## The Helping Services

Anyone who enters into a helping relationship with a student is considered to be a member of the "helping services" team. A "helping relationship" is defined by Rogers as:

A relationship in which at least one of the parties has the intent of promoting the growth, development, maturity, improved functioning, improved coping with life of the other. The other, in this sense, may be one individual or a group.<sup>1</sup>

These services are known by various names: student personnel service, counseling service, medical service, social service, psychological service, pupil personnel service, and so on. Pupil personnel services, is perhaps, the most commonly used term and ordinarily includes many or all of the various aspects of helping as envisioned within the title. It is in this sense that the term "helping services" is used here.

Although the helping services can include a number of various types of personnel, the major emphasis will be placed on the school psychologist, school counselor, and the school social worker. References to the "team" will apply to the local school organization rather than the school district, or system, or board organization.

The helping services have existed for some time but they have existed, for the most part, without coordination or the bond of a common philosophy or purpose. There has been a great amount of concern over coordination and definition of the roles of the personnel involved. Because of this confusion in the field, an organization known as the Interprofessional Research Commission on Pupil Personnel Services was formed in 1961 and consists of the following groups: the American Academy of Pediatrics, the American Association of School Administrators, American Medical Association, American Nurses Association, American Personnel and Guidance Association, American Psychiatric Association, American Psychological Association, American Speech and Hearing Association, Association for Supervision and Curriculum and Development, Council for Exceptional Children, Department of Elementary School Principals, the International Association of Pupil Personnel Work-

ers, National Association of Secondary School Principals, the National Association of Social Workers, and the National Education Association. In 1962, the Commission secured a grant from the National Institute of Mental Health to conduct a five-year study of these helping services. It began its research in 1963 with a clear understanding of the need for the improvement of relationships between the services:

Among the professions serving school children, there is a pressing need for clarification of functions and for coordination of services so as to eliminate unnecessary overlap, duplication of effort, possible working at cross purposes. The fact that the several professions share such continuing functions as counseling, diagnosis of learning difficulties, and working with teachers and parents, make the need for coordinated programs more acute?

A cooperative team approach is one of the better ways to clarify the confusion and overlap that presently exists in the field. However, before this can be effective, the roles of the helping specialists and the relationships between them need to be defined. This problem of role definition is the crux of the matter but the attempt to delineate the roles and relationships may bring forth as many objections as there are schools.

First of all, it must be understood by all concerned that the principal is responsible for the entire program in his building. He is the one in a position to implement the program and to delegate responsibilities in the program. The medical doctor should be one who is experienced and interested in physical weaknesses and ills of young students. He should also be oriented toward accompanying emotional and psychological problems. He would serve as a consultant to others on the helping staff and to parents and other adults involved. He would be responsible for the medical examination and history of each student accepted and requiring medical treatment. In this role, the medical doctor would be assisted by the school nurse. School nurses should be assigned to schools on a ratio of at least one fulltime nurse per 1,200 students. In any event each school should have at least one full-time nurse. Although the nurse has historically been seen as a medical first aid specialist, this role is also changing and is more and more being seen as one which is concerned with healthy living or preventive medicine.

The specialists who work with handicapped children would be members of the team to the extent their various abilities would be helpful in individual cases. Their experience within curriculum and instruction are very useful and advantageous to the helping services Arlie A. Adkins 135

team. The role of the psychiatrist in relation to the helping services would be that of a consultant to whom students with extreme problems would be referred. He should be well acquainted with the field of psychiatry as applied to young people.

The single most important person in a child-centered school, apart from the student himself, is the classroom teacher. Although the teacher's primary responsibility is in the area of instruction rather than as a member of the helping services, it would be well to note his function in pupil personnel services. His activities in relationship to these services are auxiliary to instruction. However, his contacts with the students are extensive, and thus he becomes essential in the operation of the helping services. He should respect each student as a person and his daily contacts with students should enable him to spot the early symptoms which suggest that a helping specialist is needed. A teacher has important contributions to make to each of the various helping services. In referring to the contributions that teachers may make to these services Ohlsen states that, "sincere participation in case conferences is perhaps the most significant contribution a teacher can make . . . "3 The helping services exist to assist the teacher in helping the pupil and, without the help and cooperation of the teacher, these services can accomplish little.

The role of the school social worker or case worker is that of serving in the capacity of gathering information from home, school, and other community agencies about cases under study. Under the direction of the team leader, the social worker would serve as liaison officer with other groups, and help coordinate and supervise the implementation of helping programs for individual cases as they are affected by outside agencies such as welfare, medical, and other community resources. School social workers should, of course, be graduates of Schools of Social Work, but their training should include some basic preparation in Education and Psychology. Strength in interviewing techniques and social awareness would be added advantages. A ratio of 1,200 students per social worker is suggested as adequate for this position.

Two other specialists - the school psychologist and the counselor - have usually performed overlapping roles at different levels. The school psychologists, especially those whose educational qualification is lower than that of the doctorate, have focused their attention toward the elementary schools. They have primarily received their education in a Psychology Department and have had little contact with professional education. On the other hand, school counselors have been employed primarily in secondary schools and

have acquired their training in Departments of Education. Most likely, they will have been former teachers.

The school psychologist in the helping services would be one who is experienced and trained in two main areas: (1) in tests and measurements, including data-gathering techniques, and (2) in therapeutic counseling so that he could serve those requiring more extensive help. Also, he should have had some type of professional education experience, and should be the holder of a doctoral degree in School Psychology. S. Gray and F. Noble in discussing the possible ways of functioning for the school psychologist state:

This is a picture of the psychologist trained at the doctoral level with emphasis on research and measurement techniques, on the consultation process, on techniques of supervision, and with a broad basis in psychological knowledge, including development, personality, social psychology, and learning. Optimally, this should also be a person who has had the opportunity, either during his training or on the job, to adapt both his skills and his knowledge to the demands and characteristics of school settings.<sup>4</sup>

School psychologists should be assigned on a ratio of at least one full-time psychologist per 1,500 students.

The function of the school counselor would ideally be developmental and geared to the needs of all students as opposed to the few who have serious problems. He would be oriented to the cause of continuous, adequate growth. The school counselor would primarily be involved in counseling with pupils individually and in small groups, consulting with members of the team and parents in the interests of the pupils, and coordinating plans of help as they are developed and implemented for an individual student or group of students. According to standards set forth by the American Personnel and Guidance Association and other closely related organizations, the school counselor should have a minimum of two years of graduate work as preparation for the roles he is to perform in the school. Preferably he will acquire this in a Faculty of Education but his program would also include work in Psychology and the Social Sciences. The school counselor would also have had experience which thoroughly acquaints him with instructional phases of the school. In the type of organization envisioned, there would be a ratio of 300 students per one full-time counselor. Those counselors who are appointed as Chairman of Guidance Departments, or as Directors of Guidance or of the Helping Services, should have attained the level of the doctoral degree in the field of counseling psychology or the equivalent.

Supposing that the student-staff ratios were as proposed, the

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operation of the helping services team would perform as follows. A teacher, counselor, nurse, administrator, or other school offical would refer a student to the head counselor for counseling. Most of these types of referrals would probably require the head counselor to schedule a case conference. The number of students requiring a case conference would probably not exceed five percent of the total school population. This figure would also include those students who had voluntarily sought help from a counselor and had problems severe enough to justify setting up a case conference. At one time or another, a counselor would serve most of the students of his ratio for informational, testing, or counseling purposes, but probably only about twenty per cent would need any extended counseling. Of the five per cent brought before a case conference, some would most likely be referred back to a counselor. For the remaining three or four per cent the following procedure might be taken.

Once the Chairman of the Guidance Department had called a case conference, the team member making the original referral could serve as conference leader. The helping services team would then make a decision as to: (1) whether the case were to be accepted, (2) whether additional information were needed and if so, how and by whom it would be gathered, or (3) whether it should be referred elsewhere. Once these decisions had been made, a plan of help would then be worked out for each individual student. The resources of the entire team would thus be drawn upon. As needed, additional conferences would be called to evaluate progress and make further plans. A written record of the conferences should be kept so that the various helping specialists could work independently while assuring that all are kept informed. This would probably require the attendance of a secretary. Incidentally, a full-time secretary should be employed for every three full-time equivalent members involved in the helping services. In this type of organization there must be flexibility and a willingness to work together on the part of all the specialists who make up the helping services team. However, it must be remembered that the classroom teacher is the basic implementer of any plan of help that is devised for a pupil.

The question arises as to why should the counselor or head counselor assume the role of general leader of the helping services team. In justification of this role, the writer is heavily indebted to Bertness' treatment of this subject. The counseling and guidance service plays the most continuous role in sustained contact and study in regard to all students. As a result of his educational experience which usually includes teaching experience, his preparation as a school counselor, and his opportunity to be in contact with a basic

group of students, the counselor is in the most logical position to be the leader of the helping services team. His work is specific but it touches the whole student body. His work deals with problem cases and yet in general he is a practitioner in mental health. The head counselor is a logical candidate for leadership on a sustained basis, a revolving basis, and a partnership basis. He would be at ease with a dynamic situation in which the responsibilities of leadership are transferred according to the situation, the case and the opportunities of the moment. Because of his educational background, he can offer the other specialists much in the way of insights into a particular school setting.

Yet another reason for the counselor's being the team leader is that he is a continuing student of all students and is in the most realistic position to assume the leadership role whenever it does not logically belong to another member of the team. The school counselor is not a leader because he is the most important member of the helping services team, nor is he a leader because he is the most qualified member of the team. Rather, he is the leader because he sits in the most ideal position for providing such leadership. The school counselor is able to appreciate the many human and program interrelationships, to see the necessity for helping services, and to understand the interdependence of the instructional program and the helping services.

However, given a well developed instructional program, sufficiently staffed administration, and comprehensive helping services, a setting is provided that permits the entire team to stress positive mental health.

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