Rural		Micropolitan		Metropolitan		*F-value*
	M	*SD*	*M*	*SD*	*M*	*SD*	
Individual and/or group counseling	15.19	11.89	17.44	14.84	13.37	12.78	1.35
Implementing positive behavioral supports	5.21	10.28	5.76	6.72	5.74	7.80	2.25
Parent education	5.09	6.35	5.51	7.85	6.36	7.32	.41
Integrating behavioral supports and mental health services with academic and learning goals for students	9.31	7.64	7.63	7.25	8.50	8.79	.36
Developing and implementing behavior change programs at individual, group, classroom, and school-wide levels	10.10	7.07	9.49	7.91	10.32	8.79	.14
Evaluating evidence-based interventions to improve individual student social, emotional, and behavioral wellness	8.45	10.01	5.83	5.98	6.29	6.89	1.22
Providing mental health assessment and/or intervention to students	9.48	6.73	13.32	9.43	9.02	9.10	3.44
Developing and implementing school-wide strategies to promote positive and safe mental health	10.10	7.01	9.49	7.91	10.32	8.79	.04
Participating in professional development opportunities that focus on mental health	6.31	5.09	7.98	8.83	6.11	5.24	1.24

**$p < .05$

Appendix F

Table 4

Table 4

Attitude Toward Formal Training in Regard to Mental Health Support

Attitude Toward Training	Rural		Micropolitan		Metropolitan	
	M	*SD*	*M*	*SD*	*M*	*SD*
Feelings toward quality of mental health training	2.93	.89	3.02	.94	2.79	.90