

RESEARCH-BASED PRACTICE



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School-Based Service Delivery to Homeless Students: Overcoming Significant Barriers

BY MICHAEL L. SULKOWSKI & CRYSTAL KACZOR

The number of homeless students enrolled in U.S. public schools is at an all-time high (Aviles de Bradley, 2011). Over a million U.S. students are homeless according to a report by the U.S. Department of Education (National Center for Homeless Education, 2013). According to the same report, rates of homelessness among students have increased 72% since the beginning of the 2008 economic recession and 10% from the 2011–2012 school year. Moreover, whether or not they are identified as homeless, approximately two million students may live on the streets on any given night (Edidin, Ganium, Hunter, & Karnik, 2012). Thus, student homelessness is both a prevalent and growing problem in the United States.

Approximately 87% of homeless school-age youth are enrolled in school. However, only 77% of these youth attend school regularly, more than 50% of homeless children miss greater than 2 weeks of school per year, and 40% attend two or more different schools each year (National Center on Family Homelessness [NCFH], 2009; U.S. Department of Education, 2004). Because of attendance problems and many other barriers to learning, homeless students are highly at-risk for experiencing poor educational outcomes. One study found that less than 25% of homeless youth graduate high school (NCFH, 2009). A different study found that 45% repeat at least one grade, 25% fail a class, and 42% are in jeopardy of failing a class (Buckner, Bassuk, & Weinreb, 2001). Further— [CONTINUED ON PAGE 27]

PROFESSIONAL PRACTICE

Evidence-Based Interventions: Necessary but not Sufficient for a Profession of Scientist-Practitioners

BY STEVEN R. SHAW, LAURA VARONA PREVEZ, & SHALAKA SHAH

“The life and soul of science is its practical application.”

— Baron William Thomson Kelvin

School psychology training programs take great pride in claiming to prepare scientist-practitioners consistent with the tradition of the Boulder model. Science as a basis for practice is also endorsed by government initiatives, such as in the case of the Individuals with Disabilities Education Act of 2004 and No Child Left Behind Act of 2001, in which research-based interventions became codified into law as the standard of practice. Moreover, the American Psychological Association recommended that evidence-based interventions (EBIs) be prioritized for all psychological services (American Psychological Association, 2006). Despite these efforts, many school psychologists find their practice influenced less by science and more by case law, legislation, regional and local regulation, tradition, standards set by eminent scholars

and practitioners, and other factors unrelated or tangentially related to science. The recent movement toward a true scientist-practitioner model of practice is exciting and promising. EBIs have rekindled the spirit of the Boulder model and have resulted in near universal enthusiasm in school psychology research and practice. However, the EBI movement has limitations. Embracing evidence-based interventions is a necessary, but insufficient condition for developing a true profession of scientist-practitioners.

Using science as a basis for clinical decisions is relatively new (Bowen & Graham, 2013). Tradition, insight, experience, legal mandates, societal norms, books and workshops from eminent scholars, and clinical observation have informed numerous practices with minimal scientific support. Many school psychologists were trained in these non-research-based practices. However, such approaches are difficult to disprove because their support is based not on science, but on familiarity, tradition, habit, and com- [CONTINUED ON PAGE 18]

DSM-5 AND SCHOOL PSYCHOLOGY

Disruptive Mood Dysregulation Disorder

BY SHELLEY R. HART

Disruptive mood dysregulation disorder (DMDD) is one of the new child and adolescent diagnoses introduced in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5). It is encapsulated within the chapter on depressive disorders in the new diagnostic manual. DMDD is characterized by chronic, severe, and persistent irritability (APA, 2013) and was introduced for the purpose of helping to address challenges and disagreements regarding the diagnosis of bipolar disorder in youth. While a separate article will cover changes in the DSM-5 related to bipolar diagnoses,

it is important to briefly discuss herein. Much debate in the literature and research has occurred regarding the presentation of bipolar disorder in youth. Several camps exist: those who have argued that a diagnosis of bipolar disorder should only be applied if a child or adolescent meets the strict criteria (originally developed for adults) of a classic presentation, and those who have argued that youth (particularly children) more typically present with a chronic and irritable, less episodic and euphoric, course and presentation of the disorder.

Soon after the recogni- [CONTINUED ON PAGE 20]

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PRESIDENT'S MESSAGE

New School Year, New Possibilities, New Challenges

BY STEPHEN E. BROCK

With a restful and hopefully rejuvenating summer behind us, and the fall of a new academic year rapidly approaching, I would like to use my first president's message to both introduce myself and to share with you the primary priorities for my year as the president of your association. The path leading to my NASP presidency began more than 30 years ago when, as a very young graduate student (just four years removed from high school), I began my specialist-level school psychology training at San Jose State University (San Jose, CA). Three years later, I found myself in California's Central Valley working as a K-8 school psychologist and serving six schools. I remained in the Lodi Unified School District for the next 18 years, eventually assuming the role of lead school psychologist, and recognizing that there was much I had yet to learn about my profession.

It was from these initial experiences that I realized I needed to continue my education, and with the stated goal of becoming the best school psychologist possible, I returned to graduate school, and almost 20 years ago earned my doctorate at the University of California, Davis. The years during which I was simultaneously a full time school psychologist and full time doctoral student were some of the most demanding, yet professionally fulfilling times of my professional life. From this combination of practical and academic experience, I developed expertise in school-based crisis response and developmental psychopathology.

It was during my doctoral studies that I began teaching undergraduate educational psychology and graduate school psychology courses, and quite simply fell in love with teaching. However, I subsequently found that continuing to work full time as a school psychologist and also teaching at local universities was taking a toll on my family life and, as a result, I made the difficult decision to leave my school psychology practice and become a professor at California State University, Sacramento, where I have now worked for just over 10 years and currently serve as the school psychology program coordinator.

As illustrated by this brief chronology of my professional life, I come to association leadership with a combination of applied and academic preparation and experiences. And it is from these experiences that my first, and primary, priority for my year as your president emerged. As communicated by my presidential theme, *Student Success: Mental Health Matters*, first and foremost, I hope my year as NASP president serves to further focus attention on the issues of children's mental health. The need for such attention is emphasized by the World Health Organization (2011), which has estimated that around 20% of the world's children and adolescents have mental disorders or problems. For example, a recent Centers for Disease Control and Prevention publication cites data indicating that in a 1-year period, just over 8% of 12- to 17-year-olds in the United States reported having experienced a major depressive episode (Perou et al., 2013). While in and of themselves these numbers are staggering, even more significant is the fact that 49% of these young people did not receive any mental health care (National Institute of Mental Health, n.d.). Given that schools have been identified as the most common entry point for mental health services (Farmer, Burns, Phillips, Angold, & Costello, 2003), it is clear that educational systems in general, and school psychologists in particular, must continue to expand their ability to meet the mental health needs of school children. Consequently, as president I will support NASP's efforts to ensure that school psychologists are the highly trained mental health professionals that our school children deserve. I plan to do so by continuing to emphasize the importance of preservice training standards, offering high quality inservice professional development opportunities, and supporting NASP's advocacy efforts to ensure school psychologists are viewed as key service providers.

Of course there are other priorities and association issues that need to be attended to during the coming year; not the least among them is the Government Enhancement Initiative (GEI) passed by the Delegate Assembly last February. With the passage of GEI, significant changes in how our association operates are pending, and in my next column you can expect an update on the progress being made in the implementation of GEI changes and what they mean for association members. If you are interested in becoming more active in NASP, and even becoming an association leader, you will find my next President's Message especially interesting. So be sure to stay tuned for coming attractions. ■

References

Farmer, E. M. Z., Burns, B. J., Phillips, S. D., Angold, A., & Costello, E. J. (2003). Pathways into and through mental health services for children and adolescents. *Psychiatric Services*, 54, 60-66. Retrieved from <http://ps.psychiatryonline.org/article.aspx?articleID=87607>

National Institute of Mental Health. (n.d.). *Use of mental health services and treatment among children*. Retrieved from <http://www.nimh.nih.gov/statistics/INHANES.shtml>

Perou, R., Bitsko, R. H., Blumber, S. J., Pastor, P., Ghandour,

R. M., Gfroerer, J. C., ... Huang, L. N. (2013). Mental health surveillance among children - United States, 2005-2011. *MMWR*, 62(2), 1-35. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm?s_cid=su6202a1_w

World Health Organization. (2011). *Mental health: A state of well-being*. Geneva, Switzerland: Author. Retrieved from http://www.who.int/features/factfiles/mental_health/en/index.html



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Editor's Note

Looking Ahead

As school psychologists, we live in exciting times. Societal changes and changes in science, technology, and education are all having a significant impact on our profession. *Communique* attempts to keep you abreast of these developments, and this year will be no exception; in fact, I believe that this year is going to be an especially rewarding one for our readers.

I am very excited about several series of articles we have planned. One, on social justice and school psychology, is featured this month with an article on viewing social-emotional learning programs through a social justice lens, focusing on how such programs can be constructed to advance equity and fairness. Future articles in this series will discuss social justice perspectives on such practice issues as bullying, family-school collaboration, academic assessment, and a number of others. Dave Shriberg is the contributing editor in charge of this series.

Another forthcoming series of articles will be all about gender: gender norms, gender diversity, and the relationship between dominant masculinity and violence, among others. Paul McCabe is the contributing editor guiding this series.

Perry Zirkel is starting a series called "You Be the Judge." Read the first installment in this issue and consider sending me a case that you would like examined in this way. Also let me know if you would be available to provide commentary on cases. The idea is to compare how the court and selected school psychologists might interpret the facts of a case in special education law. Obviously, articles in this series will depend on your contributions!

Last year's series on DSM-5 and school psychology continues under the editorial direction of Steve Brock and Shelley Hart. Shelley's front-page article on disruptive mood dysregulation disorder is a fine introduction to the series this year.

Other great articles in this month's *Communique* cover issues such as new technology and resultant changes in core areas of practice, including assessment; evidence-based practice; homeless students; Gay-Straight Alliance Clubs; School Psychology Awareness Week; school psychology in Greece; book reviews; and news about our association and the upcoming NASP convention in Orlando.

Finally, you must have noticed that our page one has undergone an update, thanks to David Herbick, our designer. The design incorporates NASP's new logo and really freshens up the front page. I like the updated look, and I hope you do, too.

Of course, we're all immersed in the beginning of a new school year and looking ahead to the many changes and challenges we will face in the upcoming months. I'm confident that we will greet them with professionalism and sensitivity, and I hope that you can also enjoy the same kind of optimism about your work that I feel right now about *Communique*. Here's wishing that every one of us has a productive and rewarding year!

—JOHN E. DESROCHERS

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As the school year gets underway, take some time to begin planning for this year's School Psychology Awareness Week (SPA^W), which will take place November 10–14, 2014. This year's theme is *Strive. Grow. Thrive!* The theme emphasizes positive personal development and growth for students as well as adults, which ultimately supports a thriving school community.

—Amy Glazer & Laura Rice, page 26

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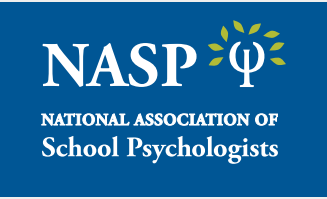
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EDITORIAL DEADLINES, Volume 43

Issue #	Month	Deadline
#1	September	July 14, 2014
#2	October	August 11, 2014
#3	November	September 15, 2014
#4	December	October 10, 2014
#5	January/February	November 24, 2014
#6	March/April	February 2, 2015
#7	May	March 16, 2015
#8	June	April 13, 2015

“Appropriate” School Psychology Practice? You Be the Judge

BY PERRY A. ZIRKEL

Less frequently than you might expect, a court case within the booming world of special education litigation focuses on the evaluation practices of a school psychologist. The appropriateness of such practices merits comparative examination from both professional and legal perspectives. Here are the facts for examination under these separate lenses.

THE CASE

The student in this case attended a private school for kindergarten, a public school for first grade, and a private school for second grade. During first grade, the school team evaluated him and found him ineligible for special education under the Individuals with Disabilities Education Act (IDEA), but provided him with a Section 504 plan.

In fall 2009, upon enrollment in a neighboring district for third grade, the parents requested an evaluation under the IDEA. As part of the evaluation, the school psychologist conducted an ability-achievement discrepancy analysis per Pennsylvania's law for specific learning disabilities (SLD) identification; the district had not obtained the required state education department approval for response to intervention. For ability, the school psychologist administered the WISC-IV, which yielded a full-scale IQ of 101, with subscale scores in that immediate range. For achievement, she used the Woodcock Johnson-III, which yielded generally comparable standard scores. One of the reading scores and, to a larger extent, one of the writing scores and two of the math scores approached the borderline range for severe discrepancy. To obtain a fuller picture, she administered the Oral and Written Language Scales, Dynamic Indicators of Basic Early Literacy Skills (DIBELS), and Group Mathematics Assessment and Diagnostic Evaluation (GMADE). Based not only on all of the results but also information from the parents, the child's teacher, her own observations, and behavior rating scales (Connors, BRIEF, and BASC-2), she concluded that none of the discrepancies reached the requisite severity level. After screening for occupational therapy (OT) issues by considering the student's handwriting skills, classroom functioning, and performance on visual-motor assessments, including the Bender Visual-Motor Gestalt Test, she concluded that a full OT evaluation was unnecessary. Based on her recommendation, the team determined that the student was not eligible for an IEP.

However, the school provided the student with a Section 504 plan that included extended testing time, repeated directions as needed, meetings with the school counselor, and the use of sensory devices for relaxation. After the parent obtained two private diagnoses of Asperger's disorder, the school added further accommodations in the Section 504 plan. The student completed Grade 3 with As and Bs in academics and Satisfactory in behavior.

In fall 2010 (Grade 4), at the parents' request, the school conducted another evaluation, which repeated many of the previous assessments and added two speech and language instruments. In most academic areas the student improved. However, based on an increased discrepancy in two areas of math, the school psychologist (a) consulted with the teacher, who opined that the student was doing reasonably well in math; (b) conversed with the student, who reported that he liked math but had trouble with standardized tests; and (c) administered the KeyMath, which showed some areas of difficulty. For behavior, some of the rating scale scores declined, but the results revealed that—as in the previous evaluation—the parents' scores were excessively negative. The school psychologist's repeated observations failed to confirm the Asperger's diagnosis. This time, the school provided a full OT evaluation, which revealed no significant problems. In accordance with the school psychologist's assessment, the evaluation team concluded that the student had the requisite discrepancy, but did not need specially designed instruction in math, thus being ineligible under the IDEA. Nevertheless, the district continued to provide accommodations under Section 504.

Not long thereafter, near the end of the fall semester, the parents enrolled the student in a cyber charter school, which is a local education agency under the IDEA. Although their private reason was dissatisfaction with the district, they informed the district that the basis for the change was that the student's mother travels internationally for her job. During the spring of 2011, the charter school conducted an evaluation, concluding that the student was eligible under the IDEA, with the primary classification being autism and the secondary classifications being speech/language impairment, other health impairment (based on ADHD), and orthopedic impairment (based on cerebral palsy).

In August 2011, the parents filed for a due process hearing against the district. They

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claimed that the district's first and second evaluations and, thus, the eligibility determinations, violated the IDEA, thus entitling them to compensatory education. The only witnesses were the school psychologist and the district's special education director. The hearing officer decided in favor of the district, without thoroughly examining the charter school's evaluation. Instead, the hearing officer considered those results as dovetailing with the parents' negative behavior ratings, suggesting, with other evidence, that the structure of the general classroom was effective for the student as compared with the in-home setting of the cyber school. The parents appealed to the federal district court in eastern Pennsylvania. The primary issue on appeal was whether the evaluations were appropriate.

THE QUESTIONS: PROFESSIONAL PERSPECTIVES

Based on the information recounted above, two school psychologists provided their responses to the following series of questions and the parents' corresponding arguments. Linda Hardy, PhD, NCSP, is a school psychologist, nationally certified school neuropsychologist, and licensed clinical psychologist. She works as a school psychologist in Chicago. Mark Roth is a retired school psychologist, having been a practitioner for 42 years. He has been active in NASP for more than 20 years as delegate, delegate representative to the executive council, committee chair, and most recently as president of the NASP Children's Fund and an associate editor of *Communique*. A summary of the court's ruling in this case (*Timothy F. v. Antietam School District*, 2014) for each of the questions comes immediately after the two school psychologists' answers.

Question 1. Did the school psychologist's failure to proceed beyond OT screening during the first evaluation violate the IDEA requirement to evaluate a child in all areas of suspected disability?

Parents' argument. The first-grade evaluation and Section 504 plan in Grade 1 at the other school district provided the requisite reasonable suspicion to trigger this IDEA evaluation requirement.

Hardy. Probably not a violation. Based on the comprehensive nature of the assessment, the school psychologist conducted assessment in the areas related to suspected disability. Because a student has a Section 504 plan and benefits from additional support does

not mean he or she needs direct attention from a special education teacher. Based on IDEA regulations for evaluation procedures (§300.304), the psychologist used a variety of assessment tools and strategies that included but was not limited to parent and teacher interviews, observations, and ratings. This answer is based on the limited information provided above.

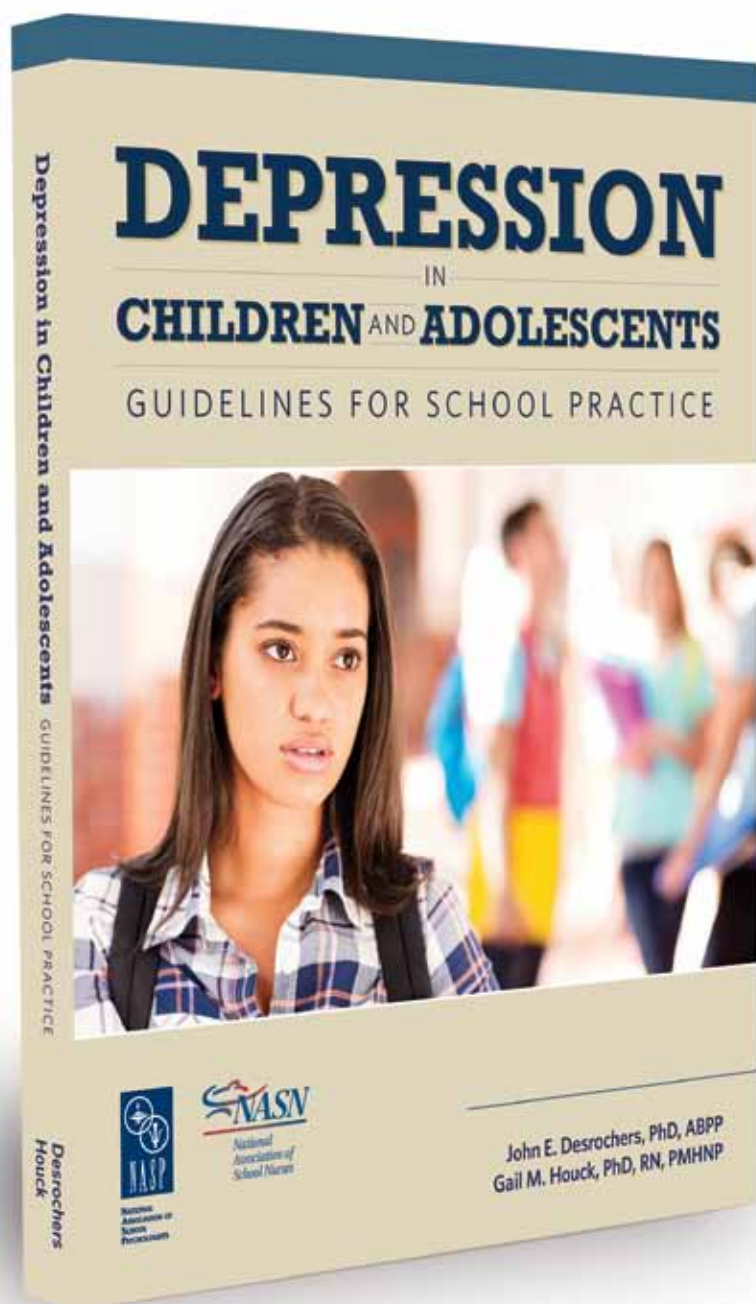
However, additional background history would be necessary. What were the referring concerns of the parents? The referral may provide direction about what was suspected. Was this a child find or developmental delay matter? It would not be unreasonable for this child to have been diagnosed with cerebral palsy as an infant. A comprehensive family history examining medical history and developmental milestones would have been helpful in making this determination. Cerebral palsy has many signs and symptoms that may adversely impact development and educational needs and performance. Based on the definition and criteria established by IDEA, a youngster 3–9 years old with cerebral palsy may meet criteria for developmental delay and be entitled to special education services. According to IDEA, the developmental delay category is a means of providing special education services and support without forcing a team to assign a disability category that may be incorrect in very young children. If a family history reveals no early delays, then it would appear that the school psychologist's evaluations were appropriate.

Roth. Probable violation. Based on the information provided, the school psychologist may have violated IDEA requirements to evaluate in all areas of suspected disability. Because the first grade evaluation and the Section 504 plan in Grade 1 showed the requisite reasonable suspicion, the school psychologist should have proceeded either by administering the VMI and the MVPT or referring to the occupational therapist to do the evaluation. The Bender Gestalt is not a particularly good instrument to assess OT issues; it should be used for screening only.

Court: No violation. Pointing out that the parents did not offer their own witnesses or any other countering evidence for this issue, the court deferred to the school psychologist's judgment that the OT screening was sufficient to obviate the need for further assessment.

Question 2. Based on the same IDEA requirement, did the school psychologist fail to assess sufficiently attention, focus, impulsivity, and behavior?

GET PRACTICAL SUPPORTS FOR STUDENTS WITH DEPRESSION



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VALUABLE FOR SCHOOL:

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- Social Workers
- Nurses
- Counselors

Parents' argument. For example, consider the intervening diagnoses of Asperger's disorder and the subsequent diagnosis, during the charter school's evaluation, of ADHD.

Hardy. No violation. The psychologist reported administering the Connors, BRIEF, and the BASC-2. The aforementioned instruments were developed to assess numerous aspects of behavior including but not limited to attention, focus, impulsivity, and other social and emotional behaviors.

Roth. Probably no violation. The school psychologist assessed attention, focus, impulsivity, and behavior by administering the Connors, BRIEF, and BASC-2, including both parents and teachers as well as classroom observations. However, it might have been appropriate to administer a continuous performance test such as the Gordon or the Connors CPT 3. It is also of concern that the district did not accept the diagnosis of Asperger's disorder, but that may have been based on the school psychologist's inability to observe negative impact in the classroom.

Court: No violation. Briefly citing the school psychologist's assessments, the court concluded: "It is also clear that the evaluation thoroughly considered behavior and attention issues" (p. 5).

Question 3. Did the school psychologist's use of DIBELS and GMADE as part of the discrepancy analysis violate the IDEA's evaluation requirement that the instruments be used for the purposes for which they are valid?

Parents' argument. The school psychologist testified that DIBELS is not to be used for IDEA eligibility and that GMADE is not to be used for discrepancy analysis.

Hardy. No violation. The psychologist stated that she used the WISC-IV to measure ability and the Woodcock Johnson-III for achievement. These two instruments are generally used to measure ability and achievement. The psychologist clarified that she used DIBELS and GMADE "to obtain a fuller picture"; they were not the sole instruments used to determine the lack of an ability-achievement discrepancy.

Roth. Probably not a violation. It is not clear whether the school psychologist used the DIBELS and GMADE in the discrepancy analysis, but based on the school psychologist's testimony, it is likely that they were not used for that purpose. However, presumably in using the WISC-IV and the WJ-III for the discrepancy analysis, if one of the writing scores and two of the math scores approached the borderline for severe discrepancy (SS of 78), then there would be a significant discrepancy because two achievement areas would be below 85, satisfying the criterion for significance. Eligibility would be determined by verifying a process impairment and adverse effect.

Court: No violation. Noting that this and the other issues were not within judicial expertise, the court deferred to the specialized knowledge of the school psychologist and the hearing officer. Thus, the court concluded:

It would have been acceptable for the psychologist to make a call on the borderline discrepancy areas based merely on her own judgment and experience; factoring in additional technical tools such as the DIBELS and GMADE serves to inform and improve that judgment call rather than detract from it (p. 5).

Question 4. Was the team's eligibility determination, which relied on the school psychologist's recommendation, in accord with the IDEA's definition of disability?

Parents' argument. The school psychologist ignored the parents' opinion, and her conclusion was contradicted by the charter school's subsequent evaluation.

Hardy. No violation. IDEA defines a child with a disability as:

... having mental retardation, a hearing impairment, a speech or language impairment, a visual impairment, a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, and other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities and who by reason thereof needs special education and related services.

The youngster in question may have some of the aforementioned characteristics, but assessment results ruled out the need for special education services. The facts revealed that the student experienced numerous schools and academic settings, suggesting, perhaps, a lack of continuity of instruction. A variety of assessments did not suggest an ability-achievement discrepancy, and grades reported were As and Bs. The school psychologist conducted parent interviews, and the parents acted as informants for the ratings that were administered. According to the psychologist, "the parents' rating results did not reach the requisite severe level" that would have suggested a need for special support.

The charter school's subsequent evaluation, which found the youngster eligible for special education under the classifications of autism, speech and language impairment, other health impairment, and orthopedic impairment, appears inappropriate. IDEA's definition of each of the aforementioned impairments requires that a child's educational performance be adversely affected. The information provided does not suggest that adverse affect, as evidenced by his grades of As and Bs, and no history of significant or ongoing academic or behavioral problems.

Roth. Violation. The eligibility determination of the team, which relied on the school psychologist's recommendation, was not in accord with the IDEA definition of disability. First, an OT evaluation might have yielded evidence of a disability. Second, with two achievement scores approaching severe discrepancies, provided there was a process impairment, evidence suggests a disability. Third, both the district and

the hearing officer apparently ignored the diagnoses of Asperger's disorder, ADHD, and cerebral palsy.

Court: No violation. The court concluded that the evaluations properly determined the student's non-eligibility based both on the classification criteria, such as severe discrepancy for SLD, and the requisite need for special education. As for the parents' argument that their opinions were ignored, the court reasoned:

[It] is important to recognize that there is a difference between, on the one hand, ignoring data, and on the other hand, considering data but finding it unpersuasive or outweighed by other evidence. The District and the hearing officer took Parents' scores and so forth into account but disagreed with Parents for sound reasons. (p. 6)

Among the reasons that the court cited was that school psychologists have both expertise in evaluation and familiarity with the child in the school context. As for the subsequent, charter school evaluation, the court first cited a Third Circuit precedent that concluded, "The mere fact that a subsequent evaluation ... yielded a different result ... does not necessarily render the earlier testing inadequate" (*D.K. v. Abington School District*, 2012, p. 251). Then, more specific to the facts in this case, the court agreed with the hearing officer's observation that despite the relatively short interim, the student's situation had changed substantially in relevant ways, including the cyber charter's very different context.

OVERALL CONCLUSIONS

First, as the two experienced school psychologists' answers reveal, reasonable individuals can and do differ in terms of the definitiveness and the direction of their resolution of these issues under the IDEA, which generally invites fact-specific, individualized decisions. Indeed, a sampling of other judges would reveal differences in these judgments. Nevertheless, on balance, the overall outcome odds in this case were identifiably in favor of the district.

Second, although the individual differences contribute to shades of grey rather than a black and white picture, comparing the answers of the two school psychologists with those of the court confirms my general experience that education professionals are more strict in their judgments than are the judges. This difference in gradation appears to be attributable in part to the higher standards of professional practice

than legal requirements (e.g., Zirkel, 2013b), even when the questions implicitly suggested a prediction of the court's ultimate decision. It also appears attributable to the notable extent of deference that courts exhibit to district professional personnel based on their specialized expertise and familiarity with the child in situ. An overlapping contributing factor is the overall skew of the IDEA case law in favor of defendant districts (Zirkel, 2013a).

Third, various intervening factors contribute to the lack of absolutes in such cases. For example, courts exhibit notable deference to IDEA hearing officers and, in the relatively few remaining states with a second tier for administrative adjudication (Zirkel & Scala, 2010), review officers. The fact in this case that the hearing officer ruled in favor of the district on these evaluation and eligibility issues contributed to the odds disfavoring the parents upon their appeal. Another example in this case is the parents' lack of witnesses to counter the deference tendency in the school psychologists' favor. It is an exercise in Monday morning quarterbacking to question their litigation strategy at the hearing. However, one overall consideration to keep in mind is that, unless the IDEA is amended to show a contrary Congressional intent, it is clearly settled that even if the parents prevail, they have no right to recover expert witness fees under the IDEA (*Arlington Central School District Board of Education v. Murphy*, 2006).

Finally, to continue this feature in *Communiqué*, we welcome the readership to (a) call to my attention, via an e-mail to the editor (contact John Desrochers at desroc@optonline.net), any cases that seem to merit future treatment, or (b) volunteer to serve as a respondent to the case questions, as the two erstwhile professionals generously agreed to do for this inaugural appearance of "You Be the Judge." ■

References

- | | |
|---|---|
| Arlington Cent. Sch. Dist. Bd. of Educ. v. Murphy, 548 U.S. 291 (2006). | IDEA regulations, 34 C.F.R. §§ 300.1 et seq. (2013). |
| D.K. v. Abington Sch. Dist., 696 F.3d 233 (3d Cir. 2012). | Zirkel, P. A. (2013a). Balance and bias in special education hearings. <i>Journal of Disability Policy Studies</i> , 22, 67-74. |
| Timothy F. v. Antietam Sch. Dist., 63 IDELR ¶ 70 (E.D. Pa. 2014). | Zirkel, P.A. (2013b). Lore v. law for school psychologists. <i>Communiqué</i> , 41(8), 10-12. |



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A Review of Q-interactive Assessment Technology

BY RON DUMONT, KATHLEEN D. VIEZEL,
JUSTIN KOHLHAGEN, & SHAI TABIB

Tired of lugging around those large, heavy, and sometimes cumbersome test kits, and then fumbling during administration to manage the stopwatch, stimulus books, and record forms? What if you could carry two iPads, a few manipulatives, and fewer record forms instead? This review offers an overview and critique of Q-interactive, a new tablet-based digital platform offered by Pearson, Inc. for use with many of their popular standardized assessments. At the time of this review, the only tablet which supports Q-interactive is the iPad. Throughout this review we will refer to the use of Q-interactive as “iPad administration” and to the more traditional administration as “paper and pencil administration.” We recognize that the Q-interactive system appears to be in a continual state of updates and improvements. Because of these changes, the comments in this review refer to what was the most recent version of the system when the review was submitted (May 2014). Any discrepancies between this review and the Q-interactive system when the review is published may reflect the constant improvements being made.

Q-interactive from Pearson offers a new way of administering and scoring selected test batteries. At the time of this review, available assessments include all subtests of the Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV; Wechsler, 2008a) and Wechsler Intelligence Scale for Children, Fourth Edition (WISC-IV; Wechsler, 2003); the Standard Form, Alternate form, and Short Form of the California Verbal Learning Test, Second Edition (CVLT –II; Delis, Kramer, Kaplan, & Ober, 2000); the Standard Form of the California Verbal Learning Test, Children’s Version (CVLT-C; Delis, Kramer, Kaplan, & Ober, 1994); the Trail Making Test, Verbal Fluency, Design Fluency, and Color-Word Interference of the Delis–Kaplan Executive Function System (D-KEFS; Delis, Kaplan, & Kramer, 2001); Dot Locations and Picture Locations of the Children’s Memory Scale (CMS; Cohen, 1997); Animal Sorting, Inhibition, Word Generation, Memory for Design, Fingertip Tapping, Design Copying, and Picture Puzzles from A Developmental NEUROPSYCHOLOGICAL Assessment, Second Edition (NEPSY-II; Korkman, Kirk, & Kemp 2007); all subtests except for Essay Comprehension and Sentence Comprehension (which will be coming soon) of the Wechsler Individual Achievement Test, Third Edition (WIAT-III; Wechsler, 2009); and the Brief Cognitive Status Exam, Logical Memory, Verbal Paired Associates, Visual Reproduction, Symbol Span, Designs, and Spatial Addition of the Wechsler Memory Scale, Fourth Edition (WMS-IV; Wechsler, 2008b). Additional tests scheduled for iPad release concurrently with the paper and pencil version include: the Wechsler Preschool and Primary Scale of Intelligence, Fourth Edition (WPPSI-IV; Wechsler, 2012); the Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V; Wechsler, 2014); and the Kaufman Test of Educational Achievement–Third Edition (KTEA-3; Kaufman & Kaufman, 2014). Due to their popularity among school psychologists, these reviewers particularly focused on the WISC-IV and WAIS-IV.

It should be noted that some tests still require the purchase of certain record forms even if all subtests are available on the iPad. For example, practitioners still need the Symbol Search, Coding, and Cancellation record forms for the WISC-IV battery. Additionally, the current Q-interactive system does not include scoring templates for subtests (e.g., Coding, Symbol Search).

The Q-interactive website has posted several equivalency studies (e.g., Daniel 2012b; Daniel, 2012a) that compare test results obtained using traditional administration techniques versus the Q-interactive system administration. The results from these studies suggest that, although there may be some differences between scores based on the administration presentation, these differences are generally small and provide initial evidence that the two formats will yield clinically equivalent scores. There were, however, some concerns about the equivalency studies and resulting psychometric properties of the Q-interactive versions of the Wechsler tests. The WISC-IV equivalency study can be used as an illustrative example. This study (Daniel, 2012b) was conducted using a randomly equivalent group design, with 175 children taking the standard version of the test

and 169 children using Q-interactive. This sample size falls below the requirement set by the researchers’ own power analysis of 200 children per group. More younger than older children were included, presumably because greater differences may be anticipated for younger children. The mean number of children per age was 10.6. Additionally, the researchers acknowledge that children whose parents had education greater than high school were overrepresented compared to the general population. This is concerning because children from families with a higher socioeconomic status may have more exposure to current digital technology. The large and carefully stratified norm sample is a strength of the paper-and-pencil version of the WISC-IV, and potential examiners should review the equivalency studies of the iPad versions of tests prior to their use so they can determine if the sample is representative of their population.

Eleven out of the fifteen subtests were statistically equivalent. When a difference was observed, children did better on the iPad version. The score differences for both Matrix Reasoning and Picture Concepts were statistically different and exceeded the effect size threshold set by the researchers. Admirably, the researchers carefully reviewed the recorded administrations and conducted follow-up analyses to try to determine the cause; however, no explanatory examiner or examinee behavioral differences were uncovered. The researchers did note that children tended to use touch to select their response on Matrix Reasoning when using Q-interactive and tended to verbally give the number of their answer choices when using the standard format. Overall, examiners should expect children to receive about 1 scaled score point more on Matrix Reasoning and Picture Concepts if using Q-interactive. It should be noted that since the publication of the equivalency studies for the WISC-IV (Daniel, 2012b) and WAIS-IV (Daniel, 2012a) there have been some updates to the software. Finally, these equivalency studies were conducted with a nonclinical population; it remains to be seen if children with disabilities would obtain equivalent scores using Q-interactive.

When using the Q-interactive system, it is important to note that the tests themselves remain exactly the same; what is new is how the examiner administers them. During iPad administration, examiners and examinees use synced, wireless iPads. The examiner’s iPad is essentially the test’s administration manual and record form all in one. The examiner can read the instructions, time and capture response information (including the ability to audio record and/or transcribe most responses), score individual items, and view and control the examinee’s iPad. The examinee’s iPad, on the other hand, is used as an interactive stimulus booklet that has the capability of capturing an examinee’s touch responses for certain items. For example, on Picture Completion, if the child points at and touches the stimuli on her iPad screen, the response will show up as a digital fingerprint on the examiner’s iPad. However, the selection does not remain visible to the examinee for an extended period. When the examiner has completed a subtest, it is automatically scored and results are available for instant review. Once the entire battery is complete, results are not only available on the iPad, but are also sent to a database which is accessible via the Q-interactive companion website.

One important aspect of the Q-interactive system is the ability to get test and program updates. Users will receive a pop-up notification when a new update is available. The update can then be downloaded to reflect the most recent version of an assessment instrument or improvements to the application.

HARDWARE

Use of this new digital platform requires two Apple iPads (version 2 or newer). A capacitive stylus is highly recommended, but not required. The use of a stylus certainly makes the assessment process more efficient and the resulting test record more accurate. If examiners wish to write verbatim responses, the stylus provides the familiarity of a pen or pencil for writing instead of the clumsiness of trying to write with a finger. Also, attempting to use fingers instead of a stylus to record answers generally requires more time and may lead to long breaks between test items. It should be noted that iPad 2s and the new iPad Air have screens that are 9.7 inches on the diagonal, while the iPad mini’s screen is about 2 inches smaller at 7.9 inches on the diagonal. Because of the need to present stimuli at the same size as was done during standardization, if one does use an iPad mini it is highly recommended that the mini serve only as the examiner’s tool and not be used as the stimulus book. Trainers and practitioners should be mindful of this recommendation, because during the review process, we were technically able to utilize an iPad mini for both the practitioners’ administration manual as well as for the client’s stimulus book.

Since examiners may be sharing an iPad with other adults and children, we highly recommend a protective screen cover. Children have a tendency to touch the iPad during administration because of their fascination with the technology. Be sure to clean the iPad screen before testing. Fingerprints and smudges on the screen could detract from the administration and affect the result.

SOFTWARE

Both iPads need to have the Q-interactive app (Assess), which is free to download from the iTunes store. During test administration, the two iPads must be connected via Bluetooth. During this review process, each reviewer experienced at least some difficulty getting the iPads to connect successfully. Setting up the Bluetooth correctly requires more than just a basic knowledge of how to use an iPad. The user must be familiar (and comfortable) manipulating iPad settings, but once all settings are adjusted

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properly, the use of the iPads was easy and we encountered only minor annoyances and problems. Wi-Fi is required in order to run certain aspects of Q-interactive system—although it is not needed when actually administering a test.

SETUP

Although Q-interactive is an iPad application-based assessment system, some of the examiner's work needs to be done online. It should be noted that the Q-interactive system currently has two websites. One website (www.helloq.com) contains an overview of products, research, webinars, and news. The companion website (www.qiactive.com) provides a portal through which assessments can be set up (through your “dashboard”) and through which the database is accessible. The websites can be accessed from a Wi-Fi enabled iPad or from any computer with access to the Internet. In order to test a client, a profile must be created on the website. The Q-interactive interface for creating a new client for the database is generally a smooth and intuitive process, but did present us with some minor inconveniences. For example, a client ID number is required. Additionally, the Date of Birth field may be counterintuitive to many American users—it utilizes a day/month/year format rather than month/day/year. Once a client database has been created, all tests (and/or selected subtests) that are intended for use with the client are selected. For example, for a WISC-IV, the practitioner may, for cost or time saving purposes, choose to administer only the 10 core subtests required to obtain a Full-Scale IQ (FSIQ). Supplemental subtests, although useful in certain circumstances, would require an additional cost. Additional tests or subtests can be added even after setting up an initial testing battery, but we found that the additions are added to a new client shell and not directly to the original client. Also note that if you wish to add additional tests on the fly you must have Wi-Fi accessibility. This could be problematic for a school psychologist testing in a building that does not have Wi-Fi; if a subtest is spoiled during administration, the examiner will not be able to immediately add a supplemental subtest. Overall, the flexibility to build custom batteries certainly has its own pros and cons. Will practitioners or school districts choose only those subtests necessary for an FSIQ and ignore additional testing? For example, on the new WPPSI-IV, available on the iPad soon, at ages 4 and above, only six core subtests are required to obtain an FSIQ. Individuals or systems with budgetary restrictions may never consider the additional nine subtests.

After the battery is selected and while the iPad has Wi-Fi available, the iPad can be synced to the website and all appropriate test materials are downloaded to the examiner's iPad. This adds an extra step in the testing process, and there is no way to create a new client directly through the Q-interactive app. Therefore, if a school psychologist is testing multiple children in a short period of time, they should take care to plan their batteries in advance; spontaneous testing sessions may be more difficult than with the traditional paper-and-pencil model.

During the earlier stages of the review process, we occasionally had difficulty syncing the iPads with the website. Despite being somewhat tech savvy, all reviewers often found it very difficult to get the two iPads to sync together. At one point one reviewer spent well over an hour trying to get the two iPads to communicate over the same Wi-Fi and Bluetooth network. It didn't work, but after putting the iPad down in total frustration, the reviewer came back 2 hours later, picked up the iPads, and miraculously they had somehow synced!

Once an assessment is started on one iPad, it cannot be resumed on another, even if the same user account is being utilized and the iPad is synced with the website. Although Q-interactive does allow for multiple-user accounts, the inability to transfer assessments from one iPad to another may present a potential difficulty. A hypothetical example may be helpful to illustrate this problem. On a Monday, an examiner began to administer the WISC-IV via Q-interactive. The child, who has a short attention span, displayed significant test fatigue, so the examiner decided to discontinue the test battery. Returning the next day to complete the assessment, the examiner discovered that he had forgotten to bring the iPad. Despite having the opportunity to use someone else's iPad, the examiner would be unable to resume the administration and would need to create (and presumably pay for) a completely new test battery for the child. The same type of problem would occur if the original iPad was broken, lost or stolen, or replaced with a newer model. When setting up the iPads for use in an actual administration, certain settings must be accurately configured. For example, it's important to maximize the brightness of the screen, to set the autolock to 15 minutes or never, to set a passcode so that things cannot be entered without your acknowledgment or approval, to lock the rotation of the screen, and to turn off multitasking. In order to communicate, the two iPads being used must be set to the same case-sensitive Bluetooth name. If an agency or school has more than one set of iPads, each should have an independent name so information does not get transmitted to the wrong device.

Although some of these setting configurations may seem trivial, neglecting them can cause frustration and disrupt a smooth administration of a test. For example, if the autolock is not set properly, the client's iPad may go to “sleep” during tasks in which it is not needed (e.g., Similarities, Digit Span). After those tasks, if the iPad has gone to sleep mode, the transition to the next subtest will be delayed until the iPad is reawakened. Additionally, the examinee's screen could fade or go black when s/he is taking time responding to a prompt. Another important consideration is disabling the home button on the iPad. Children may be tempted to push this button during a

testing session, which would exit the application and return to the iPad home screen. Using the iPad's “Guided Access” feature will help with this issue.

Many iPad covers allow you to stand the iPad up on a table. For some tests, the stimulus books are meant to be presented flat on the table (e.g., WISC-IV), while other tests present the stimuli in an upright, easel format (e.g., WIAT-III). In order to maintain standardization examiners must be acutely aware of the stimulus book, and therefore the iPad's, presentation style.

ADMINISTRATION

In order to review the Q-interactive program, each reviewer administered several iPad tests to volunteers. In one case, an examiner did an iPad administration while at the same time a reviewer sat and recorded all responses using a standard record form.

In our opinion, examiners who wish to use the Q-interactive digital system should first be able to flawlessly administer the more traditional paper-and-pencil version of each test. Although the Q-interactive Assess application contains all subtest-specific administration instructions, the purchase of a Q-interactive license does not include the traditional administration and technical manuals. There are digital versions of some test manuals available under the support tab on the dashboard website. This is certainly a plus, but examiners cannot directly access the manuals while administering tests without switching from the Assess application to the Q-interactive site. Many manuals have important chapters detailing administration instructions that may not all be included in the Q-interactive interface. Additionally, the iPad versions may not include some of the finer points of administration and the nuances of scoring. When administering the tests using the iPad, specific information about subtest administration is available on a drop-down menu, but it ends with the reminder to refer to the test's administration and scoring manual for additional information. For example, we found that while the introductory and general guidelines chapters in manuals, such as the WISC-IV and WAIS-IV, include important information about the framework of the test, user responsibilities, and issues of fairness and special populations, the Q-interactive interface did not always contain this information in all its detail.

To use the WAIS-IV manual as an example, the following information is available in the standard manuals but not in the Assess application. If an examiner is completely knowledgeable about these and other specific issues, the use of the actual or online manuals will not be a problem while testing (these are only selected omissions and do not constitute a comprehensive list).

- Suggested seating arrangement.
- Guidelines for how an examiner is to praise effort without providing feedback about the examinee's performance.
- Specific instruction to the examiner regarding how to time subtests properly (e.g., not to stop timing in order to repeat instructions or provide prompts).
- Descriptions for when examiners can readminister items to which the examinee previously provided an “I don't know” response.
- Guidelines for when to query and how to score queried responses.
- How to determine and score a spoiled response.
- How to score multiple responses.
- Description of how and when to scramble blocks on Block Design.

Besides these differences, examiners wishing to use the Q-interactive system are encouraged to practice, practice, practice. All reviewers found that the ease and comfort with the technology grew as experience increased. Even the least technologically savvy reviewer became comfortable and fluent with the administration after four or five practice administrations. The technology is not something one can become familiar with without repeated administration.

Timing. One potentially helpful feature of the iPad administration is the built-in stopwatch. Examiners no longer have to carry a stopwatch on which they have somehow disabled the sound, or try to use a watch or clock. Instead, with a tap, examiners turn the stopwatch feature on and off and the time is automatically recorded. Additionally, the timer turns red to alert the examiner that time is about to run out. Examiners have the option of having the stopwatch count up or count down. Unfortunately, some subtests for which the timer would be useful do not have a timer at all. For example, on Matrix Reasoning subtest, after 30 seconds an examiner should ask “do you have an answer?” but there is no timer to help keep track of that time.

Despite these benefits, one of the most difficult things for one of these reviewers (RD) to become accustomed to was how to keep the timing accurate. Experienced examiners who were familiar with using a traditional stopwatch may forget to stop the built-in timer until many seconds had passed, therefore leading to inaccurate times. For example, on the iPad administration of the Block Design subtest, the examiner starts the stopwatch on one screen, then swipes to another screen while the examinee is completing the item, then stops the stopwatch on that second screen. (The stopwatch cannot be started on the second screen.) It may take several practice administrations before use of the stopwatch feature becomes natural. The stopwatch is not present for all tests, only for those that have a specified time limit. Tests that have a suggested time limit do not appear to have a stopwatch in the application.

All reviewers agreed that a significant strength of the iPad administration over the traditional paper-and-pencil testing is the management of basals and ceilings rules.

Users are reminded of suggested start points, and if a reversal rule is triggered, a pop-up message appears alerting the examiner and suggesting which item to administer next. A similar note pops up when a ceiling rule is triggered. Examiners are given the choice to discontinue the test or proceed to test the limits. It is likely that these pop-ups will reduce examiner error while still giving experienced evaluators flexibility to administer additional items. Examiners used to testing the limits should be aware of some constraints: It can only be done at the immediate end of a subtest (you cannot go back at the end of the assessment).

One potential problem with the automated alerts and scoring for basals and ceilings is the “Wechsler giveth and Wechsler taketh away” phenomenon. The Wechsler administration manuals make it clear that examinees can be started at an earlier start point than suggested for their age if they are suspected of intellectual disability. Regardless of an examinee’s performance on items preceding the usual start point, full credit is awarded for all of these items if perfect scores are obtained on the age-appropriate start point and subsequent item (for examples, see page 34 in the WAIS-IV Manual). The Q-interactive interface manages this flawlessly, giving credit for items failed below the suggested start point. The problem is that the score for the failed item is automatically rescored as, for example, a 1-point response, thus losing the verbatim recording of what actually happened.

SCORING

Item-level scoring on the iPad is easy to use and designed to minimize both administration time and examiner error. The reviewers enjoyed the options for recording the examinee’s response on most nonverbal tasks. For example, with some practice, it is easy to copy the examinee’s actual reproduction on Block Design. The examiner’s iPad displays an empty block configuration of each item. By tapping a specific block, the display changes the color of the block (white to red) and/or the design of the block (solid color or split block). You can even rotate the block to represent the actual reproduction (errors and rotations) given by the examinee. We found that recording the designs (and certain verbal responses) using the stylus pen was a bit time consuming. Completing a record form by hand was faster and more efficient than using the stylus. During several administrations, there was a noticeable delay in scoring the subtest as the examiner tapped on the block design boxes to get the reproduction made, or recorded long verbal responses verbatim. In addition to practical time concerns, this delay and/or obvious tapping could indicate to the client that s/he made an error.

For tasks where the examinees must select a response (e.g., Matrix Reasoning), if they indicate their answer by touching the appropriate spot on their iPad, the selection is automatically transferred to the practitioner’s iPad. Verbal responses present with some potential difficulties. Similar to a traditional manual, the iPad provides examples of common 0-, 1-, and 2-point items on the examiner’s display, and the practitioner may select (by tapping) one of these as the examinee’s response. On items in which an examinee gives multiple responses, the examiner could easily choose the multiple responses; however, the actual order in which they were given is not noted. For example, if an examinee gives a verbal response that includes a 0-point response, followed by a 2-point response, and finally ended with a 1-point response, and the examiner taps the 0-, 2-, and 1-point responses in that order, they are recorded as a 2-, 1-, and 0-point sequence. There is also the potential that, with the desire to shorten administration time, examiners will begin to always select the closest response, rather than record the examinee’s exact, verbatim response with the stylus pen. We fear the practice of recording verbatim responses will decline, and if so, much valuable assessment information may be lost. Scoring errors are also likely to increase. For example, when the iPad administration was accompanied by the traditional recording, much information potentially useful to interpretation was lost because of the lack of a verbatim recording. The iPad administrator simply chose the closest appropriate response to try and match what the child said. Although this did allow for a correct score, there were significant qualitative differences between the two recordings. For example, for one item, the child responded, “Both like sumpton, like words for numbers ... like first ... came in first ... like sumpton ... numbers.” The iPad examiner simply chose the response “Numbers.” Later, on another subtest, the child’s response of, “Um ... to see if they have a good book or an idea about one” was recoded as “Indicates fundamental misconception.”

One other concern about recording verbatim responses or even notes related to an examinee’s behaviors is that not all subtests provide space for the written notes. On tests where a verbal response is not expected (e.g., Block Design), there is no place to record notes except to open, through a menu choice at the top of the window, a note pad. This feature was a bit cumbersome. Not only does it take extra time to open the new window to write a note, but the note also completely obscured from view the rest of the test on the iPad, making it difficult to follow the subject’s responses. We found ourselves writing notes on a piece of paper instead.

Even experienced examiners make incorrect item-level judgment calls, which are usually corrected after the examiner later reviews the examinee’s verbatim response. Similar to other recording difficulties, although examiners can indicate if they queried by tapping a button on their iPad screen, there is no way to indicate multiple queries. The Q-interactive interface does allow for the recording and playback of all verbal responses. Although the audio recording feature is an attractive option and was used quite a bit during our review to double check the item level scoring, practitioners should be advised that the audio recordings are deleted as soon as the completed assessment is

removed from the iPad to be stored in the electronic database. There is no way to transfer and save the audio recordings separately. The reduction in transcribing verbatim responses is not a technology flaw, but our concern is that it may increase the potential of user scoring error. The Wechsler manuals still clearly advise that all responses be recorded verbatim; therefore, in our opinion, users of Q-interactive should obtain a stylus pen and write all examinee responses and other significant verbalizations onto their electronic record form. Writing with the stylus is also a learning experience. For examinees who talk a lot, and especially for those who talk quickly, the stylus writing can be a chore compared to the ease of recording with paper and pencil. All reviewers did agree that the handwriting capture technology was surprisingly accurate and easy to read if the examiner wrote carefully.

Although examiners can select and record an examinee’s 2-, 1-, or 0-point response (depending upon the item), examiners must still assign the actual score to the individual items separately. Pearson should be lauded for maintaining practitioner freedom in scoring; however, these reviewers feel that they may have missed an opportunity to prevent errors in scoring. If, for example, a 2-point response is selected (or a 0-point and a 2-point response), but the evaluator scores the item as worth 1 point, it would be useful to have a pop-up message appear informing the examiner of the potential conflict between the selected response and the actual score awarded.

Although these reviewers did require a short learning curve to master moving from item to item, it did turn out to be fairly easy; one simply swipes the screen from right to left. One minor difficulty experienced by the reviewers was accidentally hitting an active button on the screen while swiping. For example, on verbal subtests, swiping sometimes resulted in accidentally selecting a 0-point response the client did not give. Practitioners should be mindful of this potential error. One must also remember that swiping sideways after asking a specific test item question may take you to a scoring page that contains answers—but not the original question. In those instances where an examinee asks for repetition of a question, examiners must swipe backward to the original page. It would have been more user-friendly if the question and answers were on the same page.

TRAINING AND TECH SUPPORT

Regardless of their level of familiarity with traditional paper and pencil administrations, school psychologists should receive training and/or extensive practice prior to using Q-interactive technology in a real assessment situation. Pearson has recognized this concern by providing webinars and other supports for practitioners. Webinars are scheduled for participants to attend live, and the Q-interactive website states archived webinars are available for users who have purchased a license. Unfortunately, it was hard for these reviewers to access the archived webinars. We cannot say whether they will be easy to access for the typical subscriber. Pearson also offers a monthly virtual “office hour” to answer any concerns, as well as a technical support hotline. We utilized both resources, and found the staff to be helpful and courteous.

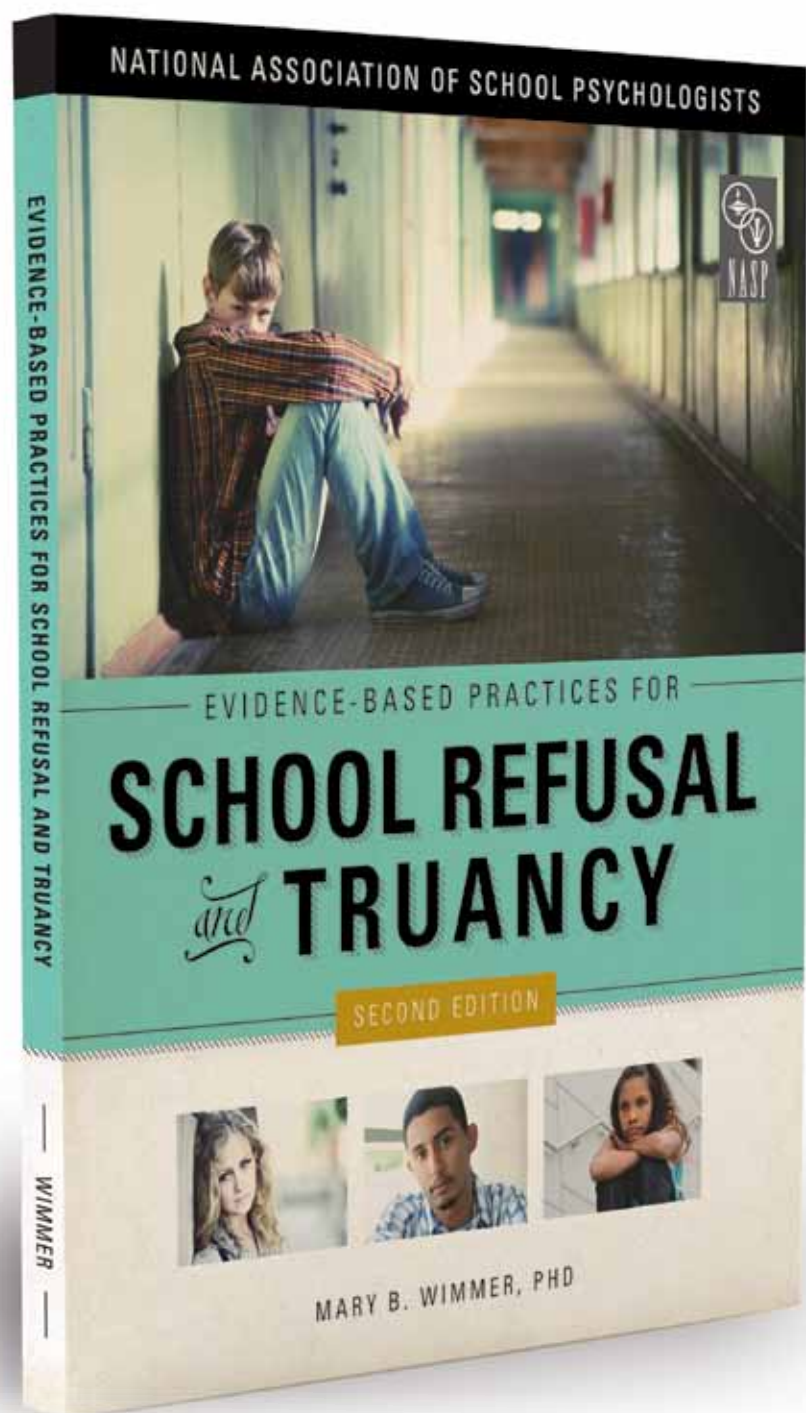
OUTPUT

For the purpose of this review, the output from several WISC-IV evaluations were examined. For examiners and trainers used to reviewing a completed record form, the Q-interactive output will be a slight disappointment. There are options to review output online or to print results. Results can be printed by simply printing the screen, or by exporting the data as SLK or Excel files. When printing from the screen, some information (e.g., lines in the scaled score graph) may be washed out or difficult to read. Additionally, the graphs and score representations seen on the screen have unexplained information. On one screen (WISC-IV Strengths and Weaknesses), each subtest scaled score is plotted against a number line, but there is an additional horizontal line plotted. No explanation is given for what this line represents (SEM, Critical Value?). Downloading the SLK or Excel files is preferred, although, unfortunately, there is no one file format that contains all of the necessary information in a user-friendly format. The SLK file provides two easy-to-read tables on one page. The first table contains the composite standard score, percentile rank, and both a 90% and 95% confidence interval. The second table contains the subtest raw and scaled scores. The file contains no process-level analysis information. The exported Excel file is less easy to read and, perhaps due to all information being in one narrow column, takes several printed pages. Information includes raw scores, scaled scores, “contextual events” such as queries or “don’t know” responses, subtest completion time, and whether discontinue and reversal rules were triggered (either yes or no). This file also contains all of the index and subtest level comparisons, as well as the process-level analysis information; however, these tables are difficult to read without reformatting the file, and they present the data in such a way that one must jump from page to page to find the relevant data. It is also possible to print out every subtests’ item-level response, but the results are again occasionally difficult to read and, when printed, take up several pages, some of which were blank.

SECURITY AND LEGAL ISSUES

Regardless of the practice setting, clinicians will undoubtedly be concerned about the security of hosting confidential assessment information in an online database. Pearson provides sufficient security details on the www.helloq.com website. Notably, Q-interactive is compliant with HIPAA security regulations. School psychologists may wish to consult with their district’s legal representative prior to adapting the Q-interactive

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method of assessment to ensure security safeguards meet their specific requirements. For example, it remains uncertain how Q-interactive assessments will be regulated under FERPA. What components of an iPad assessment and potential output will be considered part of the child's educational record versus the school psychologist's private notes and administration tools? Finally, practitioners should be cognizant of their use of the audio recording feature of the iPad administration. In some settings, use of audio or video recording devices requires an additional consent. Practitioners are encouraged to consult their local and state guidelines.

CONSIDERATIONS FOR TRAINERS

Trainers of school psychology may find the Q-interactive modality difficult for training purposes. Since many training programs require students to administer full batteries of tests and then hand in the record forms for correction, the introduction of Q-interactive presents several different problems. First, there are really no record forms to hand in. Unless students are required to record all answers verbatim using a stylus (and they should be), trainers will only be able to see which answer choices student actually selected. Additionally, the format of the output (described above) may present additional difficulties for trainers who wish to review a student's scoring and interpretation.

There may also be practical hurdles to teaching the Q-interactive technology in a traditional assessment class. Because each administration requires two iPads, a department would either have to purchase multiple iPads or cope with the logistical problems of a full class sharing what equates to virtually one test kit. Although some students may have their own iPads to use, there is a potential fairness issue for students who are not as economically advantaged as their peers.

Additionally, a trainer of school psychology will have to consider whether students will need to be required to purchase licenses. Although the trainer's license is currently free, there is a student license fee of \$79 per student. A phone call with a Pearson representative clarified that a trainer is permitted to use his or her license to expose the students to the technology, but that it is not designed for extensive testing use by students. Although many cognitive assessment classes have lab fees, it is reasonable to assume the \$79 would represent a new, additional cost, unless training programs plan to abandon the use of other assessment instruments in favor of those offered by Q-interactive.

A benefit to the trainer/student program offered by Pearson is that a trainer has access to all students' electronic dashboards. Time will tell if trainers find grading electronic administrations easier or more difficult than paper-and-pencil administrations. Will Q-interactive alleviate some of the administration and scoring errors that are common to students learning these tests or does administration using iPads introduce a whole new set of errors?

PRICING

Price is typically a major factor to consider when determining which assessments an individual practitioner or district should select for their practice. Therefore, it is prudent to compare the cost of assessment using the Q-interactive system to the cost of traditional paper-and-pencil administration. For the purpose of a pricing evaluation, we estimated both the initial cost to procure all of the testing materials necessary and the cost of administering just the 10 core subtests of the WISC-IV.

Initial costs of test material. The total price a new WISC-IV kit is \$1,069.00. This would include the Administration and Scoring Manual, the Technical and Interpretive Manual, stimulus books, scoring keys, and a set of blocks. In addition to these materials, a new WISC-IV kit comes with 25 copies of each of the Record Forms and the Response Booklets.

In order to administer a WISC-IV using the Q-interactive system, an annual license needs to be purchased. The price of the license varies depending on the number of users and the number of instruments that will be used. For this comparison, the lowest rate (1 to 4 users with 1 to 3 instruments) was used. The annual license fee for this category is \$200.00. In addition to the licensing fee, examiners must include the cost of two iPads. There are many different models of iPads, but the cost of two, basic model, current generation iPads is \$998.00. Finally, materials needed include Symbol Search Scoring Key (\$24.75), Coding Scoring Template (\$19.50), and Block Set (\$54.00) for a total materials cost of \$88.25. Examiners may already have these components or may purchase a Q-interactive Starter Kit with the initial purchase of a Q-interactive license. The starter kit includes the necessary components needed to administer the tests you select in your Q-interactive License.

If someone needed to purchase a license along with the iPads and other materials necessary to administer the test, it would cost \$1,296.25. It should be noted that, while purchase of a new WISC-IV kit comes with 25 pairs of Record Forms and Response Booklets, use of the Q-interactive system would require separate purchase of Response Booklets (as mentioned earlier, processing speed subtests such as Coding and Symbol Search are not available for iPad administration at this time).

Based upon these estimates, the cost of the initial set up for testing using the traditional administration versus the Q-interactive administration is about the same (\$1,069 vs. \$1,296). However, as noted earlier in the review, the purchase of the Q-interactive version does not provide the examiner with all the materials that these reviewers feel are necessary for competent assessment. On the other hand, the purchase and use of the Q-interactive system does allow the examiner the capability to administer other

tests (e.g., CVLT-C, WAIS-IV) without the need to purchase those complete test kits.

Cost of administering 10 core subtests. In order to determine a fair comparison, the cost of administering the 10 core subtests was calculated. Record forms and response booklets are typically sold in packages of 25. For a traditional paper-and-pencil administration of the 10 core subtests of the WISC-IV, a Record Form and Response Booklet #1 would be needed and cost \$8.12 (Record Form: \$4.96; Response Booklet #1: \$3.16). Note that this cost is initially subsumed in the cost of purchasing the WISC-IV kit. When using the traditional paper-and-pencil administration, along with the paper record form that contains all 15 WISC-IV subtests, the cost of each of the 10 core subtests is approximately 81 cents.

When administering the test through the Q-interactive system, subtests are purchased individually at a cost of about \$1.50 each. Discounts are offered for the purchase of subtests in bulk (5,000 subtests for \$1.25 each, 12,500 subtests for \$1.10 each, or 50,000 subtests for \$0.95 each). Additionally, Response Booklet #1 (\$3.16) is still required to administer Coding and Symbol Search. The total cost for the 10 core subtests (when purchased individually) and the response booklet is \$18.16, approximately \$10 more than the paper-and-pencil administration.

Pricing conclusion. Both the initial cost and the cost of giving 10 subtests is more when using the Q-interactive system. There are many variables that could affect the prices using the Q-interactive system, such as purchasing subtests in bulk, the number of users and instruments on the license, and the need to purchase computer equipment. Also, users should remember the annual licensing fee, which bears the additional cost of needing to be renewed each year to access to the Q-interactive system. Problematically, unused assessments do not currently roll over to the next year, which may nullify the potential benefit of buying subtests in bulk.

OVERALL IMPRESSIONS AND RECOMMENDATIONS

The field of school psychology will most likely continue to move toward using technology to administer test batteries. Considering that they are among the first to attempt to transition tests to a computerized (tablet-based) system, Pearson has done an overall adequate job. Strengths of the Q-interactive system include the reduction in the physical bulk of the materials needed to be transported between testing sites, the positive reaction and attraction that both examiners and examinees will have for the use of the technology, the potential for the reduction in certain administration errors (notably basal and ceiling rules), and the potential for more accurate obtained scores and interpretive data because of the automatic scoring done by the program (alleviating the need to actually look up scores and base rate information).

Several notable weaknesses were found, and concerns raised by these reviewers include: the need for more equivalency studies with larger sample sizes and inclusion of individuals with disabilities; an overall cost structure that may be problematic or prohibitive for practitioners or agencies (schools) with tight budgets; the loss of important interpretive information because of the temptation to limit the number of subtests administered (and bought), and the potential loss of verbatim response recordings; the format and presentation of the outputted data and results that appear to be in places user unfriendly. We highly recommend that anyone wishing to use this new and innovative means of testing do two things: Get thoroughly trained in the traditional paper and pencil administration of any test you wish administer on the iPad, and practice repeatedly with the new technology before ever attempting its use in a real case. The technology should continue to improve, and we hope that Pearson will address the concerns we note in this review. ■

Resources

WISC-IV paper and pencil: <http://psychcorp.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8979-044>
Q-interactive: <http://www.helloq.com/overview/pricing.html>

Q-interactive companion website: www.qiactive.com

References

Cohen, M. (1997). *Children's Memory Scale manual*. San Antonio, TX: Psychological Corporation.
Daniel, M. H. (2012a). Equivalence of Q-interactive administered cognitive tasks: WAIS-IV. *Q-interactive Technical Report 1*. Bloomington, MN: Pearson.
Daniel, M. H. (2012b). Equivalence of Q-interactive administered cognitive tasks: WISC-IV. *Q-interactive Technical Report 2*. Bloomington, MN: Pearson.
Delis, D. C., Kaplan, E., & Kramer, J. (2001). *Delis-Kaplan Executive Function System*. San Antonio, TX: Psychological Corporation.
Delis, D. C., Kramer, J. H., Kaplan, E., & Ober, B. A. (1994). *California Verbal Learning Test-Children's Version*. San Antonio, TX: Psychological Corporation.
Delis, D. C., Kramer, J. H., Kaplan, E., & Ober, B. A. (2000). *California Verbal Learning Test-*

Second Edition. San Antonio, TX: Psychological Corporation.
Kaufman, A. S., & Kaufman, N. L. (2014). *Kaufman Tests of Educational Achievement - Third Edition*. San Antonio, TX: Pearson.
Korkman, M., Kirk, U., & Kemp, S. (2007). *NEPSY-II: A developmental neuropsychological assessment*. San Antonio, TX: Psychological Corporation.
Wechsler, D. (2003). *Wechsler Intelligence Scale for Children-Fourth Edition (WISC-IV) administration and scoring manual*. San Antonio, TX: Psychological Corporation.
Wechsler, D. (2008a). *Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) administration and scoring manual*. San Antonio, TX: Psychological Corporation.
Wechsler, D. (2008b). *Wechsler Memory Scale-Fourth Edition*. San Antonio, TX: Pearson.
Wechsler, D. (2009). *Wechsler Individual Achievement Test-Third Edition (WIAT-III)*. San Antonio, TX: Psychological Corporation.
Wechsler, D. (2012). *Wechsler Preschool and Primary Scale of Intelligence-Fourth Edition administration and scoring manual*. San Antonio, TX: Pearson.
Wechsler, D. (2014). *Wechsler Intelligence Scale for Children-Fifth Edition (WISC-V) administration and scoring manual*. San Antonio, TX: Pearson.

WELCOMING AND SAFE SCHOOLS

BY MARY BETH KLOTZ

Gay–Straight Alliance Clubs

September is a great time for school psychologists to start planning activities for the school year that allow students to strive, grow, and thrive. One such activity that focuses on improving school safety and climate for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) students, is a Gay–Straight Alliance Club (GSA). Found nationwide, GSAs are student-led clubs open to youth of all sexual orientations with the purpose of supporting LGBTQ students and their heterosexual allies and also reducing prejudice, discrimination, and harassment within schools. School psychologists can serve as faculty advisors or participate in events sponsored by GSA clubs in an effort to create safer and more welcoming school environments and to support the social and emotional well-being of all students.

The GSA club concept was founded by GLSEN, the Gay, Lesbian, & Straight Education Network, a leading national organization focused on ensuring safe schools for all students. Local clubs can register with GLSEN to access club resources and to network with other GSA club members from around the country. Students are legally allowed to form GSAs in schools under the 1984 Equal Access Act, which was originally developed to protect students' rights to form religious clubs. Case law has established that under the Equal Access Act, if a school receiving federal funds allows one noncurricular club, it must allow all others.

Research has demonstrated that GSA clubs can provide safe, affirming spaces and critical support for LGBTQ students and also contribute to creating a more welcoming school environment. Furthermore, GLSEN researchers found that the presence of GSAs may help to make schools safer and positively impact the academic achievement and experiences of LGBTQ students by sending the message that biased language and harassment will not be tolerated, and by helping LGBT students identify supportive school staff (Kosciw, Diaz, Greytak, & Bartkiewicz, 2010; GLSEN, 2007).

MARY BETH KLOTZ, PhD, NCSP, is NASP Director, Educational Practice. TRACY HOBBS, NCSP, is the NASP Delegate from Michigan and the external relations member of the GLBTQ Committee.

FACULTY ADVISORS

NASP leader Tracy Hobbs was interviewed for this article and offered the following tips based on his 6-year experience serving as a GSA faculty advisor.

What advice do you have for school psychologists interested in becoming faculty advisors to a GSA club?

- Talk to your administrator before starting the process and provide him/her with information about risk and resiliency factors for LGBTQ youth.
- Find a faculty member, such as a school counselor, willing to share your GSA advisor role.
- Make your GSA sustainable by setting a few big goals, both fun and action-based, that do not overextend your group.
- Create a sense of community by building a supportive network of adults, publicizing meetings to a school-wide audience, and collaborating with other school clubs.

What benefits did you observe both for LGBTQ students who participated in the GSA as well as to the school community in general?

- Increased visibility in the larger school community through publicized meetings, symposia, activities, and a showcase.
- Heightened awareness of issues related to LGBTQ youth for both faculty and the student body at large.
- Provided allies a role in promoting a safe school environment.

What were some of the most successful events held by your GSA?

- Participating in GLSEN's "Day of Silence" and preparing a segment that was shown on our high school's video news show prior to the event.
- Having our student leaders present information about the GSA at our middle schools.
- Hosting a family picnic to celebrate our accomplishments.
- Attending a Lobby Day event at our state Capitol that focused on the passage of mandatory bullying education legislation.
- Inviting our local state senator to a meeting at school to discuss the bullying education legislation and seek his support. ■

References and Resources

GLSEN. (2007). *Gay–Straight Alliances: Creating safer schools for LGBT students and their allies*. (GLSEN Research Brief). New York, NY: Gay, Lesbian and Straight Education Network. Retrieved from <http://www.glsen.org/sites/default/files/Gay-Straight%20Alliances.pdf>

Kosciw, J. G., Diaz, E. M., Greytak, E. A., & Bartkiewicz, M. J. (2010). *2009 National School Climate Survey: The experiences of lesbian, gay, bisexual, and transgender youth in our nation's schools*. New York, NY: GLSEN.

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A New Series on Social Justice Perspectives

BY DAVID SHRIBERG

Although one could argue that the entire field of school psychology owes its origins to ideas and principles associated with social justice, it is only within the past decade that the term *social justice* has appeared more widely. Specifically, a social justice interest group was founded within the National Association of School Psychologists (NASP) in 2007. A few years later, NASP's professional standards document referenced social justice as a foundation for all aspects of service delivery and training (NASP, 2010). For example, the 10 domains of school psychology practice outlined in this document reflect six principles. One of these principles states:

School psychologists ensure that their knowledge, skills, and professional practices reflect understanding and respect for human diversity and promote effective services, advocacy, and social justice for all children, families, and schools (NASP, 2010, Standard 3.2, p. 4)

Additionally, the new *Best Practices in School Psychology: Foundations* (Harrison & Thomas, 2014) is the first in this series to contain a chapter specifically focused on social justice advocacy (Shriberg & Moy, 2014), and the

first book specifically focused on school psychology and social justice was published in 2013 (Shriberg, Song, Miranda, & Radliff, 2013).

But what is social justice and what are the implications, if any, for social justice in school psychology practice? This is the focus of the articles in this series, the first of which appears in this volume, and the others will appear in subsequent issues under the title "A Social Justice Perspective On..." followed by the specific focus of that article. For some, social justice is an aspirational vision for society. For others, social justice might be viewed as a set of goggles, or a framework/lens for viewing practice. Others might view social justice as a verb; it is something that school psychologists *do* to disrupt an unjust status quo and to work with others to bring about a more just outcome. Many people view social justice as a combination of these three elements, focusing on core ideas such as equity, fairness, and respect.

These articles will explore these different views on social justice to various degrees, with a particular emphasis on the idea that social justice is a verb—it is something that school psychologists actively pursue across a variety of topics. While no one can claim to have the full or

"correct" answer as to how social justice can best be defined and applied, it is hoped that these articles can play a positive role in advancing the field so that we individually and collectively can be a stronger force for justice in education and in society. Toward this end, I thank all of the authors involved for their contributions and I thank *Communique's* editor, John Desrochers, for his support of this series of articles. ■

References

- National Association of School Psychologists. (2010). *Model for comprehensive and integrated school psychological services*. Bethesda, MD: Author.
- Harrison, P. L., & Thomas, A. (Eds.). (2014). *Best practices in school psychology: Foundations*. Bethesda, MD: National Association of School Psychologists.
- Shriberg, D., & Moy, G. (2014). Best practices in social justice advocacy for school psychologists. In P. L. Harrison & A. Thomas (Eds.), *Best practices in school psychology: Foundations*. Bethesda, MD: National Association of School Psychologists.
- Shriberg, D., Song, S. Y., Miranda, A. H., & Radliff, K. M. (2013). *School psychology and social justice: Conceptual foundations and tools for practice*. New York, NY: Routledge.

DAVID SHRIBERG is an associate professor of school psychology at Loyola University Chicago. Along with Samuel Song, Antoinette Halsell Miranda, and Kisha Radliff, he is the co-editor of *School Psychology and Social Justice: Conceptual Foundations and Tools for Practice*.

A SOCIAL JUSTICE PERSPECTIVE ON Social-Emotional Learning

BY POONAM DESAI, VICKY KARAHALIOS, SCHEVITA PERSAUD, & KASSANDRA REKER

Social justice is not only included in the practice standards of the National Association of School Psychologists (NASP, 2010), it is also an emerging topic within the education, psychology, and school psychology literatures. Social justice is defined as the need for all people to be treated equally, with fairness and respect, where all receive the goods and services to which they are entitled (North, 2006). Shriberg et al. (2008), in examining definitions and perspectives of social justice in school psychology practice, define social justice as "ensuring the protection of rights and opportunities for all," with a particular focus on advocacy, elements of cultural diversity, and recognizing and addressing institutional power" (p. 459). As school psychologists are among the main providers of mental health services in schools, they have the potential to translate the above social justice definitions into practice by advocating for equitable social and emotional supports for all students.

In addition to recent research and professional standards of practice focusing on social-emotional supports, attention has been brought to mental health competence in schools at the international, federal, and state levels. Research suggests that many other nations are implementing social-emotional learning (SEL) in educational institutions to foster social development (Bird & Sultmann, 2010; Hallam, 2009). New bipartisan legislation brought forth The Academic, Social, and Emotional Learning Act of 2013 (H.R. 1875), which will expand the availability of evidence-based programs to more settings through advanced teacher and administrative training in SEL initiatives. Policy makers, state legislators, educators, and communities at all levels are moving toward embracing a vision of schooling in which SEL competencies are a priority in the classroom.

WHAT IS SEL?

Social-emotional learning (SEL) is the umbrella term for the many different kinds of prevention programs that draw from public health, mental health, and juvenile justice perspectives to address the social development of children in schools (Hoffman, 2009). The Collaborative for Social Emotional Learning (CASEL) describes five core compe-

POONAM DESAI, VICKY KARAHALIOS, SCHEVITA PERSAUD, and KASSANDRA REKER are students in the school psychology program at Loyola University Chicago.

tencies in SEL programming including: self-awareness (knowing your strengths and limitations), self-management (being able to stay in control and persevere through challenges), social awareness (understanding and empathizing with others), relationship skills (being able to work in teams and resolve conflicts), and responsible decision-making (making ethical and safe choices). The literature has suggested that SEL is an essential part of education, encouraging the establishment of environments that increase students' abilities to coordinate emotion, cognition, and behavior, so they can achieve positive academic, health, and citizenship outcomes (Graczyk et al., 2000).

SEL programs focus on a wide range of behaviors in school including externalizing behaviors, internalizing behaviors, empathy, social problem solving, caring for others, positive coping skills, and perspective taking, to name a few (Bird & Sultmann, 2010; Caldarella, Christensen, Kramer, & Kronmiller, 2009; Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). The most compelling evidence for the effectiveness of SEL is Durlak and colleagues' (2011) meta-analysis of 213 school-based, universal SEL programs involving 270,034 kindergarten through high school students. Positive outcome gains were identified in attitude toward self and others, positive social behavior, conduct problems, emotional distress, and academic performance (Durlak et al., 2011). Results further showed that programs can be conducted as effectively by regular school staff as by outside providers and can be successful across a range of ages and geographic areas. Research also suggests that SEL programs promote greater emotional well-being for staff, reduced bullying incidents, and system-wide school policy change (Hallam, 2009).

While much research supports the positive effects of SEL programming for students, recent surveys of NASP members currently practicing in Pre-K through 12th grade settings found that school psychologists were not well informed about evidence-based SEL programs (McKevitt, 2012). Thus, documentation of the positive effects of SEL programming is not translating into practitioner knowledge of types and uses of SEL programs, nor into implementation.

COMPONENTS OF AN SEL CURRICULUM REFLECTIVE OF SOCIAL JUSTICE

Selecting and implementing SEL programs reflective of social justice requires consideration of both the accessibility and the content of the curriculum. Briggs (2012) offers guiding questions for school psychologists examining their own and their school's social justice practices, modified here to represent SEL considerations:

- Whose voices are being heard and whose are not being heard in this situation?
- How can I call stakeholders (e.g., school staff, students, families, community members) to action in a manner that will be heard?
- What are the perspectives of school stakeholders regarding how the school as a whole is supporting the healthy development of children? What do they identify as needs and priorities?
- Do school SEL curricula align with the diverse needs and lives of students?
- Do SEL and behavioral data highlight discrepancies in access and success?

- Is there a group of students who experience bullying or discrimination or students who need specific types of support?
- What research-based interventions can I draw from in developing an SEL intervention?
- Are the interventions respectful of the context of each child, and do the interventions support each child in making decisions for himself or advocating for himself?

Keeping these guiding questions in mind, it is then the role of the social-justice-oriented school psychologist to critically reflect on his or her practices and those of the school, and to critically consider potential SEL curricula using a lens of cultural sensitivity, availability of resources, and multicultural awareness.

Accessibility. Though numerous curricula are available to schools, accessibility of these programs remains a critical consideration in choosing SEL curricula. Many evidence-based SEL programs require significant financial investment. For example, the social-emotional programs with *Positive* or *Potentially Positive* effectiveness ratings (as reported by What Works Clearinghouse) range from no-cost to approximately \$3,000 per student (U.S. Department of Education, Institute of Education Sciences [IES], 2011; IES, 2013). Indeed, low- or no-cost SEL programs exist and are available to schools; however, research on these programs is limited. As previously noted, social justice involves ensuring the protection of rights and opportunities for all (Shriberg et al., 2008). The high cost of evidence-based SEL programs limits access to effective curricula and brings into question whether the current selection of SEL programs truly focuses on expanding opportunities for social-emotional development for all students or only for the students whose schools can afford SEL programs. That being said, the authors recognize that school psychologists must work within the confines of financial limitations, and encourage practitioners to seek cost-effective, evidence-based curricula where possible.

Content. Schools with access to SEL programs must also consider the content of the available SEL curricula and the audience for which the curricula is intended. Many of the SEL programs have aimed to provide more focus on culture and diversity; however, the focus has been broad and ambiguous (Caldarella et al., 2009; Durlak et al., 2011). Most studies suggest they do this by using their programs in diverse racial and economic settings. This is a start, but the programming often remains the same regardless of the student population.

According to Shriberg and Moy (2014), highly effective social justice practices are rooted in multiculturalism and actively utilize two core social justice actions: collaboration and advocacy. Hoffman (2009) translates this idea to SEL through the examination of SEL programming, yielding a new tenet of increased focus on culture in SEL curricula to address the differences in students and in their understanding of mental health and emotional competence. Hoffman suggests that the language of SEL programs' outcome measures and goals are based on White American perspectives of emotional control that do not take into account the different types of SEL that could foster greater emotional well-being. For example, previously mentioned studies aimed to decrease externalizing behaviors, increase prosocial behaviors, and increase coping strategies. All of these ideas, which are explicitly taught, do not take the perspectives of other cultures or other means of obtaining positive social development.

Though norming data are difficult to find for many programs and curricula, practitioners can consult program websites or request research that establishes the efficacy of a particular program with a population similar to the one the school psychologist works with. The meta-analysis of SEL studies conducted by Durlak et al. (2011) reveals the demographics and implementation-duration data for SEL studies, including: "More than half the programs (56%) were delivered to elementary school students... [and] nearly one third of the reports contained no information on student ethnicity (31%) or socioeconomic status (32%)" (p. 412).

School teams charged with the task of selecting an SEL program may, led only by effectiveness ratings, choose and implement an SEL program intended for a group of students different from those students enrolled in their school. Considerations by the SEL team should include research studies' age groups, ethnicity, socioeconomic status, school type, curriculum delivery setting and personnel, as well as duration of implementation. However, limitations in norming groups or research data do not preclude schools from successfully implementing culturally sensitive SEL curricula. School psychologists are familiar with the adaptations necessary for academic and behavioral interventions, and this ability to modify interventions extends to SEL programs. SEL programs ensure the protection of rights and opportunities for all by lending themselves to modification. Modifications viewed through a social justice lens are enhanced by contributions of school staff members, students, families, and community members. Ideally, the social-emotional learning program provides structure to these contributions and ideas for altering lessons to meet the needs of a wide range of students and families. Ultimately, local outcome data will show whether such modifications have been successful in delivering improved results for students.

When modifying SEL curriculum to meet the needs of individual students or communities, consider the message of the SEL program, as well as the specific skills and traits the program promotes. In her analysis of the current approach to social-emotional learning, Hoffman (2009, p. 438) asks, "Does a curriculum in emotional

skills, for example, adequately engage with or reflect cultural diversity, or does it presume a single model of emotional competency valid across all cultural contexts?" For instance, many social-emotional learning programs foster the development of emotion management and self-control. Consider the implications and characteristics of these skills for various cultures and for those from differing socioeconomic statuses. All families, groups, or communities may not view emotional expression in the same way. Subsequently, an SEL program placing emphasis on emotion control runs counter to the skills these families, groups, and communities intend to teach their children. Similarly, while a skill such as maintaining eye contact when in conversation is a valued interpersonal skill in the United States, other cultures may see this as a sign of disrespect. These specific considerations, as well as others, are explored more fully in the following section.

WHAT SCHOOL PSYCHOLOGISTS CAN DO

The components of a SEL curriculum reflecting social justice should be among the foremost considerations school psychologists should take when advocating for SEL implementation and choosing specific SEL curricula. The application of social justice is complementary to multitiered systems of support; however, a social justice framework more strongly considers the cultural and ecological context in which the SEL instruction takes place (Shriberg & Moy, 2014).

For practitioners attempting to advocate for implementing SEL curriculum at a more integrated level, the following talking points related to social justice may be helpful when speaking with administration:

- SEL programs may be costly at the outset, but they can save money in the long term. Good SEL curricula can positively impact behavior, interpersonal relations between staff and students, attendance, and academics. SEL curricula are not only meant to be intervention agents, but also prevention agents (Durlak, 2011; Greenberg et al., 2003; Weissberg, Payton, O'Brien, & Munro, 2007).
- Higher levels of interventions can be supported through staff initiatives and cost-effective evidence-based practices.
- SEL programs can be part of a larger school climate initiative, which gives the school a common language, encourages conversations between different members of the school community, and can increase student and staff satisfaction (Collie, Shapka, & Perry, 2012).

Other practitioners may want to integrate socially just SEL practices into their school culture and into MTSS initiatives, and may be in the process of choosing an SEL curriculum or have SEL curricula already chosen. Regardless, we recommend the following steps for practitioners seeking a more integrated and socially just approach to bringing and expanding SEL programs in their schools.

- Determine your school's needs using a school-wide assessment or screener. Along with administration and staff, create specific and measurable goals for students based on SEL standards (see your state's or another's for reference; McKevitt, 2012).
- Choose an evidence-based SEL curriculum that promotes positive school culture, utilizes a common language for the school to adopt, and teaches specific social, emotional, and behavioral skills. It should also meet the goals you developed for the school and be cost-effective to implement (McKevitt, 2012).
- Do your research. Find out which populations the curriculum has been tested on. If the population is comparable to your own school's population, then move forward with it. If the populations are drastically different, think about how the curriculum would fit in with the school community, how it could be adapted, and whether or not another curriculum might best fit the needs of your school (Kress & Elias, 2006; McKevitt, 2012).
- Get input from the school community, including parents, as to what skills they would like to see their students learn and how the community can support these goals. Parents should be seen as equal partners in SEL implementation, not simply as home enforcers. Schools should ensure that SEL curricula reflects parents' values and are culturally responsive, thus encouraging a socially just practice and increasing the likelihood of home support.
- Create an implementation plan. You will not only be working with teachers to implement the universal SEL curriculum, but also putting in place higher tiers of intervention for students who continue to struggle (McKevitt, 2012).
- If your school or district struggles to find the funds to get good SEL programs, look into grants. CASEL's website offers a PDF listing SEL resources and funding options for schools and district (see <https://static.squarespace.com/static/513f79f9e4b05ce7b70e9673/t/52fbd36e4b0a0ce2c93a95c/1392237878883/funding-and-resources-national-5-3-11.pdf>).

MULTITIERED SYSTEMS OF SUPPORT

Speaking on a broad basis, school initiatives are often fragmented and focus on addressing specific problems "without an adequate understanding of the mission, priorities, and culture of schools" (Sarason, 1996). According to Greenberg and colleagues (2003,

p. 467), “Programs that are insufficiently coordinated, monitored, evaluated, and improved over time will have reduced impact on student behavior and are unlikely to be sustained.” Taking these ideas into account, the authors have compiled the following recommendations for tiered SEL interventions.

Tier 1. Suggestions for the implementation of Tier 1 universal interventions include the following.

- Ensure teachers elicit feedback from students and parents regarding the applicability of the curriculum. Empower students and parents to participate in conversations regarding SEL initiatives from the outset (Kress & Elias, 2006; McKevitt, 2012).
- Find specific ways to involve families and community members in SEL efforts. For instance, hold family nights where some of the SEL skills are explored among families through a facilitated discussion (include food, if possible!). Bring in community members to discuss how they use different SEL skills in their work (this not only gets students thinking about future careers, but how SEL skills are applicable to all careers).
- Work with teachers to ensure that they adapt the curriculum to be more culturally sensitive, as needed (e.g., matching names in the curriculum to common names from the student body; reworking examples and situations to reflect more commonly experienced issues; Kress & Elias, 2006; McKevitt, 2012).
- Make sure a variety of extracurricular activities are available for students to participate in. Students should have a way to explore their interests and engage in positive peer social interactions (Brown & Evans, 2005).

Tier 2. Suggestions for the implementation of Tier 2 targeted interventions include the following.

- Ensure that higher levels of intervention are adapted to the specific needs of students. For instance, counseling groups can be great Tier 2 interventions, but pay attention to who makes up the group (Is it homogeneous or heterogeneous?) and what content is covered (Does it apply to everyone? Is it culturally sensitive?).
- To the extent appropriate, make sure you get to know the background of students involved in higher levels of intervention. Are events from their past or from the school’s current practices possibly contributing to their current difficulties? What does their home support look like? Do they have access to adequate housing and food? These are simple questions, but often crucial to understanding and responding to a student’s particular needs (Humphrey, Lendrum, Wigelsworth, & Kalambouka, 2009).
- Pay attention to the messages you send at higher levels of intervention. Are you simply trying to teach impulse control, or are you challenging students to become the best versions of themselves they possibly can? Are you teaching that bullying is bad, or are you teaching children how to be leaders and what behaviors that entails? (Elias, DeFini & Bergmann, 2010).
- Check in with family members about the acceptability of the intervention and involve them. You can ask parents to come in for a brief meeting to help brainstorm how they can develop a parallel plan at home to support interventions in culturally acceptable way. Make parents your partners (Durlak et al., 2011).
- Involve community members by asking them to speak in classes or to small groups as extensions of evidence-based programs. Choose leaders in the community who serve important roles, whom students likely respect, and who are representative of the student and community demographics.
- Create a student leadership team comprised of current and potential student leaders that is focused on empowering students to take ownership of their own social and emotional literacy. As a faculty sponsor, the school psychologist could encourage this team to plan school SEL events, become models for practicing SEL skills, and critically reflect on school and student practices (Kress & Elias, 2006).

Tier 3. Suggestions for the implementation of Tier 3 intensive interventions include the following.

- Help children requiring more intensive interventions participate in school activities that are acceptable to them. This helps them to pursue interests and engage in positive peer and adult relationships (Brown & Evans, 2005).
- Ensure parents are valued as equal partners. You may consider bringing parents in for a special meeting to discuss collaboration with the school regarding behavioral expectations, at-home support, encouragement of positive behaviors and interests, and other issues. Home visits (a highly underutilized tool) also help to get parents on board with school initiatives.
- To the extent possible, individualize the higher tiers of intervention to the student’s specific needs, interests, and motivations. If you struggle to connect with the student, spend more time getting to know the student in an environment where he or she feels more comfortable. If the student resists working with you due to background or demographics, find a staff member to whom the student might be more responsive (Humphrey et al., 2009).

CONCLUSION

Research has made it clear that SEL programming in schools can be essential to developing key skills in social, academic, interpersonal, and self-regulatory domains. School psychologists not only need to become more knowledgeable about the wide range of SEL programs and curricula available, but they should also advocate for these programs through a social justice lens to create more equitable access to quality SEL programming.

By looking at schools’ needs through a social justice framework, new and important considerations may arise. We have presented some of these considerations here, particularly in the area of advocacy for socially just SEL curricula and integrating SEL curricula in a socially just manner. Although the evidence base is still expanding, curricula are always changing, and costs of these curricula may be prohibitive for some, resources are still available to provide support in decision-making and funding. Current research (available through the websites of CASEL, What Works Clearinghouse, NASP, and other education-focused research organizations), educational legislation, NASP standards of practice, professional organizations, grants, and awards are all common and useful available resources. Ultimately, it is up to the school community, led by the school-based practitioner, to take the next big step of advocating for and adapting evidence-based practices in a socially just manner. ■

References

Bird, K. A., & Sultmann, W. F. (2010). Social and emotional learning: Reporting a system approach to developing relationships, nurturing well-being and invigorating learning. *Educational and Child Psychology*, 27(1), 143-155.

Briggs, A. (2012). The school psychologist as social justice advocate. In D. Shriberg, S. Y. Song, A. H. Miranda, & K. M. Radliff (Eds.), *School psychology and social justice: Conceptual foundations and tools for practice*. (pp. 294-310). New York, NY: Routledge.

Brown, R., & Evans, W. P. (2005). Developing school connectedness among diverse youth through extracurricular programming. *Prevention Researcher*, 12(2), 14-17.

Caldarella, P., Christensen, L., Kramer, T. J., & Kronmiller, K. (2009). Promoting social and emotional learning in second grade students: A study of the Strong Start curriculum. *Early Childhood Education Journal*, 37(1), 51-56. doi:10.1007/s10643-009-0321-4

Collie, R. J., Shapka, J. D., & Perry, N. E. (2012). School climate and social-emotional learning: Predicting teacher stress, job satisfaction, and teaching efficacy. *Journal of Educational Psychology*, 104(4), 1189-1204. doi:10.1037/a0029356

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students’ social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405-432. doi:10.1111/j.1467-8624.2010.01564.x

Elias, M. J., DeFini, J., & Bergmann, J. (2010). Coordinating social-emotional and character development (SECD) initiatives improves school climate and student learning. *Middle School Journal* (j3), 42(1), 30-37.

Graczyk, P. A., Matjasko, J. L., Weissberg, R. P., Greenberg, M. T., Elias, M. J., & Zins, J. E. (2000). The role of the Collaborative to Advance Social and Emotional Learning (CASEL) in supporting the implementation of quality school-based prevention programs. *Journal of Educational and Psychological Consultation*, 11(1), 3-6.

Greenberg, M. T., Weissberg, R. P., O'Brien, M. U., Zins, J. E., Fredericks, L., Resnik, H., & Elias, M. J. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist*, 58(6-7), 466-474. doi:10.1037/0003-066X.58.6.7466

Hallam, S. (2009). An evaluation of the Social and Emotional Aspects of Learning (SEAL) programme: Promoting positive behaviour, effective learning, and well-being in primary school children. *Oxford Review of Education*, 35(3), 313-330. doi:10.1080/03054980902934597

Hoffman, D. M. (2009). Reflecting on social emotional learning: A critical perspective on trends in the United States. *Review of Educational Research*, 79(2), 533-556. doi:10.3102/0034654308325184

Humphrey, N., Lendrum, A., Wigelsworth, M., & Kalambouka, A. (2009). Implementation of primary social and emotional aspects of learning small group work: A qualitative study. *Pastoral Care in Education*, 27(3), 219-239. doi:10.1080/02643940903136808

Kress, J. S., & Elias, M. J. (2006). Building learning communities through social and emotional learning: Navigating the rough seas of implementation. *Professional School Counseling*, 10(1), 102-107.

McKevitt, B. (2012). School psychologists’ knowledge and use of evidence-based, social-emotional learning interventions. *Contemporary School Psychology*, 16, 33-45.

National Association of School Psychologists. (2010). *Model for comprehensive and integrated school psychological services*. Retrieved from http://www.nasponline.org/standards/2010standards/2_PracticeModel.pdf

North, C. E. (2006). More than words? Delving into the substantive meaning(s) of “social justice” in education. *Review of Educational Research*, 76(4), 507-535. doi:10.3102/00346543076004507

Sarason, S. B. (1996). *Revisiting “The culture of the school and the problem of change”*. New York, NY: Teachers College Press.

Shriberg, D., Bonner, M., Sarr, B. J., Walker, A., Hyland, M., & Chester, C. (2008). Social justice through a school psychology lens: Definition and applications. *School Psychology Review*, 37(4), 453-468.

Shriberg, D., & Moy, G. (2014). Best practices in social justice advocacy for school psychologists. In P. L. Harrison & A. Thomas (Eds.), *Best practices in school psychology: Foundations*. Bethesda, MD: National Association of School Psychologists.

U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, What Works Clearinghouse. (2011). *Children classified as having an emotional disturbance: The Incredible Years*. Retrieved from http://ies.ed.gov/ncee/wwc/pdf/intervention_reports/wwc_incredibleyears_111511.pdf

U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, What Works Clearinghouse. (2013). *Early childhood education interventions for children with disabilities: Social skills training*. Retrieved from http://ies.ed.gov/ncee/wwc/pdf/intervention_reports/wwc_socialskills_020513.pdf

Weissberg, R. P., Payton, J. W., O'Brien, M. U., & Munro, S. (2007). Social and emotional learning. *Moral education: A handbook*, 2, 417-418.

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Evidence-Based Interventions

[CONTINUED FROM PAGE 1]

fort level. Other professions face this issue as well. For example, academic medicine has recently articulated the frustration of physicians' continuing use of disproved or replaced yet comfortable, traditional, and established practices (Prassad, Cifu, & Ionnidis, 2012). Although there are a host of EBIs available in nearly all professional fields, the implementation of EBIs is not especially common, given the many obstacles EBIs face when it comes to real-world implementation (Addis, Wade, & Hatgis, 1999). Embracing and implementing EBIs is an important shift toward professionalism and responsiveness to the needs of children, families, and schools; yet implementation remains a challenge (Sanetti, 2013).

HOW ARE EVIDENCE-BASED INTERVENTIONS DEFINED?

Evidence-based practice was a term first proposed in 1992 in reference to medical practices (American Medical Association Evidence-Based Working Group, 1992). Although originating in medicine, evidence-based models have spread to a variety of professions, including education and psychology (Rycroft-Malone, 2004). Among the criteria for classification as an evidence-based practice are that positive outcomes have been reported in peer-reviewed journals or documented effectiveness is supported by other sound evaluation methods, and the judgment of informed experts (Glasgow et al., 2012). School psychology and other professions have used the term "evidence-based interventions" to specifically refer to the educational or mental treatments that have significant and compelling research support.

The most inclusive and relevant definition comes from the Evidence-Based Behavioral Practice Project, which

... entails making decisions about how to promote health or provide care by integrating the best available evidence with practitioner expertise and other resources, and with the characteristics, state, needs, values and preferences of those who will be affected. This is done in a manner that is compatible with the environmental and organizational context. Evidence is comprised of research findings derived from the systematic collection of data through observation and experiment and the formulation of questions and testing of hypotheses (www.ebbp.org).

Note that in this definition, there is no reference to published, peer reviewed research. The only reference is to the "best available evidence," a phrase open to a host of interpretations (Chaudoir, Dugan, & Barr, 2013).

The central tenets of EBI are practices that are supported by the preponderance of results of research studies (Colquhoun, et al., 2014). The most heavily weighted research studies are published in refereed, peer-reviewed scientific journals. Research studies are evaluated based on the effect size of the intervention, the quality of research methodology, and the relevance of the research sample to the clinical population receiving the intervention. Randomized, double-blind control studies are considered to be the gold standard in research designs and such studies are given the most weight in integrating and supporting the quality of a practice (Bowen & Graham, 2013). Typically, theoretical papers and qualitative studies are not considered to be contributors to the evidence supporting EBIs. The goal of EBIs is to promote the use of effective practices and enhance public health by applying empirically supported principles of research design, outcome evaluations, case formulation, and intervention (Thompson, Estabrooks, Scott-Findley, Moore, & Wallin, 2007). Theoretical reviews and qualitative studies are not considered among the information used to support EBIs because most of these studies do not conform to the narrow set of methodological criteria and replicable nature that is characteristic of true evidence-based research (Addis et al., 1999). In the instance where a narrow set of methodological standards are not used, but where the evidence informs a specific clinical practice, it is best referred to by the more inclusive term of "research-based practice" rather than EBI.

THE CHALLENGES OF IMPLEMENTING EBIS

The usefulness of EBIs for general application and practice is fraught with challenges. Determining whether the preponderance of the research supports the effectiveness of an intervention in practice is a complex issue (Greenhalgh, Howick, & Maskrey, 2014). There are entire journals devoted to complex and detailed methods of synthesizing research through meta-analyses and literature reviews. Moreover, there is a well-known negative relationship between quality of research design and effect size (Higgins et al., 2013). That is, the best designed studies most often show the smallest effects of an intervention. A related tendency is that early versions of new interventions tend to have large effect sizes and poor research designs. As more sophisticated research designs are used, more recent studies tend to have lower effect sizes than early or original studies. There is a temptation to cherry-pick studies showing the largest and most compelling effect sizes to support an intervention despite methodological limitations (Luke, 2011). And there is also a temptation to accept new ideas whose effectiveness has not withstood several sophisticated and independent evaluations. Many heavily marketed interventions in education selectively present research showing positive effect sizes, are fairly new and have not been effectively evaluated, or their developers actively resist making data available for independent evaluation. In this fashion, there is a claim of evidence support, but such strategies do not fully meet criteria for EBI.

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Unique characteristics of sample of interest in research and implementation. Even the most strongly and universally supported EBIs present questions for those making implementation decisions. Many studies supporting EBIs are group studies that rely on mean differences between an intervention (i.e., experimental) group and a control group (Penuel, Fisman, Yamaguchi, Lawrence, & Gallagher, 2007). Studies identifying the characteristics of the participants with strong positive outcomes and other participants who are unaffected or negatively affected by the interventions are extremely rare. Given that many of the individual students with whom school psychologists work are often outliers and have had multiple unsuccessful intervention attempts, group studies may not assist in capturing the needs of students with special needs who deviate in many ways from the population targeted in the research supporting the EBI. When EBIs are supported by N=1 studies, the individual characteristics of the student are critical variables in determining the utility of the research for implementation.

Relevance to target population. Generalization of research supporting EBIs is a challenge. The demographic and learning characteristics of the sample are well described. However, rarely do the characteristics of the sample used in research match those of the target population that will receive the intervention. Studies have been conducted in structured settings such as university laboratories, in-patient psychiatric units, and private schools. Other studies take place with specific samples of populations such as students with autism, from northern Vermont, and other geographical or cultural characteristics that make samples from research unique and of questionable generalization. An understanding of the diverse demographic and contextual factors can affect the applicability and effectiveness of the intervention model that is used. Consequently, the match between the research sample and the target of the intervention dictates how researchers or field clinicians interpret the utility of a specific EBI for the current need. Many constructs and EBIs were developed and tested on university undergraduates and the ideas are then generalized to primary and secondary students. This is certainly a questionable practice. The match between sample of the study and the target sample receiving the intervention is a critical variable to consider in the implementation of EBIs.

Resources. Evidence-based interventions with strong research support may use resources that no school could possibly obtain. For example, the original studies supporting token economies took place in an in-patient psychiatric facility. Although the concept was well developed, the original studies had 24-hour per day supervision of the research subjects or clients, a team of professionals to implement the program, financial resources of the institution, and the availability of alternative treatments for those unaffected by the token economy (Ayllon & Azrin, 1968). Although the concept of token economies has worked well in multiple settings, the resources required to implement this intervention are often underestimated. Moreover, many EBIs were conducted with a small army of graduate students and supported by the resources of a large research grant. Before any EBI is implemented, an analysis of resources required and available needs to take place. The greater the deviation from the resources in the original supporting studies, the higher the likelihood of low treatment integrity and different outcomes from the original EBI supporting studies.

Match to school culture. The fit between school culture and EBI involves matching the values, theoretical orientation, community standards, teacher preparation, and openness to change and innovation to those explicit or implicit in the EBI. For example, an EBI based on behavioral principles may not be implemented effectively in a school with an inquiry-based approach to education, or a school using a humanistic philosophy, with teachers not well trained in behavioral methods. The match between EBI and the school culture requires analysis and evaluation of the characteristics of both.

Context and treatment integrity. Often an EBI is identified as having potential to solve an existing problem and is inserted into a system with little flexibility in the methods of implementation (Klein & Knight, 2005). Treatment integrity is a construct requiring implementation of EBIs to be as similar to the methods used in supporting the EBI as possible, the concern being that deviation from the methodology of the research supporting the EBI results in lower than expected outcomes. The downside is that context is not often considered. Labelling an intervention as an EBI with strong research support is much like the construct of validity for tests. The construct is not universal, but context specific. There may be strong support for one implementation setting and no support for its application in another setting. The fit of the EBI to the context in which the intervention is to be implemented is as or more important than the strength of the evidence supporting the interventions.

A NEW RESEARCH-TO-PRACTICE PARADIGM

The emphasis on EBIs is a useful step in establishing school psychology as a profession that provides demonstrable outcomes based on scientific principles. Such an approach can only strengthen our professional standing within schools and other institutions. However, the danger is in the belief that EBI is the final destination in the development of a strong scientist-practitioner practice in the tradition of the Boulder model. EBI is a necessary, but not sufficient step. The next step involves implementation science. Implementation science is the study of methods to promote the integration of research findings and evidence into policy and practice (Forman et al., 2013). The primary question of EBI is: What works? The primary questions of implementation science are: How does it work? How robust are the outcomes of the interventions to variations in implementation? Under what conditions does it work? What specific ex-

pertise is required? What are the negative unintended consequences of application (e.g., side effects)? For which populations or individuals does it work? What resources are required for it to work? Is it consistent with the culture and values of the setting and personnel in which it is implemented? These are the next and most important questions to be answered. EBI is best thought of as an excellent starting point from which to launch a new wave of research methods in school psychology.

Evidence-based interventions can best be considered as a “proof of concept” (Michie et al., 2011). A large percentage of educational and psychological practices do not meet even the modest benchmark of being an EBI. However, a positive result from the What Works Clearinghouse (<http://ies.ed.gov/ncee/wwc>) or strong evidence from the preponderance of the research in the field is not enough. By engaging in the goals and approaches of implementation science, evidence for how, when, where, why, and for whom becomes essential in the application of new ideas. There is a common complaint that the application of new research to educational practice takes 10 to 20 years or more. Moreover, the rejection of disproved ideas in practice (e.g., grade retention or corporal punishment) is also stubborn because of familiarity with old ideas and lack of perceived actionable alternatives. These issues are common because there is no map guiding psychologists and educators on ways to translate research to practice. Evidently, practitioners become lost or frustrated, surrender, and rely on habit and old familiar practices. Hence, the common refrain of the irrelevance of research to practice is reinforced. Application of implementation science in conjunction with EBIs allows science and practice to become the same construct—good practice based on good science. Using the methodologies of implementation science to support EBIs, school psychology has the potential to become a research-to-practice profession consisting of true scientist-practitioners.

School psychology has long been one of the most dynamic areas of psychology in terms of research-to-practice. The movements toward evidence-based interventions, research-based practice, and response-to-intervention models of service delivery are pushing school psychology away from tradition-based practice, testimonial evidence, and disproved techniques. Positive and even revolutionary evidence-based practices in the scientific literature provide limited information on implementation in school settings; hence, the importance of context and relevance. Knowing what works is essential; it is also critical to know how, where, when, why, and for whom do innovative practices work. The interdisciplinary field of implementation science has the potential to answer these questions and to comprise a new wave of research that will lead the implementation of innovations in education and psychology. This call is for school psychology to continue to provide leadership in the evolution of psychology by embracing implementation science as a tool to respond to the needs of schools, children, and their families. As the science of implementation develops, school psychology can realize the scientist-practitioner quality of the Boulder model. ■

References

- Addis, M. E., Wade, W. A., & Hatgis, C. (1999). Barriers to dissemination of evidence-based practices: Addressing practitioners' concerns about manual-based psychotherapies. *Clinical Psychology: Science and Practice*, 6, 430-441.
- American Medical Association Evidence-Based Working Group. (1992). Evidence-based medicine. A new approach to teaching the practice of medicine. *Journal of the American Medical Association*, 268, 2420-2425.
- American Psychological Association Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist*, 61, 271-285.
- Ayllon, T., & Azrin, N. H. (1968). *The token economy: A motivational system for therapy and rehabilitation*. New York, NY: Appleton-Century-Crofts.
- Bowen, S. J., & Graham, I. D. (2013). From knowledge translation to engaged scholarship: Promoting research relevance and utilization. *Archives of Physical Medicine and Rehabilitation*, 94(1) Supplement S3-S8. doi:10.1016/j.apmr.2012.04.037
- Chaudoir, S. R., Dugan, A. G., & Barr, C. H. (2013). Measuring factors affecting implementation of health innovations: A systematic review of structural, organizational, provider, patient, and innovation level measures. *Implementation Science*, 8, 22-33. doi:10.1186/1748-5908-8-22
- Colquhoun, H., Leeman, J., Michie, S., Lokker, C., Bragge, P., Hempel, S., ... Grimshaw, J. (2014). Towards a common terminology: A simplified framework of interventions to promote and integrate evidence into health practices, systems, and policies. *Implementation Science*, 9, 51-58. doi:10.1186/1748-5908-9-51. <http://www.implementationscience.com/content/9/1/51>
- Forman, S. G., Shapiro, E. S., Coddling, R. S., Gonzales, J. E., Reddy, L. A., Rosenfield, S. A., ... Stoiber, K. C. (2013). Implementation science and school psychology. *School Psychology Quarterly*, 28, 77-100. doi:10.1037/spq0000019
- Glasgow, R. E., Vinson, C., Chambers, D., Khoury, M. J., Kaplan, R. M., & Hunter, C. (2012). National Institutes of Health approaches to dissemination and implementation science: Current and future directions. *American Journal of Public Health*, 102, 1274-1281. doi:10.2105/AJPH.2012.300755
- Greenhalgh, T., Howick, J., & Maskrey, N. (2014). Evidence based medicine: A movement in crisis? *British Medical Journal*, 348. doi:10.1136/bmj.g3725
- Higgins, J. P. T., Ramsay, C., Reeves, B. C., Deeks, J. J., Shea, B., Valentine, J. C., ... Wells, G. (2013). Issues relating to study design and risk of bias when including non-randomized studies in systematic reviews on the effects of interventions. *Research Synthesis Methods*, 4, 12-25. doi:10.1002/jrsm.1056
- Klein, K. J., & Knight, A. P. (2005). Innovation implementation: Overcoming the challenge. *Current Directions in Psychological Science*, 14, 243-246. doi:10.1111/j.0963-7214.2005.00373.x
- Luke, A. (2011). Generalizing across borders policy and the limits of educational science. *Educational Researcher*, 40, 367-377. doi:10.3102/0013189X11424314
- Michie, S., Abraham, C., Eccles, M. P., Francis, J. J., Hardeman, W., & Johnston, M. (2011). Strengthening evaluation and implementation by specifying components of behaviour change interventions: A study protocol. *Implementation Science*, 6, 10-16. doi:10.1186/1748-5908-6-10
- Penuel, W. R., Fishman, B. J., Yamaguchi, R., Lawrence P., & Gallagher, L. P. (2007). What makes professional development effective? Strategies that foster curriculum implementation. *American Educational Research Journal*, 44, 921-958. doi:10.3102/0002831207308221
- Prasad, V., Cifu, A., & Ionnidis, J. P. A. (2012). Reversals of established medical practices: Evidence to abandon ship. *Journal of the American Medical Association*, 307, 37-38.
- Rycroft-Malone, J. (2004). The PARIHS framework—A framework for guiding the implementation of evidence-based practice. *Journal of Nursing Care Quality*, 19, 297-304.
- Sanetti, L. M. H. (2013). Borrowing from related fields to advance intervention implementation in education. *The School Psychologist*, 67, 22-26.
- Thompson, D. D., Estabrooks, C. A., Scott-Findlay, S., Moore, K., & Wallin, L. (2007). Interventions aimed at increasing research use in nursing: A systematic review. *Implementation Science*, 2, 2-15. doi:10.1186/1748-5908-2-15

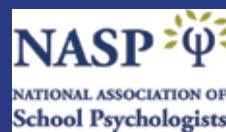
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tion that bipolar disorder could be present in children and adolescents, phenotypes (i.e., the observable characteristics resulting from the genetic and environmental interaction) were proposed to research the presentation of the disorder among these youth (Leibenluft, Charney, Towbin, Bhangoo, & Pine, 2003). *DSM-5* has essentially preserved the Narrow (or classic) phenotype for a bipolar diagnosis, while the severe mood and behavioral dysregulation (SMD) phenotype was utilized in defining DMDD. Interesting and important differences exist between the SMD phenotype and DMDD. Consequently, the research supporting this phenotype cannot be directly translated into a discussion of DMDD (see Hart, Brock, & Jeltova, 2013). Specifically, hyperarousal symptoms were eliminated from the DMDD criteria, as the *DSM-5* Mood Disorders and Childhood and Adolescent Work Groups (APA, 2010) judged it to have too much overlap with ADHD.

As a new disorder, and with the research regarding SMD unable to be utilized, prevalence estimates of DMDD remain to be determined. It is anticipated that these “naughty, grumpy” children and adolescents will be common referrals to mental health clinics. APA (2013) suggests that what research exists indicates DMDD is more frequent in males. As with all disorders, significant impairment must exist in several settings. Due to the nature of the dysregulated mood and extremely low frustration tolerance, it is anticipated that functional impairment will be quite apparent in school settings. In other words, these “naughty, grumpy” children will likely be on the radar of school psychologists.

DSM-5 CRITERIA

Diagnostic criteria capture the chronic, severe, and persistent nature of the irritability that characterizes DMDD (see Table 1). Two aspects of irritability are identified: (a) severe and developmentally inappropriate temper outbursts that occur frequently (i.e., on average three or more times per week) over at least 1 year with significant impairment in at least two settings, and (b) the chronic, persistently irritable, or angry mood present between the temper outbursts, which is evident for most of the day, nearly every day. There are age limitations to the diagnosis, in that symptom onset must occur between the ages of 6 to 10 years old, and caution is encouraged against use of the diagnosis outside the age limits included in the validity trials (i.e., 7 to 18 years old; APA, 2013). Finally, DMDD exists in a hierarchy with bipolar disorders, oppositional defiant disorder (ODD) and intermittent explosive disorder (IED), in that if criteria are met for both DMDD and a bipolar disorder, a diagnosis of bipolar disorder is made; if criteria for both ODD and DMDD or IED and DMDD are met, only the DMDD diagnosis is conferred. It is likely that the process of differential and comorbid diagnoses will be challenging for clinicians, although the emphasis is undoubtedly on the presence of a chronic state of irritability versus an episodic nature present only during mood states (e.g., mania, depression) or in the context of anxiety. In general, comorbidities can exist with attention deficit hyperactivity disorder (ADHD), major depressive disorder, anxiety disorders, and autism spectrum disorders, among others (APA, 2013).

RATIONALE FOR THE ADDITION OF DMDD TO DSM-5

Alarming increases in the diagnosis of bipolar disorder in children and adolescents have occurred over the past several decades (Harpaz-Rotem, Leslie, Martin, & Rosenheck, 2005; Harpaz-Rotem & Rosenheck, 2004; Moreno et al., 2007). Within this group of youth existed a significant portion that did not meet criteria in the strictest sense. Researchers and clinicians grappled with operationally defining things like “episode” (e.g., hours versus days) and trying to understand how criteria could be applied in a developmentally appropriate way. Leibenluft (2011) has argued that rather than broadening the diagnostic boundaries of bipolar disorder to encapsulate this group of severely impaired youth, they would be better served by emphasizing the mood dysregulation difficulties and seriousness of the chronic irritability as a presenting symptom. As such, research related to the SMD phenotype supported the distinction between this group and those with a more classic presentation, in that outcomes (e.g., those with SMD were more likely to develop anxiety or unipolar depression in adulthood rather than episodic bipolar disorder), gender distribution (i.e., those with SMD were more likely to be male, while gender distribution of classic bipolar disorder is equal), and family history differentiated the two (APA, 2010; Leibenluft, 2011). This research supplied the work group with the foundation for introducing the DMDD diagnosis. Again, an

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important change was made, however, which limits the direct translation of this research to DMDD. The hyperarousal criterion was eliminated due to fear that it would result in a lack of differentiation from ADHD.

POSSIBLE CONSEQUENCES OF THE NEW DISORDER

Reliability estimates reported by field trials do not inspire confidence in this diagnosis, with only one in an acceptable range across the sites reported (Kappas of 0.06, 0.11, 0.25, and 0.49; Regier et al., 2013). As it stands at the time of this writing, outside of the field trials for the *DSM-5*, only three research studies have been published regarding this disorder. Many of the questions posed by these early researchers surround prevalence rates and reduction of the rates of bipolar disorder. First, Marguiles, Weintraub, Basile, Grover, and Carlson (2012) found that one third of hospitalized children presented with DMDD. These researchers suggested the diagnosis of DMDD would reduce the rates of bipolar disorder; however, differences existed in the rates based on the information gathered for the diagnosis (i.e., parent report versus observational data). Second, Axelson and colleagues (2013) suggested that DMDD might be lacking in diagnostic utility as (a) over half of the youth diagnosed only met criteria at one assessment wave and (b) those with DMDD did not differ in rates of mood, anxiety, or ADHD disorders; functional impairment; or parental history from those without DMDD. Finally, Copeland, Angold, Costello, and Egger (2013) demonstrated that DMDD is relatively uncommon after early childhood, has high rates of comorbidity, and captures children with significant functional impairment and increased service use. These researchers indicated that there was substantial overlap with ODD. Importantly, they also found that youth diagnosed with DMDD were significantly more likely to be from low socioeconomic status homes. To sum, it appears that the validity and stability of the DMDD diagnosis are not ensured. This could result in an increase in diagnoses for children and adolescents, potentially increasing the number of youth who are medicated. This research also indicates that individuals might receive different diagnoses depending on the clinician or setting where the youth is assessed and the information obtained for that evaluation. Finally, there are implications for the differential impact on impoverished youth, which are concerning.

IMPLICATIONS FOR SCHOOL PSYCHOLOGY

It will be intriguing to see how quickly the assignment of DMDD catches on. There will more than likely be a lag in the community (and community-based clinicians) becoming aware of, accepting, and diagnosing this disorder; therefore, it might be up to knowledgeable school-based mental health practitioners to bring awareness of these children to clinical entities. Conversely, as is the case with any diagnosis, while it may direct our attention toward students who might require support, diagnostic labels do

Table 1. DSM-5 Disruptive Mood Dysregulation Disorder Criteria

A.	Severe recurrent temper outbursts manifested verbally (e.g., verbal rages) and/or behaviorally (e.g., physical aggression towards people or property) that are grossly out of proportion in intensity or duration to the situation or provocation.
B.	The temper outbursts are inconsistent with developmental level.
C.	The temper outbursts occur, on average, three or more times per week.
D.	The mood between temper outbursts is persistently irritable or angry most of the day, nearly every day, and is observable by others (e.g., parents, teachers, peers).
E.	Criteria A–D have been present for 12 or more months. Throughout that time, the person has not had 3 or more consecutive months when they were without all of the symptoms in Criteria A–D.
F.	Criteria A and D are present in at least two of three settings (i.e., at home, at school, with peers) and are severe in at least one of these.
G.	The diagnosis should not be made for the first time before age 6 years or after age 18 years.
H.	By history or observation, the age at onset of Criteria A–E is before 10 years.
I.	There has never been a distinct period lasting more than 1 day during which the full symptom criteria, except duration, for a manic or hypomanic episode have been met. <i>Note.</i> Developmentally appropriate mood elevation, such as occurs in the context of a highly positive event or its anticipation, should not be considered as a symptom of mania or hypomania.
J.	The behaviors do not occur exclusively during an episode of major depressive disorder and are not better explained by another mental disorder (e.g., autism spectrum disorder, posttraumatic stress disorder, separation anxiety disorder, persistent depressive disorder [dysthymia]) <i>Note.</i> This diagnosis cannot coexist with oppositional defiant disorder, intermittent explosive disorder, or bipolar disorder, though it can coexist with others, including major depressive disorder, attention deficit hyperactivity disorder, conduct disorder, and substance use disorders. Individuals whose symptoms meet criteria for both disruptive mood dysregulation and oppositional defiant disorder should only be given the diagnosis of disruptive mood dysregulation disorder. If an individual has ever experienced a manic or hypomanic episode, the diagnosis of disruptive mood dysregulation should not be assigned.
K.	The symptoms are not attributable to the physiological effects of a substance or to another medical or neurological condition.

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not automatically result in special education eligibility or services. Special education eligibility teams will be tasked with understanding how this disorder interfaces with special education law (e.g., which eligibility category best captures this disorder?). It is anticipated that children with the severe irritability and temper outbursts characteristic of DMDD will be on the radar of school psychologists regardless of a diagnostic label. How to best support these students has likely been a part of a school psychologist's duties prior to the addition of this disorder to *DSM-5* and will continue to be a part of our duties regardless of that label. ■

References

American Psychiatric Association. (2010). *Issues pertinent to a developmental approach to bipolar disorder in DSM-5*. Retrieved from <http://www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx?rid=155#>

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed., DSM-5). Washington, DC: Author.

Axelson, D., Findling, R. L., Fristad, M. A., Kowatch, R. A., Youngstrom, E. A., Horwitz, S. M., ... Birmaher, B. (2013). Examining the proposed disruptive mood dysregulation disorder diagnosis in children in the Longitudinal Assessment of Manic Symptoms study. *Journal of Clinical Psychiatry*, 73, 1342-1350. doi:10.4088/JCP.12m07674

Copeland, W. E., Angold, A., Costello, E. J., & Egger, H. (2013). Prevalence, comorbidity, and correlates of DSM-5 proposed disruptive mood dysregulation disorder. *American Journal of Psychiatry*, 170, 173-179. doi:10.1176/appi.ajp.2012.12010132

Harpaz-Rotem, I., Leslie, D. L., Martin, A., & Rosenheck, R. A. (2005). Changes in child and adolescent inpatient psychiatric admission diagnoses between 1995 and 2000. *Social Psychiatry and Psychiatric Epidemiology*, 40, 642-647. doi:10.1007/s00127-005-0923-0

Harpaz-Rotem, I., & Rosenheck, R. A. (2004). Changes in outpatient psychiatric diagnosis in privately insured children and adolescents from 1995 to 2000. *Child Psychiatry and Human Development*, 34, 329-340. doi:10.1023/B:CHUD.0000020683.08514.2d

Hart, S. R., Brock, S. E., & Jeltova, I. (2013). *Assessing, identifying, and treating bipolar disorder at school*. New York, NY: Springer.

Leibenluft, E. (2011). Severe mood dysregulation, irritability, and the diagnostic boundaries of bipolar disorder in youth. *American Journal of Psychiatry*, 168, 129-142. doi:10.1176/appi.ajp.2010.10050766

Leibenluft, E., Charney, D. S., Towbin, K. E., Bhangoo, R. K., & Pine, D. S. (2003). Defining clinical phenotypes of juvenile mania. *American Journal of Psychiatry*, 160, 430-437. doi:10.1176/appi.ajp.160.3.430

Margulies, D. M., Weintraub, S., Basile, J., Grover, P. J., & Carlson, G. A. (2012). Will disruptive mood dysregulation disorder reduce false diagnosis of bipolar disorder in children? *Bipolar Disorders*, 14, 488-496. doi:10.1111/j.1399-5618.2012.01029.x

Moreno, C., Laje, G., Blanco, C., Jiang, H., Schmidt, A. B., & Olfson, M. (2007). National trends in the outpatient diagnosis and treatment of bipolar disorder in youth. *Archives of General Psychiatry*, 64, 1032-1039. doi:10.1001/archpsyc.64.9.1032

Regier, D. A., Narrow, W. E., Clarke, D. E., Kraemer, H. C., Kuramoto, S. J., Kuhl, E. A., & Kupfer, D. J. (2013). DSM-5 field trials in the United States and Canada, part II: Test-retest reliability of selected categorical diagnoses. *American Journal of Psychiatry*, 170, 59-70. doi:10.1176/appi.ajp.2012.12070999

HANDOUTS

Editor's Note: Many handouts are fully formatted for distribution and available for downloading on the NASP website (<http://www.nasponline.org>).

Transition to Middle School: Smoothing the Way for Students

BY VALERIE NEISEN & PAULA SACHS WISE

Transitions in life can be difficult, but for young people one of the toughest may be the move from elementary school to middle school. At the same time that preteens are just beginning to adapt to hormonally induced physical, emotional, and cognitive changes, they suddenly enter educational environments that may be larger, less nurturing, more departmentalized, more competitive, and more demanding academically. Middle school students are generally expected to be more independent and responsible for assignments and other commitments.

CONCERNS ABOUT MIDDLE SCHOOL

Both students and teachers experience concerns about the move from elementary to middle school.

Student concerns. Students may spend the summer prior to the start of middle school feeling anxious about making social connections, succeeding academically, and even finding their classrooms. Myths from elementary school teachers (e.g., "You won't get away with this kind of work in middle school") and slightly older peers and siblings (e.g., "If you go into the restroom, you'll get your head shoved in the toilet") fuel these anxieties. In a 2007 episode of the situation comedy *Two and a Half Men*, Jake's father and uncle warned him about being shoved into a locker, having his lunch money stolen, and other events sure to frighten just about every student entering a middle school or junior high environment.

One study of sixth grade students reported the following worries about the transition

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to a new school (Weldy, 1991; Schumacher, 1998):

- Getting to class on time
- Finding lockers
- Keeping up with materials
- Finding lunchrooms and bathrooms
- Getting on the right bus to go home
- Getting through crowded hallways
- Remembering which class to go to next

Teacher concerns. According to Weldy (1991), middle school teachers report a similar but expanded list of challenges that students face in making the transition from elementary to middle school. Some of these include:

- Reduced parent involvement
- More teachers for each student
- No recess, no free time
- New grading standards and procedures
- More peer pressure (e.g., cliques, dealing with older students and students from other schools)
- Need for students to accept more responsibility for their own actions
- Unrealistic parental expectations
- Limited student experience in dealing with extracurricular activities
- Coping with adolescent physical development
- Variations in student social skills
- Students with limited basic skills

FACTORS INFLUENCING MIDDLE SCHOOL TRANSITIONS

A number of factors appear to impact school transitions.

Gender. Females tend to worry about physical attractiveness while males worry about athletic competence. Self-esteem is more likely to decline for girls than for boys.

Number of peers. The number of new peers in the middle school may also make a difference. When two or three elementary schools merge into one middle school, students may perform more poorly academically than when all students make the move from a single elementary school building to a single middle school (Alspaugh, 1998).

Social skills. The ability to make friends and be part of an accepting peer group relates directly to middle school adjustment. Students with good social skills and stable and supportive friendship groups before the transition are more likely to make a smoother transition to their new school.

Family factors. Family support and parental supervision are critical in making the transition to middle school a smooth one. Students with parents involved in the schools are more likely to have higher achievement than students whose parents are not involved. Further, moderate levels of parental supervision of the activities of middle school students are related to higher academic performance, particularly if parents supervise their students in a supportive way while allowing them some freedom and autonomy.

HOW ELEMENTARY SCHOOLS AND TEACHERS CAN HELP

There are many ways that elementary school teachers and programs can help ease the transition.

Emphasize the positive aspects of middle school. Elementary school teachers can minimize the fear they put into the minds of their students. They can make an effort to teach coping strategies at all grade levels and to encourage students to think of the transition to middle school as a challenge and an opportunity for intellectual and social growth rather than a threat (e.g., “In middle school, you’ll be able to learn more about the things you’re interested in, and there will be more possibilities for friends with common interests”).

Gradually prepare students for the academic challenges of middle school. Elementary school teachers should prepare students for middle school academics by gradually increasing the amount of autonomy they expect of students on assignments. They should take time to explain this to students in a relatively nonanxiety producing manner (e.g., “As you move to middle school and to high school, you’ll be expected to take more responsibility for getting work done without a lot of reminders. I’m going to try to introduce this gradually so you’re ready for that responsibility when the time comes. I have confidence that you’ll all be able to handle the increased responsibility.”).

Include opportunities for cooperative learning. Move from competition-based learning to cooperative-based learning. Teach students to work in groups and support each other. Since students have less contact with and support from any one teacher in middle school, they need to learn strategies for coping with increased academic demands. One such strategy is working cooperatively with their peers.

Encourage participation in student governance. Encourage student involvement in all school decisions. Use student councils and focus groups to discuss real problems and generate solutions.

Teach problem solving. Provide assignments in school and homework that encourage problem solving and comprehension.

Teach study skills. Help students learn to self-regulate by breaking large tasks into manageable pieces and by providing guidelines so students can monitor their own progress. Provide students with assignment books, preferably with a middle school logo, and teach them how to use this to organize their assignments and other obligations. Individual teach-

ers should not assume that students know how to study, get the most out of lectures, read for content, understand text material, prepare for tests, or even take tests. The more hints and strategies they are exposed to in this regard, the better. Spend time discussing these in all classes and, if possible, provide practice tests.

HOW MIDDLE SCHOOLS AND TEACHERS CAN HELP

On the receiving end, middle schools and teachers can make the first weeks of the middle school experience an enjoyable challenge rather than a dreaded disaster.

Encourage participation in extracurricular activities. Offer a wide variety of organizations, teams, and clubs. Encourage students to suggest groups they would like to start. Have an activity fair/open house the first week of school so that parents may familiarize themselves with their children’s teachers as well as the many opportunities to become involved.

Encourage parental involvement. Provide diverse opportunities for parental involvement in the schools. Communicate in meetings, through the Internet, in school-home notes or postcards, in phone calls, and in periodic bulletins to make sure that all parents have the opportunity to keep up with school activities. Do not limit contacts with parents to occasions of student misbehavior or other bad news. Some schools require the homeroom teacher to call each student’s home once a month or once a semester just to check in.

Encourage parents to be guest speakers. Gather demographic and special talent information about parents and use it in planning events and programs. For example, a father who is from another country may be asked to speak about his upbringing to a social studies class. A mother who is a physician may be asked to speak to a health class.

Make the school a community resource center. Offer evening classes for parents on a wide range of topics such as technology, parenting tips, or other matters of interest. Classes might also focus on parent-child interests such as cooking, travel, stress management, or conflict resolution. Parent-child book clubs might also be encouraged.

Schedule school tours for new students and families. Encourage students and their families to tour the school during the summer before entering. Provide information about the school as well as maps, class schedules, and other useful materials. Virtual tours and an orientation session may also be appealing to students and their families. It may be useful to have students who have already made the transition successfully speak at this meeting about their strategies. These students should be screened so they paint a realistic but not overly anxiety-producing view of the school. Also, at these meetings, address specifically the concerns that students and parents may have and allow time for questions and answers.

Provide opportunities for students to meet each other. When students from several schools merge into one middle school, help the students get to know each other early in the year. For example, involve students in service activities such as picking up trash around the school, conducting a car wash to raise money for a class-wide social activity, training students in peer mediation, or providing child-care training for students.

HOW OTHER PROFESSIONALS CAN HELP

Most middle schools have school psychologists, counselors, and social workers who can assist in planning for smooth transitions and may be useful in several ways, including:

- Teaching stress management, peer mediation, and conflict management skills
- Working individually or in small groups with students experiencing unusual difficulty in making the transition
- Helping to address the needs of special needs children for whom the transition may present extra difficulties
- Giving presentations to parent groups
- Identifying recurring problems through research studies or program evaluation and participating in team meetings to solve such problems ■

References

Alspaugh, J. W. (1998). Achievement loss associated with the transition to middle school and high school. *The Journal of Educational Research*, 92, 20-25.

Schumacher, D. (1998). The transition to middle school. ERIC Digest. ERIC Document Reproduction Service No. ED422119.

Weldy, G. R. (1991). *Stronger school transition to improve student achievement: A final report on a three-year demonstration project “Strengthening school transitions for students K-13”* [Project Report]. ERIC Document Reproduction Service No. ED338985.

Farrell, J., & Mayall, B. (2007). *Middle school: The real deal: From cafeteria food to combination locks*. New York, NY: Collins. This kid-friendly book discusses ideas for living through the first day including what to and what not to wear, technology dos and don’ts, extracurriculars, friends and cliques, and “why are my parents still treating me like a baby?” The book offers quizzes and many ideas for writing papers, keeping track of your schedule (with and without a PDA), and how to tell who is a real friend.

Recommended Resources

Print for Adults

Adams, C. (2008). The scary world of middle school: How to be sure your kids are ready. *Instructor*, 117(6), 44-46, 48.

George, M. A., Breslin, M. C., & Evans, W. (2007). Change is hard: Easing into the middle grades. *Principal Leadership*, 7(7), 32-35.

Potter, L., Schlisky, S., & Stevenson, D. (2001). The transition years: When it’s time to change. *Principal Leadership*, 1(7), 52-55.

Print for Students

Erlbach, A. (2003). *The middle school survival guide*. New York, NY: Walker and Company. This book covers issues such as finding friends, finding your way around the new school, coping with challenging teachers and assignments, strategies for classroom success, and issues of becoming more independent at home. It includes suggestions from other kids.

Online

MiddleWeb: <http://middleweb.com>

National Middle School Association: <http://www.nmsa.org>

Academically At-Risk Students and Mental Health Issues: Information for Educators

BY STEVEN R. SHAW

Students with diverse learning needs also have diverse mental health needs. The same individual characteristics that can put a child at risk for academic failure frequently cause that child to also be at risk for behavioral and mental health problems. Issues such as low intelligence, learning problems, poverty, cultural or language differences, history of trauma, family disruption, and other factors can lead to academic and mental health concerns. Counseling and other mental health services often ignore or inadequately address the needs of students who are academically at risk.

In addition to these predictable consequences, students at risk for academic failure have a greater proportion of social problems, such as becoming unprepared parents, using illicit drugs, being unemployed or underemployed, and abusing alcohol. At-risk youth are overrepresented in prison populations, are more likely to become violent offenders, and are more likely to become members of gangs and hate groups. This population is also more likely to have anxiety, depression, or mood disorders, issues that are often overshadowed in school by the academic challenges. Although the majority of students at risk for academic failure do not have these mental health problems, school failure and risk for school failure increase the probability of such difficulties.

STRESSED AND IGNORED

The fields of education, psychology, and medicine continue to make strides in expanding the knowledge of complex developmental disorders in children. Over the last 30 years, research and innovative clinical practice have improved the ability to assess and intervene for children with such complex disorders such as attention deficit hyperactivity disorder, autism, learning disabilities, and pervasive developmental disorders. Treatments and funding for mental health and behavior management programs have improved tremendously. Unfortunately, students at risk for academic failure are caught in a squeeze and there are few strong prevention programs available.

SYSTEMIC FACTORS

Not only are few remedial or support services available, but students at risk for academic failure are also under pressure from current education mandates for accountability and high-stakes testing. With many states requiring a specific level of performance by students on group achievement testing in order to be promoted to the next grade or graduate from high school, students at risk for academic failure may not be able to navigate these additional hurdles. Without supportive programs or a flexible education system, the already large percentage of academically at-risk students who eventually drop out of school is likely to increase.

IMPACT OF LOW SKILLS

Often, students who are assessed for special education services and are found to have low intelligence or otherwise to be at risk for academic failure are then determined ineligible for special education services. Either their ability is judged too high to meet the standards of mental retardation or too low to meet criteria as learning disabled. Because these students do not have the academic skills needed to succeed in the classroom, they experience repeated academic failure. Many are referred a few years later for emotional and behavior problems. Failure to provide adequate early education intervention has led to increased frustration and feelings of hopelessness.

POLICY ISSUES

Policies of grade retention and the reliance on high-stakes standardized tests often serve as barriers to developing academic motivation in these students. Nongraded classrooms, social skills training, elimination of grade retention, and teaching that involves direct instruction of material, strategic instruction, and systematic review can all lead to success. Successful students are likely to become academically motivated. Academically motivated students are somewhat protected from the real risk factors of low intelligence, low academic achievement, and challenging home environments. On the other hand, barriers such as escalating grade retention rates and mandatory cutoff scores on tests can reduce academic motivation among at-risk students.

Impact of Failure

Lack of academic motivation is best viewed as the first step in a downward spiral of low self-esteem, helplessness, hopelessness, and depressive symptoms. Experiencing repeated failure is a primary feature in the development of poor motivation. In other words, when there is no reinforcement to support strong academic work habits, development

STEVEN R. SHAW, PhD, NCSP, is Assistant Professor of Educational and Counseling Psychology at McGill University, Montreal, QC, Canada. © 2010 National Association of School Psychologists, 4340 East West Highway, Suite 402, Bethesda, MD 20814—(301) 657-0270. Reprinted from Canter, A., Paige, L. Z., & Shaw, S. (2010). *Helping Children at Home and School III*. Bethesda, MD: National Association of School Psychologists.

of life goals, and the ability to visualize a successful future, academic motivation cannot develop. School psychologists and educators have the power to interrupt some aspects of this downward spiral.

IMPACT OF LIMITED COPING SKILLS

Students at risk for academic failure have simple and concrete coping skills that often are not sufficient to address complex social interactions, understand basic social rules, grasp ambiguous situations, regulate emotions, initiate behaviors, make plans, or organize life events. The result is that students at risk for academic failure often withdraw, appear anxious or depressed, are inattentive, and respond impulsively or aggressively, owing to their limited coping skills. Aggressive responses are usually due to errors such as interpreting ambiguous social interactions as threats, then responding belligerently against a perceived slight. These students require direct training and guided practice to develop and apply more sophisticated coping skills, as well as supervised practice in reading social situations.

PREVENTION

The cycle of school failure, frustration, withdrawal, lack of motivation, and hopelessness can be disrupted by simple actions on the part of the teacher. Many classroom activities are effective in reducing problem behaviors and increasing self-esteem.

Spend time with children at risk. Skill development is critical, but so is a sense of belonging. Students at risk for academic failure often feel that teachers do not want to spend time with them, that they have no friends, and that they are not part of the school experience. Teachers often report that these students are not reinforcing to them and often present the most challenging behavior problems. They also report spending less time with these students than with those of average to above average intelligence.

To remedy this situation, the teacher can make a list of five students in the class with whom he or she least likes to spend time. Then the teacher should dedicate at least 3 minutes per week to each child on the list. This time should not be spent teaching. Rather, the teacher should engage the student in small talk, such as discussing family pets, hobbies, or clothes, or maybe playing checkers. Teachers who do this find that students become more motivated to please the teacher, feel less alienated, and have fewer behavioral problems.

Teach social skills. Social skills training—being taught effective social interactions and appropriate social behavior—is a cost-effective, time-limited approach that often produces noticeable improvements in quality of life and interpersonal behavior.

Promote leisure activities. Encourage and teach productive hobbies, interests, non-academic talents, athletics, and other leisure time activities. Students who develop skills at any valued activity have enhanced self-esteem, which provides a level of protection against the onset of behavioral and emotional problems.

Enhance motivation. Engage slow learners with attention, realistic expectations for success, coaching, and encouragement. Although their academic progress may not be as fast as their classmates, it is critical to maintain their academic motivation to prevent them from giving up on school.

Use effective behavior management. Strong classroom management systems that rely on structure, explicit rules, and clear expectations are effective with all students, but especially with slow learners. Unclear rules, downtime, excessive transition time, unclear expectations, and chaotic classrooms lead to behavior problems.

Emphasize parent involvement. School-based mental health resources may be more effectively targeted for parent education and training. Help parents provide a structured home, provide strategies to encourage academic motivation, and model effective behaviors and development of a home behavior program. Training parents in these skills may be the most efficient and effective way to prevent students at risk for experiencing academic failure and concurrent behavior problems.

CONCLUSIONS

Academic skills are normally distributed traits ranging from severely disabled through academically gifted, with most children somewhere midway between the extremes. Because of academic challenges and limited coping skills, students at risk for academic failure may be at risk for mental health problems. Unfortunately, too many mental health facilities do not provide services to children with low intelligence, a major risk factor for academic failure. If they do offer services, mental health providers may not have a strong understanding of how to provide counseling to a child with low intellectual ability. Schools and mental health agencies that are more responsive to these students' academic and mental health needs will help promote more positive outcomes for these students identified as at risk for academic failure. ■

Recommended Resources

Doll, E. J., & Cummings, J. A. (2007). *Transforming school mental health services: Population-based approaches to promoting the competency and wellness of children*. Thousand Oaks, CA: Corwin Press/National Association of School Psychologists.

Foundation School Old Scholars Association, *Characteristics of slow learners*: <http://www.foundationosa.org/slow.htm>
A brief outline of instructional techniques for children at risk for academic failure.

Rowan University, *Helping the slow learner*: http://www.rowan.edu/library/rowan_theses/RU2000/0076HELP.pdf
An interesting thesis with many applied details for teaching children at risk for academic failure.

Shaw Consulting, *Resilience*: <http://www.shaw-psych.com/slowlearners.htm>
A website that focuses on children at risk for school failure.

2015 Convention News

ORLANDO, FLORIDA, FEBRUARY 17–20

Orange You Glad NASP's Annual Convention Is Back to Orlando, Florida?

BY JEANNETTE RODRIGUEZ & KATHY MINKE

"I can't change the direction of the wind, but I can adjust my sails to always reach my destination" —Jimmy Dean

The NASP 2015 Annual Convention is coming back to Orlando, Florida. This year's location is the beautiful Walt Disney World Swan and Dolphin Resort, most commonly known as the place "Where all Dreams Come True." This year's convention theme is *Student Success: Mental Health Matters*.

The award-winning Walt Disney World Swan and Dolphin Resort is located between two Disney theme parks, Epcot and Disney's Hollywood Studios. The duo of hotels share similar design elements, but each has its own distinct appearance. The two waterfront resorts are located across from one another on Crescent Lake. If you are planning to stay at the resorts, you can enjoy being pampered at the spa, dine at one of the 17 restaurants and lounges, make a splash in their five pools, relax at their sand beach, and receive many special Disney benefits. Some of these Disney benefits include: Disney's Fastpass, extra magic hours benefits at the theme parks, complimentary scheduled transportation throughout Disney, onsite Disney ticket desks, character dining, complimentary delivery of purchases made in Disney theme parks, and complimentary parking at Disney theme parks.

The NASP 2015 Annual Convention will shine a light on mental health and how it matters in our schools and communities. Good mental health is critical to children's success in school and life. Unfortunately, numerous children and youth with mental health problems are not receiving the help they need and, when left unmet, mental health problems are linked to academic and behavior problems, dropping out, and delinquency. Therefore, schools are ideal settings in which to provide mental health services with the assistance of school-based professionals, especially school psychologists. What better place to receive the tools you will need to implement successful practices in mental health than Orlando?

Orlando is nicknamed "The City Beautiful," and it is also known as "The Theme Park Capital of the World." You know that saying about how "Life is like a roller coaster: There are a lot of ups and downs, but in the end, it was a good ride"? Well, Orlando can definitely help you picture and experience that feeling. Most trips to Orlando start with visiting 1 of the 15 theme parks, and each park can take up to one full day to complete. Disney includes four different major theme parks (Magic Kingdom, Epcot, Hollywood Studios, and Animal Kingdom) and two water parks (Typhoon Lagoon and Blizzard Beach). Universal Studios, Sea World, and Lego Land also have several theme parks and water parks to offer, making Orlando home to the greatest and most visited theme parks in the world.

No time to spend your weekdays at the park because you will be an active attendant at the convention? Well then, the nightlife in Orlando can be as thrilling and entertaining as the activities during the day. Those traveling with children have many options to choose from, including dinner shows and interactive entertainment complexes such as the Arabian Nights Dinner attraction, Medieval Times Dinner, Cirque du Soleil, or Blue Man group. Adults looking to have some fun can opt for cozy pubs, downtown dance clubs, live music, comedy, and a number of breweries and wineries.

Still debating if you would like to attend this year's NASP annual convention? Here are five fun facts about Orlando:

- Orlando is the second most popular destination in the United States for domestic tourism, with only Las Vegas placing higher. It has the greatest number of hotels and the second greatest number of hotel rooms (again, after Las Vegas).
- There are more than 5,000 restaurants in the Greater Orlando area, with more opening up each week. If you ate at a different restaurant for every single meal for an entire year, it would still take you

over 5 years to eat at every restaurant.

- The Orlando area was originally the main hub of Florida's citrus industry.
- Walt Disney World Resort is so big that you could fit two Manhattans or one San Francisco in it.
- If you were to stay in a different room every night at the Walt Disney World resorts, to sleep in them all would take you 68 years.

So, mark your calendar for the NASP 2015 Annual Convention, February 17–20 at the Walt Disney World Swan and Dolphin Resort, in Orlando, Florida. And remember, Mental Health Matters!

PROGRAM HIGHLIGHTS

Invited Keynote Address. The Honorable Patrick Kennedy served 16 years in the U.S. House of Representatives, where he was founder of the Congressional Down Syndrome Caucus and the 21st Century Healthcare Caucus, and author and lead sponsor of the Mental Health Parity and Addiction Equity Act of 2008. This dramatic piece of legislation provides tens of millions of Americans who were previously denied care with access to mental health treatment. Since leaving Congress, Rep. Kennedy has continued his leadership advocacy on behalf of those with mental illness as cofounder of One Mind for Research and founder of the Kennedy Forum on Community Mental Health.

Featured Sessions. Featured Sessions at the NASP convention highlight key issues facing the profession from the perspective of policy makers and leaders in school psychology, education, and mental health. This year's featured speakers address important forces shaping student prevention and intervention services and emphasize the leadership role that school psychologists can play in ensuring that systems-level and direct services effectively support student success. George Batsche, EdD, University of South Florida, will give the Legends Address, sharing his experiences as a pioneer in the problem solving model and response-to-intervention approaches to learning supports. Distinguished Lecturer, Mike Furlong, PhD, University of California Santa Barbara, will discuss advancements in the effort to address students' mental health through the lens of social-emotional wellness based on the Social-Emotional Health Survey System (SEHSS). Noted school safety researcher, Dewey Cornell, PhD, University of Virginia, will discuss the latest research and strategies related to keeping schools safe, including efforts around school climate, school-based mental health services, and threat assessment. Mark R. Shinn, PhD, National Louis University, and Michelle M. Shinn, School District 67, Lake Forest, Illinois, will present strategies to better anticipate and manage the potential effects of the Common Core on functional screening, progress monitoring, and evidence-based interventions required for successful implementation of RTI. Janine Jones, PhD, University of Washington, will share insights on multicultural issues in school-based mental health services critical to ensuring that schools are genuinely meeting the needs all students. And T. Chris Riley-Tillman, PhD, and a team of experts from the National Center for Intensive Interventions will review strategies to support students who do not respond to Tier 1 and 2 interventions through data-based individualization, a process for adapting academic and behavioral interventions.

DOCUMENT NASP- AND APA-APPROVED SESSIONS

There are two ways to earn and receive documentation for NASP-approved (and APA-approved) hours at the NASP convention: (a) convention workshops (WS session codes) and (b) specially designated documented sessions (DS session codes) that meet the standards of the NASP Approved Provider System. Among others, these standards require sign-in and sign-out, clearly stated learning objectives, and a postsession evaluation in order to receive documentation. You can find a full list of the nearly 50 half- and full-day workshops online. We also will offer eight advanced documented sessions each of 80 minutes duration. Specific registration is required for both workshops (WS) and documented sessions (DS). Information on registration fees and session descriptions is available online. Both WS and DS sessions may be counted toward the 10-hour NASP- or APA-approved requirement for renewal of the NCSP.

Visit the NASP website (<http://www.nasponline.org/conventions/2015/index.aspx>) for an overview of all components of the convention. *All paper presentations, mini-skills, symposia, posters, featured sessions, special sessions, and most special events are included in your convention registration.* ■

REGISTER EARLY AND SAVE

NASP remains committed to making the convention as affordable as possible. With this in mind, we are continuing the discounted early registration fee that is even lower than the pre-convention registration fee (which is lower than the full registration fee). Online registration opens October 1, 2014. Register by November 12, 2014, to get the lowest possible rate. Another good reason to register early is that you must register for the convention before reserving your room at one of the two official convention hotels at the discounted convention rate. Complete information about the convention and hotel registration is available online (www.nasponline.org/conventions)

Jeannette Rodriguez is local arrangements cochair for the convention committee. Kathy Minke is chair of the convention committee.

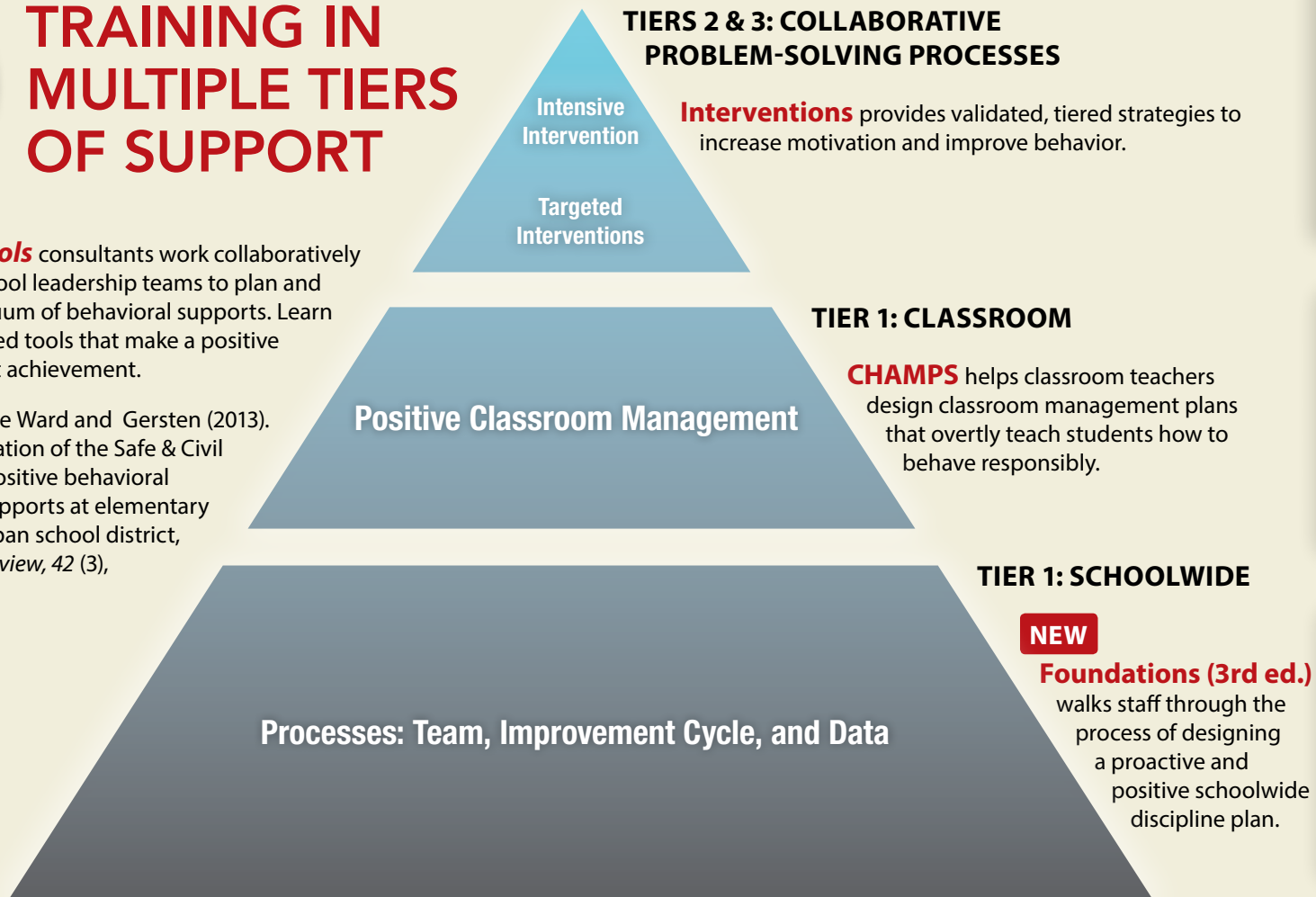
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Recent Research See Ward and Gersten (2013). A randomized evaluation of the Safe & Civil Schools model for positive behavioral interventions and supports at elementary schools in a large urban school district, *School Psychology Review*, 42 (3), 317-333.



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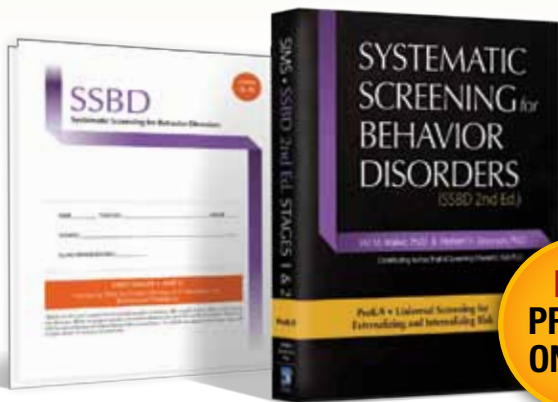
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COMMUNICATION MATTERS

Strive. Grow. Thrive! Building a Thriving School Community

BY AMY GLAZER & LAURA RICE

The constructs of achievement, success, resiliency, and what helps us to attain personal accomplishments play a critical role in developing self-concept and improving self-awareness. The start of a new school year is an ideal time to reflect on these characteristics in our students as well as in ourselves. As the school year gets underway, take some time to begin planning for this year's School Psychology Awareness Week (SPAW), which will take place November 10–14, 2014. This year's theme is *Strive. Grow. Thrive!* The theme emphasizes positive personal development and growth for students as well as adults, which ultimately supports a thriving school community. A thriving, or positive environment closely aligns with well-known and already ingrained school initiatives (e.g., positive behavior supports) that focus on developing a positive school climate at the Tier 1 level, as well as supporting positive student development at a Tier 2 or 3 level. When school communities thrive, students themselves are more likely to strive, grow, and achieve their best (i.e., thrive). Supportive and trustworthy school communities generate positive feedback loops: As students strive, grow, and therefore thrive, they are enabled to strive yet more. Of utmost importance to this process, school psychologists must strive, either directly or indirectly, to promote the best for students. Not only can we help students survive in the face of adversity, but we also can provide them with all of the necessary tools to thrive. SPAW provides an excellent opportunity to showcase our unique and diverse skills as well as to integrate this theme into already established practices at a student-, class-, school-, or system-wide level.

This year's theme is aligned with NASP's vision statement ("All children and youth thrive in school, at home, and throughout life") and builds visually on the new NASP logo. For students, our goal is to help promote their unique strengths, identify how they have grown, and promote resiliency across all aspects of their lives. For adults, school psychologists can help identify teaching or parenting strengths while promoting the capacity to allow oneself to thrive. School psychologists can help students and adults be contributing members of a thriving school community.

The School Psychology Awareness Week poster activities provide some general suggestions on how to integrate the theme into counseling, community building, and learning activities. The poster activities are available online (<http://www.nasponline.org/communications/spaw/2014>). These resources and suggested activities are designed to help school staff, students, and parents identify and employ the skills that are critical for thriving academically and in all aspects of their lives. General resources related to SPAW, as well as additional materials (including an adaptable parent newsletter article, press release, sample proclamation, letterhead, note card, and cut-out leaf template) can be accessed on the NASP website. In addition, NASP has three ongoing programs (Student POWER Award, Possibilities in Action Partner Program, and Gratitude Works) with program descriptions and materials available on the NASP website. These programs can be easily adapted to reflect this year's theme and promote thriving among children and adults across the school community.

GRATITUDE WORKS

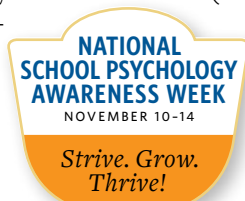
Fostering a positive school climate and integrating positive behavioral supports is critical within any school community. Comprehensive character education programs should include a focus on the concept of gratitude. Gratitude allows individuals to be grateful to those who help and appreciate their contribution in helping us to thrive. The Gratitude Works program has been popular for the last several years and provides some terrific activities that reinforce striving, growing, and thriving within our communities. The Gratitude Works program is simple, flexible, and adaptable to all ages and school environments. The program seeks to help teachers instill the virtue of gratitude in their students. School psychologists and teachers are asked to organize groups of students, classrooms, or grade levels to write letters of gratitude to individuals who have made a difference in the lives of children or in the lives of others. Helping students and schools focus on strengthening positive relationships and increasing positive experiences is beneficial to students' well-being, which ultimately increases students' resiliency and their capacity to grow. Positive experiences with peers and adults contribute to a child's ability to thrive and withstand personal challenges.

AMY GLAZER, PhD, NCSP, is a school psychologist in Westport, CT, and LAURA RICE, NCSP, is a school psychologist in Oxford, MS.

As school psychologists, we can play a part in promoting the benefits of gratitude in the students with whom we work. Consider how you can coordinate a Gratitude Works outreach effort where students will identify someone to whom they are grateful and thank them. Some Gratitude Works activities include a gratitude club, gratitude journals, gratitude letters, gratitude assemblies, and daily gratitude actions. These activities, facilitated by teachers, administrators, or school psychologists, will encourage children to express why they are grateful and who they may be grateful for in their lives.

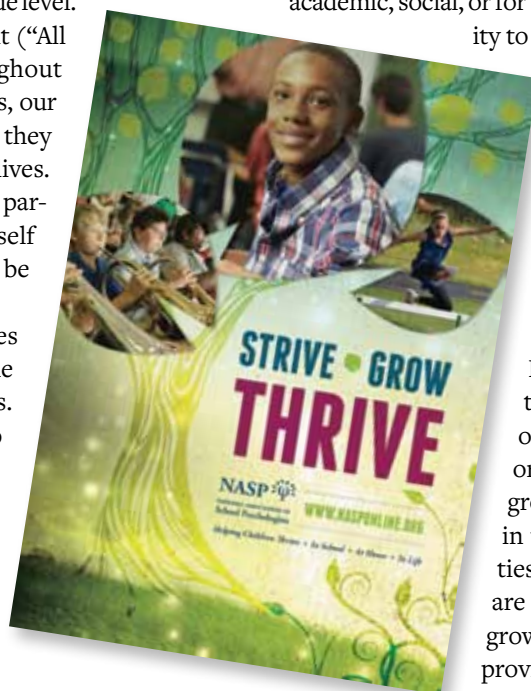
Check online in and in the October *Communique* for information about a new activity associated with the Gratitude Works program. Schools will be able to purchase (at a nominal cost) Gratitude Works—THRIVE rubber bracelets to use in an interactive activity that empowers students to appreciate and recognize positive actions by their peers. Materials and additional resources including the Gratitude Works description and guidelines, press release, sample letters, and tips for parents are available online (<http://www.nasponline.org/communications/spaw/2014/gratitude-works.aspx>).

Also, check out some of the latest research on gratitude in the latest issue of *School Psychology Review* (<http://www.nasponline.org/publications/spr/abstract.aspx?ID=3980>) and a popular article on linking gratitude to successful student outcomes and school priorities in a previous issue of *Communique* (<http://www.nasponline.org/publications/cq/38/3/gratitude.aspx#strategies>).



STUDENT POWER AWARD

The Student Power Award focuses on personal goals and achievements. This program recognizes students of any age who, through the support of others and their own efforts, have thrived and made a difference in their lives and the lives of others. This award identifies students who have strived to achieve their goals, demonstrate growth, and thrive due to their dedication to others and their eagerness to work hard. Many of these qualities align with the characteristics outlined in this year's theme, such as working hard, taking on new challenges, learning new skills and ideas, being connected, and being resilient. Think about the many students you know who have strived to achieve their goals, either academic, social, or for the community. Acknowledge their growth, appreciate their ability to thrive, and recognize them with the Student Power Award. Another possibility is to nominate students who strive to help others while creating a socially positive and accepting school climate. Visit the NASP website in order to make a submission. Program details, selection guidelines, parent and administrator letters, and Student Power Award certificates can be accessed online (<http://www.nasponline.org/communications/spaw/2014/student-power.aspx>).



POSSIBILITIES IN ACTION PARTNER PROGRAM

Be mindful that adults matter, too! Participate in the Possibilities in Action Program in which NASP members can identify one or more colleagues who, either through their own efforts or by encouraging the efforts of others, promote resiliency and growth in children. These adults make an exceptional difference in the lives of students and families by supporting the possibilities within students and helping them to thrive. These individuals are striving to excel in helping others, which contributes to their growth. Recognize teachers, administrators, coaches, community providers, parents, mentors, or any other individuals who stand out in your mind as going above and beyond the call of duty to help students thrive and achieve their best. The goal of this program is to provide public recognition for their special contribution to students' positive outcomes, highlight the importance of meeting the needs of the whole child, and foster continued collaboration and advocacy on behalf of students. NASP members can further their partner nominations by specifying the area in which they have made a significant difference. This program recognizes growth and resiliency and focuses on the positive relationships that can be created when we help others to thrive. Take some time to highlight a role model in your community who has made an impact on the lives of students, families, and the greater school community. Additional resources including the Possibilities in Action Partner Program description, selection guidelines, press release, and Possibilities in Action Partner certificates are available online (<http://www.nasponline.org/communications/spaw/2014/possibilities-in-action.aspx>).

STRIVE. GROW. THRIVE!

Visit the NASP website in order to learn more about these programs and the poster activities related to the Strive. Grow. Thrive! theme. Be sure to display the School Psychology Awareness Week poster, found within *Communique*, or the printable version found on the NASP website. Join the NASP School Psychology Awareness team for 2014 and help reinforce the concept of thriving within your school community. Let us know what you do for School Psychology Awareness Week by submitting your ideas and activities on the NASP website and be entered to win a prize! Finally, do not forget to upload the names of your award recipients on the NASP website. Questions or comments can be sent to NASP Director of Communications, Kathy Cowan (KCowan@naspweb.org). ■

Services to Homeless Students

[CONTINUED FROM PAGE 1]

more, when compared to their non-homeless peers, homeless students are 16% less proficient in math and reading on average (NCFH, 2009). Although research indicates that homeless youth desire to succeed in school and value their education (Rafferty, 1995), formidable educational, mental health, medical, and environmental challenges interfere with their academic success and well-being.

Research indicates that as many as 86% of homeless students might meet diagnostic criteria for psychiatric disorder (Ginzler, Garrett, Baer, & Peterson, 2007), 70% to 90% use illicit drugs (Edidin et al., 2012; Nyamathi, Keenan, & Bayley, 1998), and one study found that 84% of homeless youth screened positive for childhood physical or sexual abuse (Keeshin & Campbell, 2011). Research suggests that more than half of homeless youth regularly experience suicidal thoughts (Yoder, Hoyt, & Whitbeck, 1998) and that 20% to 40% of these youth will attempt suicide (Greene & Ringwalt, 1996; Molnar, Shade, Kral, Booth, & Watters, 1998; Yoder, 1999). This is highly concerning because only about 3% of non-homeless youth attempt suicide (King et al., 2001). Lastly, and most concerning, mortality rates for homeless youth are estimated to be between 11 and 40 times higher for homeless youth than they are for their non-homeless peers (Edidin et al., 2012).

In addition to these extreme challenges, a significant number of homeless students also have co-occurring physical and mental health disabilities. Some studies have found that homeless youth are more likely than their non-homeless peers are to be placed in special education (e.g., Buckner et al., 2001; Rubin et al., 1996). However, because of barriers to service access (e.g., low school attendance, frequently having to change schools), even if they are deemed eligible to receive various services, homeless students are less likely to receive needed academic and behavioral supports when compared to their non-homeless peers (National Association for the Education of Homeless Children and Youth [NAEHCY], 2008). Thus, in light of the complex challenges to their academic success and wellbeing as well as their need for academic and social-emotional supports, it is critically important for school psychologists to help reduce barriers to service access for homeless students.

RELEVANT LAWS AND PRACTICES ASSOCIATED WITH SERVICE DELIVERY

Several laws and procedures can be utilized to assist with evaluating and providing

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services to homeless students. Most saliently, the McKinney-Vento Homeless Assistance Act (McK-V; 42 U.S.C. §11431 et seq.), the Individuals with Disabilities Educational Improvement Act (IDEIA; P.L. 101-476), and Section 504 of the Rehabilitation Act (Section 504; P.L. 93-112, amended P.L. 93-516) all influence service delivery for homeless students. Furthermore, multitiered systems of support (MTSS) can also influence service delivery efforts for homeless students. Although a comprehensive discussion on each of these laws and practices is beyond the scope of this article, they are briefly reviewed below.

The McKinney-Vento Act. In 1988, Congress passed the McKinney-Vento Act (McK-V) to ensure that homeless students had the same educational opportunities that are afforded to their non-homeless peers. McK-V was reauthorized in 2001 as part of No Child Left Behind (NCLB; P.L. 107-110) and it requires all state education agencies (SEAs) and local education agencies (LEAs) to submit information on the number of homeless students they serve to the U.S. Department of Education. It also protects homeless students' right to a free and appropriate education (FAPE) by reducing barriers to attending and staying in school. Specifically, McK-V ensures that homeless students can enroll in school immediately upon request and that they cannot be denied access to a FAPE, even if they lack the documents that are usually required to enroll in school (e.g., birth certificate). In addition, McK-V helps to ensure continuous enrollment and attendance for homeless students if their living situation changes throughout the school year and they no longer reside within a particular LEA. Lastly, McK-V requires every LEA to appoint a homeless liaison who is responsible for identifying homeless youth, assisting with their enrollment, and helping them to access important services that are provided by community agencies (e.g., nighttime shelters, health service providers, tutoring services).

The Individuals with Disabilities Education Improvement Act. The Individuals with Disabilities Education Improvement Act is a federal law that governs how SEAs and LEAs provide early intervention, special education, and related services to students with disabilities. Although no specific IDEIA criteria pertain directly to the issues faced by homeless students, many of these students can be classified with having one or more recognized disabilities under IDEIA (Buckner et al., 2001; Rubin et al., 1996). Research indicates that more than half (53%) of homeless youth met criteria for a disruptive behavior disorder (e.g., conduct disorder, oppositional defiant disorder), 32% met criteria from attention deficit hyperactivity disorder (ADHD), 21% for mood disorders (e.g., depression, bipolar disorder), 12% for posttraumatic stress disorder, and 10% for schizophrenia (Ginzler et al., 2007). Thus, even though psychiatric diagnostic and IDEIA classification criteria are not entirely overlapping,

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ALWAYS LEARNING

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a significant percentage of homeless students display symptoms and problems that are consistent emotional disturbance (ED) under IDEIA.

Section 504 of the Rehabilitation Act. Section 504 of the Rehabilitation Act was enacted in 1973 to guarantee rights to people with disabilities. The law prohibits programs, agencies, or activities that receive federal financial assistance to discriminate based on disability status. Regarding its educational implications, Section 504 mandates the provision of reasonable accommodations (e.g., extra time on tests, use of a note taker, access to assistive technologies) to individuals with disabilities to prevent these individuals from experiencing discrimination because of their disability. In schools, Section 504 accommodations can be implemented quickly and efficiently. Therefore, schools can help homeless students with suspected disabilities by providing them with Section 504-related accommodations immediately when they display issues or problems that may be related to a disability. However, it is important to note that school systems must pay all expenses associated with these accommodations since no federal or state financial support is available to assist in this regard.

Multitiered systems of support. Multitiered systems of support (MTSS) aim to provide a range of supportive services to children who are displaying academic or behavioral problems. As implied by the name, MTSS are multitiered and they involve providing services and interventions to students at increasing levels of intensity. Core elements of MTSS include tiers of assessment, instruction, and intervention; use of standard protocols or problem-solving methods; and an integrated data collection/assessment system to inform individualized programming decisions at each tier of instruction/intervention (National Association of State Directors of Special Education, 2008). Although use of MTSS is not legally mandated, this process is reflected in the language of several state bulletins that govern how educational services should be delivered in LEAs. For example, in Louisiana, the following criterion must be met before a learning disability (LD) can be considered:

There shall be a comprehensive and documented review of evidence-based intervention(s) conducted with fidelity and for the length of time necessary to obtain sufficient data to determine their effectiveness. Interventions shall be appropriate to the student's age and academic skill deficits and shall address the area(s) of concern presented by the School Building Level Committee (student support team). The RTI (MTSS) process shall provide sufficient data to determine if the student is making adequate progress in the general educational curriculum. The individual intervention(s) summary must include graphing of the results of the intervention(s), information regarding the length of time for which each intervention was conducted, and any changes or adjustments made to an intervention (Part C.L. Bulletin 1508—Pupil Appraisal Handbook, 2008).

Thus, the MTSS process integrates with IDEIA and Section 504 eligibility identification and service delivery frameworks. However, it is important to note that MTSS is not synonymous with the former because, with consent from a custodial caregiver, MTSS-related services can be implemented independent of the presence of an established or suspected disability—which for unaccompanied homeless students can even be an “appropriate staff of emergency shelters, transitional shelters, independent living programs, and street outreach programs that are involved in the education and care of the child . . . until a surrogate parent is appointed who is not an employee of an agency that is involved with the education of the child” (34 CFR §300.519(f)). Furthermore, members of SEAs and LEAs, such as McK-V homeless liaisons, also can serve (and do serve) in the role of temporary surrogate according to the NAEHCY (NAEHCY, 2008). Thus, in compliance with McK-V, homeless liaisons can consent for MTSS-related services as well as for the initiation or delivery of psychoeducational services under IDEIA or Section 504 (71 Fed. Reg. 46712).

BARRIERS FOR SERVICE DELIVERY AND OVERCOMING THESE BARRIERS

Record sharing. According to the NAEHCY (NAEHCY, 2008), records transfers and special education programming commonly are disrupted or delayed for homeless students, despite the protections that are included in McK-V for this population of students (Julianelle, 2008). To obviate record-sharing problems from potentially hindering service delivery efforts for homeless students, members of student support teams can develop temporary or interim intervention plans, Section 504 accommodations, and Individualized Education Plans (IEPs) that can then be modified after the receipt of a student's previous educational record. This practice may be particularly important for homeless students who have been displaced because of a disaster and whose educational records may have been destroyed or are difficult to access. As a salient example in this regard, many schools in the U.S. Gulf Coast region created temporary and interim IEPs and Individual Accommodation Plans (IAPs) for students who were displaced by Hurricane Katrina to ensure that these students received their access to a FAPE (Broussard, Myers, & Meaux, 2008).

Consent for evaluation and intervention. Despite protections in McK-V, many unaccompanied homeless students are denied school enrollment and access to educational and related services (Julianelle, 2008). Because of low awareness of McK-V and its provisions—a study conducted in Illinois found that many educators were not even aware that they were designated as homeless liaisons by their LEAs (Thompson & Davis, 2003)—many school-based practitioners may overly apply the consent procedures that

are delineated in other laws to homeless students. In particular, Family Educational Rights and Privacy Act's (FERPA; Stat. 20 U.S.C. § 1232g) and IDEIA's strong provisions about parents' rights regarding the initiation of a special education evaluation, programming, and related service delivery can be misapplied to homeless students to inadvertently yet effectively deny these students' rights to a FAPE (NAEHCY, 2008).

To prevent delay or denial of services to homeless students with suspected disabilities, members of student support teams should utilize McK-V to quickly initiate evaluation and service delivery procedures. They also can reach out to others who have custodial relationships with homeless students, who know the student well, and have their best interest in mind to obtain consent for changes to a homeless student's edu-

cational programming, such as to a group home leader if a homeless student is unaccompanied (i.e., without access to a legal guardian) in order to ensure that they are acting with a student's best interest in mind. Furthermore, according to the NAEHCY, yet not widely known, McK-V allows homeless liaisons to serve as temporary surrogates who can consent for changes to a student's educational programming (NAEHCY, 2008).

Exclusionary evaluation criteria. The IDEIA incorporates several rule-out criteria that influence the provision of services to students with suspected disabilities. For example, according to IDEIA, a student should not be classified with having a learning disorder (LD) if he or she has not had “appropriate instruction in reading . . . [or] lack of instruction in math . . .” (20 USC 1414(b)(5); 34 CFR 300.306). Therefore, a homeless student whose educational programming has been fragmented because of

low school attendance or from having to move frequently may be prevented from being evaluated for special education or from receiving related services, even if the student actually has an LD (Jackson, 2011). Moreover, an additional rule-out for receiving an LD classification is having a “learning problem that is primarily the result of . . . environmental, cultural, or economic disadvantage” (20 USC 1401[30]). In light of this stipulation, the NAEHCY reports that cases have been documented in which members of schools did not initiate an evaluation for a homeless student with a suspected LD until after the student was in a stable housing situation because of the “environmental disadvantages” that the student was experiencing (NAEHCY, 2008). This practice is, in effect, potentially denying a student access to a FAPE on the grounds that he or she is experiencing an environmental disadvantage and is antithetical to protections included in the McK-V.

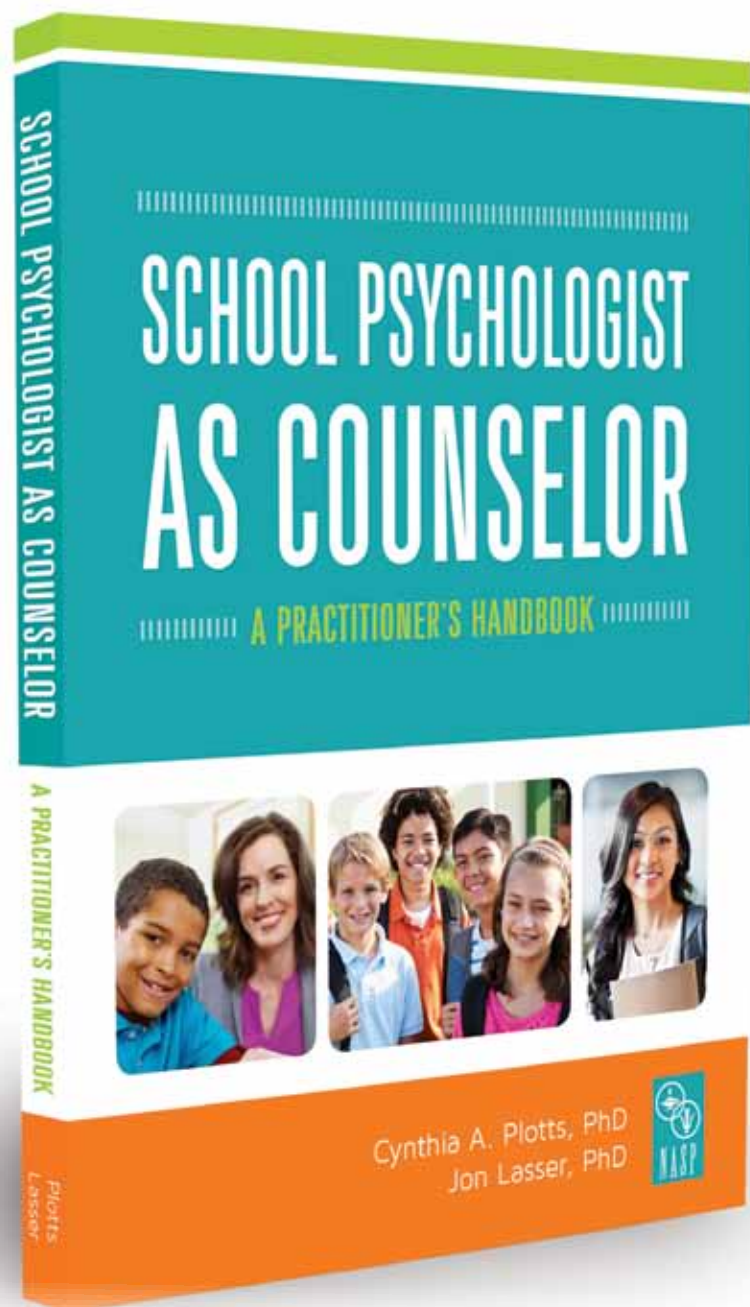
In addition to instructional and environmental rule outs, homeless students also may be disqualified under IDEIA because of specific language that is included in the definitions of some classification categories. As a salient example in this regard, the IDEIA ED definition that has been adopted by the majority of states (44 in total) does not apply to children who are “socially maladjusted (SM),” unless it is determined that they also have an emotional disturbance under paragraph (4)(i) of this section [(34 C.F.R. Section 300.8 (c)(4)(ii)]. Ostensibly, this distinction was written to distinguish between students with emotional disturbance (e.g., schizophrenia, major depressive disorder) and those who experience disturbance in their functioning from societal or external factors (i.e., social maladjustment). However, no convincing evidence exists that school-based professionals can accurately distinguish between ED and SM (Hanchon & Allen, 2013; Olympia et al., 2004). Moreover, in lieu of increasing classification accuracy, it appears that the SM rule-out is being used to reduce the number of students eligible for special education. In this vein, states with the SM exclusion clause (44 states in total) have a smaller percentage of students classified as ED (.66%) than do the states without the clause (.91%; 7 states in total; Becker et al., 2011). Thus, many homeless students who display symptoms consistent with an ED classification may not receive supportive services because their problem may be determined to be a manifestation of SM (NAEHCY, 2008).

The obvious solution to problems related to the use of exclusionary evaluation criteria to deny or prevent homeless students with suspected disabilities from receiving services under IDEIA is to not invoke these criteria and appeal to protections under McK-V. Even if written into state bulletins, the aforementioned rule-outs do not apply to homeless students under federal law. Moreover, as ethical practitioners, school psychologists are obligated to have the best interests of all students in mind and advocate for the students they serve, including homeless students. In this regard, the NASP *Principles for Professional Ethics* (2010) states that “school psychologists consider the interests and rights of children and youth to be their highest priority in decision making, and act as advocates for all students.”

Misapplication of MTSS principles. Intervention service delivery efforts associated with MTSS were devised to reduce the number of students in need of special education services through providing them with proactive interventions. However, MTSS

School psychologists can collaborate with homeless liaisons to connect homeless students with disabilities and mental health problems to community agencies, as school psychologists may have greater familiarity with these agencies and the services they provide.

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can be a barrier to a special education evaluation and the provision of more intensive intervention services for homeless students if they are not carefully implemented. Homeless students often have poor school attendance, and they frequently change schools, so it may be difficult for schools to evaluate their response to multi-week or -month interventions (Buckner et al., 2001). Moreover, because of the same problems, members of student support teams may determine that interventions were not implemented with adequate fidelity if the student had poor attendance, which can result in long and fragmented intervention periods that are difficult to evaluate.

Parents reserve the right to request for their child to be evaluated at any point during the MTSS process under IDEIA. However, some homeless students do not have custodial caregivers who exercise this right on their behalf. Therefore, schools can provide them with protections that are similar to those that are offered to students who attend private schools or home-school to ensure the FAPE of unaccompanied students:

For children who attend private schools or charter schools or who are home-schooled, it may be necessary to obtain information from parents and teachers about the curricula used and the child's progress with various teaching strategies. The eligibility group also may need to use information from current classroom-based assessments or classroom observations. On the basis of the available information, the eligibility group may identify other information that is needed to determine whether the child's low achievement is due to a disability, and not primarily the result of lack of appropriate instruction ... That could include evidence that the child was provided appropriate instruction either before, or as a part of, the referral process (71 Fed. Reg. 46656).

Thus, it is permissible to collect data from various sources during the MTSS process to determine whether a homeless student's problems are a manifestation of a disability or some other barrier to learning and school success. In addition, the NAEHCY (2008) recommends for members of student support teams to evaluate each homeless student individually, which involves integrating data from multiple individuals who interact with the student. Following this process, members of student support teams should consider how environmental and economic disadvantages impact learning and then develop reasonable and flexible intervention timelines that will not delay evaluation or service delivery processes.

Homeless liaisons in LEAs. Many members of school communities that interact with homeless youth are unaware of who the homeless liaison is in their respective LEA (Julianelle, 2008; Thompson & Davis, 2003). In addition, homeless liaisons often

have to balance other professional roles and responsibilities in addition to their role in ensuring that their LEA is compliant with McK-V (Jozefowicz-Simbeni & Israel, 2006). Therefore, it can be difficult for homeless liaisons to engage in outreach efforts to inform others of their roles and responsibilities. Moreover, they may be stretched far too thin to serve all homeless students and connect with all educators in schools that are overcrowded and resource deprived.

To help overcome these logistical issues, school psychologists should speak with school and district administrators to identify who the homeless liaisons are in their respective LEA and reach out to these individuals. In addition, school psychologists should be aware of the types of services that are being provided to homeless students (McK-V provides some financial assistance to help homeless students) and help to ensure that the students they see have their physical needs met. Furthermore, school psychologists can collaborate with homeless liaisons to connect homeless students with disabilities and mental health problems to community agencies, as school psychologists may have greater familiarity with these agencies and the services they provide.

THE ROLE OF THE SCHOOL PSYCHOLOGIST

School psychologists have an ethical obligation to advocate for all students and especially for vulnerable student populations. Therefore, school psychologists have a responsibility to advocate for the rights and interests of homeless students because they are a highly vulnerable yet misunderstood student population (Julianelle, 2008). In this role, it is critically important for school psychologists to identify and collaborate with homeless liaisons to ensure that the homeless students they encounter have access to safe and stable shelter, food, clothing, and other basic needs. In addition, school psychologists can use extant laws and service delivery procedures to provide homeless students with the academic and social-emotional supports they need to be successful in schools.

Because student homelessness often is a misunderstood phenomenon, school psychologists also may need to increase their own knowledge of this growing student population. To help in this regard, the NAEHCY provides a plethora of resources to help school-based professionals work together to assist homeless students. These resources are freely available on the organization's website (<http://www.naehcy.org/educational-resources/naehcy-publications>). In addition, school psychologists can help to coordinate professional development trainings about provisions in McK-V as well as ways that schools can support homeless youth. To set up such trainings, McK-V state coordinators can be contacted directly. McK-V state coordinators are charged by their SEA to ensure that such trainings are available to LEAs throughout the states they



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CONCLUSION

The number of homeless students attending public schools in the United States is at an all-time high, and these students are at risk for experiencing academic failure and negative long-term outcomes. Many of these students face substantial challenges to their academic success and some have disabilities that further interfere with their healthy long-term development. Although no single law comprehensively addresses the myriad needs displayed by homeless students, school psychologists can skillfully utilize extant laws and procedures to help provide these students with needed academic and social-emotional supports. In addition, school psychologists can be powerful advocates for homeless students, who are among the most vulnerable and disenfranchised students in schools (Julianelle, 2008). Ultimately, as ethical practitioners and advocates, school psychologists are well positioned to help students who are doing the best they can to make it on their own. They need our help today. ■

References


- Aviles de Bradley, A. M. (2011). Unaccompanied homeless youth: Intersections of homelessness, school experiences, and educational policy. *Child and Youth Services*, 32, 155-172. doi:10.1080/0145935X.2011.583176
- Becker, S. P., Paternite, C. E., Evans, S. W., Andrews, C., Christensen, O. A., Kraan, E. M., & Weist, M. D. (2011). Eligibility, assessment, and educational placement issues for students classified with emotional disturbance: Federal and state-level analyses. *School Mental Health*, 3, 24-34. doi:10.1007/s12310-010-9045-2
- Broussard, L., Myers, R., & Meaux, J. (2008). The impact of hurricanes Katrina and Rita on Louisiana school nurses. *Journal of School Nursing*, 24, 78-82. doi:10.1177/10598405080240020501
- Buckner, J. C., Bassuk, E. L., & Weinreb, L. F. (2001). Predictors of academic achievement among homeless and low-income housed children. *Journal of School Psychology*, 39, 45-69. doi:10.1016/S0022-4405(00)00059-5
- Edidin, J. P., Ganim, Z., Hunter, S. J., & Karnik, N. S. (2012). The mental and physical health of homeless youth: A literature review. *Child Psychiatry Human Development*, 43, 354-375. doi:10.1007/s10578-011-0270-1
- Ginzler, J. A., Garrett, S. B., Baer, J. S., & Peterson, P. L. (2007). Measurement of negative consequences of substance use in street youth: An expanded use of the Rutgers Alcohol Problem Index. *Addictive Behaviors*, 32, 1519-1525. doi:10.1016/j.addbeh.2006.11.004
- Greene, J. M., & Ringwalt, C. L. (1996). Youth and familial substance use's association with suicide attempts among runaway and homeless youth. *Substance Use and Misuse*, 31, 1041-1058.
- Hanchon, T. A., & Allen, R. A. (2013). Identifying students with emotional disturbance: School psychologists' practices and perceptions. *Psychology in the Schools*, 50, 193-208. doi:10.1002/pits.21668
- Individuals with Disabilities Education Improvement Act of 2004. 20 U.S.C. § 1400 et seq.
- Jackson, K. (2011). *Toolkit for meeting the educational needs of runaway and homeless youth*. Washington, DC: National Network for Youth.
- Jozefowicz-Simbeni, D. H., & Israel, N. (2006). Services to homeless students and families: The McKinney-Vento act and its implications for school social work practice. *Children and Schools*, 28, 37-44. doi:10.1093/cs/28.1.37
- Julianelle, P. (2008). Using what we know: Supporting the education of unaccompanied homeless youth. *Seattle Journal for Social Justice*, 7, 4-51.
- Keeshin, B. R., & Campbell, K. (2011). Screening homeless youth for histories of abuse: Prevalence, enduring effects, and interest in treatment. *Child Abuse and Neglect*, 35, 401-407. doi:10.1016/j.chiabu.2011.01.015
- King, R. A., Schwab-Stone, M., Flisher, A. J., Greenwald, S., Kramer, R. A., Goodman, S. H., ... Gould, M. S. (2001). Psychosocial and risk behavior correlates of youth suicide attempts and suicidal ideation. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 837-846. doi:10.1097/00004583-200107000-00019
- Molnar, B. E., Shade, S. B., Kral, A. H., Booth, R. E., & Watters, J. K. (1998). Suicidal behavior and sexual/physical abuse among street youth. *Child Abuse and Neglect*, 22, 213-222. doi:10.1016/S0145-2134(97)00137-3
- National Association for the Education of Homeless Children and Youth. (2008). *Unaccompanied homeless youth: Intersections of homelessness, school experiences, and educational policy*. Retrieved from <http://www.naehcy.org/educational-resources/youth>
- National Association of School Psychologists. (2010). *National Association of School Psychologists principles for professional ethics*. Bethesda, MD: Author. Retrieved from <http://www.nasponline.org/standards/2010standards/1%20Ethical%20Principles.pdf>
- National Association of State Directors of Special Education. (2008). *Response-to-intervention: Blueprint for implementation—district level*. Alexandria, VA: Author.
- National Center for Homeless Education. (2014). *Education for homeless children and youths program data collection summary*. Retrieved from <http://center.serve.org/nche/downloads/data-comp-0910-1112.pdf>
- National Center on Family Homelessness. (2009). *America's youngest outcasts: State report card on child homelessness*. Newton, MA: Author.
- No Child Left Behind Act of 2001, 20 U.S.C. § 603.
- Nyamathi, A., Keenan, C., & Bayley, L. (1998). Differences in personal, cognitive, psychological, and social factors associated with drug and alcohol use and nonuse by homeless women. *Research In Nursing & Health*, 21(6), 525. doi:10.1002/(SICI)1098-240X(199812)21:6<525::AID-NUR6>3.0.CO;2-G
- Olympia, D., Farley, M., Christiansen, E., Pettersson, H., Jenson, W., & Clark, E. (2004). Social maladjustment and students with behavioral and emotional disorders: Revisiting basic assumptions and assessment issues. *Psychology in the Schools*, 41, 835-847. doi:10.1002/pits.20040
- Rafferty, Y. (1997). Meeting the educational needs of homeless children. *Educational Leadership*, 55(4), 48.
- Rubin, D. H., Erickson, C. J., San Agustin, M., Cleary, S. D., Allen, J. K., & Cohen, P. (1996). Cognitive and academic functioning of homeless children compared with housed children. *Pediatrics*, 97, 289-294.
- Section 504 of the Rehabilitation Act of 1973. 29 U.S.C. § 794.
- The McKinney-Vento Homeless Assistance Act, 42 U.S.C. §11431 et seq. (2007).
- Thompson, J. A., & Davis, S. M. (2003, June). *Educating homeless children: Perceptions of school homeless liaisons*. Poster presented at the 9th Biennial Conference, Society for Community Research and Action, Las Vegas, NV.
- Yoder, K. (1999). Comparing suicide attempters, suicide ideators, and nonsuicidal homeless and runaway adolescents. *Suicide and Life-Threatening Behavior*, 29(1), 25-36.
- Yoder, K., Hoyt, D., & Whitbeck, L. (1998). Suicidal behavior among homeless and runaway adolescents. *Journal of Youth and Adolescence*, 27, 753-771. doi:10.1023/A:1022813916476

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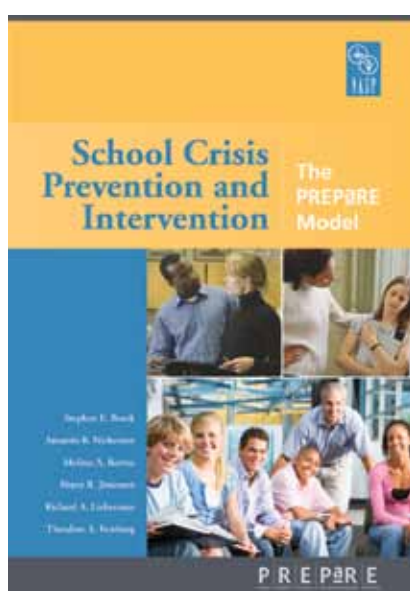
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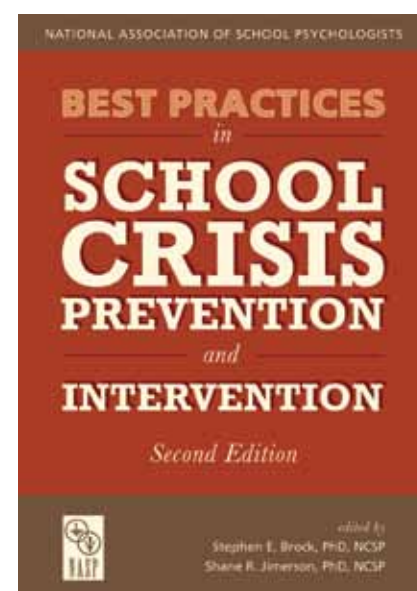


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Student Connections

School Psychology: A Greek Perspective

BY SIMONE MILIARESIS

I have been on the journey of cross-cultural exchange, seizing every opportunity to see life through an international lens. I studied abroad in college and taught English at a foreign high school after graduation. Upon pursuing graduate studies in school psychology, I wondered how I could combine my interest in school psychology with my passion for internationalism. I am fortunate to attend a graduate program that supported my decision to participate in the Fulbright-HAEF (Hellenic American Educational Foundation) Teaching Fellow Program in Athens, Greece.

Taking a year away from graduate school to work in Athens may seem extreme to some people. My motives extended far beyond the job of teaching English. I was eager to understand the Greek educational system as a whole, especially during a time of economic crisis. I teach at Athens College, a private school in Greece, populated by students of high socioeconomic status; notably, the children of politicians, celebrities, and successful business people. I was hesitant to work at this school, as my prior experiences were mostly in urban public schools. I believed that students from a more affluent background were not as much in need of school support. I quickly realized that my impression was a false one and that all students benefit from positive school climates and adequate academic and mental health supports.

INTERVIEW WITH GREEK SCHOOL PSYCHOLOGISTS

My initial instinct upon entering my job placement was to seek out the school psychologists. I was eager to learn about the profession in Greece. It is important to note that only private schools in Greece have school psychologists; public schools do not. During my interview with three school psychologists, we found many similarities and differences between Greek and U.S. school systems. It was fascinating to learn how practitioners on the other side of the globe address similar academic, behavioral, and social issues.

DIFFERENCES

School psychologists in Greece do not have specialized degrees in school psychology. They come from diverse educational backgrounds, such as child development, social psychology, and psychotherapy. In Greece, established school psychology programs are rare. Educational psychology courses are typically offered through philosophy and pedagogy departments. Greece has 13 special education categories, which are generally similar to U.S. classifications. Special education students usually work with professionals outside the school. Similarly, many students are tested in public institutes. The ratio at this school is 1 school psychologist to 200 students. Additionally, school psychologists in Greece are paid on an administrator's pay scale.

SIMILARITIES

Just as in the United States, in Greece, the role of a school psychologist varies. At the elementary school level, school psychologists spend much of their day testing, conducting observations, and implementing class-wide programs. Students are pulled out of class for additional help. There is also a gifted program called *Omilo* (Speak). A common method of assessing cognitive abilities is the Wechsler Intelligence Scale for Children (WISC IV). In middle school, school psychologists work with students providing emotional supports and organizational strategies. In high school, more focus is directed toward counseling students and collaborating with teachers to identify and resolve barriers to learning. My discussion with Greek school psychologists confirmed similar experiences regarding the challenges and rewards of the profession. It was interesting to find out that, similar to in the United States, most people in the community generally do not understand the role of a school psychologist and think that they are teachers or school counselors.

MY OBSERVATIONS

Throughout my time here, I have observed the work of school psychologists. They inform me that their research and methodology is typically derived from the United States. Some believe that U.S. school psychology has influenced the field in Greece (Theodore, Bray, Kehle, & Dioguardi, 2002). This observation led me to question whether there are better methods in other countries that are just not as widely disseminated. In many cases, our knowledge of international school psychology is limited to international surveys, which provide mostly demographic information (Oakland, 1993). More information and a broader perspective will help open our minds and introduce international concepts and networking/collaborative opportunities. Having gained insight into the work of Greek school psychologists, I aim to promote this international view of school psychology. Schools are universal institutions designed to support the growth and development of children and youth, and for this reason it is crucial to utilize resources, both national

and international, to assist them. In an age of globalization, most vital issues transcend boundaries and must not be restricted by the country in which we reside.

Generally speaking, Greek culture places a strong value on education (Hatzichristou, 1998). For this reason, parents are actively involved in their children's educational careers. There is a stigma regarding mental illness and learning difficulties (Theodore, Bray, Kehle, & Dioguardi, 2002), which sometimes leads parents to think that any issues are reflective of poor child rearing. Greek culture is usually described as warm, outwardly affectionate, and community-oriented, which certainly influences the school atmosphere. The environment of the school is one that is community-driven, disciplined, and reflective of high standards. The rapport that school personnel have with students made an impression on me, as it diverges from the way people build relationships in the United States. Teachers take students' success personally and view themselves as responsible for educational difficulties (Theodore et al., 2002). Teachers and other school personnel hug students and interact with them on a more personal and invested level, whereas in the United States, school employees are encouraged to use extreme caution with physical contact.

Certainly, I have had to make changes to my own approach in order to be competent while working with the Greek population. It is fascinating to see cultural differences in the operations of the school system, such as more break times for students, religion as a mandatory class, and a louder overall acceptable volume in the classroom. Perhaps communication has served as the biggest obstacle. While working with other faculty, it has been important to address them properly by using their appropriate formal title because the Greek language utilizes a formal way to address people. With students, I learned that they were more receptive when I reached them on an emotional level as that is how other adults relate to them. Overall, I grasped the importance of cultural sensitivity through respect and understanding of others' attitudes and behaviors. This culturally enriching experience has facilitated my flexibility in situations outside of my comfort zone.

ROLE AS A TEACHING FELLOW

I feel just as connected to the field of school psychology now as I did when I was in the United States. I use the knowledge that I have gained from my studies in my work every day. I work with students in the English language laboratory pilot program and collaborate with the department head to modify learning materials to accommodate students' abilities. I develop behavior plans and have conducted academic reading interventions. It has been a great learning experience to collaborate with teachers who appreciate help because their teacher training often includes only a class or two of pedagogy and classroom management. The school is very receptive to my future aspirations and my interests as a school psychologist, and they have given me the freedom to work directly with students and learn from various experienced staff in a unique setting that I may not have otherwise found in the United States.

APPLYING CROSS-CULTURAL COMPETENCE

Upon reflection, I am able to recognize my many misconceptions prior to working in my position at Athens College. Not only have I gained competence and fluency in working with students, but I have developed a greater sensitivity and adaptability to the needs of all students. It is common to throw the word *diversity* around without truly acknowledging that this term also includes differences in religion, customs, or even beliefs about education. My experience in Greece has showed me that diversity can also mean providing services to students who do not stand out as "underrepresented." I believe I have learned not to judge a student based on his or her parents, school, or neighborhood.

It is crucial to learn from students, families, and school personnel in different countries, while also disseminating knowledge in the field. In our graduate programs, the focus remains on public schools in the United States. The field of school psychology is forever evolving, and graduate programs must coincide with these changes. Studying abroad should not just be an option for undergraduates. NASP recognizes that cross-cultural competence (NASP, 2010) is necessary for successful practitioners. A smoother process and more opportunities for obtaining international school psychology internships and fellowships are needed so that school psychology students can gain knowledge outside of their graduate classes and local practicum experiences. School psychologists can better respond to critical educational needs by sharing ideas and solutions in school psychology as a way to promote innovation among professionals. This chance to understand education from a global outlook is one that I will carry with me upon my return to graduate studies, and throughout my career. ■

References

- Hatzichristou, C. (1998). Alternative school psychological services: Development of a database model. *School Psychology Review, 27*(2), 246.
- National Association of School Psychologists. (2010). *Model for comprehensive and integrated school psychological services: NASP practice model overview* [Brochure]. Bethesda, MD: Author.
- Oakland, T., & Cunningham, J. (1992). A survey of school psychology in developed and developing countries. *School Psychology International, 13*, 99-130.
- Theodore, L. A., Bray, M. A., Kehle, T. J., & Dioguardi, R. J. (2002). School psychology in Greece: A system of change. *School Psychology International, 23*(2), 148-154.

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BY DAN FLORELL



Free Behavior Rating Scales

Many school districts' budgets for school psychologist tests and equipment are going to start ballooning over the next couple of years. The reason is that a perfect storm has formed where seemingly every test publisher is producing a new edition of its tests and rating scales.

Many of the new tests and rating scales have morphed into a variety of formats, including cloud-based services and tablets that now complement the traditional paper and pencil format. The cloud-based services have a different payment structure, which can spread out the cost of adopting new editions of tests and rating scales. This will reduce budget fluctuations over time and minimize the boom and bust cycles that have been the norm with paper and pencil tests. On the other hand, the new tablet-based assessments may cost even more up front than the paper and pencil tests due to the cost of the tablets. These various formats mean that school psychologists' budgets can vary greatly from one district to the next based on what format the school dis-

trict decide to pursue.

Whichever direction school districts decide to go, this next year is likely to be a boom period for tests and behavior rating scale expenses. There is a way to minimize some of the costs for the coming year by reducing the expense of behavior rating scales. There are rating scales available online that cover a range of mental health and behavioral issues and are free. While these measures may not be the most appropriate in all situations, they can be employed as screeners or to measure progress over time. Many of the measures were developed for pediatricians and medical professionals, which may be why many school psychologists are not aware of these instruments.

Below is a brief overview of several behavior rating scales; search for their links on Google. The first measures to review are broad-based behavioral measures. For example, the Pediatric Symptoms Checklist (PSC) is a 35-item checklist with parent and self-report versions for children ages 4 to 16. It is a screener for attention and externalizing and internalizing symptoms. A 17-item brief PSC version is also available. Another

broad-based measure is the Brief Problem Checklist (BPC). The BPC is a 15-item measure of internalizing and externalizing problems among children from ages 7 into adolescence. There are parent and child versions, and it can be used for repeated periodic assessments. This is a more adaptable measure that can be used to focus on specific issues and concerns of teachers and parents.

In addition to broad-based measures, there are several specific scales that can be used for internalizing disorders, such as depression and anxiety. The Revised Child Anxiety and Depression Scale is a 47-item self-report measure for children and adolescents in 3rd to 12th grade. It has subscales measuring six different forms of anxiety and depression. Scales that specifically measure depression include the Kutcher Adolescent Depression Scale, a self-report 6- or 11-item screener for 12 to 17 year olds, and the Center for Epidemiological Studies Depression Scale for Children, which is a 20-item self-report screener for children and adolescents ages 6 to 17. Scales that focus on anxiety include the Self-Report for Childhood Anxiety Related Disorders (SCARED), a 41-item self-report measure for children ages 8 years old and above that screens for overall anxiety and five related anxiety disorders, and the Spence Children's Anxiety Scale (SCAS), which is a 45-item self-report measure for children ages 7 to 18. The SCAS measures some differ-

ent types of anxiety disorders than the SCARED, so school psychologists should look at both measures to see which would be a best fit for a particular student.

There are also behavior rating scales that focus on externalizing behaviors. Perhaps the best known is the NICHQ Vanderbilt Assessments Scales – ADHD (Vanderbilt). The Vanderbilt is a 55-item measure for 6 to 12 year olds that can be completed by parents and teachers to assess for ADHD. It also screens for common coexisting conditions, including oppositional defiant disorder, conduct disorder, and anxiety disorders. A scale similar to the Vanderbilt that can be used for ADHD, oppositional defiant disorder, and conduct disorder is the Disruptive Behavior Disorder Scales (DBD). The DBD is a 45-item scale for children and adolescents that has parent and teacher forms.

These represent just a few examples of freely available behavior rating scales available online. Some of the scales may be starting to show their age, so make sure they will still fit with the given situation. I encourage school psychologists to use these free measures more often because they can save considerable expense for the school district and they still provide reliable and valid diagnostic information. ■

DAN FLORELL, PhD, NCSP, an assistant professor in the school psychology program at Eastern Kentucky University, is the NASP Webmaster.



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PRACTICAL TECH

BY SUSAN JARMUZ-SMITH

BYOD: Friend or Foe?

Years, or decades, ago there was limited personal access to technology. This was mainly due to its high cost (my first Gateway computer set me back \$4,000) and lack of usability—after all, who needed a big clunky computer at home (other than computer engineers)? One of the technology industry's first goals was to increase work productivity, so it focused on providing machines for the professional environment (think IBM). Not so long ago though, tech companies figured out that consumers wanted that professional productivity in their personal lives, too. Along came smaller desktops, laptops, and now mobile devices, such as tablets and phones. It is obvious to many that our schools, universities, and other employers struggle to keep up with constant technology change. That leaves us to our own devices, literally. Now, school psychologists (and nearly everyone else) are BYOD-ing: Bring Your Own Device. The advantages? Comfort, convenience, and possibly compliance. The concerns? Security, security, and security.

BYOD: ADVANTAGES

Let's face it: Some of us are glued to our personal technology. I have a work-assigned laptop that sits in its case by my desk, never seeing the light of day. I am invisibly but solidly linked to my personal laptop and smartphone. They have everything I need and nothing that my workplace would necessarily provide, because it is a few (several) years behind. Having your own device with you means that you have access to everything you need at all times whether professional or personal. It is convenient and possibly improves productivity. In addition, BYOD-ing may actually improve security for student files. Consider this situation: If there is an assumption (or well-known BYOD security policy) that laptops, tablets, or phones are password protected, then data stored on these devices are more secure than information transported using an unprotected flash drive. Quite often, users take student data from the office to home to finish up reports or IEPs and unknowingly violate ethical and legal security safeguards (see FERPA-compliant thumb drives: http://www.ironkey.com/en-US/resources/documents/IronKey_SellSheet_Storage_Education.pdf).

For a cost-benefit assessment of BYOD, see *BYOD's Productivity Gains Are Hard to Calculate—Study Says* (<http://www.ucstrategies.com/unified-communications-newsroom/byods->

[productivity-gains-are-hard-to-calculate-study-says.aspx](http://www.pearsoned.com/technology/productivity-gains-are-hard-to-calculate-study-says.aspx)).

BYOD: CONCERNS

Two biggies: FERPA and HIPAA. Maintaining student data confidentiality is a major concern when using your own device. Schools that are savvy about this issue are using specific software and hardware devices to block the use of personal technology and barring their use on campus. Schools that have not limited BYOD access may have employees transferring student data via their mobile device, and those data may also go home with the user. There is no guarantee that the information is encrypted or that the personal device is password protected—two basic security requirements. For schools that have limited BYOD access, this can lead to decreased user happiness (due to discomfort with a differing device) and possibly decreased productivity (due to inconvenience). In between full access and no access, there is the opportunity to craft a BYOD security policy, which is similar to an Accepted Use Policy. Driving the development of a security policy is a great place for school psychologists to take the lead in supporting awareness of student record confidentiality and the risks of BYOD. A Google search of "BYOD security policy" will provide several resources on compiling security protocols for school employees. Examples include the following:

- *Steps for Writing a Secure BYOD Policy* (<http://www.zdnet.com/10-steps-for-writing-a-secure-byod-policy-7000006170>)
- *Creating a Successful BYOD Policy* (<http://www.cio.com/article/2395944/consumer-technology/7-tips-for-establishing-a-successful-byod-policy.html>)

BYOD: MORE READING

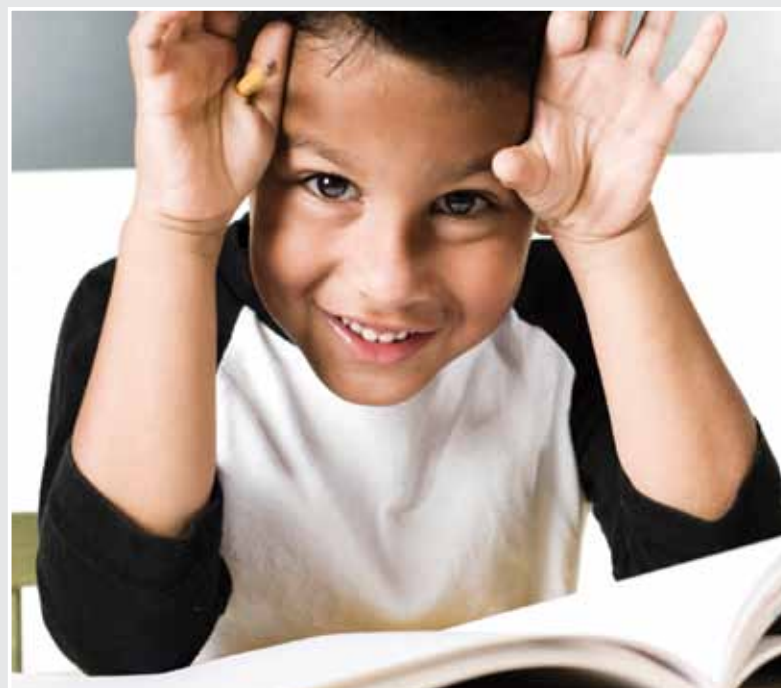
- *Myths of BYOD*: <http://www.techrepublic.com/blog/10-things/10-myths-of-byod-in-the-enterprise>
- *Risks of BYOD*: http://www.informationweek.com/mobile/6-risks-your-byod-policy-must-address/d/d-id/1107451?page_number=1
- *Securing BYOD*: <http://www.esecurityplanet.com/mobile-security/4-steps-to-securing-mobile-devices-and-apps-in-the-workplace-mdm-byod.html>

One of my first goals this year will be to connect with technology personnel in my school and begin to develop a BYOD security policy; I will report on my success in June 2015 (hopefully)! ■

SUSAN JARMUZ-SMITH is a doctoral candidate in school psychology at the University of Southern Maine and a predoctoral intern in the Brunswick School Department.



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ALWAYS LEARNING

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Call for Nominations for the Children's Fund Trustee Positions

BY BEVERLY WINTER

The NASP Children's Fund (CF) is a tax exempt, nonprofit, independent charity. The CF accepts and disburses monies for charitable purposes that are consistent with the CF's priorities. These include:

- Advocating for the essential rights and welfare of all children and youth.
- Embracing individual and group differences in children and youth based upon gender and diverse ethnic, cultural, language, and experiential backgrounds.
- Promoting learning environments that facilitate optimal development.
- Producing effective interventions that address the learning and social-emotional issues that impede a child's success and happiness.

The CF is pleased to announce that two CF trustee openings will be available in 2015. One position in the Central

Region and one of the two at-large positions are available. The 4-year terms for these two positions will begin on July 1, 2015. Nominations will be accepted for the two trustee positions through November 29, 2014. All NASP delegates will vote at the Delegate Regional meeting during the 2015 NASP conference for the at-large position. The at-large position can come from any of the CF regions (southeast, northeast, central, and western). The Central Region will also vote for a Central Region CF Trustee. The duties of a CF Trustee are as follows:

- Attendance at both CF Board meetings (required):** Annual meeting at the annual convention (approximately 2 hours) and summer meeting (2 days). Member or chair of at least one committee (required):
- Membership

- Nominations and Elections
- Finance
- Allocations
 - Basic needs grants
 - Mental health grants
 - Service grants
 - Youth empowerment
 - Disaster relief
 - Children's Fund auction
 - Service project in convention city
 - Communications
 - Development
 - Archives

Grant reviews (required): Trustees are expected to review and respond to grant requests within the time lines specified by the respective chairs.

CF auction (required): Provide assistance to auction coordinators in gathering auction items, moving items to the auction location, and participating in activities during the auction (approximately 6-7 hours).

CF convention booth (required): Work in the CF booth during exhibition hall hours (approximately 2-4 hours).

Participation in community outreach (optional and encouraged): Coordination and visitation with community schools for the service project in the convention host city (approximately 2-4 hours).

CF officer (optional): Serve as president, vice president, secretary, or treasurer.

At-large trustee: In addition to the duties listed above, the two at-large trustees have the primary responsibility for the CF auction activities. Some adjustments in CF trustee duties are made in consideration of the at-large trustee position duties.

Interested NASP/CF members may contact Delores Terry (uncphd@gmail.com), Nominations and Elections Committee, no later than November 29, 2014. Each NASP/CF member will

(a) submit a written letter of intent to seek election as a CF Trustee and (b) submit a brief biographical statement written in the first person (250 words or less) that will provide the reason(s) for seeking a seat on the CF Board of Trustees. Note that copies of both NASP and CF membership receipts will serve as verification of membership in NASP and the CF and are to be provided along with the letter of intent and biographical statement. Election activities by nominees must follow the NASP Operations Handbook, Appendix VIII.1, Nomination and Election Procedures, which can be reviewed at www.nasponline.org.

BEVERLY WINTER, NCSP, is the chair of the CF Nominations and Elections committee

2014 Children's Fund Trustee and Officer Election Results

BY BEVERLY WINTER

The NASP Children's Fund is pleased to announce and congratulate the following successful candidates for Children's Fund Trustees for the 2014 election. They were elected by regional NASP Delegates at the 2014 NASP conference and will serve 4-year terms that begin on July 1, 2014.


- Southeast Region: Delores Terry, NCSP retired
- Western Region: Abby Gottsegen, NCSP

Additional congratulations go to the newly elected Children's Fund officers for the 2014-2015 year:

- President: Janet Friedman, NCSP
- Vice President: Jeanne Pound, NCSP
- Secretary: Lynn Thies, NCSP
- Treasurer: Tom Delaney, NCSP (2-year term 2014-2016)

NASP Graduate Student Research Grants

Need funds to complete your thesis, dissertation, or other research? Up to three \$1,000 awards are made each year to students who demonstrate exceptional ability to conduct high-quality research that furthers the mission and goals of NASP and has the potential to impact the field positively. Graduate student research grant recipients are eligible to receive \$500 Travel Grants to present their research at a future NASP convention. NASP student members in either doctoral or nondoctoral school psychology training programs are eligible to apply. The deadline for this year's competition is September 15, 2014. For additional information, see the NASP Graduate Student Research Grants webpage (http://www.nasponline.org/about_nasp/gsra.aspx).



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Book Reviews

EDITED BY MERRYL BUSHANSKY

Helping Parents Teach Reading

REVIEW BY ALBERT F. HODAPP

“You should read this book!” On the educational TV show, *Reading Rainbow*, youngsters often declared this sentiment. Parents, you should read this book! *Book Smart: How to Develop and Support Successful, Motivated Readers* brims with knowledge about reading.

As their children’s first teachers, parents need to establish reading (including “Family Read-Ins”) as the norm in their family. Geared to parents, the authors of this book explain key concepts and research and offer a prodigious number of practical, developmentally appropriate strategies to promote reading. Introduction to shared reading, key concepts of

BOOK SMART:
How to Develop and Support Successful, Motivated Readers
By Anne Cunningham & Jaime Zibulsky
2014, Oxford University Press

dialogic reading, scaffolding, and zone of proximal development are discussed. Icons of a rattle (0–3 years of age), ABC blocks (4–7 years), and a reader (8 years and older) are

used to indicate information appropriate to children of each age range. Tables summarize reading and writing strategies and appendices match children’s books to specific skills. PEER and CROWD are recommended during shared book reading. PEER stands for: Prompt conversation about the book, Evaluate child’s response, Expand upon child’s response, and Repeat initial question. CROWD defines types of questions: Completion, Recall, Open-ended, *Wh*, and Distancing.

Chapter 1 discusses oral language. Research shows that professional parents speak an average of 2,100 words per hour to their child, working class parents average 1,200 words per hour, and parents in poverty speak 600 words per hour to their child. A 4-year-old in a working class family will have heard 13,000,000 more words than his counterpart in poverty.

Chapter 2 discusses emergent literacy. Strategies designed to help parents teach word awareness, onset-rime awareness, phoneme awareness, and alphabetic knowledge help create print-rich environments.

Chapter 3 deals with learning to write. Types of writing and stages of spelling are discussed. Strategies include modeling writing in daily life, incorporating writing into play, and using writing for reminiscing.

Chapter 4 addresses story comprehension. Retelling stories have five narrative patterns: classic, ending-at-the-highpoint, chronological, leapfrogging, and impoverished. Causal and inferential reasoning strategies are listed.

Chapter 5 discusses reading volume. Reading can make people smarter! Children’s books contain 50% more rare words than adult primetime TV. On a daily basis, children at the 80th percentile read about 14.2 minutes; at the 50th percentile, about 4.6 minutes; and at the 20th percentile, less than a minute. At the 90th percentile, recreational readers read nearly 2,000,000 words annually. That’s stellar compared to the 10th percentile’s 8,000 words yearly total.

Shared readings result in measurable differences. Parents of avid readers: (a) read aloud to their children from birth to age 8, (b) read aloud at least 4 days a week, (c) read aloud for extended periods of time (30 minutes), and (d) read at different times during the day. Parents of unmotivated readers: (a) read aloud to their children from ages 2 to 4; (b) read aloud 2 to 4 times a week or only on weekends; (c) read for short periods of time (15 minutes); and (d) read only at bedtime.

Chapter 6 discusses the social and emotional benefits of reading and notes that reading helps youngsters to understand another’s viewpoint and develop empathy. Shared reading is a “superfood” with remarkable powers. Cunningham and Zibulsky cite Dr. Seuss, who wrote in *I Can Read With My Eyes Shut*, “The more that you read, the more things you will know. The more you learn, the more places you’ll go.” *Book Smart* empowers parents to establish shared reading as a superfood so that youngsters can go places academically, geographically, and vocationally. ■

ALBERT F. HODAPP is a retired school psychologist in Mason City, Iowa. In 2005, Albert Hodapp and Joan Hodapp published “Media and Children” in Steven Lee (Ed.), *Encyclopedia of School Psychology*.

A Personal and Professional Memoir

REVIEW BY VICTORIA A. COMERCHERO

“Life is what happens when you are busy making other plans” (John Lennon as quoted by Miller, 2013, p. 603). This quote, which appears in the epilogue of the book, *No Good Deed: A Father’s Journey* written by Frank M. Miller, takes us on a vivid journey through 5 decades. It epitomizes how life as a working school psychologist cannot be categorized as a “typical day.” Through Mr.

NO GOOD DEED:
A Father’s Journey
By Frank M. Miller
2013, Jockers & Stack Publishing

Miller’s candid story of how he fought to advocate for the children and families he worked with, we learn that this road is

often paved with bureaucratic obstacles endemic to many school systems.

Mr. Miller is a retired school psychologist with almost 30 years of experience who tells his professional and personal narrative simultaneously, from his own childhood to becoming a grandfather to his stepdaughter’s child, who had multiple emotional and learning difficulties. The rollercoaster of emotions that he expresses while trying to juggle work with raising a teenager with ADHD and comorbid substance abuse is one that is hard to relate to unless you have personally been there. Nonetheless, the writer does an exemplary job of making you feel his ups and downs. The reader can easily empathize with his feelings of frustration when his hard work is not recognized or when one minor mistake is used against him to try to ruin his career.

I think that most working school psychologists could well relate to the way that Mr. Miller describes how speaking up for yourself could get you into trouble when he writes, “So here I am some 25 years later, and I still haven’t learned to keep my big mouth shut. I am not aggressive ... but I am very, very assertive” (Miller, 2013, p. 267). Striking this balance between being an advocate for your clients and treading the waters of the political landscape of the school system can be among the greatest professional challenges.

The book, which is a courageous account of life as a school psychologist who wears multiple hats both on the job and outside (e.g., as a father, husband) is one that I would recommend, at the very least, to be incorporated as excerpts to be read by those training to become school psychologists. Miller also touches on many of the changes that continue to morph our scope of practice (e.g., changes in IDEA; increase in the use of medications to treat ADHD, depression, and other problems). The book is a bit long (more than 600 pages); therefore, it may not be realistic as required reading for an introductory school psychology

course. Most students might not read the whole book, and thus I feel it would be best utilized with different students in the class each being assigned sections of the book.

I would strongly recommend this book. The memoir provides readers with a unique perspective. In line with the book, *Beautiful Boy* (2008) by David Sheff, having a father chronicle the dad’s side of battling a child’s addiction helps the reader to gain the perspective that a child’s problems are a parent’s problems. The fact that the author is also a school psychologist who is simultaneously advocating for his troubled daughter while trying to keep things afloat professionally attests to his credibility from the inside as well as on paper. ■

References

Sheff, D. (2008). *Beautiful boy: A father’s journey through his son’s addiction*. New York, NY: Houghton, Mifflin Publishers

VICTORIA A. COMERCHERO, PhD, NCSP, is the program director of school psychology at Touro College in New York City.

Using RTI to Assess SLD

REVIEW BY ROB RICHARDSON

Numerous books have been written about response to intervention (RTI); however, few provide an empirically supported, detailed account of how to make eligibility decisions within the context of an RTI system. *The RTI Approach to Evaluating Learning Disabilities* is an exception. This book is a well-written, informative, practical guide on how to use data generated from an RTI process to assess whether or not a student should qualify for special education services as a student with a specific learning disability (SLD).

The target audience is practicing

THE RTI APPROACH TO EVALUATING LEARNING DISABILITIES

By Joseph F. Kovaleski, Amanda M. VanDerHeyden, & Edward S. Shapiro
2013, Guilford Press



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school psychologists, special educators, and other members of multidisciplinary teams involved with eligibility decisions. However, *The RTI Approach to Evaluating Learning Disabilities* would be of interest to preservice school psychology students, building administrators, district personnel involved with policies and procedures surrounding special education eligibility, and state policy makers involved with designing state special education eligibility rules. Authors Kovaleski, VanDerHeyden, and Shapiro are leading experts in assessment and in RTI, and their knowledge of and passion for the topic shines through, making this book both informative and enjoyable to read. The book is at the same time well grounded in empirical research, well informed by practical implementation considerations, and presented in plain language with minimal jargon.

The book begins by chronicling the historical and legal background of assessment of SLD from the Education of the Handicapped Act in 1975 to the present. The authors do an excellent job of not only succinctly stating what laws surrounding specific learning disabilities say, but also what motivated their coming into existence. The current legal definition of specific learning disabilities forms the structure for the remainder of the book, which focuses on how to conduct a comprehensive evaluation of SLDs through RTI. Topics addressed include establishing the infrastructure required to conduct SLD evaluations through RTI, measuring achievement and rate of improvement, ruling out alternative explanations for poor academic performance, making the most of classroom observations, involving parents, and constructing IEPs using data from an RTI process.

The RTI Approach to Evaluating Learning Disabilities contains excellent examples, case studies, sample graphs, diagrams, checklists, sample excerpts from evaluation reports, and sample letters to parents. It combines the specificity of a well-constructed do-it-yourself kit with research citations and rationale for the practices it promotes. ■

ROB RICHARDSON, PhD, NCSP, is program evaluation coordinator for Canyons School District in Utah, and is editor for Utah's state school psychology newsletter, *The Observer*.

Challenges and Interventions for Students With Autism

REVIEW BY STORMI PULVER WHITE

Dr. Nirit Bauminger-Zviely's book is a strong foundational text that provides a comprehensive summary of the current academic research in social-emotional and cognitive-academic profiles and interventions specific to children with high-functioning autism spectrum disorders (HFASD). The con-

tent and structure of the book are well designed. The text begins with an overview of the current theories of ASD but highlights the weaknesses of these theories to explain all of the areas of deficit that children with ASD may encounter. This introduction provides a much needed context for later chapters. The strength of the content sections allows the book to work as an excellent desk reference. The content section on intervention models would be particularly useful for practitioners, educators, and even parents. It offers a condensed summation of the current research, serving as a core knowledge base that will suffice for those looking for a basic understanding that goes far beyond the popular and often limited guides and testimonials that dominate ASD books.

While there is not room to cover the entire breadth of the book, Chapter 4 warrants further discussion. This chapter was a personal favorite of mine as it was solely dedicated to discussing peer relations and ASD. By addressing this topic, the author assists in dispelling the common misconception that children with ASD do not want to interact with others. Those of us who work with these children and families know this to be an untruth, but it is wonderful to see an academic writing dedicated to helping shed light on this issue. Additional topics of interest in this chapter are attachment and friendship. Discussion of attachment research in ASD illustrates that children with HFASD may follow attachment trajectories similar to their typically developing peers. With regard to friendships in children with HFASD, background is provided into the nature and profile of interactions as well as research that has compared these interactions across children with HFASD and children who are typically developing. The research suggests that the frequency of initiations and complexity of interactions are less than what is observed in typically developing peers, but are occurring nonetheless. Additionally, the importance of the social partner in reciprocal interactions is also highlighted. Overall, the author suggests adopting an ecological approach to understanding social interaction in children with HFASD as in Bronfenbrenner's systems theory.

The book concludes with an overall summary, providing a "what does it all mean" perspective. The text also includes several appendices that provide additional information about the assessment and intervention techniques discussed. School psychologists, in particular, will find Appendix C helpful because it tabulates assessment and potential outcome measures across various domains. ■

STORMI PULVER WHITE, PsyD, is an assistant professor at the Center for Autism and Developmental Disabilities, University of Texas Southwestern and Children's Medical Centers, Dallas, Texas.



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The Relationships among SLD, PSW Approaches, and the WJ IV

Nancy Mather, Ph.D.

The **Woodcock-Johnson® IV** (WJ IV; Schrank, McGrew, & Mather, 2014) has many new features that enhance its use for the evaluation

of specific learning disabilities (SLD). The three batteries of cognitive, oral language, and achievement tests include procedures for describing profiles of abilities that can reveal a pattern of relative strengths and weaknesses to help determine whether or not a student has a specific learning disability.

Advertorial

Several states and school districts are now moving to an alternative, research-based approach for specific learning disabilities (SLD) identification that is often described as a pattern of strengths and weaknesses (PSW) model. The PSW approach aligns the defining characteristic of SLD—a deficit in basic psychological processing—with the procedures to be used for identification. In a PSW model, the primary purposes of a comprehensive SLD evaluation are to document an individual's unique strengths and uncover any cognitive processing weaknesses that are related to specific problems in academic achievement. The WJ IV combines well-validated measures of cognitive abilities, oral language, and academic achievement with useful score variation procedures that can help school psychologists determine whether or not strengths and weaknesses exist within a profile of abilities.

"We are coming to recognize that deficiencies in certain cognitive processes are indicators of LD that predict and, therefore, result in expected underachievement."
– National Joint Committee on Learning Disabilities, 2011

WJ IV Tests of Cognitive Abilities

The WJ IV Tests of Cognitive Abilities (WJ IV COG; Schrank, McGrew, & Mather, 2014) provide a broad sampling of important cognitive abilities that can help determine if a significant weakness in psychological processing exists. Many students with SLD show specific weaknesses on measures of phonological processing, working memory, and/or processing speed. Weaknesses in other cognitive abilities (e.g., orthographic coding, rapid naming, perceptual speed, associative memory) can also adversely impact academic development. A substantial body of research clarifies how these specific cognitive abilities differentially relate to reading, writing, and mathematics performance and how they can impede learning.

The WJ IV COG includes several new tests that were developed to help identify specific processing problems. The new

Verbal Attention test measures short-term working memory capacity in a format that captures both controlled attention and the verbal aspects of working memory. Letter-Pattern Matching assesses perceptual speed requiring the rapid recognition of common orthographic (spelling) patterns. Another new test, Phonological Processing, measures the depth and breadth of word access and retrieval via phonology. The new Nonword Repetition test measures a combination of auditory processing and phonological memory requiring the individual to repeat nonsense words that increase in complexity.

WJ IV Tests of Oral Language

The WJ IV Tests of Oral Language (WJ IV OL; Schrank, Mather, & McGrew, 2014) can help school psychologists distinguish between primary oral language impairments and SLD. Although the two conditions can coexist, they are separate types of disabilities. Weaknesses in the higher-level oral language abilities (e.g., receptive and expressive language) typically impact reading comprehension, written expression, and mathematics problem solving, but not basic academic skills. In contrast with SLD, the weaknesses in specific types of cognitive processing problems primarily affect the development of basic skills and automaticity, whereas the higher-level abilities of language and reasoning are often intact.

Primary problems in oral language would fall under the category of oral language impairment, as would certain problems in reading comprehension, written expression, and math problem solving when the central problem is language-based. However, if a problem in reading comprehension or math problem solving could be attributed to a processing disorder (e.g., poor working memory), SLD would be a more appropriate diagnosis. When decoding skills and fluency are intact, problems in reading comprehension typically arise from weaknesses in oral language skills, including poor vocabulary, background knowledge, grammar, and listening comprehension.

In the WJ IV OL, the new Segmentation test assesses an important phonological ability that underlies spelling—breaking words into parts, syllables, and phonemes. The new Speed of Lexical Access cluster assesses fluent word retrieval. The Phonetic Coding cluster assesses two important phonological abilities—combining sounds into whole words (blending) and breaking whole words into parts (segmentation). Identified weaknesses in these areas can help school psychologists recommend appropriate reading and spelling interventions.

WJ IV Tests of Achievement

The WJ IV Tests of Achievement (WJ IV ACH; Schrank, Mather, & McGrew, 2014) has a new organization that helps identify strengths and weaknesses among areas of achievement. Twenty tests are organized into the Standard battery and Extended battery. The Standard battery has three

forms (Forms A, B, and C) with several new tests. The Oral Reading test provides a standardized assessment of oral reading performance that increases the scope of reading fluency assessment. The Reading Recall test assesses reading comprehension by having the individual read a story and then recall the details. The Word Reading Fluency test measures vocabulary knowledge and reading rate. The new reading clusters increase the diagnostic capabilities of the WJ IV ACH. The new WJ IV Reading Fluency cluster combines a measure of silent reading fluency and a measure of oral reading fluency; the WJ IV Reading Rate cluster assesses silent reading rate. Both of these clusters can be useful for creating a rationale for the need for an accommodation of extended time.

Variation and Comparison Procedures

Four specific and simplified variation procedures are designed to detect specific strengths and weaknesses: intra-cognitive, intra-oral language, and intra-achievement variations; and a comparison of the academic skills, fluency, and applications clusters. Consideration of the variations among basic skills, fluency (timed tests), and application (academic tests that require higher-level knowledge and reasoning) can be particularly helpful in SLD evaluations. For example, some students with SLD have strengths on application tests, such as math problem solving, but weaknesses on measures of basic skills and fluency. The WJ IV ACH has one new comparison or discrepancy procedure: the Academic Knowledge cluster (orally administered tests of Science, Social Studies, and Humanities) can be used to predict reading, written language, and/or mathematics performance.

Identification of cognitive or linguistic weaknesses with the WJ IV can help school psychologists specify the factors that may be contributing to learning difficulties.

Gf-Gc Composite

A new Gf-Gc Composite in the WJ IV COG, based on the individual's fluid reasoning (Gf) and comprehension-knowledge abilities (Gc), provides a useful option for determining if strengths and weaknesses exist across cognitive processing, linguistic, and achievement domains. The Gf-Gc Composite is called a hybrid comparison because it is calculated in the same manner as a traditional ability-achievement discrepancy procedure, but the results are interpreted as a profile of strengths and weaknesses across all domains in relation to the Gf-Gc Composite. When used as part of a PSW model, the WJ IV Gf-Gc Composite/Other Ability Comparison Procedure is superior to a traditional ability-achievement discrepancy because any processing deficits are removed from the ability estimate.

Use of the Gf-Gc Composite comparison is superior to an ability-achievement discrepancy because any processing deficits are removed from the ability estimate.

Conclusion

An accurate diagnosis of SLD requires an individualized comprehensive evaluation. One major point of this evaluation is to answer the question: Why is this student struggling and how can we help (Kaufman, Lichtenberger, Fletcher-Janzen, & Kaufman, 2005)? The most appropriate evaluation includes an analysis of both an individual's strengths and weaknesses among such abilities as vocabulary, knowledge, reasoning, phonological processing, working memory capacity, or perceptual speed. When using the WJ IV as a part of a comprehensive evaluation, a school psychologist can document cognitive strengths, as well as any limitations in basic psychological processing that may be contributing to learning difficulties.

Clearly, knowledge of the nature of SLD is essential for determining whether or not a particular PSW is indicative of SLD. Examples would be a child with a specific reading disability who has weaknesses in blending and segmentation, but strengths in listening comprehension and fluid reasoning; or a child who has a specific mathematics learning disability with weaknesses in quantitative reasoning or working memory, but a strength in oral language. Results from the WJ IV can help school psychologists diagnose the type of SLD and determine the most appropriate accommodations and interventions.

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References

- Kaufman, A. S.; Lichtenberger, E. O.; Fletcher-Janzen, E.; & Kaufman, N. L. (2005). *Essentials of the K-ABC-II Assessment*. New York: John Wiley & Sons.
- Schrank, F. A.; Mather, N.; & McGrew, K. S. (2014). *Woodcock-Johnson IV Tests of Achievement*. Rolling Meadows, IL: Riverside.
- Schrank, F. A.; Mather, N.; & McGrew, K. S. (2014). *Woodcock-Johnson IV Tests of Oral Language*. Rolling Meadows, IL: Riverside.
- Schrank, F. A.; McGrew, K. S.; & Mather, N. (2014). *Woodcock-Johnson IV*. Rolling Meadows, IL: Riverside.
- Schrank, F. A.; McGrew, K. S.; & Mather, N. (2014). *Woodcock-Johnson IV Tests of Cognitive Abilities*. Rolling Meadows, IL: Riverside.

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