Providing School Psychological Service Through a Community Mental Health Center

The Lakeland Mental Health Center, Inc. is a traditionally-oriented, psychiatric facility providing outpatient services to a predominantly rural section of western Minnesota. The first state-supported, community mental health installation established in Minnesota, the Center has been in operation since 1949. It serves a geographic region of eight counties and an approximate population of 150,000 persons. During its development, there has been considerable expansion of both the quantity and kind of demands made on Center functions. One of the most insistent of these demands has been for services to children, principally for those of school age. In 1961, the Center staff decided it was necessary to provide a special kind of service to this segment of its referred population. The logical point upon which to concentrate seemed to be the school. The contemplated service was to extend the operation of the Center, rather than to function purely as a program of school psychology. Among its primary targets, therefore, was the promotion of mental hygiene in the school and screening of youngsters for whom intensive treatment was felt appropriate. In addition, it was hoped that the prospective program could be amended in such a way as to include some of the responsibilities ordinarily associated with psychology in the schools. No psychologist was expressly employed in any Western Minnesota school district, and services available to the schools were largely restricted to evaluation of youngsters who were making an unsuccessful academic adjustment. Other problems were principally ignored.

In the spring of 1962, superintendents of all independent school districts, in the eight counties served by the Center, were invited to attend a meeting at the Lakeland Mental Health Center. The suggestion was made that the Center provide psychological services to them at a low cost, daily rate. The proposal was kept simple and was meant to ascertain the degree of their interest in developing a program. No formal outline of services was presented, but they were asked to consider the kinds of things a school psychologist is traditionally expected to do in a school setting and to evaluate whether such a program would be feasible for their own school system. At the end of the 1961-1962 school year, six out of a possible 38 schools had decided to participate in a program, as yet unspecified, of psychological services provided through the Center.

Selection of Personnel

After the schools had shown a definite interest, it was necessary to select the psychologist who would set up and operate the program. Because the emphasis in the Center was on diagnosis and treatment, the psychologist working in the school program would need to have interest and preparation in the clinical sphere, as well as in the education process. At the time the school plan was initiated, the Center staff had in mind a psychologist who had completed an APA-approved internship in clinical psychology, had had three years' experience working with children in a demonstration research project, and was completing requirements for his doctorate in educational psychology. It was decided that as a professional title, Consulting Psychologist would be appropriate.
PROGRAM DEVELOPMENTS

After two years of continual development which resulted in the addition of eight schools, it became necessary to add a second psychologist for the 1963–1964 school year. He was more clinically knowledgeable and had had two years of experience instructing such college courses in teacher preparation as Educational Psychology, Child Psychology, and Adolescent Psychology.

The program has now been carried through its third year and serves 16 schools. Rather than concentrate on increasing the number of schools served, the Center wants to provide a broader program in psychological consultation for the schools already being served. It is hoped that this can be accomplished by more in-service work with teachers and the development of more resources within the pupil personnel structure of the individual schools.

THE 12-POINT PROGRAM

Neither the Center nor the schools had worked out a firm sense of direction for the program of psychological services during its first year in operation and flexibility was emphasized. To have some assurance that no required service would be omitted, all requests were to be accepted and an effort made to comply with them in some way. Several references were invaluable in developing guidelines for channeling requests and making up a tentative program. There has been a rapid increase in the number of books, journals, and reports available. The following 12-point program of psychological services was developed, based on a sampling of the literature:

1. Teacher-psychologist consultations.
2. Identification of mentally retarded children.
3. Consultation on group testing.
5. Identification of gifted and creative children.
6. Consultation with pupil personnel service specialists.
7. Counseling and psychotherapy.
8. Consultation with parents.
9. Consultation with administrative personnel.
10. Consultation on curriculum and instruction.
11. Speaking engagements before faculty, parent, religious, and service groups.
12. Information services.

This list was intended to be suggestive to the participating schools and was actually used as designated in Table 1.

Beginning with the idea of expanded service for school age children and extending through the development of a 12-point program of suggested services, it was time to go into the schools with an engineered program of school psychological services. An orientation program in and with each school was developed. During the first month of the 1962–1963 school year, conferences were held with administrators, principals, counselors, special class teachers, nursing personnel, remedial reading specialists, and all others who would be likely to have some tangency with the consulting psychologist. It was felt that services in each school should be coordinated by one person, to be designated by the superintendent, in order to minimize unnecessary faculty contact. When possible, it was suggested that the school counselor serve in this capacity. Many of the smaller schools did not have a counselor, and in these cases, the high school principal was appointed coordinator. During the third year, however, the superintendent of a newly contracted, larger school system decided he could coordinate the program best himself.

The atmosphere in the schools was one of “wait and see.” After the suggested services had been presented to faculty meetings, small group sessions were formed and referrals began to come in. In each school, referrals went directly to the coordinator, who then made up the psychologist’s schedule. This schedule was fixed insofar as the amount of time spent in each school—ranging from one day per month in a small