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## A Survey of Michigan School Psychologists: Some Facts and Opinions

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A SURVEY OF MICHIGAN SCHOOL PSYCHOLOGISTS:  
SOME FACTS AND OPINIONS

by

Elisabeth R. <sup>Rebecca</sup>Thall

A Project Report  
Submitted to the Faculty of  
the School of Graduate Studies  
in partial fulfillment of the  
Specialist in Education Degree

Western Michigan University  
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Elisabeth Thall

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## CHAPTER I

### THE SELECTION AND IMPLEMENTATION OF THE PROJECT

#### Criteria for Selection of a Project

In searching for a suitable research project there were several important factors to be considered.

It was this writer's personal opinion that the research project should:

1. Be related to her work as a Diagnostician.
2. Be interesting and capable of sustaining her attention so that the project would be completed.
3. Contribute substantially to her professional growth.
4. Generate more research.

With these criteria in mind, the writer sat down and tried to decide what she knew and what she would like to know about being a diagnostician.

Having completed sixty hours of graduate training in Psychology and Education, this Diagnostician felt competent in the administration and interpretation of various psychological tests. There was, however, a lack of information concerning the problems of other diagnosticians; and this led to a more serious consideration of the role of the diagnostician in Michigan. It was decided to explore the role of the diagnostician in Michigan, his problems, his strengths and his weaknesses.

### The Limitations of This Study

A complete list of Certified Diagnosticians was obtained from the Department of Education, Lansing, Michigan.

Because of the large number of Certified Diagnosticians (two hundred and sixty two) it was decided:

1. To utilize a questionnaire as a means of gathering information.
2. To limit the group surveyed to a random sample of one hundred and sixty diagnosticians.

When the questions for this survey were being selected it soon became evident that the role of the diagnostician in Michigan was only one facet of the total picture. It also seemed important to find out the level of training and many other related factors which would reflect themselves in the performance of the diagnostician. This was the thinking that led to the inclusion of the section of questions dealing with graduate training.

At this time a controversy is raging among diagnosticians as to whether they can identify children with other problems, and hence should be allowed by the State to do other work than certify the Mentally Handicapped for class placement. Some questions were designed to provide information concerning the range of children actually seen by the diagnostician and also his opinion as to whether he can identify other specific disabilities. Each question was selected on the basis of four general criteria:

1. It must yield meaningful information.
2. It will be acceptable to the respondent.
3. It is relevant to the topic (Michigan Diagnosticians).
4. It is concise and easy to understand.

### The Implementation of the Questionnaire

The questionnaire, as it finally emerged, is a very general survey of some facts and opinions. Some being more significant to the writer than others, but all contributing to her better understanding of the diagnostician in Michigan.

Additional incentives to respond to the questionnaire were provided. One involved including the diagnostician's name in a list of contributors if he so desired, and the other was an opportunity to share the results of the study.

Of the one-hundred and sixty questionnaires sent to Michigan diagnosticians in April, 1967, eighty-five were completed and returned and two were returned uncompleted. The results of the survey discussed in this paper will be based on the information from the eighty-five completed questionnaires.

It should be mentioned that, while an attempt was made to obtain a random sample, not all of the questionnaires were returned and this does suggest that the responding group may have characteristics which influenced their desire to participate in this study and which might influence the results.

## CHAPTER II

### THE RESULTS OF A SURVEY OF MICHIGAN SCHOOL PSYCHOLOGISTS WITH ACCOMPANYING COMMENTS

#### Introductory Remarks

Because of the nature of this study, it seemed advisable to state the question, followed by a concise presentation of the responses. The responses were then perused by the writer, and any pertinent comments, suggestions or criticisms were made based on the intent of the question and the responses elicited.

#### Educational Background

Question one has three parts. Each part is listed separately.

Question one (part 1). From what institution did you receive your most recent degree?

<u>School</u>	<u>Frequency</u>
Arizona State University	1
Central Michigan University	1
City College of New York	1
Columbia University	1
Eastern Baptist Theological Seminary	1
Eastern Michigan University	2
George Washington University	1
Indiana State	1
Michigan State University	15
Oregon State University	1
St. Francis College	1
Temple University	1
University of Illinois	1
University of Michigan	13
University of Missouri	1
University of Oregon	1

<u>School</u>	<u>Frequency</u>
University of Toledo	1
Wayne State University	10
Western Michigan University	9

No Response - 22

Question one (part 2). What year did you receive your most recent degree?

<u>Year of Most Recent Degree</u>	<u>Number Who Received Degrees</u>
1967*	4
1966	12
1965	7
1964	3
1963	11
1962	5
1961	5
1960	9
1959	5
1958	4
1957	3
1956	2
1955	3
1954	2
1953	3
1952	1
1948	1
1946	1
1940	1
1931	1
No Response - 2	

\* January graduates only - Study conducted in March, 1967.

Question one (part 3). What is your most recent degree?

<u>Most Recently Acquired Degree</u>	<u>Frequency</u>
Doctor of Philosophy	4
Educational Specialist	8
Doctor of Education	3
Master of Arts	54
Master of Education	6

<u>Most Recently Acquired Degree</u>	<u>Frequency</u>
Master of Science	6
Bachelor of Arts	1
Bachelor of Divinity	1

The results of this question (first part) show that of the diagnosticians who responded, the largest proportion received their training in Michigan universities.

Diagnosticians in this survey also seemed to show a trend with regard to recency of graduate training; between 1960 and 1967, fifty-eight out of eighty-three responded that they had earned their most recent degree. One might assume that this group (of recent graduates) are relatively modern in their test selection, selecting tests on the basis of their reliability and validity studies.

The recency of their education might be a factor in the high rate of response of this group or this might be an indication that diagnosticians work for a few years and then move on to other positions.

The majority of respondents hold a Master's Degree. Higher degrees such as Educational Specialist, Doctor of Education and Doctor of Philosophy were held by 18 per cent of the respondents.

Question two. What other degrees do you hold?

Other degrees held by Diagnosticians include:

<u>Degree</u>	<u>Frequency</u>
Bachelor of Arts	48

<u>Degree</u>	<u>Frequency</u>
Bachelor of Science	26
Bachelor of Education	6
Master of Arts	13
Master of Science	3
Master of Arts (Speech Correction)	1
No Response - 6	

This question gives one a very general idea of the educational background of the Diagnostician.

#### Strengths and Weaknesses of Graduate Training

Question three. Of the graduate courses that were part of your preparation for your work as a psychologist, which have been of the most value to you?

<u>Course</u>	<u>Frequency</u>
Individual Psychological Assessment	61
Professional Field Experience	21
Projective Techniques	16
Personality Theory	14
Clinical Diagnosis	11
Psychology and/or Education of Exceptional Children	11
Child Growth and Development	10
Reading Diagnosis and Remediation	9
Seminar for School Diagnosticians	8
Abnormal Psychology	7
Mental Retardation	6
Psychological Counselling	6
Educational Psychology	4
Psychological Theory	4
Administration & Supervision of Special Education	3
Child Psychology	3
Psychodiagnostics	3
Psychology of Learning	3
Statistics	3
Dynamics of Human Behavior	2
Education of Emotionally Disturbed Children	2
Introduction to Psychological Testing	2

<u>Course</u>	<u>Frequency</u>
Neuroanatomy and Physiology	2
Personality Testing in Clinical Practice	2
Psychoanalytic Theory	2
School Psychology	2
Advanced Diagnostic Methods	1
Advanced Projective Techniques	1
Clinical Management of the Disturbed Child	1
Curriculum Reorganization	1
Disabling Conditions	1
Management of Behavior	1
Mental Hygiene	1
Research Methods	1
Speech Therapy	1
Sociology	1

Courses mentioned by ten or more diagnosticians as being of the most value to them in their work include:

Child Growth and Development, Clinical Diagnosis, Individual Psychological Assessment, Personality Theory, Professional Field Experience, Psychology and/or Education of Exceptional Children, and Projective Technique.

Other courses which were mentioned by at least five but not more than nine Diagnosticians as being most valuable to them included the following:

Abnormal Psychology, Mental Retardation, Psychological Counselling, Reading Diagnosis and Remediation, and Seminar for School Diagnosticians.

Anyone who has ever worked as a Diagnostician would probably agree that the list of courses mentioned by five or more diagnosticians are courses that were valuable to him. There will always be a few exceptions based on an individual's particular interest, but generally speaking, these courses contribute the most to the diagnostician's competency.

Question four. Have you felt any deficits in your graduate training as a School Psychologist?

Sixty-six Diagnosticians answered yes.

Eighteen Diagnosticians answered no.

One Diagnostician did not respond.

<u>Deficit or Suggestion to Correct</u> <u>Deficit</u>	<u>Frequency</u>
Need to be able to diagnosis reading and other learning disabilities including strengths and weaknesses of the slow learner so that suggestions for the best educational approach to a particular child can be made to the teacher.	11
Need more training in interviewing and counselling techniques (communicative skills).	10
Not enough clinical experience.	8
Need more course work in interpretation of projective tests.	7
Need more course work emphasizing both normal and abnormal child development.	5
Felt a deficit in the awareness of the actual practical involvements of being a diagnostician.	5
Need more emphasis on the identification of emotionally disturbed children so proper referral can be made.	4
Tests covered in training courses are too limited.	3
Lack of background in interpreting test results.	3
Not enough training in planning a program for a child based on the results of his test data.	3

<u>Deficit or Suggestion to Correct</u> <u>Deficit</u>	<u>Frequency</u>
Need more information about neurological disorders and cerebral dysfunctions, so that diagnosis and referrals to physicians and remedial suggestions in case of cerebral dysfunctions can be made on a rational basis.	3
Should have practical experience at an earlier date.	2
Internship should be served under expert supervision.	2
Not enough training in classroom dynamics.	2
Not enough emphasis on the psychology of the learning process.	2
Not enough variation in theories presented so that the diagnostician could select the approach most meaningful to him.	2
The problems of the mentally retarded were touched on too briefly.	2
Need more work in the use of psychotherapeutic techniques with children.	2
Not enough practical experience in working with school children in a diagnostic capacity.	1
Lack of a Para-Medical Orientation.	1
Need more information about other disabilities, hearing, speech, physically handicapped, so that children with problems in these areas can be found and referred to the proper person.	1
Lack of seminars on specific disorders, such as the problems of retarded, the emotionally disturbed child and neurological disorders.	1

<u>Deficit or Suggestion to Correct Deficit</u>	<u>Frequency</u>
Need to improve technique of report writing.	1
More work in research design.	1
Feel outdated in five years.	1
Too much Freud.	1
Too many courses in projective techniques.	1
Graduate training was in field other than that of the diagnostician; feel inadequate as a diagnostician.	1
Need to know more about the Psychology of Perception.	1

The deficits mentioned in response to question four suggest that the main problem lies in not enough emphasis being placed on materials which will later be of great importance to the diagnostician. Five or more diagnosticians felt that they had deficits in the following areas:

1. Clinical experience.
2. Interpretation of projective tests.
3. Practical involvements of being a diagnostician.
4. Counselling and interviewing techniques.
5. Diagnosis and remediation of specific disabilities.
6. Abnormal and normal child growth and development.

Question five. If you were coordinator of the Graduate Program for the training of School Psychologists would you change the curriculum or any other requirements?

Sixty-nine Diagnosticians answered yes.  
 Thirteen Diagnosticians answered no.  
 Three were undecided or had no response.

<u>Changes Suggested</u>	<u>Frequency</u>
<u>The quality of the internship should be improved, a wider variety of children should be seen and the best supervisors possible should be available for observation and consultation.</u>	21
Course work should be broadened to include courses that will specifically help the diagnostician in making suggestions to the teacher regarding <u>constructive educational planning</u> for the slower-learner and children with specific learning disabilities, such as retarded readers.	12
The emphasis needs to be changed from the teaching of theories that cannot be applied to a more <u>realistic approach</u> to the problems of the Diagnostician. This might be accomplished if a graduate class was taught by a practicing Diagnostician.	10
There should be an attempt to emphasize the study of the child and different aspects of his development, including child growth, physiological implications, behavior modification, psycho-dynamics of behavior, and psychological problems of education in a comprehensive fashion. At the present time there seems to be too much emphasis on adult psychology.	10
There should be fewer and more meaningful education courses (based on current research).	8
More emphasis should be given to the <u>differential diagnosis of children with cerebral dysfunctions</u> . Some training in the administration of special tests such as the Illinois Test of Psycholinguistic Abilities or the Marianne Frostig Test of Visual Perception would be helpful because these identify areas of disability and <u>specific remedial programs</u> can be instituted based on the results of the test.	6

<u>Changes Suggested</u>	<u>Frequency</u>
Techniques of report writing should be explored so that the diagnostician finds one that is suitable to him. The diagnostician should strive to write a clear, concise report, interpreting test data in a meaningful connotation to those who must plan for the education of the child.	4
There should be more emphasis on current research as it relates to the work of the diagnostician.	4
There should be more emphasis on the interpretation of projective tests.	4
An internship should be offered in conjunction with schooling early in the training program so that the diagnostician will be able to recognize and learn those skills which will be most useful to him in his future vocation.	3
Curriculum should include some training in identifying emotionally disturbed children so that they can be referred to the proper agency for treatment.	3
More emphasis should be placed on research design including the applicability and the use of various statistical methods.	3
The student should have some training in identifying children with neurological disorders so that referrals to physicians for neurological examination could be made on a rational basis.	2
More time should be allowed for individual research projects.	2
Other school personnel should not be allowed to administer psychological tests.	2

<u>Changes Suggested</u>	<u>Frequency</u>
There should be seminars available to both students and practicing diagnosticians so that there could be a sharing of problems and their management. If possible, under the finest specialist available.	1
Every Diagnostician should be required to have spent a minimum of one year as an elementary school teacher.	1
The student should be required to participate in a Community Program within Special Education so that he will have the opportunity to observe mentally retarded children in other than a school setting.	1
Less emphasis should be placed on the history and philosophy of education.	1
Diagnosticians should be required to major in Psychology and minor in Education.	1
<p>This question was not directed as a criticism of any particular graduate school. The significance of sixty-nine respondents who felt that graduate training could be improved by a change in the curriculum or requirements cannot be overlooked. It may be that the training program has not kept pace with the needs of the modern diagnostician.</p>	

One difficulty in trying to categorize a list such as this is that at times the meaning of the original suggestion becomes lost or changes. There was an attempt to prevent this from happening. However, the subjectivity of the responses may have made this impossible in some instances.

It is suggested that each person responsible for the training of diagnosticians read the list of suggestions and weigh them on their own merits as they are in the best position to know what is transpiring within their school and can judge if a change is desirable.

### Occupational Classification

#### Question six. What is your present occupational classification?

Thirty-nine respondents referred to themselves as Diagnosticians.

Thirty-six respondents referred to themselves as School Psychologists.

<u>Other Occupations</u>	<u>Frequency</u>
Administrator	1
Assistant Superintendent of Children's Services	1
Coordinator of Psychological Services	1
Coordinator of Special Services	1
Director of Special Education	2
Department Head - Detroit Public Schools Psychological Clinic	1
School Psychological Examiner	2
Supervising Diagnostician	1

Often the title Diagnostician and School Psychologist are used interchangeably. As the writer learned after writing this survey, Diagnostician is the title used for State Reimbursement and School Psychologist is the County Job Title. They both do the same type of work and are certified by the State as Diagnosticians.

One School Psychologist stated that he was a part-time faculty member at Wayne State University.

Of the eighty-five responses, seventy-seven work primarily as School Psychologists, Diagnosticians or Psychological Examiners.

Only one of the administrators stated that his duties no longer included testing of the children. He responded to the questionnaire on the basis of his contact with the diagnosticians with which he was associated, as well as his experience.

#### Exploring the Role of the Diagnostician

Question seven. When a child is referred for testing because of suspected retardation, what tests do you include in your Standard Test Battery?

The responses are listed in the order of frequency. This does not tell us how many times they were administered, but does indicate a rate of acceptability to practicing diagnosticians.

The Wechsler Intelligence Scales (Wechsler Preschool Primary Intelligence Scale, Wechsler Intelligence Scale for Children and the Wechsler Intelligence Scale for Adults) and/or the Stanford-Binet Intelligence Test, Form L-M were mentioned by every diagnostician except one, who stated that he used no test routinely.

Other tests used in the Diagnosticians' Standard Battery included the following:

<u>Test</u>	<u>Frequency</u>
Bender Visual Motor Gestalt Test	79
Wide Range Achievement Test	68
Draw-A-Person	61
Peabody Picture Vocabulary Test	21
House-Tree-Person Projective Technique	20

<u>Test</u>	<u>Frequency</u>
Analysis of Reading Difficulties (Durrell)	6
Frostig Developmental Test of Visual Perception	6
Tests of Lateral Dominance (Harris or Wagner)	4
Sentence Completion Test	4
Ammons Quick Scoring Full Range Test	3
Columbia Mental Maturity Scale	3
Gray's Oral Reading Test	3
Illinois Test of Psycholinguistic Abilities	3
Rorschach	3
Thematic Apperception Test	3
Vineland Social Maturity Scales	3
Detroit Test of Learning Aptitudes	2
Examining for Aphasia	2
Gesell's Developmental Sequence Scale	2
Roswall-Chall Diagnostic Reading Test of Word Analysis Skills	2
Street Reading Scale	2
Anton Brenner Developmental Gestalt Test of School Readiness	1
Benton Visual Retention Test	1
Childrens Apperception Test	1
Dvorine Psuedo-Isochromatic Plates (Vision)	1
Gates Basic Reading Tests	1
Gilmore Oral Reading Test	1
Leiter International Performance Scale	1
Lincoln-Oseretsky Motor Development Scale	1
Memory for Designs	1
Minnesota Preschool Scale	1
Perceptual Forms Test	1
Progressive Matrices	1
Reading Survey (none specified)	1
Stanford Achievement Test (Arithmetic)	1
Tennessee Self-Concept Scale	1
The Rutger's Drawing Test	1
Winter Haven Developmental Tasks	1

The responses to this question indicate that diagnosticians have definite preferences for certain tests.

The list of tests used most often (mentioned by at least twenty Diagnosticians) include the Wecheler Intelligence Scales, the Stanford-Binet, Form L-M, Bender Visual Motor Gestalt Test, Draw-A-Person, Wide Range Achievement Test, Peabody Picture Vocabulary Test and the House-Tree-Person. These tests can be used to measure intelligence, achievement, emotional stability and neurological functioning.

A diagnostic test is only as good as the person administering it and so different diagnosticians will be able to get more or less information from a particular test, depending on their skill. Often a diagnostician uses a Projective Test first in his examination of a child, because it is rather neutral and involves the child in a nonthreatening situation. There is no right or wrong answer as such in a Projective Test. The value of the Projective Test in providing important information that can be used to select other diagnostic devices should not be minimized. For example, the level of a child's drawing of a person can indicate the level of his intellectual functioning and may indicate symptoms of regression or of motor impairment. The results of a Bender may suggest that there is a neurological malfunction and indicate a need for a medical examination by a competent neurologist.

The reliability and validity of the tests most frequently used to measure intelligence and achievement are within acceptable limits.

The tests which were mentioned less than twenty times include a wide range of tests designed to examine many areas and it is

quite likely that the diagnostician draws from this reserve when he suspects a specific problem.

Question eight. Approximately how much time do you spend interviewing and/or testing a typical new referral?

<u>Time</u>	<u>Frequency</u>
One to one and one-half hours	7
Two hours	41
Two hours and fifteen minutes	1
Two and one-half hours	3
Three hours	27
Four and one-half hours	1
Five hours	3
Ten hours	1
Much variation	2

Mean: 2.52 hours  
 Median: 2.00 hours  
 Bimodal distribution

The responses to this question indicated that diagnosticians in general (81%) spend either two or three hours testing and/or interviewing a typical new referral. About 50 per cent of the respondents spend two hours testing and/or interviewing a new referral, while about 31 per cent of the respondents spend three hours testing and/or interviewing a new referral.

As a Diagnostician, it is not my belief that time is the most important aspect of the evaluation. There must be adequate time to evaluate each problem individually. The persons who generally spend one hour may do just as good a job as those who spend more time, but the quality of their interrelationship in the test situation would have to be superior.

Question nine. If additional diagnostic evaluation is indicated, what other tests have you recently used (since September, 1966)?

<u>Test</u>	<u>Frequency</u>
Illinois Test of Psycholinguistic Abilities	32
Frostig Test of Visual Perception	24
Thematic Apperception Test	22
Rorschach	19
Children's Apperception Test	16
Peabody Picture Vocabulary Test	14
Analysis of Reading Difficulties	11
Draw-A-Person	8
Bender Visual Motor Gestalt Test	7
House-Tree-Person	7
Sentence Completion Test	6
Vineland Social Maturity Scale	6
Columbia Mental Maturity Scale	4
Leiter International Performance Scale	4
Ammons Full Scale	3
The Blacky Pictures	3
Gray's Oral Reading Test	3
Progressive Matrices	3
Wide Range Achievement Test	3
Family Drawings	2
Gates Diagnostic Reading Test	2
Hawthorne Concepts Scale	2
Holtzman Inkblot Technique	2
Michigan Picture Story Test	2
Weptman Test of Auditory Discrimination	2
Arthur Point Scale of Performance Tests	1
Ayers Space Test	1
Benton Visual Retention Test	1
Botel Reading Test	1
Anton Brenner Developmental Gestalt Test of School Readiness	1
California Personality Inventory	1
Chicago non-verbal Examination	1
Desparte Fables	1
Durrell Test of Reading Readiness	1
Educational Achievement	1
Feelings-- Interests Test	1
Developmental Sequence Scale (Gesell)	1
Goodenough-Harris Drawing Test	1

<u>Test</u>	<u>Frequency</u>
Hayes-Binet Nebraska Test for the Blind	1
IPAT Children's Personality Questionnaire	1
Minnesota TSE Inventory	1
Minnesota Multiphasic Personality Inventory	1
Revised Beta Examination	1
Science Research Associates: Primary Mental Abilities	1
Seguin - Goodard Formboard	1
Symonds Picture Story Test	1
Test of Lateral Dominance (Harris)	1
Tennessee Concept Scale	1
Wechsler Pre-School Primary Intelli- gence Scale	1
Word Association Test	1

Three responses were omitted because it was not possible to identify the test.

The frequency column refers to the number of times the test was mentioned. Some of the tests which are less frequently selected are of low reliability, and questionable validity. Two of them are not even listed in the Sixth Mental Measurements Yearbook, but perhaps the diagnostician referred to them by a name other than the correct one.

Of the tests used, most often (by eight or more diagnosticians), there is much material available on their standardization, and many research studies have been and are being conducted using these tests.

Persons who are using the Illinois Test of Psycholinguistic Abilities or the Frostig should keep records and utilize some follow-up of the results when remedial training is involved since both of these tests are in the experimental stage.

It is questionable whether diagnosticians are adequately trained to interpret such tests as the Rorschach, Children's Apperception Test and Thematic Apperception Test. When a child has a disorder serious enough to warrant the administration of an extensive psychological test such as the ones previously mentioned, it is this diagnostician's opinion that the child should be evaluated by a competent psychiatrist. He will be able to make a more complete study of the child because of his dual orientation and, also, the psychiatrist is protected by the law regarding confidentiality of information and the possibility of incorrect diagnosis which might lead to serious consequences.

If a diagnostician is associated with a clinic and has had formal training, specifically in the interpretation of these tests and has other expert opinions available to him, then he might have a situation which justifies his use of these more sophisticated devices.

Question ten. How many children do you test each week (average)?

<u>Number of Children</u>	<u>Frequency of Response</u>
1	1
2	7
3	23
4	17
5	24
6	3
7	0
8	4
9	1
10	3
10 to 15	1
Not sure	1

When a diagnostician stated he saw three or four children per week, the higher number was used in the tabulation of responses. The one diagnostician who stated he saw between ten to fifteen children per week was considered to be in a class by himself.

About 75 per cent of the respondents test between three and five children per week. Very few test only one or two children per week and those children probably are seen by administrators or diagnosticians that have other responsibilities, such as consultants.

The average number of children seen per week is 4.44, so theoretically, the diagnostician would test four children one week and five the next. These figures probably reflect the present trend in this area.

About 15 per cent of the respondents test six or more children a week; this group is over-worked whatever the cause might be. The difficulties in testing large numbers of children in a short time are tremendous. The 15 per cent of diagnosticians who test six or more children per week may be putting in many hours over the forty-hour work week in order to score, interpret and make educational recommendations from the tests they administer; not to mention the emotional strain of a routine such as would be required to complete such a high rate of evaluations.

It would be interesting to follow-up the study in this area to find out the rate of relocation of diagnosticians who evaluate six or more children per week. Few people can maintain this level

of pressure over long periods of time.

Probably an optimal number of new referrals would be two per week. Diagnosticians re-evaluate children already in the State programs every two years; the testing probably will take two hours if a battery of tests are administered. So theoretically, a diagnostician could see two new referrals and do two re-evaluations per week, depending on other duties of her position; this suggested case load is close to the average of 4.4 children reported in this study.

Question eleven. Do you feel you have time to do a thorough evaluation?

<u>Number of Diagnosticians</u>	<u>Response</u>
52	Yes
29	No
3	Not always
1	No response

Of the 52 diagnosticians who answered that they did thorough evaluations, five stated that they did an adequate evaluation of those who were tested but not all who were referred were tested. Some diagnosticians feel an obligation to test all children who are referred. Some are required to test all referrals. Others consider the quality of the evaluation is of prime importance and if there is a backlog of referrals, some will just have to wait.

The 29 diagnosticians (30%) who responded that they did not have the time to do a thorough evaluation of each child referred, should ask themselves if perhaps it would be better to see fewer

children and do a more thorough evaluation which would provide more meaningful data on which to base constructive educational planning for the child. This assumes that diagnosticians are able to control the number of children they evaluate and have the skills to do a thorough evaluation within a reasonable time.

Diagnosticians should not allow themselves to be coerced, by administrators or anyone else, into doing less than their best work. This obligation they owe to themselves and to the children with whom they are entrusted.

Question twelve. Do you feel that you have the training and/or experience to recognize children with the following problems?

A. Minimal Brain Damage

<u>Yes</u>	<u>No</u>	<u>Not Sure</u>
72	9	4

B. Serious Emotional Problems

<u>Yes</u>	<u>No</u>	<u>No Response</u>
76	8	1

C. Mild Emotional Disturbances

<u>Yes</u>	<u>No</u>	<u>Not Sure</u>
72	6	7

The numbers refer to the number of Diagnosticians who answered a particular response.

The category of identification of children with minimal brain damage is important. These children should be referred to specialists for neurological examination. Children who are found to have areas of neurological impairment could profit from the use of special educational techniques depending on the area and degree of

disability.

The children with mild emotional disturbances are probably harder to identify than those with serious emotional problems. The importance of identifying children with either of these disabilities is that they can be referred for further evaluation and treatment at a Child Guidance Clinic or other Community Agency.

This question is important because it gives one some insight into how the diagnostician feels about his own competency. Generally speaking, the diagnostician does feel he is able to recognize children with minimal brain damage, serious emotional problems and mild emotional problems. Some criteria other than their opinions ~~should~~ be compared to their findings so that one could get an objective view of how well they do perform in these areas. A study in this area could make a very meaningful contribution to this field, because diagnosticians are struggling at this present time to have the State Law, under which they are certified, liberalized so that they will legally be able to test for problems other than retardation.

The writer seriously questions how well diagnosticians are able to identify children who are members of the first and third groups. Especially when one-third of this sample responded they (themselves) felt that there was not enough time for a thorough evaluation of each child. If diagnosticians are going to be allowed to test for educational disabilities other than retardation by liberalization of the State Law then additional training should

be required of practicing diagnosticians who have deficits, either in a clinical setting or in a seminar-type situation, which diagnosticians are not likely to resent, so that they would have the opportunity to improve their diagnostic skills under expert supervision.

Question thirteen. Please estimate what percentage of the children you have tested during the school year were primarily:

- A. Mentally Retarded
- B. Normal Intelligence with Learning Disabilities
- C. Emotionally Disturbed

<u>Percentage</u>	<u>Frequency of Mentally Retarded</u>	<u>Normal Intelligence Learning Disabilities</u>	<u>Disturbed Emotionally</u>
1-10	13	10	47
11-20	29	8	12
21-30	24	14	10
31-40	2	11	2
41-50	5	12	6
51-60	3	10	2
61-70	2	8	
71-80	3	6	
81-90	1	4	
No Response	3	2	6

One Diagnostician stated he included culturally deprived in his estimate of emotionally disturbed.

The frequency of responses in the category of mental retardation indicates that sixty-six of the respondents (75%+) estimate that this group comprises 30 per cent or less of the children they evaluate. This figure also includes re-evaluations of children already in the programs for the mentally retarded, which is required every two years by State Law.

The range of children who have normal intelligence with learning disabilities is the most extensive. Sixty-five respondents

(75%+) estimate that this group comprises up to sixty per cent of the children they evaluate in a school year.

Over half of the respondents estimate that emotionally disturbed children comprise ten per cent or less of their evaluations. Sixty-nine respondents (75%+) estimate that thirty per cent or less of the children they evaluate in a school year are emotionally disturbed.

The results of this question indicate that while children may be referred to the diagnostician because of suspected retardation, the majority of referrals are found to have other disabilities.

This question could have provided more conclusive information if a group had not been inadvertently omitted. These are the children who have I.Q.'s in the 80 to 90 range and who are considered too bright for special education placement, and yet cannot keep pace with grade-level work in the classroom. These children comprise a substantial percentage of the diagnostician's referrals. Because of the problems teachers have trying to individualize instruction to meet the slower child's needs, the diagnostician is called upon to provide information as to methods of education that might be most effective with a particular child.

Diagnosticians evaluate children who have many different problems and a wide range of disabilities and perhaps their training should be more diversified.

Question fourteen. Do you usually interpret the child's retardation to the parents when it has been determined that a child is certifiable?

<u>Response</u>	<u>Number of Diagnosticians</u>
Yes	62
No	19
Less than 50% of the time	3
No set policy	1

The following is a list of others who interpret retardation to the child's parents:

<u>Category</u>	<u>Frequency</u>
Guidance Counselor or Principal	2
Teacher and/or Principal	3
Jointly with Teacher	1
Coordinator of Special Education	5
Principal	23
Type C Consultant	1

Many diagnosticians stated that they preferred to interpret the child's retardation to the parents or to at least be present if another official, such as the Principal, preferred to handle the situation.

In some cases it may be that the diagnostician is too busy to have time for this complex problem. Theoretically, the diagnostician and/or Coordinator of the Special Education Department should initially interpret the child's retardation to the parents because this first contact with the Special Education personnel is very important. The interpretation involves helping the parent see the child as he is, accepting him and then moving on to plan constructively, for his education or training depending on the child's level of intellectual functioning. This interpretation is best done combining interviewing and counselling techniques.

The emotional acceptance of the child's limitations is usually a slow process and in this area a good relationship between the

Special Education personnel, such as teachers and principals, with parents is extremely helpful to the parent and child.

The only objection this writer has to utilizing the principal in the initial interpretation in place of the diagnostician or Director of Special Education is that he may not be qualified to handle the complexities of this problem. This is one of those situations when compassion and common sense combined with some psychological know-how is more important than the job title.

#### Publications Which Diagnosticians Read

Question fifteen. List publications you read regularly which you feel contribute to your competency as a diagnostician.

<u>Publication</u>	<u>Frequency of Response</u>
Council of Exceptional Children Journals (Including Mental Retardation-Behavior Disorders)	20
American Journal of Mental Deficiency	19
Psychology in the Schools	16
American Journal of Ortho Psychiatry	14
The School Psychologist	14
Journal of Consulting Psychology	10
Mental Retardation	8
American Psychologist	7
Journal of Educational Psychology	7
Journal of School Psychology	6
Journal of Projective Techniques	4
Journal of Special Education	4
Contemporary Psychology	3
American Psychological Association Journal	2
Journal of Clinical Psychology	2
Journal of Educational Research	2
National Education Association Journal	2
Personnel and Guidance Journal	2
Psychological Abstracts	2
Psychological Record	2
Numerous other periodicals were mentioned by only one respondent.	

This question was included to provide data regarding what publications are read by diagnosticians, which they feel contribute to their competency. Seven publications were mentioned by ten or more diagnosticians. This information might be useful if one wished to subscribe to a professional journal or publish materials to be read by other diagnosticians.

#### Organizations With which Diagnosticians Are Affiliated

Question sixteen. List local or national organizations of which you are a member, which are primarily interested in the needs and welfare of the retarded child?

<u>Organizations</u>	<u>Members</u>
Council for Exceptional Children	33
Michigan Society of School Psychologist	21
Michigan Association of Educational Psychologists	20
Michigan Psychological Association	17
American Psychological Association	12
Southwestern Michigan School Psychologist Council	11
Michigan Association for Retarded Children	7
American Association of Mental Retardation	5
American Association of Mental Deficiency	5
South Western Michigan Association of School Psychologists	5
Michigan Education Association	3
Association for Children with Learning Disabilities	2
National Association for Retarded Children	2
Macomb County Psychological Association	2
No response - 1	
There were fifteen organizations mentioned by only one respondent and these were not included in the previous list.	

Of the responding sample of diagnosticians, there were four organizations with which they were primarily affiliated; The American Psychological Association, Michigan Association of Education Psychologists, Michigan Society of School Psychologists and the Council for Exceptional Children.

This information is helpful to a beginning diagnostician who may want to join a dynamic organization related to his work.

It would be advisable to belong to the local chapter of the Michigan Association for Retarded Children, so that the diagnostician would be aware of the problems and projects within his community.

The organizations listed above could provide much information that would keep the diagnostician informed and aware of what was happening within his profession. The decision to join any particular organization would, of course, be a matter for individual consideration.

#### Suggested In-Service Programs

Question seventeen. What in-service training program would be of interest and value to you?

The responses to this question were grouped whenever possible without losing the continuity of the response.

<u>Program Suggested</u>	<u>Frequency of Response</u>
Relating test results to constructive educational planning.	12

<u>Program Suggested</u>	<u>Frequency of Response</u>
Workshops conducted by leading diagnosticians emphasizing differential diagnosis (especially of young children and children with various learning disabilities).	12
Various aspects of perceptual disabilities, their diagnosis and remediation.	10
Improving one's competence by having access to highly trained professional opinions, staff meetings to discuss cases, advice of psychiatrists. Seminar on how this could be implemented.	9
Learning to identify children with various neurological problems, such as the child with minimal brain damage, and programs for working with such children	7
Introduction to new tests and their uses.	6
Interpreting Projective Tests.	4
Application and approach to classroom management of children with learning disabilities.	4
Child growth and development seminar with some emphasis on new methods of behavior modification.	4
Diagnosis and remediation of children with reading problems.	4
Improving communicative skills (to include interviewing and counseling techniques).	4
Clarify our legal position in terms of our recommendations regarding children and with the possibility of legally extending service to children other than mentally handicapped.	3
Seven suggestions were mentioned by only one respondent and were not included in the previous list.	

The responses to this question could be used to plan local or area in-service training programs for diagnosticians.

The programs suggested reflect deficiencies mentioned earlier

by the diagnosticians.

It is difficult for small groups to raise the funds to bring an expert on a particular test or technique into our area. Workshops under the direction of specialists, sponsored by state organizations should be open to all diagnosticians, such as the MAEP workshop, with non-members paying an additional fee.

The need for in-service training is obvious since the role of the diagnostician has expanded to include areas not traditionally emphasized in graduate training programs.

#### Important Problems of the Diagnostician

Question eighteen. What is your most "pressing" problem in your present occupation?

The following is a list of problems mentioned in response to this question:

<u>Problem</u>	<u>Frequency</u>
Not enough time:	
1. for research.	
2. for self improvement.	
3. to plan an adequate program for the mentally handicapped.	
4. to consult with teachers.	
5. to follow up individual cases.	33
Man-power shortage (diagnosticians and special education personnel).	18
Lack of adequate school and community resources for the children having problems and learning disabilities not in the realm of mental deficiency.	10
More suitable educational opportunities for children with learning disabilities. I.Q.'s above 75, but functioning near Type A, Educable Level.	5
Not enough rooms and teachers for children who are eligible for certification.	5

<u>Problem</u>	<u>Frequency</u>
Writing of reports.	4
Lack of understanding of the problems of the retarded.	4
Resistance to change on the part of the school administrators and teachers.	4
Training teachers to use materials designed for children with learning disabilities.	4
Not enough salary.	2
The need for the legal extension of the services of the diagnostician to include children in addition to the mentally handicapped.	2
Lack of consultant services.	2
Need to redefine competencies of the diagnostician on a State and National level.	1
Confidentiality of information.	1
Lack of high quality in-service training.	1
Screening of referrals for psychological evaluations in order to avoid testing children who do not require testing.	1
Too many referrals.	1
Inadequate secretarial help.	1
Difficulty in coordinating with other services and programs.	1
Lack of professional freedom and autonomy.	1
Diagnosing children with minimal brain damage.	1
Diagnosis and placement of emotionally disturbed children.	1
Misuse of the I.Q. score.	1
Incompetent supervision.	1
Inadequate space available for testing in many schools.	1

The three most urgent problems are:

1. Lack of time for important functions other than testing and interpreting test data (40%).
2. The shortage of diagnosticians and special education teachers places a heavy work load on those in the field (21%).
3. Difficulty in class placement or providing special

help to children who have problems other than mental retardations, due to a lack of community agencies and resources (12%).

The number following the problem represents the percentage of respondents who listed that particular problem. Some respondents did list more than one response.

This question shows the complexity and range of the problems facing the diagnostician. The problems caused by lack of enough time seem important enough to warrant lighter case loads wherever possible so that diagnosticians will have time for other important aspects of their work.

### CHAPTER III

#### MAJOR CONCLUSIONS AND RECOMMENDATIONS

##### Major Conclusions

The conclusions discussed in this chapter are based on the responses to the questionnaire and the limitations of the study.

Approximately fifty per cent of the diagnosticians received their graduate training at Michigan Universities; sixty-six per cent have received their most recent degree within the last seven years; eighty per cent responded that they felt deficits in their graduate training and if they could, they would change the curriculum or other requirements of the graduate training program.

The Diagnosticians' comments indicated that present graduate training has not kept pace with the expanding role of the diagnostician. A major problem lies in the discrepancy between what the State Law defines as the function of the diagnostician from which the graduate program is planned and the duties which diagnosticians actually perform.

The children who comprise the largest and most diversified group the diagnostician is asked to evaluate, are of normal intelligence with learning disabilities. They may or may not be referred under the label of retardation because legally the diagnostician is only allowed to test children who are suspected retardates. Diagnosticians have estimated that this group with learning disabili-

ities comprises as much as 81 to 90 per cent of their evaluations, while the median estimate is 41 to 50 per cent of their evaluations.

In the past the diagnostician's primary responsibility has been to test and certify the mentally retarded for Special Education class placement. Now the diagnostician finds a large percentage of his referrals are of normal intelligence with various learning disabilities and he does not have the training or the legal approval to give these children additional diagnostic tests or to offer constructive educational recommendations.

It is impossible for the graduate school to change its emphasis of training until legislation has re-defined the role of the diagnostician.

The need for new legislation which would re-define the diagnosticians' competencies and permit qualified diagnosticians to expand their services to other areas is evident.

Diagnosticians feel that they are able to identify children with the following disabilities: minimal brain damage, serious emotional problems, and mild emotional problems. Some criteria besides their opinion should be utilized to check these areas of competency. This could lead to a research project that could be helpful to the diagnostician and to the children he evaluates.

Most of the diagnosticians administer a battery of tests composed of an intelligence test (such as the WISC or Stanford-Binet), an achievement test, and a test of visual perception and motor coordination.

The amount of time spent in the administration of tests or actual interviewing of the child showed a bimodal distribution. Fifty per cent of the diagnosticians spend two hours with a typical new referral, while approximately thirty-two per cent spend three hours with a typical new referral. This does not include the time required for scoring the tests administered or the time spent in the preparation of the psychological evaluation.

When additional psychological evaluation is necessary, diagnosticians indicated that they have used many different tests, among those mentioned most often are the Illinois Test of Psycholinguistic Abilities, Frostig Test of Visual Perception, Thematic Apperception Test, and the Rorschach Test.

Approximately seventy-five per cent of the diagnosticians test between three and five children per week; thirteen per cent test six or more children per week.

One third of the diagnosticians stated that they did not have time to do a thorough evaluation of all children referred.

Diagnosticians usually interpret mental retardation to the parents of the child who has been tested and found certifiable for special education. Approximately twenty-two per cent of the diagnosticians do not personally make the interpretation to the parents and the school principal frequently performs this task.

The problems of the diagnostician indicate that because of the many demands made on his time, he does not have enough time for self improvement and other aspects of his work besides testing.

## Recommendations

1. Efforts should be made to re-define the areas of competency of the diagnostician on a State and National level (new legislation). Diagnosticians should be required to participate in seminars and workshops to compensate for any deficiencies they might have under the new law.

2. The educational needs of the diagnostician should be re-evaluated in terms of his actual functions. Suggestions for changing the graduate training program should be considered when desirable and legally feasible.

3. Diagnosticians who feel inadequate should take the time and effort to correct these deficits through: reading; in-service training programs; use of community resources, such as the Psycho-educational Clinic, a local Child Guidance Clinic, or other agencies.

Appendix A: Copy of the Letter Sent to School Psychologists

Dear Fellow School Psychologist,

At the present time I am conducting a research study as a partial requirement for my advanced degree at Western Michigan University.

I would appreciate if you would take the time to complete the enclosed questionnaire and return it to me within a reasonable length of time, (two weeks). Because of the expense involved in a mailing of this type and also because I realize your time has value, I have tried to ask meaningful questions.

Some items may not apply to you or the requested information may not be available, please indicate this on the questionnaire.

If you would like your name included in the list of resource persons for this study please sign the permission form at the bottom of this letter and enclose it with your completed questionnaire.

Thank you very much for your cooperation, without your participation my research could not be possible.

Sincerely,

Elisabeth Thall  
(Mrs. Donald Thall)

---

Yes, you have my permission to include my name in your list of resource persons for your current research project.

Signed:

Address:

Check here if you wish to have a copy of the completed study.

Appendix B: Copy of Questionnaire Sent to the Diagnostician

- 1 -

A Survey of Michigan School Psychologists: Some Facts and Opinions

1. From what institute did you receive your most recent degree?

Year?

Degrees?

2. What other degrees do you hold?

3. Of the graduate courses that were part of your preparation for your work as a school Psychologist, which have been of the most value to you?

- 1.
- 2.
- 3.

4. Have you felt any deficits in your Graduate Training as a school Psychologist?

Yes

No

If yes, please explain:

5. If you were coordinator of the Graduate Program for the training of school Psychologists, would you change the curriculum or any other requirements?

Yes

No

If yes, please elaborate:

6. What is your present occupational classification?

School Psychologist

Other \_\_\_\_\_

7. When a child is referred for testing because of suspected retardation what tests do you include in your standard test battery?

- 2 -

8. Approximately how much time do you spend interviewing and/or testing a typical new referral?

two hours                      three hours                      other \_\_\_\_\_

9. If additional diagnostic evaluation is indicated, what other tests have you used recently, (since Sept. 1966).

Test	Times Administered (since Sept. 1966)
1.	
2.	
3.	
4.	

10. How many children do you test each week (average)?

3,                      4,                      5,                      other \_\_\_\_\_

11. Do you feel that you have the time to do a thorough evaluation of each child that is referred?

Yes                                      No

12. Do you feel that you have the training and/or experience to recognize children with the following problems?

1. Minimal brain damage	Yes	No
2. Serious emotional problems	Yes	No
3. Mild emotional disturbances	Yes	No

13. Please estimate what percentage of the children you have tested during the current school year were primarily:

1. Mentally retarded	15%	30%	45%	other _____
2. Normal intelligence with some learning disabilities		5%	10%	other _____
3. Emotionally disturbed (overtly evident)		2%	5%	other _____

14. Do you usually interpret the child's retardation to the parents when it has been determined that a child is certifiable?

Yes                                      No

If not, who usually assumes this role?

- 3 -

15. List Publications you read regularly which you feel contribute to your competency as a Diagnostician:
  - 1.
  - 2.
  - 3.
16. List local or national organizations of which you are a member, which are primarily interested in the needs and welfare of the mentally retarded child:
  - 1.
  - 2.
  - 3.
17. What In-Service Training Programs would be of interest and value to you?
18. What is your most "pressing" problem in your present occupation?

Please feel free to add any comments or criticisms on the back of this questionnaire. Thank you.