School Psychology and Family Services: Meeting the Challenges in California’s 21st Century

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Abstract: As American society continues to evolve, the practice of school psychology is under increasing pressure to change. In California, as in many other culturally diverse and highly urban states, these rapid changes are paralleled by the increasing high risk conditions affecting children and their families. School psychologists are ideally suited to help direct the course of much of that change. They can address these challenges by becoming knowledgeable and supporting innovative practices that serve the whole family. This article describes the growing and promising trend toward school-based family services. The authors provide evidence to support this trend as an innovative, culturally appropriate model for providing services to children and their families. As school reform continues to accelerate, this article provides a strong rationale for the exercise of leadership by school psychologists. Their training is best aligned with the skills necessary to implement effective school-based family services models.

Universities are now training school psychology graduate students who will be providing services well into the next millennium. Major social, cultural and economic changes are occurring, some of which affect schools and those who work in them. Provoked by these changes, in California a significant consensus has been emerging over the last decade in policy regarding innovations in the way we address the educational, social and health needs of children. Thus, the mission of school psychology, like the mission of schools, is broadening to include the educational and social service needs of the entire family. Although the practice of school psychology has historically evolved in response to socioeconomic, educational and cultural demands, it is the view of the authors that major social, cultural and economic changes are occurring that will require an appropriate and studied response by the profession. As with many of the changes in the health care delivery system now being proposed, including Medicare and Medicaid reform, school psychology is at a crossroads and can proactively help school reform efforts by helping to realign school priorities with the needs of children and families they serve.

The demographic composition of California, perhaps more than that of any other part of the country, is changing rapidly (Hill, Soriano, & Chen, 1995; Pulido, 1992). Such changes are reflected in the population of children attending California schools. This diversity is highlighted by the number of languages spoken in schools and the often noticeable mobility rates which impact the school’s ability to adjust to these changes. In addition to cultural diversity, schools increasingly are serving children from non-traditional families. These include children raised by single parents, adoptive and foster parents, grandparents, or other adult caretakers.

During the 1980s, public school enrollment in California grew by 21%, while enrollment between the years 2000-2001 is projected to be about 40 to 50% above the 1990-1991 level (L.A. County Office of Education, 1994). However, while the population in

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California grows and cultural diversity increases, the funding of public education in the state has dropped to a level which ranks 42nd in the country (Los Angeles County Office of Education, 1994). In the face of such dwindling resources, schools are having difficulty addressing the demands placed on them. Many schools are plagued by problems such as low academic achievement, school violence, delinquency, drugs, and teenage pregnancy (Dear et al., 1995; McCroskey, 1991).

As such, school reform has become the rallying call in the past decade. Among the suggested innovations are such practices as site-based management, shared decision making, parental involvement, business partnerships, school-to-work transitions, and service learning, to cite a few (Dryfoos, 1994; Fine & Carlson, 1992; Melaville & Blank, 1993). Emerging as one of the more promising service delivery models is school-based or school-linked family services (California Wellness Foundation, 1993). This model is particularly suitable for schools in urban communities facing intense demands for services (Hong, 1994; Soriano, Soriano, & Jimenez, 1994). Given this interest in school-based and school-linked family services, this paper examines the changing role of the school psychologist in the context of this new integrated family services model. Implications for training and professional development are also discussed.

School-Based Family Services: An Evolving Model

School reform and the crisis in health care, among other forces, is fueling the need for redefine the function and practice of school psychology and that of other pupil personnel service professionals. An innovative national-trend in education is the development of school-based or school-linked integrated family services (Adelman, 1993, 1994; Dryfoos, 1994; Fine & Carlson, 1992; Melaville & Blank, 1993). In California this trend is exemplified by the Healthy Start Program initiated in 1990 by state Senate Bill 620. Under this bill, school personnel can apply for grants to develop and to implement school-based or school-linked services. These grants enable schools to develop collaborative arrangements with community organizations, such as mental health, social service, and law enforcement agencies. Moreover, unlike other integrated services initiatives, the Healthy Start initiative specifically links interagency collaboration with school restructuring (Special Edge, 1992). This was done for the purpose of initiating changes in the structure of schools in order to help foster prevention programs. Healthy Start projects provide funding for school-based or school-linked integrated services offering health and human services, including family counseling, to students and their families.

Currently undergoing outcomes-based evaluation, California’s Healthy Start has completed four cycles of funding since its beginning in 1992. According to the Healthy Start Administrative Field Office, 149 implementation and 280 preparation grants have been funded.

Under the model of school-based or school-linked family services, school personnel are expanding their focus from the individual to include the child’s family. The underlying assumption is that the school-related problems of children are best addressed in the context of their families and communities. It is further assumed that problems exhibited in school are but a reflection of problems in the community and greater society (Dear et al., 1995). As compared to other agencies, schools are particularly suitable sites to provide integrated services to students and their families. This view is well articulated by the California Wellness Foundation, a private philanthropic organization providing grants to promote health and wellness in schools and communities. Its annual report (California Wellness Foundation, 1993) states that, "As the place where young people spend the majority of the day, schools have received increasing attention as potential locations for health education, social services, and medical treatment. School-linked programs bring these services to children and adolescents, making schools the hub of integrated academic, social, and health services" (p.17).

In a school-based family services model, the needs of children and their families are first identified by school personnel and then linked to the available services right at the school. Integrated family services models refer to the concept of “wrap-around services” to denote ways of coordinating needed services for the family, while avoiding gaps and duplication (Dryfoos, 1994). These services are provided to the family in such a way as to avoid duplication and minimize the number of professionals involved. For example, a child may be exhibiting academic, emotional or behavioral problems in the classroom, and is recommended for psychological services. Under these circumstances, the school psychologist needs to examine to what extent these problems are stemming from family issues, such as inappropriate parenting,