

MULTICULTURAL AFFAIRS



JANI BRYSON/ISTOCK

Using the NASP Framework for Effective Practice With Indigenous Youth, Families, and Communities

BY ELVINA CHARLEY, CAROL ROBINSON-ZAÑARTU, OLIVIA MELROE, PAUL DAUPHINAIS, AND SALLY A. BAAS

You are sitting in your office; across from you is a young person you know very little about, except that she is Native American and referred to you, the school psychologist, for academic concerns. She looks alarmed, but yet seems curious about you. What questions come to mind? What questions should come to mind? What do I know about Native Americans?

Using the Indigenous Conceptual Framework Guiding School Psychology Practice With Indigenous Youth, Families, and Communities illustrated here (see page 20) and first published within the NASP position statement on *Effective Service Delivery for Indigenous Children and Youth* (NASP, 2012), this article provides a context within which school psychologists can consider their own answers to these questions and expand their repertoires of culturally relevant practice with Native American/Indigenous students. It describes the Indigenous world view that informs the framework and ad-

resses its major components, providing specific guiding questions useful to school psychologists to help deepen their understanding of each area. In addition, it aligns with key elements from the *NASP Model for Comprehensive and Integrated School Psychological Services* (NASP Practice Model; NASP, 2010). This is the first article in a series designed to support school psychologists gaining facility in using the framework. Future articles in the series will illustrate how the school psychologist uses these concepts through case studies.

INDIGENOUS WORLD VIEW AS FOUNDATIONAL

The world view of Native American (NA) people is holistic and rich in relationships and interconnectedness. For instance, the relationship between the individual and nature is highly valued. Thus, harmony between a person and the environment is important to the world view of Indigenous peoples (Hill, 2006). In [CONTINUED ON PAGE 20]

RESEARCH-BASED PRACTICE

Enhancing Treatment Integrity: A Proposed Model for Improving Implementation and Supporting Teachers

BY STEVEN R. SHAW, MARIE-MICHELLE BOULANGER, & PAUL GOMES

Evidence-based interventions (EBIs) have proved to be an exciting, yet frustrating aspect of school psychology practice (Aarons et al., 2014). The argument for EBIs is that educational and psychological interventions strongly supported by a consensus of peer reviewed experimental and quasi-experimental studies will result in the best possible outcomes for students. There is potential for the EBI movement to assist psychology and education in moving away from fads, myths, and continuation of disproved practices (e.g., learning styles, neuromotor programming, facilitated communication, Irlen lenses, sensory integration therapies). However, identifying which interventions are considered evidence-based and how to implement evidence-based interventions has created new sets of problems and issues.

DETERMINING IF AN INTERVENTION IS EVIDENCE-BASED

Identification of which interventions can be considered to be evidence-based proves to be a challenge. Pub- [CONTINUED ON PAGE 23]

ADVOCACY

Strategies for Transforming Your Role as a School Psychologist

BY ANASTASIA KALAMAROS SKALSKI, KELLY VAILLANCOURT STROBACH, ERIC ROSSEN, & KATHERINE C. COWAN

NASP regularly establishes public policy positions and professional practice guidance that supports the advancement of school psychology and furthers the vision, mission, and strategic priorities of the association. Central to this is the promotion of public policies and professional practices that support the educational success and the mental and behavioral health of all children and youth. The purpose of NASP's major documents is three-fold: (a) to clearly communicate to public policy makers, school administrators, and other external stakeholders the positions and recommendations of NASP; (b) to ensure a collective and consistent understanding among NASP members of the reality of the challenges and opportunities facing school psychologists in the delivery of comprehensive school psychological services; and (c) to promote alignment of ser- [CONTINUED ON PAGE 18]

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PRESIDENT'S MESSAGE



Safe and Secure Schools Matter

BY TODD A. SAVAGE

The massacre at Umpqua Community College in Roseburg, Oregon and the shootings on the Northern Arizona University campus in Flagstaff, Arizona in October 2015 remain both horrific and sobering. Though these incidents took place on college campuses, I remember feeling both shocked by the news and, sadly, resigned to what feels to be all too commonplace in our country: the proliferation of weapon violence on school grounds and in the general community. While not to diminish the gravity of these two tragedies, schools remain some of the safest spaces in the country despite the perceptions to the contrary. According to Dr. Stephen Brock, former NASP president and a coauthor of the PREPaRE school safety and crisis preparedness curriculum (<http://www.nasponline.org/professional-development/prepare>), a person has a 1 in 4.5 million chance of dying at school or a school-related event as a result of homicide. The vast majority of crises at school are related to other causes. Thus, a role we can play in the collaborative process of creating safe and secure schools is threefold: to prevent and to mitigate known or anticipated risks; to protect students, faculty, and staff to the best of our abilities from various risks; and to be prepared to respond and to assist in the recovery process following a crisis event. Essentially, we contribute to safe and secure schools.

Safe and secure schools are predicated on positive school climates and a balance of physical and psychology safety. I am a PREPaRE trainer, and my colleague, Dr. Scott Woitaszewski, and I have cofacilitated approximately 35 PREPaRE workshops nationally. As a means of emphasizing the comprehensive nature of the curriculum (i.e., prevention, preparedness, response, recovery, and care for the caregiver), I lightheartedly but seriously share with workshop participants that a crisis from a PREPaRE perspective can run the range anywhere from a hangnail to an act of war. I stress a range of potential crises because, when it comes to school-based crises, many people tend to focus on the big ones: school shootings and natural disasters. No doubt, the traumatic potential unleashed by these types of crises is great and we must be prepared to deal with it if and when it should arise. These types of crises are also extremely rare occurrences. As data-based decision-makers, and with limited resources, our initial efforts should be focused on those potential crises most likely to occur in our schools and communities. A targeted, data-based approach primes us to react in a manner that is swift, responsive, and effective. Once we have discussed, planned, and prepared for those situations most likely to occur locally, we can build upon our safety and crisis plans by applying efforts to address potential crises less likely to happen, such as those involving armed assailants. With options-based crisis response approaches (e.g., run, hide, fight) proliferating in many areas of the country due to the fear of armed assailants (and without the research to back them up or a demonstrated, data-based necessity to emphasize them over more critical areas to be addressed), physical safety matters are often the focus of effort at the expense of psychological safety. Safe and secure schools require both components; perhaps the time is ripe to revisit this balance as we examine the data that guide us as to what to expect close to home.

Another matter to consider has to do with how we embrace and apply the role of behavioral and mental health specialist. Regardless of the primary role expected of us daily (whether it is as an evaluator, counselor, consultant, or any combination thereof), we all infuse behavioral and mental health elements into our work. Our unique education and specialized training in this regard makes us go-to professionals, particularly in regard to supporting the behavioral and mental health of students, as demonstrated by “school psychologist” being explicitly delineated as a qualified behavioral and mental health specialist in the Affordable Care Act. Even if one’s primary role has to do with cognitive and academic assessment, establishing rapport, interpreting behaviors and test observations, and encouraging kids to persevere during the assessment process tap into these skills; they are also invaluable when it comes to creating safe and secure schools, particularly school safety and crisis response endeavors. NASP leadership, staff, and volunteers are working assiduously to optimize your potential to carry out these duties successfully.

Here’s to the memory of those killed recently in Oregon and in Arizona. May we also remember the youth who have been affected by various crises in schools, at home, and in the community. Thank you for all you do to support students, keep them safe and secure, and guide them through the response and recovery phases following exposure to a crisis event. You and the work you do in this regard is invaluable, making a world of difference in the lives of children and youth.

For more information on best practices in armed-assailant drills, see <http://www.nasponline.org/resources/bp-armed-assailant-drills.aspx>. For more information on school psychologists as behavioral and mental health specialists, see http://www.nasponline.org/leadership/agendaitems/1017_232WP_Qualified_Mental_and_Behavioral_Health_Professionals.pdf.

Safe and secure schools matter. Tell us what you do to contribute to the establishment and maintenance of safe and secure schools at #ConnectTheDots and @nasponline. ■

TODD A. SAVAGE, PhD, NCSPP, is the president of the National Association of School Psychologists.

Editor's Note

Transforming Our Role

I remember (back in the 1970s) Dr. Mary Alice White and other professors in our graduate program insisting that we students conceptualize our roles as comprehensive in nature—serving all students in all aspects of their schooling. We were taught assessment skills; but also skills for behavioral, emotional, and instructional intervention. We were encouraged to take a systemic perspective in our work. Upon graduation, I realized that this was not the role of most practitioners in the real world; school psychology was still primarily about assessment, and school psychologists were very much diagnosticians.

Sound familiar? Nearly 40 years later, many colleagues describe assessment as the predominant (and sometimes only) activity they engage in. Some of these colleagues have chosen this role and have become highly skilled specialists in assessment of one type or another. Indeed, it is a time-honored and valuable role for school psychologists, and these colleagues derive a lot of satisfaction from it. Other colleagues lament the limitations imposed on their practice and feel constrained by this kind of role and wish they could take a broader approach to their profession. Effecting such a change, especially when traditional practice models are deeply established within the system, can be very difficult, and progress must often be measured in baby steps more than giant strides.

But things are much different today, and many of us now have roles that encompass the full range of school psychological services described in the NASP Practice Model. For those who want to advocate for expansion of their roles, the NASP Practice Model, the NASP *Practice Model Implementation Guide*, and the newly published *Ready to Learn, Empowered to Teach* and *School Psychologists: Qualified Health Professionals* offer specific recommendations and strategies for expanding school psychologists’ roles in the areas of instruction and mental/behavioral health. Together, these documents provide us with a formidable set of advocacy tools for changing the way schools use our services. I encourage you to read “Transforming Your Role as a School Psychologist” in this issue. You will find this to be an informative introduction to the NASP documents that can help you in your quest to provide all the services you are trained to deliver.

Regardless of how you perceive your role as school psychologist, I expect that you will find something in each issue of *Communiqué* to support your practice. In this issue, you will find articles about identification of specific learning disabilities, DSM-5, treatment integrity, threat management and risk assessment, family-school partnerships, technology, and the upcoming NASP convention in New Orleans. There is also a rare and important feature on effective practice with Indigenous students.

This season is important to many of us for its holidays and special events. It brings to mind how much we have to be thankful for and how fortunate we are in many ways. I hope you enjoy time with your family, friends, and loved ones. *Communiqué* will be back in the New Year!

—JOHN E. DESROCHERS

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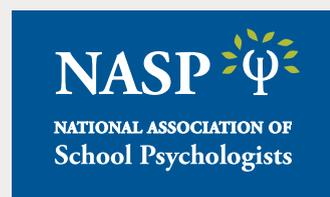
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EDITORIAL DEADLINES, Volume 44

| Issue # | Month | Deadline |
|---------|------------------|--------------------|
| #1 | September | July 13, 2015 |
| #2 | October | August 10, 2015 |
| #3 | November | September 14, 2015 |
| #4 | December | October 9, 2015 |
| #5 | January/February | November 23, 2015 |
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Current Perspectives in the Identification of Specific Learning Disabilities

BY JOSEPH F. KOVALESKI, ROBERT LICHTENSTEIN, JACK NAGLIERI, SAMUEL O. ORTIZ, MARY BETH KLOTZ, & ERIC ROSSEN

School psychologists continue to play a critical role in the identification of students with specific learning disabilities (SLD) in schools. However, despite decades of research and debate, the field continues to lack consensus on best practice methodologies. The IDEA reauthorization in 2004 increased the options for identification of SLD by permitting a number of different approaches beyond traditional IQ–achievement discrepancy comparisons, which, if anything, has contributed to varying perspectives on which procedures are most reliable, valid, and effective at meeting student needs.

NASP is dedicated to promoting policies and practices for SLD identification that are consistent with scientific research and that yield optimal student outcomes (NASP, 2011). In order to illustrate several of the different leading approaches, and present supporting evidence for those approaches, NASP held a three-part webinar series in the spring of 2015 with several experts who presented their perspectives on SLD identification, along with corresponding considerations for English language learners. Webinar presenters were Joseph F. Kovalski, Jack Naglieri, and Samuel O. Ortiz. The moderator was Robert Lichtenstein.

In this article, each of the presenters addresses questions from his own professional perspective as a complement to the webinar series. In addition, the moderator of the webinar series provides advice on how school psychologists can reconcile the different SLD identification approaches in the field.

Briefly describe your perspective for SLD identification and why you believe school psychologists should consider it.

Joe Kovalski: I support a comprehensive, multidisciplinary evaluation that includes the assessment of a student's response to intervention (RTI) as a central component. In my webinar, I sketch out the assessment procedures that one would use in this format (see Kovalski, VanDerHeyden, & Shapiro, 2013). The advantage of using an RTI approach to identify SLD is that the school system is committing to the development of a robust multitiered system of supports (MTSS) in which standards-aligned core instruction and evidence-based interventions are provided. This guarantees the viability of the “I” in RTI and operationalizes the mission of ensuring success for all students. It also allows for the collection of data that guide the instruction–intervention process, and which, in my opinion, provides the best evidence for identifying SLD. The data also inform the creation of a meaningful plan of specially designed instruction via the IEP when the student does qualify for special education services.

Jack Naglieri: The goal of the discrepancy/consistency model (DCM) is to ensure that the way we identify students with SLD is aligned to the definition in section 34 CFR 300.8(c)(10) of IDEA (i.e., “a disorder in one or more of the basic psychological processes”). This approach, which is sometimes referred to as the “third method,” provides a legally defensible and empirically supported procedure for eligibility determination. Additionally, it answers the critical question: “Why does the student fail?” The power of DCM is that it connects strengths and weaknesses in basic psychological processes with strengths and weakness in achievement and can lead to empirically supported interventions (Iseman & Naglieri, 2011; Naglieri & Pickering, 2010).

In practice, the DCM is not complicated. There are two components to providing evidence of a disorder in basic psychological processes and academic failure. First is evidence of significant variability among the four basic psychological processes described by Naglieri, Das, and Goldstein (2014), with the lowest score below the

25th percentile. Second, achievement test scores should show variability that aligns with the high and low processing scores. What results is (a) significant variability among processing scores that indicates a weakness in “one or more of the basic psychological processes”; (b) a significant difference between high processing scores and low achievement test scores; and (c) a similarity between low processing and low achievement scores. The consistency between the low processing score(s) and low achievement score(s) allows the school psychologist to connect the cognitive and academic failure(s), which explains *why* the student fails. This configuration of scores provides evidence that a child has “a disorder in the basic psychological processes” that is related to the academic failure and therefore SLD eligibility is supported (Naglieri, 2011).

Practitioners should consider this approach because (a) it is aligned with federal law; (b) in order to make meaningful differences in students' lives, we need accurate assessment of abilities based on neurocognitive theory; (c) DCM is easy to use and explain to teachers, parents, and students; and (d) this information greatly aids intervention planning.

Sam Ortiz: There is no unique method for evaluating SLD with English learners (ELs). Regardless of the method employed (e.g., testing-based patterns of strengths and weaknesses, response to intervention, MTSS, etc.), the fundamental problem remains one of validity. For example, do scores obtained from testing an EL, whether in English, in the native language, nonverbally, in the dominant language, or with a translator/interpreter, reflect a true measure of the individual's ability in a given domain or are they more reflective of the student's limited English proficiency and limited opportunity in acquiring age-expected acculturative knowledge? Likewise, when progress monitoring data indicate that an EL is gaining only 5 words read correctly per minute instead of the expected 10 at every benchmark, does that indicate a failure to respond to intervention and suggest a learning disability? Identification of SLD in ELs requires an understanding of the manner in which language and ac-

culturative knowledge acquisition, as developmental processes, lose their direct association with age and interact with academic programming to produce differences in performance that are entirely circumstantial and not due to any intrinsic problem. Without such an understanding, there is no defensible context for score interpretation or inferences regarding response to intervention and renders any attempt to interpret or provide conclusions specious and invalid.

From your perspective, what are the most promising trends and developments you have seen in the last 10 years regarding SLD identification?

Joe Kovalski: I believe that the inclusion of the RTI option in IDEA was a seismic shift in not only how school psychologists work, but in how we conceptualize SLD. In the last decade, the work that has been done on establishing

Weighing the merits of different approaches to SLD identification is of great relevance and importance to school psychologists. Experts have advocated staunchly for disparate positions. A lack of consensus leaves many school psychologists with questions about which might be the most viable and valid approach.

the psychometric parameters under which a student's rate of improvement can be graphed and quantified (Christ, Zopluoglu, Monaghan, & VanNorman, 2013) has been very helpful in moving the use of RTI forward. In addition, the increasingly precise procedures that have been developed to identify a student's academic skill deficiencies through procedures like curriculum-based evaluation (Hosp, Hosp, Howell, & Allison, 2014) have given us the ability to make very elegant links between assessment and intervention. Through these procedures, a school psychologist and the evaluation team can provide well-targeted academic interventions and evaluate whether they are effective in promoting student gain, which is of course the major objective of our work.

Jack Naglieri: We have seen increased interest in measuring basic psychological processes, made possible by two tests designed as alternatives to traditional IQ assessments (see Naglieri, 2015, 2016). The first was the Kaufman Assessment Battery for Children (Kaufman & Kaufman, 1983; 2004) and the second was the Cognitive Assessment System (Naglieri & Das, 1997; 2014). These marked a significant shift in emphasis from test content (verbal, nonverbal) to the process needed to solve the problem. This puts emphasis on the cognitive processing demands of the task, which are better understood with a brain-based conceptualization of abilities. This shift is critically important so that the cognitive processing weakness at the root of SLD can be detected, appropriate intervention identified, and real impact on student performance obtained. For a more complete discussion of our understanding of ability and the transition from IQ to neurocognitive processes, see Naglieri (2015).

Sam Ortiz: ELs perform lower than native English speakers at the broad ability level but much closer to them on nonverbal than verbal tests. However, ELs do not

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perform at the same level on all nonverbal or verbal measures. If subtest performance is evaluated with respect to the degree to which it relies on age-expected acquisition of language, there emerges a distinct linear decline in performance. Translation of these research patterns into practice has been the singular purpose of the Culture-Language Interpretive Matrix (C-LIM), which is currently the only method for assessing the impact of language on test performance to directly evaluate test score validity. Even research critical of the C-LIM continues to demonstrate these very same principles: lower performance compared to the norm sample, better nonverbal than verbal performance, and a linear (not dichotomous) pattern of decline across all tests as a function of developmental language proficiency. Although the C-LIM has not been specifically aligned with RTI/MTSS, the principles remain the same—recognition that expectations of learning and development for ELs, particularly in cognitive and academic domains related to language, cannot be presumed to be the same as that for native English speakers. Either way, the issue of validity remains central.

From your perspective, how has the selection and implementation of interventions changed over time as various SLD identification approaches have evolved?

Joe Kovalski: When RTI was first suggested as a key component of identifying SLD 15 years ago, major concerns were raised about whether there really were scientifically validated academic interventions and whether schools would actually use them well enough to be able to use a student's RTI as evidence for a high-stakes decision like determining special education eligibility. At this point in time, we have an extensive research base of interventions in reading, mathematics, and writing. Organizations like the Florida Center for Reading Research (www.fcrr.org) have helped us to identify what works, and the advent of Internet-based reviews of intervention effectiveness (e.g., <http://www.intensiveintervention.org/chart/instructional-intervention-tools>) has created a culture in which school personnel can evaluate interventions before adopting them. Furthermore, the work that has been done on assessing and maximizing treatment integrity in the delivery of interventions, although in its early stages, continues to sensitize and inform practitioners about the need to ensure that interventions are delivered as designed (Roach, Lawton, & Elliott, 2014). In sum, RTI embodies a skill-by-treatment interaction approach that promotes precise assessment-intervention links and a process of instructional support so that research-based practices are used at a high degree of fidelity (see Burns, VanDerHeyden, & Zaslofsky, 2014).

Jack Naglieri: In my view, the term intervention is different from instruction because it refers to the application of a specific method based upon a specific cognitive processing profile of the student. This requires information about the basic psychological processes of the student and the cognitive processing demands of the academic tasks. A student with a weakness in planning as defined by the PASS theory (Naglieri & Otero, 2011) and failure in mathematics (Iseman & Naglieri, 2011) and reading comprehension (Haddad et al., 2003) needs interventions that encourage thinking of ways to do the work (e.g., strategies) rather than remembering facts. This is in contrast to basing instruction simply on the academic area of difficulty without adequate knowledge of the cognitive processing obstacles to learning and how the student learns best.

Sam Ortiz: For many reasons that are dishearteningly unfair (e.g., economic considerations, political ideology, educational expediency, simple ignorance), the majority of ELs do not receive the type of educational programming necessary to help mitigate the potentially adverse effects that linguistic and cultural differences can have on academic performance. Unfortunately, this often manifests as poor test performance or failure to respond to intervention. ELs continue to be overrepresented in special education, notably in categories of SLD and speech-language impairment. Part of the problem is that by law, ELs may be treated as monolinguals once they have achieved a given level of proficiency in English, allowing the withdrawal of support services. Worse yet, ELs may legally be evaluated against standards based on monolingual English speakers. Special education services are often viewed incorrectly as a legitimate option for intervention for ELs when they have not succeeded in the general classroom. Yet, nothing that special education provides will effectively ameliorate the impact of inappropriate educational programming for ELs. This highlights why the methods described for evaluating SLD in ELs are so important: Unless and until ELs are no longer mistakenly identified as having a learning disability, there will be little impetus to improve their education.

Knowledgeable practitioners also use clinical judgment to determine which approach is applicable for a given child or in a given school setting. While regulations and policies require school districts to implement a single approach, best practice may reside somewhere in the margins with a hybrid model

How should school psychologists reconcile the different approaches to SLD identification currently utilized in the field?

Bob Lichtenstein: Weighing the merits of different approaches to SLD identification is of great interest, relevance, and importance to school psychologists. Experts in the field have advocated staunchly for disparate positions. At times, the exchange of views has resembled presidential election debates, emphasizing philosophy over practical details and focusing largely on the shortcomings of competing options. Despite the many benefits of academic debate, a lack of consensus leaves many school psychologists with questions about which might be the most viable and valid approach.

The webinar series shifted the discussion to higher ground. Presenters offered practical guidance on how to collect and interpret data, and apply findings to decision-making. As the series unfolded, the lines between alternative approaches came to look less rigid and less mutually exclusive. As with other contentious and polarizing debates (e.g., environment vs. heredity, look-say vs. phonics, projective vs. objective tests), the likely resolution appears to be “all of the above.” Each approach has value, and each has limitations.

This issue has been muddled by an oversimplification of options. Federal regulations have been misinterpreted as allowing for only a forced choice between the old (discrepancy) and the new (RTI). However, the 2006 federal regulations, in referring to a “pattern of strengths and weakness,” can be operationalized in various ways, including ability/achievement discrepancy as well as other models for analyzing psychoeducational test scores (e.g., discrepancy/consistency, or concordance/discordance; Hale, Flanagan, & Naglieri, 2008). Yet, none of these approaches reflect what school psychologists are trained to do and actually do, which is interpret a complex array of assessment data using professional knowledge and skills—an approach best described as clinical judgment.

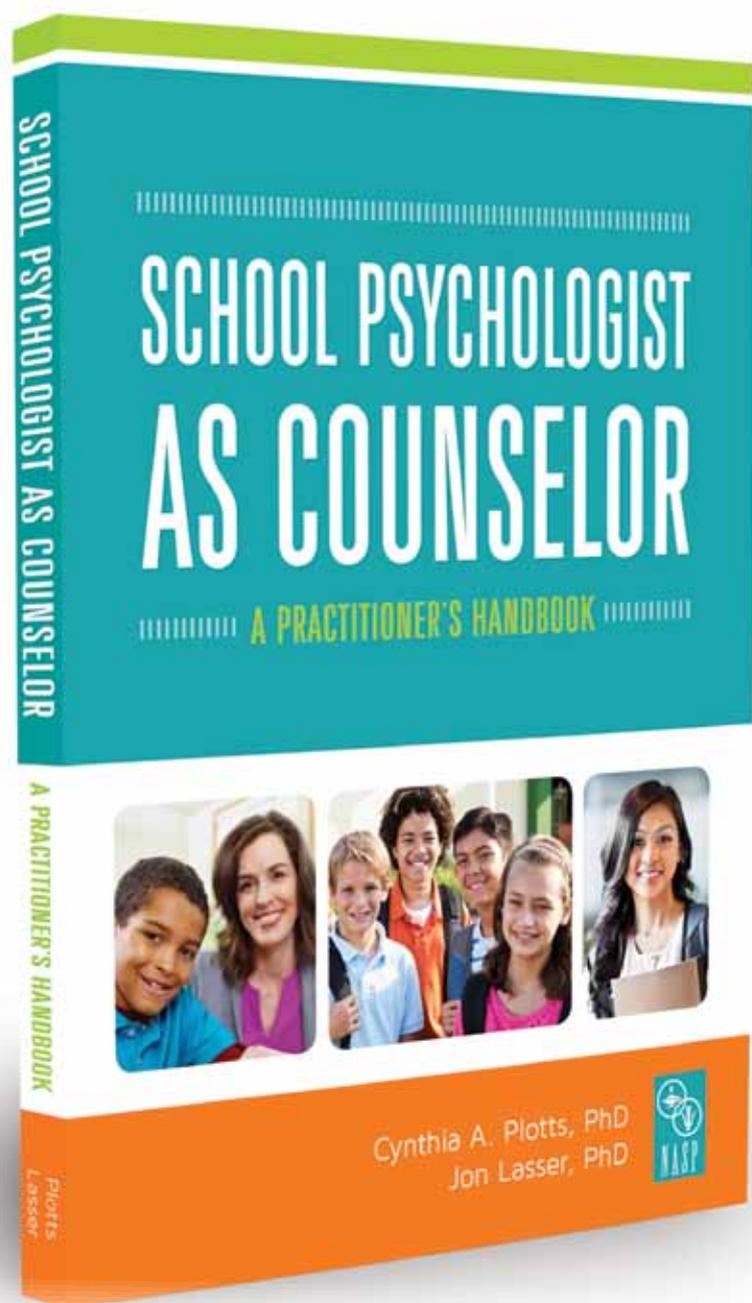
Notably, in each webinar, presenters recognized how clinical judgment plays a role, either in applying decision rules or in dealing with the kind of complex common circumstances that school psychologists typically confront. Knowledgeable practitioners also use clinical judgment to determine which approach is applicable for a given child or in a given school setting. While regulations and policies require school districts to implement a single approach, best practice may reside somewhere in the margins with a hybrid model (Fletcher, Lyon, Fuchs, & Barnes, 2006; Lichtenstein, 2014).

The three-part webinar series on SLD identification may be viewed in NASP's Online Learning Center at <http://tinyurl.com/o7tzwj8>. ■

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NASP POSITION STATEMENT

Identification of Students With Specific Learning Disabilities

The National Association of School Psychologists (NASP) endorses the provision of “effective services to help children and youth succeed academically, socially, behaviorally, and emotionally” (NASP, 2010b, p. 1). NASP’s position is that identification of and service delivery to children identified as having a specific learning disability (SLD) should be based on the outcomes of multitiered, high quality, research-based instruction. Such instruction best occurs in the least restrictive environment and is accompanied by regular data collection. School psychologists have long had a prominent role as members of school teams that identify students exhibiting SLD. Accordingly, NASP is dedicated to promoting policies and practices that are consistent with scientific research and that yield optimal student outcomes. School psychologists are scientist–practitioners and, as consumers of and contributors to research, they generally agree on the following statements (LD Roundtable, 2002; National Joint Committee on Learning Disabilities, 2010; Shinn, 2007; Swanson, Harris, & Graham, 2003).

- Specific learning disabilities are endogenous in nature and are characterized by neurologically based deficits in cognitive processes.
- These deficits are specific; that is, they impact particular cognitive processes that interfere with the acquisition of academic skills.
- Specific learning disabilities are heterogeneous—there are various types of learning disabilities, and there is no single defining academic or cognitive deficit or characteristic common to all types of specific learning disabilities.
- Specific learning disabilities may coexist with other disabling conditions (e.g., sensory deficits, language impairment, behavior problems), but are not primarily due to these conditions.
- Of children identified as having specific learning disabilities, the great majority (over 80%) have a disability in the area of reading.
- The manifestation of a specific learning disability is contingent to some extent upon the type of instruction, supports, and accommodations provided, and the demands of the learning situation.
- Early intervention can reduce the impact of many specific learning disabilities.
- Specific learning disabilities vary in their degree of severity, and moderate to severe learning disabilities can be expected to impact performance throughout the life span.
- Multitiered systems of student support have been effective as part of comprehensive approach to meet students’ academic needs.

Based on the research and the requirements in federal regulations (IDEA, 2004), NASP supports the following:

- Identification of and instruction for children suspected of having SLD should be implemented within the context of an evidence-based multitiered service delivery system. Such systems provide high quality and timely educational strategies, and a continuum of data-based academic/behavioral instruction within general education for children with learning problems (NASP, 2010a).
- A multitiered model in which instructional strategies are more focused or intensively delivered, providing quality instruction in the general education classroom in addition to timely interventions before a special education referral is considered.
- Universal screening of academic and behavior skills should be conducted during all elementary school years and selectively, as needed, in the middle and high school years.
- When a specific learning disability is suspected, and appropriate instruction and intervention within general education fail to meet a child’s educational needs, a comprehensive evaluation by qualified professionals is an essential step in determining SLD eligibility and individualized educational needs (Elliott, 2008).

- It is best practice to look at multiple sources of data, including how students respond to scientifically based instruction, including environmental and instructional conditions. Relying upon an ability–achievement discrepancy as the sole means of identifying children with specific learning disabilities is at odds with scientific research and with best practice (Gresham & Vellutino, 2010).
- It is critical for school psychologists to continually upgrade their knowledge and skills and use only those methods which have research support (NASP, 2010c).

SLD IDENTIFICATION WITHIN A MULTITIERED MODEL

A multitiered model (also known as response to intervention or RTI) is intended to provide for quality instruction in the general education classroom and timely interventions in general education before a special education referral is considered (NASP, 2010b). Multitier systems are delivered on a continuum based on the student’s learning needs. Multitier systems begin with high quality instructional and behavioral supports for all students in general education. Based on student learning outcomes, strategic and intensive interventions may be used to improve student performance (NASP, 2009a, 2009b). A child’s lack of responsiveness to appropriate learning experiences in general education can also contribute to SLD identification. For example, data from targeted and/or intensive interventions for students whose performance and rate of progress are below what is expected for their grade and educational setting should be incorporated in SLD evaluation procedures.

COMPREHENSIVE EVALUATION OF CHILDREN WITH SUSPECTED SLD

The primary purposes of a comprehensive evaluation are to determine if the child has a SLD, and to make recommendations regarding educational placement and instructional interventions. In accordance with federal law, the individualized education plan (IEP) team and other qualified professionals must review existing data during an initial evaluation and during any reevaluations. This includes prior evaluations, current classroom-based assessments, local or state assessments, classroom observations, and input from parents to identify what additional data, if any, are

School psychologists have long had a prominent role as members of school teams that identify students exhibiting SLD. Accordingly, NASP is dedicated to promoting policies and practices that are consistent with scientific research and that yield optimal student outcomes.

needed to determine whether the child has a SLD. The evaluation includes a variety of assessments and other evaluation methods that must not be discriminatory on a racial or cultural basis, must be administered in the language and form most likely to yield accurate information, are used for purposes for which the measures are reliable and valid, are administered by trained and knowledgeable personnel and in accordance with instructions provided by the producer, and encompass all areas of suspected disability. The goal of evaluation is to gather relevant functional, developmental, and academic information, including information provided by the parent, to determine whether the child has a specific learning disability and to ascertain the educational needs of the child.

In making a determination of eligibility, the evaluation team also considers whether the determining factor is the lack of appropriate instruction in reading or math, limited English proficiency, or cultural and linguistic differences. Evaluation teams should consider whether the multitiered interventions and assessment techniques utilized are culturally sensitive and adequately address the issues related to English language learners.

NASP recommends that initial evaluation of a student with a suspected specific learning disability include individual comprehensive assessment, as prescribed by the evaluation team. Existing data from a problem-solving process that determines if the child responds to scientific evidence-based intervention may be considered at the time of referral, or new data of this type may be collected as part of the comprehensive evaluation. Identification and eligibility determinations should not be based on any single method or measure. A comprehensive evaluation may include historical trends of performance and current measures of academic skills (norm-referenced, criterion-referenced, and/or curriculum-based), cognitive abilities and processes, and social–emotional competencies and oral language proficiency as appropriate; classroom observations; and indirect sources of data (e.g., teacher and parent reports). Paramount to use of any assessment is the relevance of the data to subsequent intervention.

THE ROLE OF SCHOOL PSYCHOLOGISTS

The expertise and support of school psychologists can be a critical factor in the effective implementation of a multitiered model (Machek & Nelson, 2010). On a school-wide basis, school psychologists consult with teachers concerning evidence-based instruction, interventions, periodic screening of preacademic and academic skills as well as social-emotional competencies, and serve as problem solving team leaders. When students struggle with the general education curriculum, school psychologists collaborate with general and special education teachers and support services personnel to design and implement effective, evidence-based strategies, and to evaluate the effectiveness of interventions with regular progress monitoring. When students require more intensive individualized support, school psychologists work with other school personnel to consider programmatic options, and consider the composition of a comprehensive evaluation.

School psychologists should play a key role in both direct and indirect service delivery, based on student need, to maximize educational outcomes for all children. Using data from universal screening and student response to instructional intervention, school psychologists also have a major role in planning and conducting comprehensive evaluations to determine eligibility for special education services and the educational needs of the child. In the course of designing or conducting assessments, both in general and special education, school psychologists should strategically select assessment procedures with clearly defined purposes in mind. Expertise in SLD is an essential area of specialization for all school psychologists. Therefore, school psychologists should be knowledgeable about the following:

- Federal and state laws and regulations, and (where applicable) state and local guidelines regarding special education evaluation procedures;
- Assessment measures and procedures that adhere to professional standards and enable school psychologists to address the requirements listed above, including curriculum-based and norm-referenced measures of academic skills, procedures for screening academic progress and monitoring response to intervention, norm-referenced measures of basic psychological processes, and measures of social-emotional competencies and behaviors;
- Emerging research on specific learning disabilities, including the nature of learning disabilities, and effective interventions;
- Effective instructional practices including research-based practices for general education, the relationship between results of comprehensive assessments and

the recommendations that can be made for strengthening classroom instruction, research-based instructional practices for culturally and linguistically diverse students, and the impact of cultural and linguistic diversity on response to instructional intervention.

Note: Other NASP position statements that are relevant to this statement on the identification of students with learning disabilities can be found on the NASP website at www.nasponline.org/position-statements. ■

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“Appropriate” School Psychology Practice? You Be the Judge V

BY PERRY A. ZIRKEL

For this fifth article in the series reviewing recent court decisions concerning appropriate school psychology practice from both professional and legal perspectives, consider the summary of the Illinois case below and the questions-and-answers after it. The primary issue is whether the school district’s adverse employment action against the school psychologist was illegal. While the previous articles in this series were based on the Individuals with Disabilities Education Act (IDEA) issues of eligibility (Zirkel, 2014a, 2014b, 2015a) and FAPE (Zirkel, 2015b), the primary issue of this case is whether the district’s termination of the school psychologist constituted retaliation under the First Amendment freedom of expression, which applies to public, not private, institutions. For this issue, the courts have solidly established a multistep, flowchart-type analysis. Assuming that this case in the employment context meets the prerequisites of “state action” (in other words, that of a public employer) and “adverse employment action” (such as nonrenewal or termination), which are both undisputed here, the first step is to determine whether the First Amendment protects the employee’s expression, which requires it to be not only specific to a public rather than an institutionally intramural issue, but also separate from the employee’s job duties. If the case meets this first step, the second step is to determine whether the protected expression was a motivating factor for the adverse employment action. If there is sufficient evidence of such a connection, the final step is to determine whether the employer’s justification for the adverse action was merely a pretext—i.e. whether legitimate reasons would have led to the same adverse action even if the employee had not engaged in protected expression. The case summary below provides the grist for this multistep mill, whereas the questions following the case extend the legal analysis to other interrelated issues, such as the role of professional ethics and the avenues of possible legal protection other than First Amendment freedom of expression.

THE CASE

In July 2005, an Illinois school district serving approximately 2,000 students hired Mr. K as a school psychologist. His job description included as a primary duty conducting evaluations under the IDEA and specified that his supervisor was the special education director. Mr. K initially served students at the junior high school, but by December 2007, his duties broadened to include students at all levels. By the end of that 2007–2008 school year, the district appointed the special education director to have the joint role of superintendent.

In April 2008, Mr. K received the only performance evaluation during his probationary period, although state law and local policy required more frequent formal feedback. Conducted by two of the principals rather than the special education director and limited to the 2007–2008 school year, the evaluation was unfavorable, criticizing his IDEA evaluations as late or inadequate. Nevertheless, the district renewed his contract, and he obtained tenure. In April 2010, when his next performance review was due, it fell through the cracks.

At the start of the 2010–2011 school year, Mr. K discovered that the junior high school principal had ordered cuts in special education services for various students. Mr. K met with the principal on September 10, voicing his opinion that the cuts violated state and federal law in terms of the requisite participation of parents and the other members of these students’ IEP teams.

On October 6, Mr. K and some of the special education parents met with the junior high school principal to discuss the lack of reading and math interventions for their children. On the next day, the principal sent Mr. K a letter summoning him to an “investigatory meeting” on October 12 to discuss his job performance deficiencies including (a) performing and documenting special education services, and (b) adhering to district policies regarding attendance. Mr. K replied by e-mail that he would not attend the meeting without his choice of representation and questioned the “interesting coincidence” in the timing of the letter. In lieu of the meeting, the principal and Mr. K exchanged sharply worded e-mails in which the principal claimed that Mr. K had no authority to set conditions for the meeting and Mr. K questioned the principal’s authority to evaluate his performance and conduct an investigatory meeting.

On or about October 16, Mr. K sent an e-mail to a special education staff member of the state education department, with a copy to the district superintendent, voicing his concerns about the principal’s cutting of special education services. On October 18,

the superintendent directed Mr. K to meet with the principal as her designated representative and characterized his e-mails to the principal as vitriolic and unprofessional. On October 20, Mr. K attended the investigatory meeting with the principal, with the superintendent present. On October 28, the superintendent notified Mr. K that her investigation revealed no impropriety in the service reductions.

On November 2, the principal issued a recommendation that the school board issue a remedial warning to Mr. K for “unprofessional and insubordinate conduct.” The next day, Mr. K sent an e-mail to not only the board members but also district employees, accusing the principal of besmirching his professional reputation in retaliation for informing the state education department of his “serious allegations about her conduct as it relates to the special education rights of many students and their parents.” Soon thereafter, the school board adopted the principal’s recommendation, formally warning Mr. K to communicate with administrators in a “professional, respectful, and appropriate manner”; to report his absences promptly; and to modify his completion of IDEA evaluations.

During the rest of November, Mr. K continued his advocacy in opposition to the principal’s special education revisions. He reviewed confidential student files, wrote e-mails to the principal and the board, and did a presentation at a meeting attended by district special education staff and the previously contacted state education department representative.

On or about November 30, the principal notified Mr. K that he continued not to report his absences properly and warned him not to use work resources to overturn her efforts. On December 7, the superintendent instructed Mr. K to attend a second investigatory meeting with her and the principal. Because Mr. K missed school for almost 3 weeks for medical reasons, the meeting was rescheduled several times and was finally held on January 18.

On January 25, the superintendent issued a recommendation to the board to terminate Mr. K for the following reasons: (a) concerns about his accessing confidential information of five other special education students and his evaluation reports for three special education students (e.g., not defining acronyms); (b) his “inappropriate communications” at the meeting with the state education department representative and in an e-mail to the board alleging violation of students’ legal rights; and (c) using the wrong procedure (specifically, e-mail rather than the computerized attendance system) to call in sick during November and otherwise failing to appear at the meetings rescheduled during December. The board invited Mr. K to respond to these charges at a closed meeting, but he declined based on his perception that the board was biased against him.

On January 31, the board voted to terminate Mr. K for the reasons that the superintendent had enumerated. He initially requested an administrative appeal under the state tenure law but subsequently withdrew it. Instead, Mr. K directly filed a civil rights action in federal court based on two constitutional claims: (a) the termination constituted retaliation under the First Amendment, and (b) the termination violated Fourteenth Amendment procedural due process in terms of an impartial adjudication. The district defendants, including the superintendent and the principal, filed a motion for summary judgment, which would resolve the case in their favor without a trial based on the conclusion that these allegations, even if construed in the light most favorable to the plaintiff, were insufficient for a jury to find in his favor.

THE QUESTIONS: PROFESSIONAL PERSPECTIVES

Based on the information recounted above, three members of the profession—**Dr. Rachel Brown**, associate professor of school psychology at the University of Southern Maine; **Misty Lay**, school psychologist for Bullitt County Schools in Kentucky; and **Seth Laracy**, doctoral student in school psychology at Lehigh University—provided their responses to the following series of questions. Immediately after their answers for each subpart of the first question is a summary of the relevant ruling in the court’s decision for this case (*Koehn v. Tobias*, 2015). Immediately after their answers for the second and third questions are syntheses of various other cases.

Question 1. What do you think was the ultimate judicial outcome of Mr. K’s lawsuit with regard to:

(a) his claim that the school board did not meet the applicable fair-hearing standard of Fourteenth Amendment procedural due process? Why?

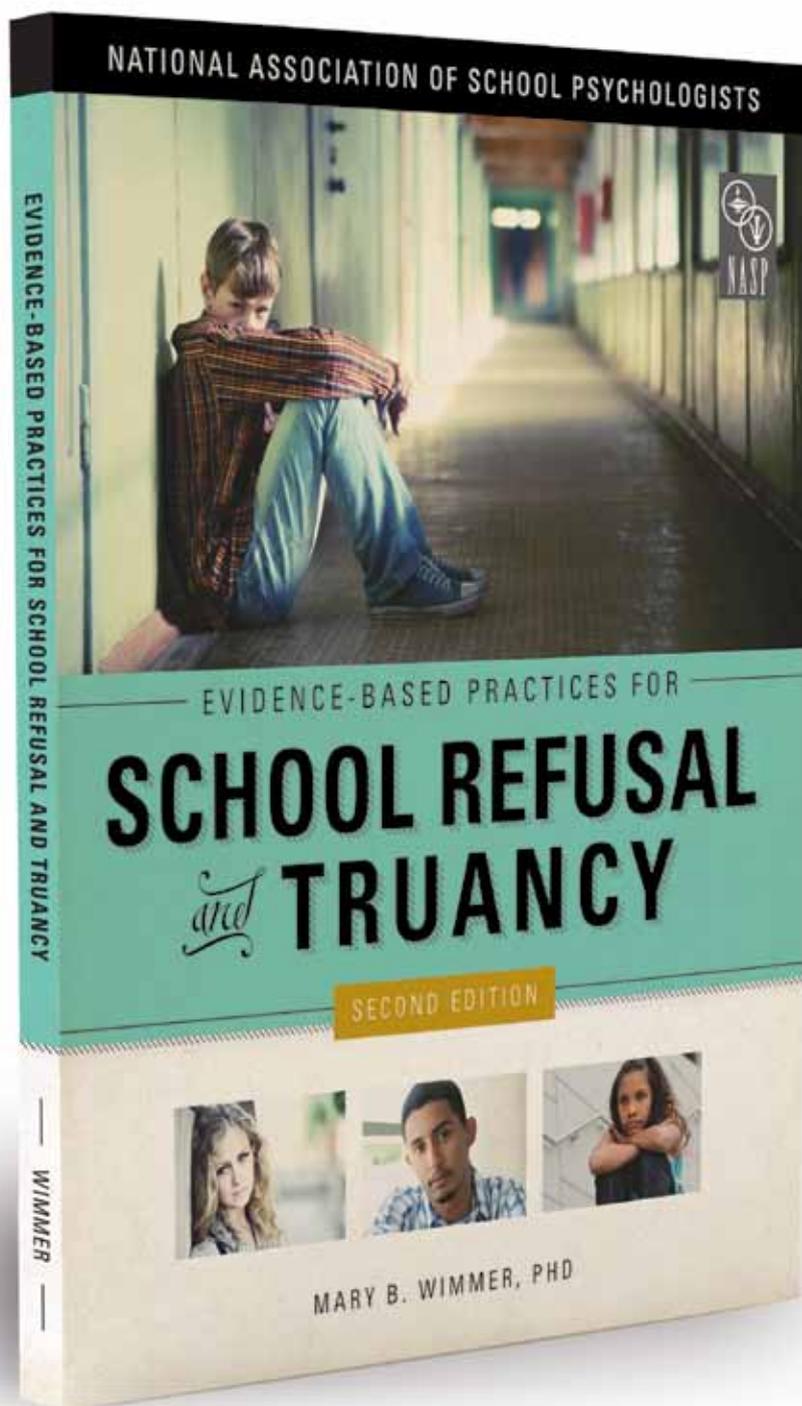
BROWN: Given that neither Mr. K nor the district appeared to abide by the applicable employee-review schedule, it seems likely that the court would side with the district in relation to the procedural due process claim. During the period at issue, Mr. K had opportunities to invoke the required procedures that he chose to ignore.

LAY: In all likelihood, the judicial outcome will be in the district’s favor. The superintendent and the school board provided Mr. K with many opportunities for remediation, and he did not comply. They also gave him notice of the charges and an opportunity to be heard. Mr. K’s perception of bias of the board could be legitimate, but it did not seem to be a contributing factor to his failure to improve his performance.

LARACY: It is likely the court would grant the district’s motion for summary judgment, thus rejecting Mr. K’s Fourteenth Amendment claim. Despite missed performance reviews, the school district offered formal feedback to Mr. K and, more importantly, had provided him with notice of the charges and the opportunity to respond to them at a hearing before the school board, with a right of appeal.

COURT: In *Koehn v. Tobias* (2015), the Seventh Circuit Court of Appeals agreed with the lower court’s granting of the district defendants’ motion for summary judgment

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on this claim. First, the appellate court ruled that the school board is presumed to be impartial, and the plaintiff had not provided the requisite substantial and specific evidence to rebut this presumption. Second, the appellate court concluded that he forfeited his other claims of Fourteenth Amendment procedural violations, such as sharing the evidence of the superintendent's investigation, by declining the pre- and posttermination opportunities for procedural protection.

This outcome aligns with the precedents in other jurisdictions that school boards, like other administrative agencies, have dual executing and adjudicating functions that entitle them to a rebuttable presumption of impartiality under the Fourteenth Amendment and that pre- or postdeprivation procedures may fulfill constitutional standards. In contrast, depending on the state, the procedural requirements associated with termination, especially but not exclusively for tenured school personnel, may be more stringent.

(b) his claim that his termination constituted First Amendment retaliation in terms of each of the applicable steps of the established analysis?

BROWN: The appellate court would likely affirm the trial court's First Amendment ruling. All of Mr. K's so-called special education advocacy related to students at his place of employment and was based on information he gained as a function of his employment. Thus, his claim would likely fail at Step I because his expression was either institutionally intramural or in any event not separate from his job duties.

LAY: I agree that the appellate court will reject Mr. K's First Amendment claim. He had ample opportunities to voice his opinion and advocate for the students and himself. What concerns me most is his poor demonstration of a commitment to uphold the *Respecting Other Professionals and Promoting Healthy School/Community Environments* standards. Those ethics include maintaining professional relationships with school staff and settling conflicts in a professional manner. He met with the principal informally and voiced his opinion about the changes in services. However, it is inferable that he also went to the parents, which is not the best way to voice his concerns about the principal's possible unethical/illegal actions.

LARACY: Mr. K's First Amendment claim is at risk of reversal at Step I. Although both an institutionally intramural issue and an issue of public interest, the communication in question appears to have been part of Mr. K's job duties; he performed it during work hours and as a representative of the school district. If Mr. K's case survives the first step, it would likely succeed at Steps II and III. The board listed his "inappropriate" communications as one of the three reasons for its decision, and one reasonable interpretation is that the board would not have taken this action in the absence of his blowing the whistle. Although specific job duties of school psychologists differ among districts, Mr. K's job may well have included accessing confidential files and monitoring the progress of interventions. Similarly, not defining acronyms and using an alternative means for medically related absences would not likely have led to termination without the disputed communications.

COURT: In *Koehn*, the defendants did not take issue with the lower court's ruling at Step I that Mr. K's communication with the state education official was as a private citizen rather than pursuant to his duties as a district employee. In contrast, what is significant is that his advocacy communications with the administration—regardless of professional appropriateness—were not entitled to First Amendment protection because they were rather clearly pursuant to his duties in the district. For Step II, however, the appeals court reversed the lower court's ruling in the defendants' favor, concluding instead that a jury could reasonably decide that Mr. K's communications with the state official were a motivating factor in the board termination decision based on timing—specifically, the administrators let his performance deficiencies fall through the cracks until soon after he blew the whistle on the principal. Similarly, at Step III, the appeals court, reversing the lower court, concluded that a jury might reasonably be skeptical about the superintendent's proffered reasons because (a) "her recommendation to the school board only thinly veils her displeasure with [Mr. K's] meddling" (p. 552); (b) her charge about confidential files "seems an odd accusation" in light of Mr. K's duties to serve special education students at all levels and its selectivity only if this access "might undermine [the principal's] unilateral changes" (p. 552); (c) faulting Mr. K for the successive rescheduling of the second investigatory meeting when he used his medically excused sick leave; and (d) providing trivial specifics about his attendance reporting and, especially because the principal had refused his requests for exemplars for his evaluation reports. As a result, Mr. K "won" only the ability to move on to a jury trial, where depending on the specific testimony and the jury's assessment of it in relation to the disputed second and third steps, the verdict could go in favor of him or the defendants. In many such cases, the ultimate result is a negotiated settlement, but the precedent is to confirm the scope of the multistep test for First Amendment retaliation.

Although this ruling was specific to the states in the Seventh Circuit—Illinois, Indiana, and Wisconsin—it fits with the decisional framework of First Amendment advocacy cases in other jurisdictions (DiPietro & Zirkel, 2010). The outcomes of these cases have generally been less successful for plaintiff school psychologists beyond Mr. K, as our previously covered cases illustrate (Zirkel, 2013; Zirkel, 2014c).

Question 2. What role do the NASP ethical standards play in such retaliation cases?

BROWN: There are a number of NASP ethical standards that could apply in this case in addition to Standard IV.1.2 regarding advocacy for students and parents—specifi-

cally, Standard II.1.3 (personal problems), Standard III.4.1 (professional effectiveness), Standard III.4.1 (workplace standards), Standard IV.2.3 (resolving conflict), Standard IV.2.4 (private free speech), Standard IV.3.2 (collegial problem-solving), and Standard IV.3.4 (conflicts with non-NASP members).

For the *advocacy* standard, one problem is with the suspect timing of the expressing of Mr. K's concerns, which was directly after receiving an unsatisfactory performance review. A second problem is that Mr. K did not follow the established procedures for supporting the rights of students and parents. Although he did meet with the principal and the parents, he later took the matter outside of the school setting by communicating with the state department of education. By doing so, Mr. K did not involve the parents in a problem-solving process for their own children. For the next two standards enumerated above, he did not take steps to minimize the effects of his *personal problems* on his *professional effectiveness*. Instead, it appears that he used problems in his work environment as a pretext for addressing special education irregularities. Similarly, by not following the established procedures, he did not adhere to *workplace standards*, which requires recognition of "...the goals, procedures, and legal requirements of their particular workplace...." Rather than resorting to the prescribed steps for IEP issues under the IDEA and for workplace issues under district policies, Mr. K took matters into his own hands and used the supposed cuts in programs as a bully pulpit for expressing his frustration with the district leadership. Additionally, he acted outside the boundaries of the right of *private free speech*, which only applies when school psychologists "are speaking as private citizens rather than as employees...." He could have separated his private interest in supporting students with disabilities from his role as an employee in the school district. Finally, in terms of how he went about correcting the perceived problems, Mr. K's actions do not clearly square with the other above-enumerated ethical standards. Since the reported events did not appear to "violate basic human rights," his actions seem to have ignored the standard for *resolving conflict*. By contacting the state department of education, he similarly did not first exhaust the feasible alternative of *collegial problem solving*. Finally, by not contacting the principal's supervisor via the available chain of command, he did not follow the standard for conflicts with non-NASP members."

LAY: Ethics was the first thing that came to mind after reading the case summary. Mr. K may have initially acted in the best interest of the students. More specifically, he recognized that the principal was acting unilaterally in violation of the IDEA, and he stepped forward to advocate for the affected students. The problem was with his actions following that first meeting. Standard IV 3.4 directs that if an unethical conflict cannot be resolved informally, the next step would be to go to the principal's supervisor or director of special education. Moreover, even after the superintendent investigated the issue regarding service reduction, Mr. K continued to take advocacy actions that were inappropriately aggressive and unprofessional.

LARACY: Mr. K's dedication to student advocacy in accordance with Standard IV.1.2 may help him argue convincingly that his behavior was guided by professional ethics rather than interpersonal conflict, but ethical standards may not be availing in legal cases. Even if they were, other NASP standards suggest that Mr. K may have taken inappropriate actions. For example, Standard IV.2.4 requires school psychologists to identify when they are speaking as private citizens rather than employees. Similarly, Standard IV.2.3 advises school psychologists to resolve conflict through positive, respected, and legal channels.

COURTS: As previous *Communiqué* articles have discussed for analogous contexts (e.g., Zirkel, 2008, 2009, 2012, 2013), ethical and legal standards overlap but are not coterminous. The controlling criterion for the courts consists of primary legal sources, such as federal and state constitutional or statutory provisions and judicial precedents, as Mr. K's case illustrates. Moreover, the cited ethical standard about the best interests of children, including their legal rights and those of their parents, is not absolute or alone in its application to this case. On one side, Mr. K's advocacy fits generally with the standards of maintaining children's rights and welfare as the highest priority (Standard III.2.3) as well as promoting parental participation (Standard II.3.10). However, various other standards seem to play a contributing role on the other side. For example, the introduction to NASP's *Principles of Professional Ethics* (2010) in its definition of advocacy warns: "Nothing in this code of ethics, however, should be construed as requiring school psychologists to engage in insubordination ... or to file a complaint about school district practices with a federal or state regulatory agency as part of their advocacy efforts" (p. 3). For the student records issue, the standards call for "strict" interpretation of federal privacy laws (Standard I.2.5); it is unclear whether Mr. K was accessing the five records for strictly interpreted "legitimate educational interests" under the Family Educational Rights and Privacy Act regulations (2014, § 99.31[a][a]) with regard to these specific children. For Mr. K's communications, the standards call for affirmative action to correct misunderstandings and ineffective recommendations (Standard II.2.3) and identifying when his expression was as a private citizen rather than as an employee (Standard IV.2.4).

Question 3. What would be the likely judicial outcome under the following alternative legal bases?

(a) Section 504 and/or the Americans with Disabilities Act (ADA)?

BROWN: Although Congress expanded eligibility under Section 504 and the ADA in its 2008 amendments, these changes do not affect the specific issues in this case. First, it is not clear whether the purported actions of the principal to change services for stu-

dents with IEPs without prior written notice to parents would violate Section 504 and/or ADA. Both of these statutes are designed to ensure adequate access to individuals with disabilities but do not guarantee any specific program or services. Second and more importantly here, the retaliation prohibitions in both Section 504 and ADA might have protected Mr. K for his discussions with parents, but not for his other job-related actions.

LAY: I would need more information about two clusters of issues before opining about the likely judicial outcome. First, in reference to Mr. K's sick leave usage, is there a documented disability as defined in Section 504 and the ADA? If so, is it interfering with his ability to perform his job, such as his failure to complete the IDEA evaluations on time? Second, does the district have legitimate justification for Mr. K's glaring lack of regular personnel evaluations and opportunities to receive supervisory feedback? For example, had any of his supervisors talked to him about the reasons for missing evaluation timelines or for his overuse of acronyms in his evaluation reports? Did he have an opportunity to give his side of the story? On the other hand, if the question refers to retaliation protection on behalf of one or more individuals with disabilities rather than direct disability discrimination, I'm not well versed in that aspect of Section 504 or the ADA.

LARACY: I am not particularly familiar with the antiretaliation provisions of Section 504 and/or the ADA, but it would appear that Mr. K might have been entitled to their protection for his whistleblowing advocacy. While his conduct was not consistently exemplary, it does seem that the hostile work environment and ultimate termination stemmed from expression of concern with district discrimination under these statutes.

COURTS: The odds would similarly disfavor the plaintiff-employee except not quite to the same extent. The multistep analysis is almost the same, with the final steps typically being crucial, but the first step is not as difficult. The protection under Sec. 504 and, more specifically, the ADA, extends to advocacy on behalf of individuals with disabilities—in this case, the affected students with IEPs—regardless of whether the advocacy was pursuant to an employee's job duties or as a public-spirited private citizen. For a canvassing of relevant cases, see, for example, DiPietro and Zirkel (2010).

(b) a state whistleblower act?

BROWN: Mr. K chose to proceed under federal law in federal court, where the odds are not in his favor based on established precedents. Thus, he presumably considered alternative protection under state law and found it to afford no more protections.

LAY: Depending on its specific provisions, a state whistleblower act may pose a more favorable avenue of protection. He took an aggressive approach in advocating for IDEA services for the students. While I don't agree with his approach, the summary

information seems to suggest that district officials targeted Mr. K for retaliation based on his conflicts with the principal on this matter. It is at least questionable whether the superintendent's and board's real reasons were Mr. K's reporting of sick leave and other issues that would merit a less restrictive corrective action than termination.

LARACY: I expect that most state whistleblower acts would provide the same extent of potential protection for Mr. K's actions, as would Section 504 and the ADA.

COURTS: As DiPietro and Zirkel (2010) similarly observed, the cases have not been particularly successful and much less frequent under these laws, which vary depending on the jurisdiction. For example, the Illinois Whistleblower Act (2014), which would apply to Mr. K, prohibits employers from retaliating "against an employee for disclosing information to a government ... agency, where the employee has reasonable cause to believe that the information discloses a violation of a State or federal law, rule, or regulation" (§ 174/15[b]). Moreover, for violation of this prohibition, the employee may sue in state court for make-whole relief, including reinstatement, back pay, compensatory damages, expert witness fees, and attorneys' fees (§ 174/30). The hurdles in Mr. K's case would be establishing preponderant proof that (a) his belief in the principal's violation of the IDEA was "reasonable" (thus analogous to Step I) and (b) that his termination was retaliation (thus, causally connected) to his disclosure to the state education agency rather than other reasons (thus analogous to Steps II and III).

Question 4. What would be the likely outcome if Mr. K had instead filed a complaint with the U.S. Department of Education's Office for Civil Rights (OCR) alleging retaliation under Section 504 and/or the ADA?

BROWN: As noted above, it is possible that Mr. K might have initiated additional investigation on behalf of the affected students at the middle school, but an OCR complaint would have been unlikely to address his employment standing. The reason is that he did not follow the established procedures for addressing his employment situation and special education program changes.

LAY: The situation would seem to give OCR sufficient grounds to conduct an investigation under Section 504 and the ADA. It appears that district officials punished Mr. K for his advocacy of students with disabilities. The agency may be stricter than the courts in its interpretation and application of these statutory and regulatory protections, leading to possible corrective action against the district.

LARACY: It would seem that OCR would sustain Mr. K's complaint, because the agency would likely be strict about enforcing Section 504/ADA antiretaliation protection. Given that his employment environment contributed to Mr. K's unprofessional

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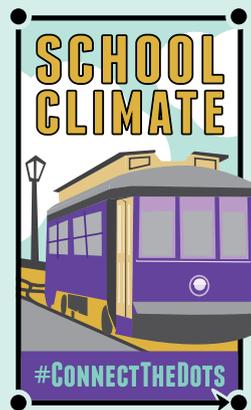
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communication, retaliation seems to have been the primary reason for his termination.

COURT: Although more strict about procedure, Mr. K's retaliation claim is more of a substantive matter. The retaliation cases that have resulted in formal OCR letters of findings have generally had outcomes adverse to the complainant-educators based on the same sort of multistep test, with the most difficult hurdle being proof of the causal connection. Indeed, the Seventh Circuit's *Kuehn* opinion mentioned, as an aside, the Mr. K had pursued this avenue but OCR "was unable to substantiate [his] claim of retaliation" (p. 548).

CONCLUSION

As with past cases in this column, we have a both a core commonality and a healthy diversity of opinions among the school psychology role representatives and between them and the courts. The core commonality usually represents a majority view in terms of applying societal standards to cases that are sufficiently serious to end up in court. The healthy diversity reveals that such cases do not lead to one absolutely correct resolution. The law is often not crystal clear; otherwise, the case would likely have been resolved short of a published court decision. Moreover, both judges and professionals are not robots; their job is to exercise judgment that inevitably includes their own individual "nature and nurture." Another major source of diverse opinions is the extent of information on which to base an opinion (here only a summary, and in court, especially on a pretrial motion, dependent in part on the skill and savvy of the attorneys and in another part on the confines of the applicable procedures, such as the complaints, answers, and briefs).

For this particular case, the three school psychology representatives and both the trial and appellate courts agreed that Mr. K's constitutional claim in terms of procedural due process was doomed for defeat. The professional perspective added that the procedures for the evaluation and for the termination were less than optimal. However, as a legal matter, making a federal case under the Constitution was not the right resort; perhaps, depending on the scope and strength of school board policy and/or state law, either state court or labor arbitration may have led to a different result.

For the First Amendment claim, the answers reveal that the Step I issue of whether Mr. K's expression was pursuant to his employment duties was the sticking point that led to diverse opinions. The nuanced differentiation between his communications with the state official and those with the local officials was the "Y" in the road that contributed to different judgments.

The ethical question was, once again, of particular significance. The school psychology representatives provided strict scrutiny of Mr. K's actions in relation to various applicable standards, whereas this aspect is conspicuously absent in the court's First Amendment analysis. This severe discrepancy does not make the professionals wrong; they are appropriately applying a more nuanced set of standards, in effect a higher law. The key is not to fuse or confuse legal requirements with professional recommendations.

For the remaining questions, the answers reveal that the representatives of the profession are not as familiar with the antiretaliation protections under Section 504 and the ADA and the corresponding protections of state whistleblower laws, but that these alternate sources present similar multistep decisional analyses that are daunting, although not insuperable, hurdles for employees who choose to advocate on behalf of individuals with disabilities.

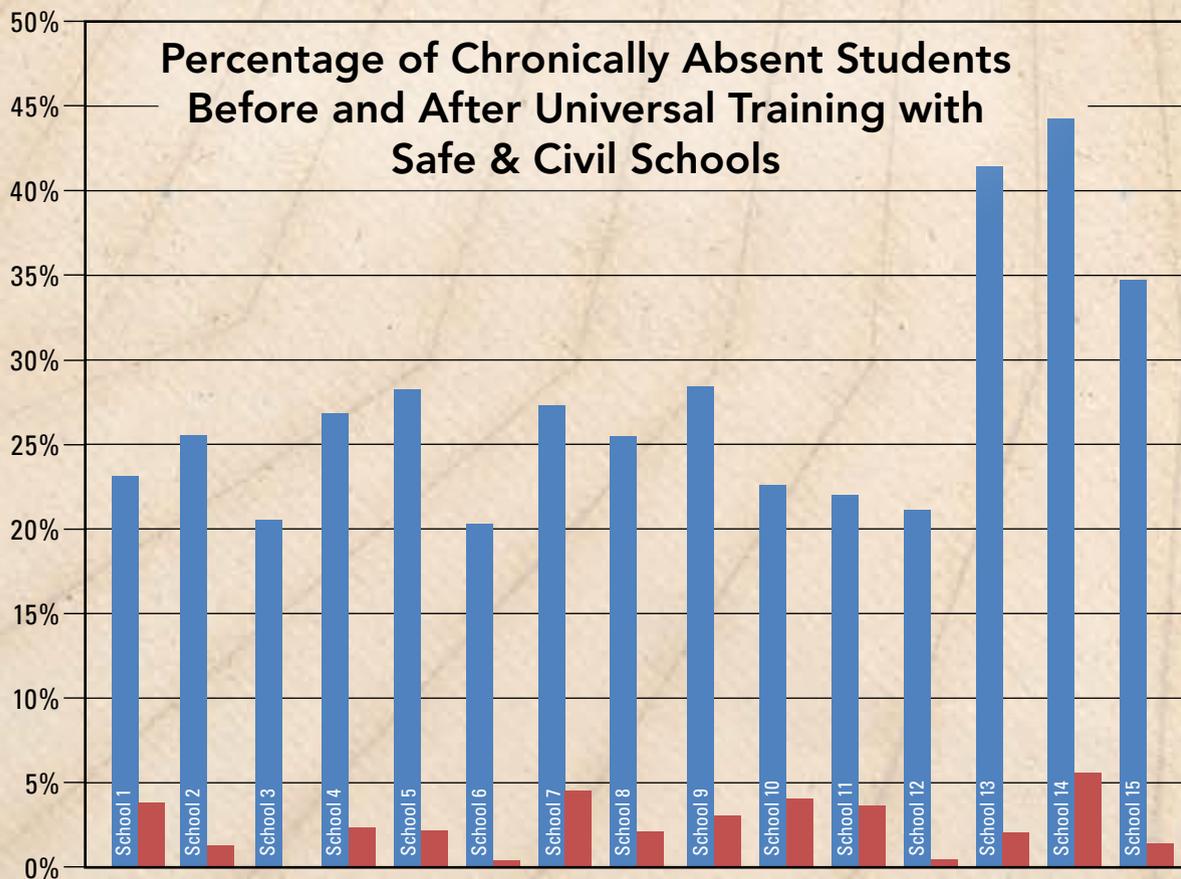
Finally, our three representatives added sanguine suggestions for how Mr. K could have differently delivered advocacy so as to increase the likelihood of efficacy while minimizing the risk of termination and litigation. Professor Brown, for example, observed that if he had closely examined and followed the guidance of NASP's ethical standards for advocacy, his odds of helping the students and not harming himself would have been significantly higher. Similarly, experienced school psychologist Lay suggests that the problem was not with the what, or content, of Mr. K's concern but the how; "poor communications" in terms of professional relations compounded rather than resolved the perceived problem. Finally, doctoral student Laracy offers this diagnosis: "Squandering this social capital with sloppy work or contentious interpersonal interactions makes conflict more likely when fulfilling our ethical duties to advocate for our students." ■

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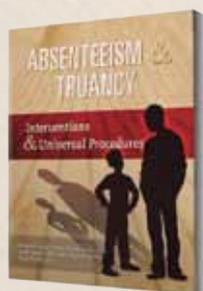
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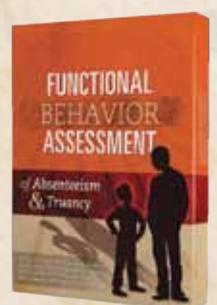
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COMMUNICATION MATTERS

A Place at the Table With the Threat Management and Crisis Response Teams

BY VERONICA HESLIP

Since 2013, there have been 143 school shootings across the United States. In 2015 alone, there have been 45 in America while fewer than half that number in Canada. The violence must be addressed, as it is paramount to maintaining schools as places of safety for learning. The Santa Ana Unified School District (SAUSD) in southern California has 56,000 students in kindergarten through 12th grade in 36 elementary, 9 intermediate, and 7 high schools employing 4,665 personnel. It has its own police department, which operates 24 hours a day, 7 days a week, and is responsive to and collaborative with team members in the district's offices and with site-based school psychologists, administrators, and teachers who play a key role in crisis management. In the month of September 2015, the SAUSD staff of 25 officers and seven dispatchers responded to 1,903 calls for assistance. Responses included not only investigating incidents, patrol, and crime prevention, but also providing suicide risk assessments, threat management, and crisis response for students. With such a large number of responses needed, the SAUSD police department had long recognized the need for a multidisciplinary approach to school safety within the SAUSD and started collaborating with the district's risk management, pupil support services, and special education departments. Together, these departments set about creating a plan to collaboratively address issues involving crisis response and threat assessment. School psychologists are an integral part of this plan.

CREATION OF THE THREAT AND RISK ASSESSMENT TEAMS

The threat management advisory team, assembled from many disciplines, incorporated representatives from several departments and utilized each to their greatest strengths:

- The risk management department could assist with the legal parameters and human resources.
- The police department could maintain the law.
- The pupil support department could identify appropriate programs for each student.
- The school psychologist could ease trauma and provide psychological care, if needed.

SAUSD also received a grant from the University of Southern California's Institute for Creative Technologies, allowing for a partnership to create online training modules for the district in mental health for threat assessment responses on a larger scale. The cutting edge technology had an added element of an interactive avatar whose voice was dubbed by a SAUSD high school student based on previous real threat assessment scenarios.

As the lead school psychologist with training, education, and background in crisis response and threat assessment, I was invited to join the threat management advisory team in 2012. The training for school psychologists in conducting multidisciplinary assessments, progress monitoring, providing academic recommendations, and assisting with academic interventions was already well known. Threat assessment, however, was not thought of as an area of expertise for school psychologists, but it quickly became apparent that our training made us excellent partners in assisting responders in identifying interventions to swiftly meet the needs of SAUSD students.

HOW WE ARE EXPANDING THE ROLE OF SCHOOL PSYCHOLOGISTS

The traditional role of a school psychologist in SAUSD was that of consulting with parents and teachers, offering educational resources, collaborating with general education teachers to recommend appropriate academic interventions, and assessing children for special education services. Over the past 15 years, the role of school psychologists in the district has expanded to include participating on school-based positive behavioral intervention teams, providing students with short-term counseling, collaborating with outside agencies, providing parenting classes, and leading site-based crisis response and threat assessments. The role continues to change and as we advocated for an expanded role and participated on each school's crisis response and threat assessment teams, it has become even more apparent that our training and functioning crosses many areas such as counseling, assessment, and meeting the needs of students in a wide array of interventions for social-emotional functioning. As the first school psychologist to join a district-level team with the SAUSD police, risk management, and pupil support services departments, it was imperative that I enable the team to recognize and use the specialized skill set of school psychologists in mental health, behavioral interventions, data collection, assessment, collaboration, and consultation to meet the needs of the threat assessment team.

HOW WE OVERCAME OUR BIGGEST CHALLENGES

The *NASP Model for Comprehensive and Integrated School Psychological Services* (NASP Practice Model; NASP, 2010) advocates for the expanded role of school psychologists with the goal of increasing positive outcomes for students academically, socially, and

emotionally. Reframing the perception of school psychology's role was slow and difficult, but with persistence—15 years—we are now seen as having value not only for testing but also as mental health providers with a wide array of skills and as vital resources to the school system.

As our roles have expanded, we are included in multitiered systems of support, positive behavior supports, and crisis prevention and intervention. In our district, no other staff member has the same level of education and expertise to address threat assessment, crisis prevention, and interventions as the school psychologist.

Another challenge we faced was assisting our SAUSD school psychologists with reframing their own paradigms of what their jobs should be, getting outside the box of testing, and truly accessing their training. However, as each possible scenario and incident was identified, our collaborative groups' self-esteem continued to rise and a significant shift occurred both in our own self-image and in how our coworkers viewed us. We became dynamic mental health providers who were, and are now, vital resources to our schools' and district's threat assessment and crisis response teams.

HOW SCHOOL PSYCHOLOGISTS WERE BROUGHT INTO THE PROCESS AND TRAINED

SAUSD is a large urban school district employing 50 school psychologists. District administration, with input from school psychologists, recognized the need for additional professional development and opportunities for specialized training so that school psychologists could be key members of each school's threat assessment teams. The training process for school psychologists has been systematic and well defined. Initially, a needs assessment was conducted to identify the areas of strength and weakness for the group. Based on the data, a training schedule was created to ensure that the most training and professional development opportunities would be made available in the areas of greatest need. Over the course of three years, the school psychologists have received more than 60 hours of training on threat assessment and crisis response. Psychologists interested in advanced skill development have been given trainings via specialized conferences and cross trainings in collaboration with surrounding districts, and a few have joined the Association of Threat Management Professionals.

HOW WE ARE MEASURING SUCCESS

Our collaborative success has been measured by the many lives we have saved from acts of violence and gang involvement, by our interventions for attempted suicides, and by the response of families of students we have helped stabilize. SAUSD school psychologists have become lifelines to many students who would otherwise be in silent distress, due either to fear of retribution from their peers or the social stigma that is often associated with mental health issues in our community. School psychologists have also become invaluable resources to parents who, although having best intentions to assist their children, lack the knowledge, resources, and tools necessary to truly help them.

School psychologists use their training to help families understand the specific needs of each child. Although language is often a barrier in our district, they make every effort to communicate with our parents. Many parents have benefitted from parenting classes offered at schools, outside referrals to community resources, help in engaging with school staff, and collaboration to meet each student's particular needs. The school psychologist's role as a collaborative team member has never been more clearly evident than when they are actively working on a threat assessment case.

The success of our expanded role, and of each school's threat assessment team, is measured through data collection, progress monitoring, and staff feedback. School psychologists at each site keep data and track each threat assessment incident. The data are individually analyzed as they relate to each particular incident. They are also gathered collectively and presented to the threat management advisory team and reviewed monthly to look for trends, discuss ways to improve school psychologists' responses, and determine if there is a need to increase the level of services provided. The data collected are available at each school for review by staff members. The data are also collected by the pupil support services department to monitor the student as he or she continues through SAUSD's educational system.

THE NASP PRACTICE MODEL AND CHANGE

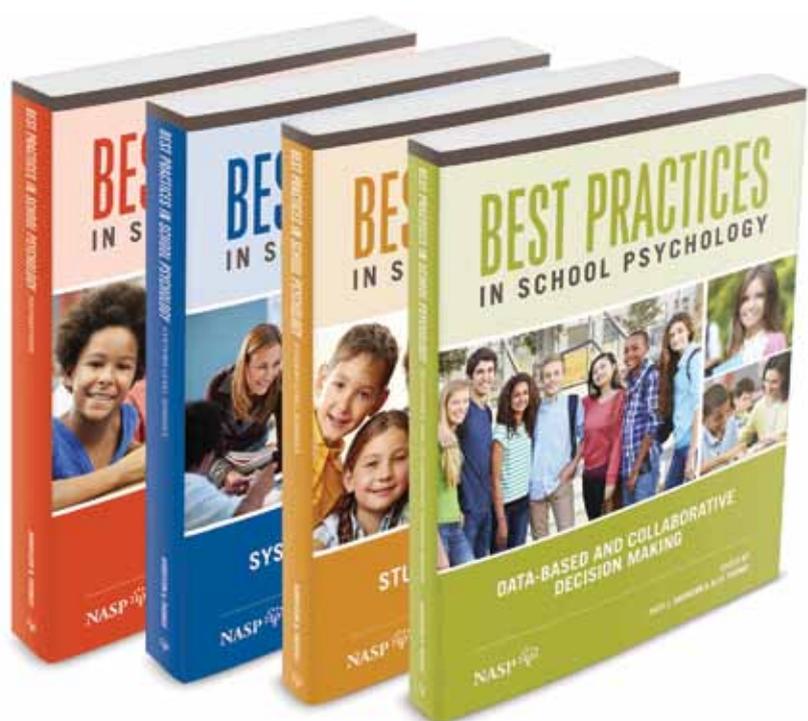
The NASP Practice Model outlines clearly the many aspects of the training and significant roles that school psychologists hold in the educational system. Over the past 15 years, through advocacy and communication with district leaders, school psychologists in SAUSD have expanded their roles to reflect the NASP model. In addition to the traditional and important roles in assessment, academic recommendations, consultation, behavioral interventions, and mental health services, we now are involved in multitiered supports, positive behavioral interventions, and school-based threat assessment teams, which allows us to use our skills in crisis intervention and data management. To achieve this, we used self-advocacy to show our value by demonstrating a mastery of skills that were previously underrepresented. It is now clear that a school psychologist is a valuable team member whose specialized skills are needed in all aspects of the educational system. ■

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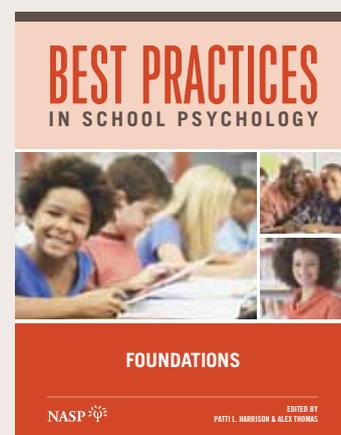
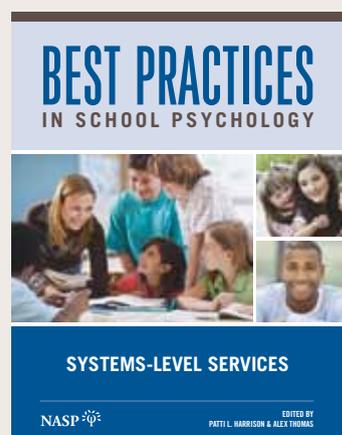
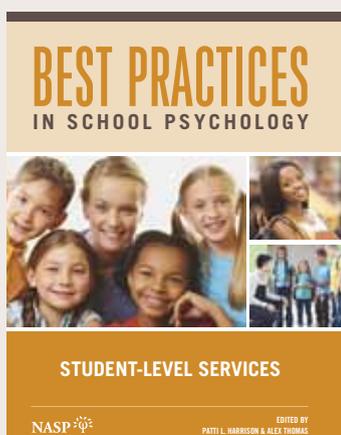
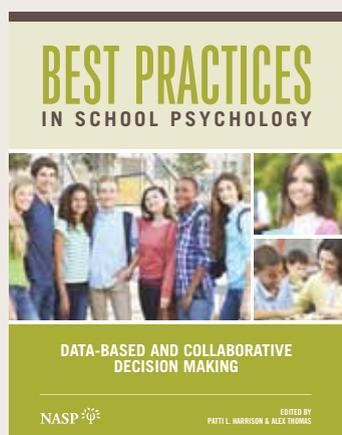
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Transforming Your Role

[CONTINUED FROM PAGE 1]

vices with the NASP Practice Model (NASP, 2010).

Public policy may seem somewhat removed from the day-to-day work of school psychologists. However, such policies have a significant impact on our daily practices and the services available to children and youth. Public policy is formed largely based upon the opinions that everyday Americans share with each other and their elected representatives. It is important that school psychologists: (a) remain informed about relevant public policy, (b) establish a cohesive and unified understanding of relevant policies and their potential impact, and (c) advocate effectively for the best interests of children. Without consistent and ongoing advocacy by our profession, we run the risk of having others advocate for policies that conflict with our vision, mission, and priorities.

Recently, NASP's leadership developed and approved several documents and resources that support foundational policy and practice areas critical to the future of school psychology: effective education systems, comprehensive school mental and behavioral health services, and the comprehensive role of school psychologists. This article will review critical aspects of these documents and offer several simple and effective strategies to embrace in professional practice and personal advocacy.

NASP RECOMMENDATIONS FOR EFFECTIVE EDUCATION SYSTEMS AND PRACTICES: READY TO LEARN, EMPOWERED TO TEACH

At the September Leadership Assembly, NASP leaders endorsed an updated version of the association's primary education public policy document, *Ready to Learn, Empowered to Teach: Guiding Principles for Effective Schools and Successful Students* (NASP, 2015a). This document, first crafted in 2008, articulates NASP priorities regarding policies to improve student outcomes by reducing barriers to learning across general and special education settings. The executive summary of *Ready to Learn* is printed as a handout in this edition of *Communiqué* (p. 25).

Ready to Learn, Empowered to Teach lays out six principles that are foundational to the creation of effective school systems and directs policy makers toward the adoption of specific recommendations necessary for the creation and long-term sustainability of effective schools. The following core principles need to be part of the ongoing dialogue that school psychologists have with the teachers, principals, superintendents, and the families that they serve.

Combine high expectations with high-quality instruction for all students, across rigorous and comprehensive curricula. A comprehensive curriculum that is developmentally appropriate and inclusive of both academic and social-emotional learning instruction is provided to all students. Comprehensive learning supports and the personnel that provide those supports are accessible and sufficient to meet individual student needs.

Create positive school climates to ensure safe and supportive learning environments for all students. Dedicate resources to help implement evidence-based, school-wide policies and practices that ensure safe and supportive learning environments for all members of the educational community. Employ school policies that promote positive behavior, responsive classrooms, effective discipline, and meaningful student engagement.

Provide access to comprehensive school-based mental and behavioral health services by ensuring adequate staffing levels of school-employed mental health professionals. Encourage school districts to create systems that address academic and mental and behavioral health supports within a multitiered system of supports (MTSS) framework that is supported by a collaborative partnership of school-employed and community-employed professionals. Ensure sufficient access to qualified school-employed mental health professionals who can provide a comprehensive range of services within the school context, ranging from systems-level prevention to direct individual-level services.

Increase family and community engagement to support student success. Foster relationships and encourage engagement among students, teachers, staff, and families to promote healthy development and address student needs.

Create systems that support the recruitment and retention of properly trained and prepared professionals. Dedicate resources and promote policies and practices that ensure access to a sufficient pool of highly qualified graduate educators and practitioners who are supported by appropriate professional development, instruction, supervision, and mentoring.

Create accountability systems that reflect a comprehensive picture of all students' and schools' performance, inform instruction, and guide school improvement efforts. Broaden accountability measures and data collection systems to include meaningful data sources that appropriately measure student achievement, health and wellness, and positive school environments. Use data to make decisions about program and instructional effectiveness and to inform future practices and school improvement reforms.

NASP RECOMMENDATIONS FOR COMPREHENSIVE SCHOOL MENTAL AND BEHAVIORAL HEALTH SERVICES

NASP believes that comprehensive school-based mental and behavioral health services are a critical component of effective schools and are most effective when embedded

within an MTSS framework. School-employed mental health professionals are uniquely qualified for work in schools and understand the culture, laws, and strategies that are critical to effective MTSS service delivery. Therefore, access to adequate staffing of school-employed mental health professionals is essential to the quality and effectiveness of these services.

Over the last two decades, Congress has authorized and approved appropriations for various federal programs highlighting the importance of school-based mental health services in overall student learning and development. School psychologists are recognized as "school-based mental health service providers" in the *No Child Left Behind Act* (NCLB, 2002). Additionally, school psychologists who are "licensed or certified at the doctoral and/or specialist level" are recognized as "qualified health professionals" of child and adolescent mental and behavioral health services (42 U.S.C. § 18001 et seq.) and "mental health service professionals" in the Patient Protection and Affordable Care Act of 2010 (ACA). The clear delineation of school psychologists as mental and behavioral health providers has paved the way in many states for schools to be able to bill for services provided to Medicaid eligible students and for those students to have greater access to mental health services including counseling, behavioral intervention planning, family supports, and treatment planning for students transitioning from residential settings to school. However, even with these explicit references to school psychologists as mental health providers in federal law, many school psychologists around the country continue to lack recognition in their local districts and states as mental health service providers.

As a result, NASP leaders and staff created three documents designed to support advocacy efforts around comprehensive school mental and behavioral health services. The first of these was a white paper entitled *School Psychologists: Qualified Health Professionals Providing Child and Adolescent Mental and Behavioral Health Services* (NASP, 2015b). The white paper articulates NASP's position that school psychologists who meet NASP standards for graduate preparation and credentialing, or who have received appropriate continuing professional development, are qualified providers of child and adolescent mental and behavioral health services. Furthermore, school psychologists should be involved in the development, delivery, and evaluation of school-based mental and behavioral health services.

The NASP Leadership Assembly also adopted the position paper *Mental and Behavioral Health Services for Children and Adolescents* (NASP, 2015c) and the resolution titled, *School Psychologists as Qualified Providers of Mental and Behavioral Health Services* (NASP, 2015d). Both of these documents affirm the critical need for school mental and behavioral health services delivered within a multitiered system of supports and reinforce NASP's commitment to supporting school psychologists' role in the design, implementation, and evaluation of mental and behavioral health services in schools.

NASP RECOMMENDATIONS FOR EMBRACING THE COMPREHENSIVE ROLE OF THE SCHOOL PSYCHOLOGIST: THE NASP PRACTICE MODEL IMPLEMENTATION GUIDE

In 2010, NASP released the *Model for Comprehensive and Integrated School Psychological Services* (NASP, 2010), also known as the NASP Practice Model. Since the model's release, NASP leaders and staff have concentrated on educating school psychologists and external stakeholders on the components and benefits of the model and advocating for policies that promote and support the delivery of comprehensive school psychological services. Recently, NASP released the *NASP Practice Model Implementation Guide* (Skalski et al., 2015) to help members apply the model in their setting and throughout their daily work. The *NASP Practice Model Implementation Guide* is an online resource that guides the practitioner and school leader in the steps to implementation. The guidebook contains key messages, resources, and tools related to service delivery; effective supervision, mentoring, and professional development; the evaluation of school psychologists and school psychological services programs; and ways to advocate for increased services and an expanded role with various stakeholders.

STRATEGIES FOR UTILIZING NASP POLICIES AND RESOURCES TO TRANSFORM YOUR ROLE

School psychologists who are working to transform their roles will find their efforts supported by the documents described in this article and many others on the NASP website. Below are several global strategies accompanied by specific activities for using these advocacy documents to transform your role and how your school system views and values school psychologists.

Start a dialogue with influential decision makers about the importance of school mental health services and the unique qualifications of school psychologists to deliver these services. This can be accomplished by sharing information with your colleagues at team meetings, hosting brown bag luncheons or roundtable discussions, or sharing information with your district- or building-level supervisor and brainstorming ideas for policy and practice improvement.

Write articles highlighting NASP policy recommendations in district, school, or other relevant communications. This can be accomplished by submitting articles to monthly newsletters, the school website, state association newsletters, outlets for related service providers, or social media. Offer your contact information and provide an opportunity for feedback from those reading your work. Start a blog about school mental health services on your school district's website that communicates the needs

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of the district related to mental health services and features the stories provided by responsive school psychologists.

Make presentations to teachers, school principals, and parent groups on inservice days or as special events. Consider inviting other colleagues to present with you on issues important to your school district and community. Coordinate your efforts with your district's staff development office so that presentations can be made available to a broader audience. Organize a panel discussion allowing your colleagues who are offering comprehensive services to discuss their work and the impact on student outcomes.

Find outlets to share the impact of school psychological services. Set up an exhibit booth display in a high traffic area of the school district's central administration building or your school building featuring the work of school psychologists in each of the 10 domains of the NASP Practice Model. Include evidence of improved student outcomes for each of the areas. Host a gallery walk for parents during Back to School Night where school mental health professionals feature some of the interventions and learning supports offered in school. Provide the district accountability team an annual report of your impact as a case study that potentially could be spotlighted in the district's annual report.

Sponsor a social media campaign. Use Facebook, Twitter, and Instagram to feature special events, outstanding accomplishments, newsletter articles, opportunities for dialogue, and personal or school celebrations. For example, school psychologists in a district could organize a virtual advocacy event that pushes out key messages important school mental health.

Host informal networking activities to build relationships with external stakeholders. Organize periodic networking activities that bring school psychologists together with targeted stakeholder groups (like principals, teachers, and parents) to begin building relationships and providing opportunities for informal discussions around the need for school mental health services or specific mental health issues. Hosting a "Friday Afternoon Club" event or "Breakfast With the School Psychologist" are examples of informal networking activities.

Organize a letter writing campaign. Sending personal letters (by U.S. mail or e-mail) to influential decision makers (e.g., school board members, parent-teacher association representatives, union leaders) requesting support and sharing the key information related to school mental health services can be a great way to get your message out to targeted stakeholders. Target audiences might be school board members, state department of education officials, or legislators. You can also use NASP's Advocacy Action Center (<http://www.cqrcengage.com/naspweb/home>) to send letters to national-level policy makers in the U.S. Department of Education and Congress.

Recognize your champions. As you build relationships with external stakeholders and experience times of clear support from these people, take the time to thank them and recognize them publicly for their efforts by nominating them for a NASP Outstanding Advocacy or Special Friend of Children award. If you prefer a less formal recognition that is immediately available, utilize the *Possibilities in Action Partner Award* found in the School Psychology Awareness Week materials. Organize an appreciation event like an afterschool ice cream social for teachers to recognize their good work.

By using these documents as tools for advocacy, you will create opportunities for school psychologists to be recognized in a new light. The first step in transforming your role is helping others understand why it is necessary and how the transformation will help you become a more valuable asset to the students, teachers, and school community.

A VITAL ROLE AND INVESTMENT

Local and state governments must be empowered to construct educational systems that prepare all students for college or a career while also meeting the unique needs of their schools and districts. However, at its core, education is a civil right, and the federal government can, and should, play a critical role in shaping the national education landscape. Indeed, providing a high-quality public education system is one of America's greatest responsibilities and wisest investments in the nation's future. NASP believes that education policies that address the whole child and are grounded in evidence-based practices will empower teachers to teach and ensure that every child is ready and able to learn. ■

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Indigenous Youth

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NA cultures, artistic or visual modalities of expression often symbolically capture this world view, or process of viewing the world. For example, the mandala symbolizes relationships between science, art, philosophy, psychology, creativity, healing, spirituality, and myth (Cajete, 1999). The traditional Diné wedding basket represents life and overcoming hardships; the creation stories are captured in the coils representing emergence of the people, and woven geometric shapes represent the sacred mountains. Relationships across time connecting ancestors with future generations are acknowledged. Traditions carry great significance, and meaning is found in family and community bonds. The Indigenous world view builds a sense of belonging while valuing independence as an individual.

The framework is depicted by a graphic that reflects a conceptualization of the world view of Indigenous communities and the interconnectedness of life. The use of symbolism and color are widespread and can take on meanings that differ from community to community. Circular representations of connectedness and of multiple directions are common across almost all communities. Directions may represent cardinal directions, but go beyond this to hold specific multiple meanings, from directions of the solstice, to stages of life such as birth, adolescence, adulthood, and elderly wisdom. They may hold multiple concurrent meanings and be applied to decision making, the development of resilience, or natural processes. Colors also become significant in multiple ways; for instance, yellow might represent dawn, beginnings, or young children, and would be used in conjunction with a specific direction.

Native American students' world views support their sense of belonging. When their "reality" is confronted with a world view that differs, they may struggle to belong, and respond to the incongruence with behaviors that don't match the setting. Likewise, school psychologists work in educational systems that often reflect a Western world view that is linear and hierarchical. Each school psychologist brings a world view that reflects his or her own background, values, and experiences. It is through this personal lens that the individual begins to attempt to understand the student in the educational setting. Thus, the actions and behaviors of the student may be measured against expectations and requirements outside of their cultural norms as Indigenous youth. Acknowledging and exploring differing world views may lead the school psychologist to provide culturally competent interventions and services for Indigenous youth/children in schools.

CULTURE AND IDENTITY: THE CORE OF THE FRAMEWORK

Culture and identity are foundational to individuals' world view, their way of understanding their experience, their reality. The framework recognizes culture and identity as its core, represented in yellow (the sunrise, the beginning). Culture and identity reflect the context and environment from which one develops values, assumptions about life, behavior, social norms, and belief systems. This core is the basis for what we believe about wellness, healing, ability and disability, the nature of learning, giftedness, and respect. As a school psychologist, our own culture and identity guides, validates, and sustains our direction through life. Similarly, the culture and identity of our students and their communities, which may differ significantly from our own, guide their journeys. Being able to see and respect different cultural identities, along with world views, expands our perspectives and informs our relationships. Without this perspective, we risk becoming trapped in misinterpretation of behaviors from a singular perspective, or expectation that everyone should be like us. As President Obama (2010) quotes Sitting Bull, "For peace, it is not necessary for eagles to be crows."

To begin to become informed about the child, school psychologists can ask the

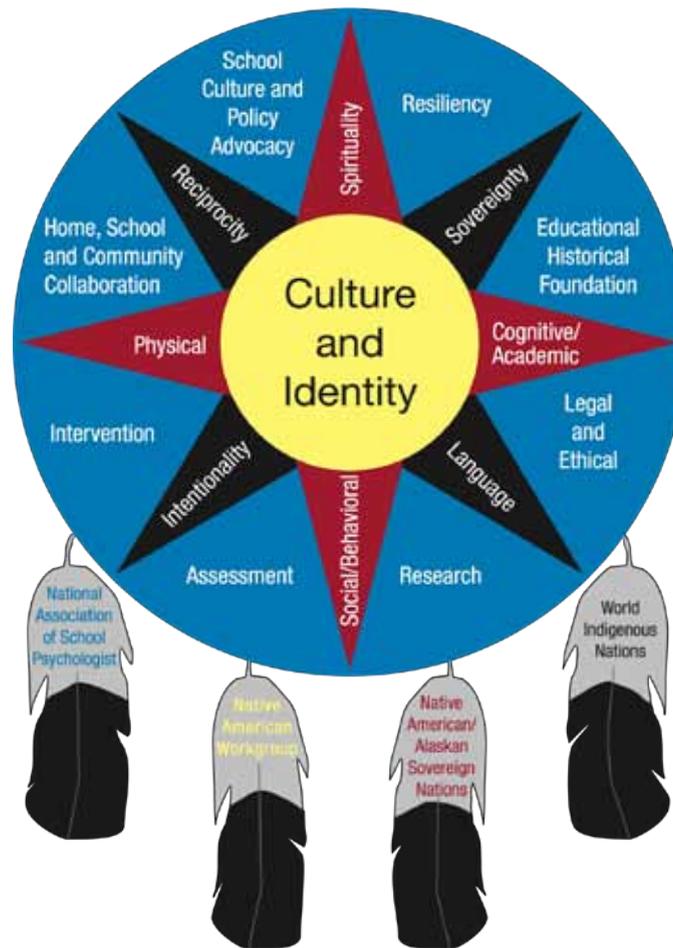
following questions of themselves:

- Who am I to me?
- Who am I to this student that is sitting across the table from me?
- Who am I to the family of this student?
- Who am I to the community in which this person and family live?

How can the school psychologist become informed about the context in which the child's culture and identity was formed? These additional questions can be considered:

- To what extent is the traditional culture practiced and kept alive in the community? How much does that vary, even within the community's membership?
- What are the celebrations of the community and how are they celebrated; are these celebrations evidence of contemporary adaptations of culture?
- How do the people in the community view their own Native American identity?
- What has been the impact of acculturation in the community?

An Indigenous Conceptual Framework Guiding School Psychology Practice With Native American Youth, Families and Communities



UNDERSTANDING VIEWS OF HUMANNESS AND BUILDING RELATIONSHIPS

The eight points of the framework's two center stars exist in dynamic relationship with one another and include key ideas and practices needed to support Indigenous youth, families, and communities. The blue background holds school psychological practices found in the NASP Practice Model (NASP, 2010), with which all other elements of the framework interact. The red star enumerates four aspects of the human being: spiritual, cognitive, physical, and social-behavioral. The black star contains four elements essential to good relationships: intentionality, reciprocity, sovereignty, and language. For each of these areas, we discuss the element of the framework, and then propose questions to guide school psychology practice.

THE RED STAR: FOUR ASPECTS OF THE HUMAN BEING

Spirituality. The uppermost point in the red star represents spirituality, one of the four aspects of being human. In traditional belief systems of many Native Americans, the spiritual aspect of life is integral to all other areas, to identity and culture, to how to live life, and to build relationships. Indigenous spirituality embodies the premise that all persons and all of creation are related and respected. As such, spirituality is integrated into all aspects of life and is not compartmentalized. Today there is great diversity in the spiritual practices of Indigenous people. Traditional practices and ceremonies are specific to tribes, and families may follow traditional ways of their tribe or a combination of traditional ways and of religious beliefs.

There is not a parallel to traditional Native American spirituality in most Western cultures, as spirituality is not the same as religion. Spirituality and traditional beliefs and practices are the cornerstone of wellness in Indigenous communities. The school psychologist does not need to know and understand specific beliefs and ceremonies to be respectful, but simply to accept their place in the culture and meaning to the child. When we acknowledge the child's spirituality, culture, and identity, we acknowledge a major resilience factor for the Indigenous child. What questions might the school psychologist consider about spirituality?

- Do I acknowledge and accept the student's and family's expression of spirituality as part of their lives?
- What impact does this acceptance seem to have in this relationship with the student and family?

Note that direct questions about a family's spirituality are not appropriate; however, family members or students may raise these issues in response to generic questions about their family life and experiences.

Cognitive and academic. When children grow up with their culture meaningfully transmitted to them across generations, they learn cognitive skills embedded within culturally based activities (Robinson-Zañartu, Doerr, & Portman, 2015). Those cognitive skills become building blocks of learning. For instance, the young child in charge of herding sheep must learn and use the skills of planning, spatial and temporal orientation, problem solving, and responsibility. The child who learns powwow dancing will also learn to use modeling from older people; to be precise and accurate; to use temporal and spatial orientation and sequencing; and to attach meaning to each part of

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an activity. Traditionally, Native cultures value and exhibit strength in oral, kinesthetic, and visual modalities (Klug & Whitfield, 2003). Building on these assets supports the success of the children in school. For instance, in a storytelling culture, children learn to visualize and remember; these are skills critical to reading.

If those skills are recognized rather than disregarded or dismissed, the child can transfer the skills such as planning, modeling, problem solving, spatial and temporal orientation, sequencing, and use of precision and accuracy to the academic tasks presented in schools. What questions inform us?

- What experiences does the child bring to school from their home and culturally based experiences that demand problem solving and other cognitive skills?
- Do I recognize the cognitive skills the student expresses outside of the context of a testing repertoire that I may administer?
- Can I accept this culturally embedded knowledge as a facet of the student's cognitive skills?
- How will I assess the academic skills of the student to best represent their mastery and growth?

Social-behavioral. The student may come to school well equipped with social norms, behaviors, and coping skills appropriate within their culture and community. The social and behavioral skills expected in classrooms may present a daunting challenge to the child when they are unfamiliar and in some cases may contradict the customs and norms of the home. Although we caution against romanticizing traditional cultures, recognizing that some social and behavioral skills may reflect traditional cultural practices and expectations would be appropriate. Robinson-Zañartu (2006, pp. 376–377) shares several examples:

Many Native American children are expected to engage in meaning-centered tasks at home under adult supervision, and never display knowledge before the child determines it is ready for display (Deyhle, 1987). Yet, in most public school classrooms, Native American children are expected to work out of cultural context, and to display their work while it is in progress. Traditionally, sharing and generosity are expected, competition is discouraged, and the Native American student would not compete if it would shame another person. Non-Indians may misinterpret helping each other or not competing as being poorly motivated or lazy. Traditionally, respect for elders and teachers is shown by humble acceptance, e.g., not looking directly at the person and not questioning. The Native American child demonstrating such respect for a teacher may be described as withdrawn, shy, or having low self-esteem (Yates, 1987).

Thus, beginning with the hypothesis of cultural mismatch, rather than misinterpreting behaviors through the lens of the mainstream culture, can avoid the pitfalls of misdiagnoses. The following questions may be instructive:

- If the student is referred because they are exhibiting behaviors that are of concern to the school, how can I determine what is culturally appropriate and what is unacceptable in both the mainstream setting and this Native American community?
- Are the behaviors of concern exhibited by the person based on my own values?

Extreme behaviors should be considered in light of disruption of the culture. When the culture has been disrupted to the extent that norms, values, and behaviors consistent with that culture are no longer being taught, disruptive or chaotic behaviors frequently result. The student can misconstrue these behaviors as cultural practices (Brendtro, Brokenleg, & Bockern, 2002). The chaotic behavior (e.g., violence, alcoholism) becomes a norm. The sense of meaning, belonging, and identity are lost.

Through strengthening culture and identity, students begin to build resiliency skills to support adaptability in behaviors, and if need be, change. A child's reciprocal and respectful relationships with elders can be used to bridge those kinds of relationships in schools. Knowledge of behaviors specific to tribes and communities is important. Consider these questions:

- To what can I attribute behaviors of concern; what might be the cause?
- What do I understand about the history of cultural disruption in the community?
- If the cause might be the effects of cultural disruption (or intergenerational trauma), what might I do to assist this recognition for the family, school, and community?
- What resources should I pursue to strengthen the resilience of the person?

Physical. The final point on the red star represents the physical aspect of the human being. Demonstration of physical development and wellness is evident in the vision quest, the sun dance, the powwow, and lacrosse. Some Diné people practice running in the morning toward the sun, which incorporates the spiritual aspect as well as physicality. Pride in physical appearance is reflected in regalia and in t-shirts that honor the culture. Long hair is highly significant as a cultural identifier, and serves as a symbol of pride or personal strength. In some tribes/nations, people only cut their hair when they grieve. Visual representations of Native people and culture in schools are very important to students. Artwork, murals, and models of current successful Native peoples are powerful and validating. Some communities are revitalizing traditional native diet, consuming fish,

squashes, berries, and foods indigenous to their own tribal areas. Contemporary Native diet serves as a source of comfort, as it does in any community, and represents a connection with the land and home. Sharing food is common in connection with ceremony and traditional gatherings; to express respect for this tradition, the school psychologist might provide food during meetings; this sharing is respectful as well as social.

Issues of physical health and well-being are related to and influenced by all areas of the framework. When culture and identity have been disrupted, physical health has been affected. Because identity is dismissed, the emotions that accompany self-destructive behaviors flourish, and youth and communities face far too many issues involving drugs, alcohol, diabetes, unhealthy eating habits, risky behaviors, and self-injurious behaviors including suicide. What was once a survival modality, such as eating commodity foods and lard, led to what is sometimes mistakenly considered cultural. However, when the physical aspects of life are in balance, community members and youth care for themselves and the land; they fish, weave, herd sheep, hunt, engage with traditional games, and garden. Cajete (2005) relates Native games to “communal perceptions of health and wholeness,” (p. 25) just as the Menominees played lacrosse in unification with ceremonial cycles. Engaging with traditional games also solidified their identity and relationships with each other. Consider the following questions:

- How do the student and family present themselves relative to their physical well-being?
- What part does wellness and physical health seem to play in their lives?
- What wellness programs exist in the community to support the student?
- Does the school environment include visual representations of Native culture and people?
- How do cultural reflections in hair and appearance influence my perceptions of the student?
- Because there are significant health problems in most Native American communities, what might I think about relative to this student?
- Is there a strong connection between Native games and other spiritual, social, and cognitive aspects of daily life?

THE BLACK STAR: CONCEPTS CENTRAL TO BUILDING HEALTHY RELATIONSHIPS

Intentionality. The school psychologist comes to the relationship with the youth, their families, and communities with the intention of full respect for who they are and for their potential. We intend to support their development and their resilience, which grows out of identity and culture. Thus, we hold the intention to recognize their cultures, whether or not they appear to be visible, or whether or not they are located on their ancestral homelands or reservations. We intend not to impose other cultural values, beliefs, and world view upon indigenous youth and communities, but to help them navigate across cultures. Questions the school psychologist might ask to further explore intentionality:

- What do I bring to this relationship?
- What do I expect from this relationship?
- What will result from this relationship?
- What can I do to facilitate my own recognition of the culture and identity presented by this person and family?
- What does the community expect of my psychological services?
- What are my goals as a psychologist as I enter this Native American community?

Sovereignty. Tribal sovereignty refers to “tribes’ right to govern themselves, define their own membership, manage tribal property, and regulate tribal business and domestic relations; it further recognizes the existence of a government-to-government relationship between such tribes and the federal government” (The Leadership Conference, 2015).

Typically, Native peoples consider sovereignty to be tied to their identity and culture. Over the years, the federal government has physically forced or mandated removal from traditional lands (e.g., Indian Removal Act of 1830; Indian Relocation Act, 1956). Traditionally, identity was tied to physical location, land, or place (Deloria & Wildcat, 2001). The idea of sovereignty helps maintain identity in the face of this dislocation.

Whether living on or off the reservation, certain unique cultural practices (e.g., long hair; time needed to attend ceremonies) contribute to a sense of belonging and identity that the person may consider to be part of their sovereignty. As members of a sovereign nation with a unique relationship to the federal government, Indian people reciprocate by their commitment and allegiance to preserve their culture, languages, and traditional methods of education. Being a member of a sovereign nation provides both meaning and belonging.

Although legally, sovereignty relates to government-to-government relationships, it is often thought of in relation to other legal mandates such as the Indian Child Welfare Act (ICWA) or the American Indian Religious Freedom Act. It is that latter act which has been invoked to support male students’ right to wear their hair long in schools. Surprisingly, over the years, several schools have disallowed this practice. However, in a 2010 court decision in Texas, a U.S. Court of Appeals determined that the school’s policy regarding hair length for male students was a violation of the religious freedom rights of a Lipan Apache boy (*Arocha et al. v. Needville Indep. Sch. Dist.*, 2009/2010).

If school psychologists understand and respect sovereignty, then they can appreciate the importance of Indian education and understand it as not only a right, but also

as a responsibility. There may be differences between on- and off-reservation schools, and differences across states; however, the concept and significance are the same. For the child, family, and community, recognizing sovereignty will heighten visibility and respect. Consider the following questions:

- What do I know about the concept of sovereignty?
- Whether I am performing an assessment, parent interview, consultation, or intervention with a youth from a tribal community, how do I understand the importance of the concept of sovereignty to the person sitting across from me?
- What impact does sovereignty have on the Native American child's identity?

Language. When people speak their traditional languages, in addition to the words, the accompanying nonverbal body language and gestures convey deeper cultural meanings within that communication. For this reason, it is said that language is a culture carrier. For example, when Dakota people greet one another in their language they say *Mitakuye Oyasin*, which means, "We are all related," reflecting a core value. In Navajo, the greeting, *Yá áh ééh* conveys a message about wellness—it is good or it is well, and it is usually accompanied by a very gentle handshake, signifying respect. For some, using their Indian name and clans in introductions supports a strong feeling of identity. Because language carries culture, it is seen by many as central to identity.

It has been estimated that over a thousand languages were spoken in the Americas before the arrival of Europeans, with tremendous structural and linguistic differences between them. Following years of attempted cultural genocide and federal assimilation policies, today many languages have become extinct. However, thousands of Indigenous people still speak their native languages, from Alaska to the southern tip of South America. Of the American Indian languages currently active today, eight have significant numbers of speakers: Navajo, Cree, Ojibwa, Cherokee, Dakota, Apache, Blackfoot, and Choctaw (Rehling, 2015). However, many tribes have smaller numbers of ancestral language speakers, and many of these are engaging in language revitalization, involving cross-generational community members.

When tribes face extinction of their languages, many believe that this signals loss of culture and potentially endangers their identities. Many tribes have begun to revitalize their languages. Some provide classes in their tribal language; some have hired linguists to research nearly lost languages. Some tribal programs provide immersion programs for young children, while others teach "culture" in K-12 classrooms that incorporate use of words and phrases of the tribal language. Students regaining their Indigenous languages may know songs, phrases, and prayers or stories in their original languages. Some may be fully bilingual. Recognizing them as dual language learners

(versus English language learners) values their efforts in both languages.

Even when English is the only language spoken in the community, often Native American community members will use a form of English that is heavily influenced in construction or syntax (as long as seven generations) by traditional ancestral language, or by regional language (Leap, 1993). These forms are unique to tribes and hold consistent syntactic elements; in fact, some people engage in *code switching* between this and standard English. Thus, it becomes important to distinguish this form of English from inadequate verbal skills or "bad English." If it is the sole language of the student, consider that learning academic language and depth in standard English might be a target of learning rather than evidence of a disability.

Understanding the issues of language revitalization, loss of language, English as a second or third language, and the language that is used to describe or label children and youth is critical; it reflects cross-cultural understandings. As a school psychologist, consider these questions:

- What exposure does the student have to his or her native language?
- What language differences do the student, family, and community exhibit?
- Is English the first or a second language?
- What language is spoken in the home?
- What percentage of the child's schooling has occurred in the native language?
- Does the student exhibit language concerns that may be attributable to generational English language learning?
- Does the medical history of the student indicate otitis media, a common occurrence among Native children, which can have significant effects on hearing and language acquisition?

Reciprocity. An effective school psychologist working with Indigenous youth, families, and communities builds genuine reciprocity. Developing respectful relationships with youth and communities emerges from respectful intentionality, recognition of sovereignty, and understanding issues of language acquisition. For instance, in the Diné language, the concept of *K'é* speaks to building positive relationships, knowing your role in your community, and how strong reciprocal relationships come out of that respect. In many Indigenous cultures (e.g., Hopi), respect is fundamental, and children are appreciated with respect. Respect is modeled by adults, rather than demanded or expected. It serves as the basis for motivation, attention, and focus. In schools, if teachers can model respect (of students), then reciprocal respect is more likely to emerge.

Reciprocity is also expected in establishing initial relationships, through the sharing of one's own background and story. Unlike in most Western practice, in Indigenous practice, sharing of the psychologist's story is expected in order to gain trust and establish a rationale for the relationship. Consider the following questions:

- Have I shared my own story and identity sufficiently to engage in reciprocity with the student and family?
- Have I developed a respectful relationship with the student, family, and community through my intentionality, recognition of sovereignty, and understanding of the issues presented?
- Do the student, family, and community seem to reciprocate this respect toward me?

SUMMARY

In this article, we have introduced a framework created to help facilitate culturally informed service delivery to Native American children and youth. We have explained concepts represented in the graphic and shared multiple examples. For each area, we have posed questions psychologists can use to further their own level of culturally competent practice. Behind the red and black star you find the domains of practice consistent with the NASP Practice Model. This article is the first in a series of articles that will provide a context in which school psychologists can consider their own answers to posed questions as well as expand on their repertoires of culturally relevant questions. ■

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Enhancing Treatment Integrity

[CONTINUED FROM PAGE 1]

lished research frequently yields inconsistent or contradictory results. Moreover, most intervention evaluation studies that are published have never been replicated. In addition, published studies often demonstrate extraordinarily weak methodology such as lack of random assignment to intervention groups, blind-to-intervention evaluation, no control or comparison groups, and no control for development. Even in the cases where there are enough published studies to create a systematic literature review or meta-analysis, the different studies often use very different methodologies. The frequent argument of comparing apples to oranges in literature syntheses is an academic inconvenience, but for educators and psychologists attempting to implement the most effective and well supported interventions, these differences are central.

There are efforts to consider and evaluate research on EBIs in psychology and education. The What Works Clearinghouse (ies.ed.gov/ncee/wwc/) provides outstanding evaluative literature reviews of specific educational interventions. Literature reviews are available in professional journals that allow for some judgment as to the overall effectiveness of interventions. However, many innovative ideas have yet to be systematically and independently evaluated. It is a fairly common occurrence to see innovative concepts packaged, manualized, heavily marketed, and then sold to school districts prior to any independent evaluation or published research support. Many such programs claim that their interventions are evidence-based. However, the evaluative research was conducted by those with a financial stake in the outcomes, often are published in outlets without stringent peer review, and usually have significant methodological weaknesses. In these cases, an effective marketing program, slick advertisement, and an excellent website can be more influential than an intervention that has undergone a series of well-designed evaluations that have been peer reviewed and published. Identifying exactly which programs can be referred to as evidence-based can prove to be a challenge given the variety of needs and the large number of interventions available.

IMPLEMENTING EVIDENCE-BASED INTERVENTIONS

Implementation has become an exciting and complex area of research in medicine, business, psychology, and education (Glaser & Shaw, 2014; Klein & Sorra, 1996). Even if there is a consensus that a specific intervention is evidence-based, this information only tells professionals what works (Aarons et al., 2014). Such information does not indicate how, when, where, and why to implement the intervention (Shaw, Varona Prevez, & Shah, 2014). The consensus about implementing interventions in school psychology involves the concept of treatment integrity. The goal of treatment integrity is to implement interventions with methodology as close to the original evaluative research as is possible (Hagermoser Sanetti & Kratochwill, 2014). There are well-described methods to monitor and promote fidelity to the implementation methodology and otherwise ensure that interventions are implemented with integrity. And there is a body of research that clearly indicates that EBIs implemented with integrity result in better student outcomes than those same interventions implemented in an inconsistent or chaotic manner (see Forman et al., 2013).

In a school or clinic setting, implementing an intervention with 100% fidelity is nearly impossible. Studies of implementation in classrooms demonstrates that a maximum of 80% of a given lesson plan is implemented, with a more realistic treatment integrity of 60% to 80% (Odom, 2009). There is a wide range of variability in implementation across studies, which suggests that implementation effects thresholds may exist, after which higher levels of implementation may not contribute to greater positive outcomes (Durlak & DuPre, 2008). This would suggest that, on average, 20% to 40% of lesson plans today are not essential to achieving positive outcomes for students (Odom, 2009). Although the concept of treatment integrity is critical, there is room for flexibility and interpretation of the concept.

Despite the clear effectiveness of treatment integrity-based implementation of evidence-based interventions, there are a host of challenges to be addressed.

Response to diversity. With classrooms increasing in ethnic, linguistic, and other aspects of diversity, manualized and static intervention models are unlikely to be sufficiently responsive to such classrooms. Moreover, most educational intervention research is based on relatively homogeneous samples and may not generalize effectively to diverse classrooms. Although some degree of flexibility is considered acceptable in a strict treatment integrity model, diversity is considered a source of implementation error variance that is to be minimized.

Relevance to target population. Generalization of research supporting EBIs is a challenge. The demographic and learning characteristics of research samples are rarely well described. The match between the sample of the study and the target population receiving the intervention is a critical, but challenging, variable to consider in the implementation of EBIs (Hulleman & Corday, 2009).

Resources. EBIs with strong research support may require resources that no classroom teacher could possibly obtain. Frequently, classrooms have one professional with no additional resources available to implement the EBI. Before any EBI is implemented, an analysis of the resources required and available is required. The greater the deviation of the target classroom 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 (Kendall & Beidas, 2007). The most important resources for most teachers implementing these models are time, knowledge, expertise, and personnel support.

This model values the skills and experiences of teachers and empowers teachers to implement individualized interventions based on their knowledge of their own skills, resources, specific needs of the students, cultural sensitivity, and the culture of the community and school in which they teach.

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. The match between EBI and the school culture requires analysis and evaluation of the characteristics of both (Forman, 2015; LaGreca, Silverman, & Lochman, 2009).

Coercive nature of treatment integrity. Despite the reported value of the practice, many teachers perceive the assessment of treatment integrity to be coercive. Teachers have reported feeling “like a student,” “supervised,” and “continuously evaluated” in their classrooms (Boulanger, Shah, Varona Prevez, Bergame, & Shaw, 2014).

Sustainability. Over 60% of teachers involved in a treatment integrity-driven implementation of an EBI report that they

enjoy learning a new skill and believe that the intervention is effectively addressing problems in the classroom. Yet, 82% of teachers stated that they were unlikely to continue the intervention after the project and the monitoring of treatment integrity ends (Boulanger, Varona Prevez, Shah, & Shaw, 2014).

ENHANCING TREATMENT INTEGRITY VIA THE OPEN SOURCE ANALOGY MODEL

The proposed enhancement to treatment integrity that supports the EBI approach is an analogy to open-source software (the open-source analogy model; OSAM). Commercial software is a one-size-fits-all model that works well for many people, but is inflexible and does not meet many individual user needs. An alternative to commercial software development is open-source software, which is computer software that has its source code publically available and allows users the rights to study, change, and distribute the software to anyone for any purpose. Open-source software is often developed in a public, collaborative manner, where customized solutions to diverse problems are crowdsourced. In this fashion, software can be altered to meet the unique needs of a consumer, and innovation becomes more likely when users are free to make changes that are required for their specific needs. The quality of open-source software is hypothesized to be better than commercial software due to the flexibility of application and resulting collective wisdom of large groups. Moreover, open-source software is free and widely shared. Therefore, the purpose of open-source software is to increase the market for a technology by enabling potential consumers or suppliers of that technology to invest in it without having to either pay or fear litigation on trade secret, copyright, patent, or trademark causes of action.

The logic of the OSAM is that users can adapt the practice to the unique needs of clients, students, resources, training, and systemic needs (Shaw, Bergame, Varona Prevez, & Boulanger, 2014). However, like open-source software, open-source intervention practices have a structural kernel that cannot be changed. For software, the kernel is known as the structural operating system. For psychological interventions, the kernel is the theory-driven core of the intervention that cannot be changed or the intervention loses all meaning, coherence, and goals.

Characteristics of the OSAM. The proposed implementation model that is an enhancement to traditional and inflexible treatment integrity models in education is the open-source analogy model (OSAM), which has the following characteristics:

- Materials for all psychological and educational interventions shall be available for free and easily available for use and sharing.
- All psychological and educational interventions shall be grounded in theory.
- All psychological and educational interventions have a kernel, or set of procedures linked to theory that cannot be altered by the user.
- A prototype set of implementation strategies shall be described, just as in implementation of EBIs that use traditional treatment integrity concepts. Users could simply follow the lesson plan without making changes.
- Users are free to alter implementation strategies in order to best meet the needs

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of the clientele, resources, context, and systems. A few examples of modification of established lessons include addition of video to illustrate points, allowing students to create role-play or dramatizations of concepts, altering the length of the lessons, addition of mindfulness techniques, use of applied behavior analysis principles, adding culturally specific examples (i.e., First Nations traditions), repurposing materials available in the classroom to illustrate and teach specific lessons, changing the language of the lesson plans, and changing the lessons from classroom-wide to small-group interventions.

- All deviations from the prototype lesson plan are reported, documented, and catalogued.
- Outcome measures such as maladaptive behaviors, attendance, grades, test scores, academic achievement, and other constructs related to the lesson plan are constant no matter the change in implementation.
- All interventions implemented using the OSAM are dynamic and can be modified based on the crowdsourced ideas that proved to be most effective based on the outcome measures used.

The OSAM predicts that teacher-altered psychological and educational interventions will result in more effective outcomes than the standard implementation model using strict treatment integrity. The rationale is that altered interventions are more likely to be responsive to the diversity of student and teacher needs.

Self-determination theory. The open-source analogy model of implementation is likely to improve implementation quality, frequency, and sustainability by teachers as predicted by self-determination theory (SDT). SDT predicts that when conditions supporting teachers' experiences of autonomy, competence, and relatedness exist, the most volitional and high-quality forms of motivation and engagement for activities, including enhanced performance, persistence, and creativity, are increased (Ryan & Deci, 2000). In addition, SDT proposes that the degree to which any of these three psychological needs is unsupported or thwarted within a social context will have a detrimental impact on wellness in that setting (Reeve, 2002). Therefore, allowing teachers to adapt, apply expertise and experience, and make creative contributions to the project are more likely to result in improved willingness, effectiveness, and implementation of innovative classroom practices (Deci & Ryan, 2012). In addition, the evidence-based interventions are more likely to be sustainable over time (Claro, Boulanger, & Shaw, 2015).

One value of the OSAM is that the quality of the lesson plans is constantly improved.

As teachers make specific alterations that are demonstrated to improve the outcomes of students, effective alterations are then provided to future users of the lesson plans. The OSAM provides a dynamic and consistently improving set of interventions based on a crowdsourced model. This model values the skills and experiences of teachers and empowers teachers to implement individualized interventions based on their knowledge of their own skills, resources, specific needs of the students, cultural sensitivity, and the culture of the community and school in which they teach. There are potential applications of OSAM in areas of supervision, program evaluation, teacher accountability, and training.

CURRENT RESEARCH

Our research lab has a variety of specific lesson plans available online without fees or commitments (www.mcgill.ca/connections/connectionslab/resources). We develop theory-driven lesson plans and validate them in public schools by demonstrating that the lesson plan modules improve academic performance and other constructs of interest (e.g., emotional regulation, resilience, specific social skills, homework skills) over a matched control group. Once validated, the lessons are made publicly available. Then, validated lessons are implemented with various techniques in randomly assigned classrooms including traditional treatment integrity with monitoring, unmonitored implementation, OSAM, and control groups. All forms of implementation are evaluated using the same outcome measures. We also interview teachers to determine their satisfaction with the implementation of the interventions. Special care is taken to ensure that the amount of time invested by each teacher is minimized and acceptable, that teachers feel valued as professional contributors to the intervention, that the resources required are not prohibitive, and that teachers report that the intervention is sustainable after the research team is no longer involved.

The preliminary evidence is consistent. The OSAM consistently results in the best student outcomes and highest level of teacher satisfaction (Shaw, Shah, Boulanger, Varona Prevez, & Clyde, 2015). The traditional treatment integrity model also results in positive outcomes (Shah, Shaw, Boulanger, & Khayutin, 2015). Thus far, there are inconsistent differences between the unmonitored implementation and control groups (Claro et al., 2015). These can only be considered preliminary studies. We also frequently work with teachers who develop innovations that improve upon our original lesson plans. We then return and alter the kernel or other aspects of the lesson plan to include the effective teacher-developed intervention. Unlike manualized interventions that may be copyrighted and do not change in large part due to the financial in-

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terest of the authors, interventions in the OSAM are dynamic and change based on the crowdsourced expertise of the corps of teachers and results of the outcomes.

CONCLUSIONS

Evidence-based interventions are here to stay at all three tiers of student services. The concept of treatment integrity is a fundamental aspect of the implementation of EBIs in schools. Strict adherence to a traditional treatment integrity model creates some issues such as lack of ability to respond to diverse classrooms and creation of feelings of coercion and lack professional control by teachers. The purpose of this brief description is to propose an enhancement to treatment integrity that is strongly related to concepts used in the development of open-source software. This model crowdsources innovation that takes advantage of the skills and experience of teachers and their need to modify programs to meet the diverse needs of children in classrooms. Preliminary evidence indicates that teachers are much happier and more likely to sustain interventions when they have more control and creative input into the specific intervention. More importantly, student outcomes are improved over a strict treatment integrity model. These can only be considered preliminary studies. There will need to be many more studies that refine and improve this model. Implementation science is only now becoming a mainstream field of research in school psychology (Forman et al., 2013). Given the amount of resources used for enforcing treatment integrity, an efficient approach that addresses some of the shortcomings of traditional treatment integrity approaches to implementation has potential to be a valuable addition to consultation and the implementation of innovative evidence-based interventions. ■

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HANDOUT

Editor's Note: The full text of *Ready to Learn, Empowered to Teach: Guiding Principles for Effective Schools and Successful Students* is available at <http://www.nasponline.org/readytolearn2015>

Ready to Learn, Empowered to Teach: Executive Summary

All children and youth must be ready to learn in order to achieve their best in school and to graduate prepared for college or a career. This preparation requires a public education infrastructure that empowers teachers to teach and prioritizes investments to ensure that schools effectively address the learning, behavioral, social-emotional, and mental health needs of students. When not met, those needs can create barriers to achievement. Furthermore, promoting success and reducing barriers to learning requires sustained access to a comprehensive and rigorous curriculum, high-quality instruction, and comprehensive learning supports within safe and respectful learning environments.

Comprehensive learning supports that integrate academic, social and emotional, behavioral, and mental health needs are most effective when provided through a multi-tiered system of supports. Essential to this system are specialized instructional support personnel who collaborate with other educators, families, and community providers to identify needs and provide appropriate services at the individual, classroom, school, and district-wide levels.

The National Association of School Psychologists recommends the following guiding principles for the development of educational policies:

GUIDING PRINCIPLES

- Combine high expectations for all students with high-quality instruction across rigorous and comprehensive curricula.
- Create positive school climates to ensure safe and supportive learning environments for all students.
- Provide access to comprehensive school-based mental and behavioral health services by ensuring adequate staffing levels of school-employed mental health professionals.
- Increase family and community engagement to support students' success.
- Create systems that support the recruitment and retention of properly trained and prepared professionals.
- Create accountability systems that reflect a comprehensive picture of all students' and schools' performance, inform instruction, and guide school improvement efforts.

Local and state governments must be empowered to construct educational systems that prepare all students for college or a career while also meeting the unique needs of their schools and districts. However, at its core, education is a civil right, and the federal government can, and should, play a critical role in shaping the national education landscape. Indeed, providing a high-quality public education system is one of America's greatest responsibilities and wisest investments in the nation's future. NASP believes that education policies that address the whole child and are grounded in evidence-based practices will empower teachers to teach and ensure that every child is ready and able to learn. ■

Excerpted from National Association of School Psychologists. (2015). *Ready to learn, empowered to teach: Guiding principles for effective schools and successful students*. [Policy brief]. Bethesda, MD: Author.

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CRISIS MANAGEMENT

Using Technology Responsibly in School Safety Planning and Response

BY SUSAN JARMUZ-SMITH

Compliance with federal privacy regulations may be an afterthought during a response to school emergencies. Yet, the occurrence of a school safety issue does not relieve school psychologists from the legal and ethical requirements to protect the privacy of student records. These requirements are especially important when using technology to store student information. Increasingly, private data, such as school records, are being hijacked for illegal purposes. It is imperative that school safety teams plan for the protection of student educational records and monitor those safeguards when responding to situations.

THE LAW: A PLAIN LANGUAGE OVERVIEW

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects educational record confidentiality. All schools that receive funding from the U.S. Department of Education (DOE) are required to adhere to FERPA and secure student educational records against intentional or unintentional release. The following are specific FERPA regulations:

- Parents have certain rights to a student's educational record until that student turns 18 or enters a post-high school institution. At that time, the rights transfer to the student, who then is known as an *eligible student*.
- Schools must have written permission from the parents or eligible student to release information from the student's educational record. There are exceptions to this rule that allow certain school personnel to view records, such as for auditing, legitimate educational interest, and with appropriate officials in the case of an emergency. There are further exceptions that should be reviewed (see Resources for more information).
- Certain directory information can be disclosed without consent as long as parents or the eligible student have been given appropriate notice and a reasonable period of time to opt-out of the information release.
- The U.S. DOE suggests the creation of a sound data security plan for data at rest (stored), during transfer (sharing), and at destruction.
- The U.S. DOE also suggests the creation of a data stewardship plan that ensures FERPA compliance with online records, describes plans for handling data breaches, organizes how data are managed, and organizes how needed data equipment and services are funded.

In addition, become knowledgeable of any state requirements that go beyond federal regulations to protect the privacy of student educational data.

MAINTAINING PRIVACY IN AN EMERGENCY OR CRISIS SITUATION

When evaluating, providing, or responding to student needs in a school crisis, the PREPaRE model offers checklists and templates for gathering important and critical information about students to triage care and respond appropriately. School response teams trained in PREPaRE could use the following forms and templates:

- Psychological Trauma Checklist
- Primary Risk Screening
- School Crisis Intervention Referral Form
- Psychological Triage Summary Sheet

During the response to a school safety situation, information could be gathered using technical tools, such as electronic versions of the above forms in Microsoft Word or Excel, or using tools such as Google Docs (not FERPA-compliant unless specific safeguards are enabled). During an emergency or crisis, it is likely that the requirements to adhere to FERPA regulations will be overlooked. Hence, protection safeguards for student records that are communicated (transferred) or stored online must be a component of comprehensive school safety and preparedness. This concern should be explored fully in a school safety vulnerability assessment.

SECURITY BASICS: SHARING SCHOOL EDUCATIONAL RECORDS

When planning for the safety of online student records, an important and foundational concept to understand is encryption. While this topic may seem to be an overwhelming technical issue, it is rather simple to understand. Encryption means that student records shared or stored electronically cannot be read without a special passcode or key.

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Encryption needs to occur in two main circumstances: (a) when student records are shared among a laptop, mobile device, and central storage location, and (b) when student records are stored in a central location. With respect to the first circumstance, school safety teams will need to ensure that the method chosen for sharing student data between devices, such as laptops and mobile devices, is encrypted. This means that the student records are scrambled at the sender's device and then descrambled at the receiver's device.

For trainers who are interested in learning more details about encryption, consult with your district/school technology specialist and view the following online tutorial: Electronic Frontier Foundation, Surveillance Self-Defense: <https://ssd.eff.org/tech/encryption>

SECURITY BASICS: STORING STUDENT EDUCATIONAL RECORDS

When storing student records, there are several security questions that need to be reviewed and addressed:

- Who owns the student records warehoused on the storage devices?
- Are the student records encrypted?
- Are the file names of the student records nonidentifiable?

The common types of centralized student record storage are: (a) district based and (b) cloud based. The answers to the above questions can be different depending on which type is utilized.

Note that the use of thumb drives to store information is not recommended, unless they are encrypted and password protected. Thumb drives are easily lost or left behind. In addition, thumb drives are manufactured for short-duration data storage, meaning they are not meant to be used for long-term data storage and may fail sooner than expected.

District-based storage of student records. Each team will want to connect with its local information technology (IT) staff to ask the above questions. The IT staff will know who owns the student records and if the storage is encrypted. You want to hear that the district owns the student records (and not an off-site storage company) and that the records are stored encrypted. When creating a plan for using storage for student records, the team needs to document the importance of using nonidentifiable file names. Generally, file names are not encrypted.

Cloud-based storage of student records. Cloud-based storage is very convenient during an emergency, as several team members will be able to access needed information even if the district technology has been impacted negatively. However, there are significant concerns, and not just any cloud-based storage of student educational records can be used without research. The first concern is that usual practice for the storage company providing the cloud-based storage is to have ownership over the stored data (student records). A main reason for this practice is so the company can create frequent back-ups of the records and save those back-ups for a predetermined amount of time. This allows the company to restore files that are accidentally deleted by users—a feature customers usually request. If the company provides encryption for stored student records, then back-ups and ownership become less of a concern because the company will not have access to the passcode or key needed to decrypt the information. As with district-based storage, when creating a data plan, the team needs to document the importance of using nonidentifiable file names.

PRODUCT SOLUTIONS FOR COMPLIANCE

Technology companies with storage products that feature these levels of compliance will advertise that fact on their website, since it is a sought after feature and allows the company to charge more for their services. Always make sure to complete your own research into whether these solutions are compliant with federal regulations, such as researching the products' data sheets, white papers, or terms of service. Each company offers differing packages of features—some that provide security and some that do not. Make sure to choose the correct features to be in compliance legally and ethically. The following products are FERPA- and HIPAA-compliant as of the creation of this document (September 2014).

CLOUD-BASED STORAGE

- wuala: <https://www.wuala.com>
- tesorit: <https://tesorit.com>
- box: <https://www.box.com>

THUMB DRIVES (Not Recommended)

- IRONKEY: <http://www.ironkey.com/en-US>
- DataLocker Sentry: <http://datalocker.com/products/encrypted-storage/datalocker-sentry-fips-drive>
- Kanguru Defender: <http://www.kanguru.com/secure-storage/defender-secure-storage.shtml>

RESOURCES

- FERPA Information from DOE: <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html?src=rn>
- Frequently asked questions about FERPA from the New Hampshire Department of Education: http://www.education.nh.gov/instruction/school_health/faq_records.htm
- U.S. DOE Data Plan and Data Stewardship Information: http://www2.ed.gov/policy/gen/guid/fpco/pdf/reasonablemta_agreement.pdf ■

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The Specific Learning Disorder Diagnosis

BY ADAM LOCKWOOD

Specific learning disorders are characterized by difficulty learning key academic skills. These skill acquisition difficulties are the result of an interaction between environmental, genetic, and epigenetic factors that negatively impact the brain's ability to process or perceive information (American Psychiatric Association [APA], 2013). In the field of school psychology, we are acutely familiar with the IDEA classification of specific learning disability due to the large number of students with this classification represented in the special education population and the negative outcomes associated with this label, including reduced academic performance and increased rates of retention, discipline referrals, and school dropout (Cortiella & Horowitz, 2014).

While there are some differences between the construct of specific learning *disability* and *disorder*, there are many similarities. Also, due to the number of clinical evaluations school psychologists review in practice, it is necessary to be familiar with the construct of specific learning disorder in order to incorporate outside diagnostic information into intervention planning and special education determination evaluations. While most experienced school psychologists are familiar with the *Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition—Text Revision (DSM-IV-TR; APA, 2000)* diagnosis of learning disorder, several important changes have been made with the *DSM-5 (APA, 2013)* and will be discussed in this article.

CHANGES FROM DSM-IV-TR

There are three substantial changes that occurred with the revision of the *DSM-5*.

First, the *DSM-5* eliminates the use of the substantial discrepancy requirement. According to the *DSM-IV-TR*, the primary diagnostic feature of a learning disorder is learning problems that significantly interfere with activities that require reading, writing, or mathematical skills. Additionally, these academic skills must be *substantially below* what is expected for age, level of education, and cognitive functioning. The *DSM-IV-TR* further defined *substantially below* as being indicated by a discrepancy of two or more standard deviations between academic achievement and intellectual functioning. While the *DSM-5* still defines a learning disorder as academic difficulties that are well below average for age, and not better accounted for as an intellectual disability, it does not require the use of intelligence testing, but instead focuses on determining difficulties in academic areas.

Another key diagnostic feature that represents a change between the two editions is the acknowledgment that learning disorders are specific instances of a single, overarching diagnosis (see Table 1). While the *DSM-IV-TR* included four separate disorders, the current *DSM-5* utilizes a single diagnosis of specific learning disorder with specifiers that indicate the academic domain and specific skills that are impacted (See Table 2). Additionally, as learning disorders are now defined as “specific” there is no longer a criteria of “Not Otherwise Specified,” because this diagnosis was essentially a catch all for individuals who did not meet the diagnostic criteria for the other three learning disorders (Fauman, 2002), including having general learning problems in all three academic areas (i.e., reading, written expression, and mathematics).

The last major change to the construct of learning disorder is the addition of severity specifiers, which provide information on the amount of support needed for a student to be successful in the classroom (see

Table 3). This change represents the reality that learning disorders present across a spectrum and impact students to varying degrees, therefore requiring different levels of intervention. This addition of severity specifiers also brings specific learning disorder in line with other neurodevelopmental disorders, such as intellectual disability and autism spectrum disorder, in which level of support is included in a given diagnosis (Scanlon, 2013).

Contributing Editors' Note: This series of articles on *DSM-5* reviews changes made to specific diagnostic criteria (including both modified criteria and new disorders), emphasizing changes that may be relevant in the school context. If any *Communique* reader is interested in contributing to this series, please contact Dr. Brock at brock@csus.edu.

RATIONALE FOR THE CHANGES

The requirement of using standardized tests of academic achievement and intelligence to determine a substantial discrepancy has been eliminated for several reasons. First, the APA (2013) acknowledges that any threshold to determine significantly low academic achievement is, to a great extent, arbitrary. This is in line with years of research that suggests that the severe discrepancy model of identification is not only theoretically unsound (Büttner & Hasselhorn, 2011), but also not supported by empirical data (Scanlon, 2013). The current *DSM* also recognizes that comprehensive assessment utilizing multiple data sources (e.g., school reports, family history, developmental history, educational history, curriculum-based assessments, and standardized achievement tests) is needed to make a diagnosis and cannot be based merely on two tests. Furthermore, there is recognition that cognitive assessment is not a necessary component of a specific learning disorder diagnosis and is only required when an intellectual disability is suspected (APA, 2013).

The abandonment of the differential nature of learning disorder represents a conceptual shift between the *DSM-IV-TR* and *DSM-5* from viewing each learning disorder as a discrete, mutually exclusive construct to that of a more homogeneous one, which may share common characteristics. This reconceptualization largely reflects current learning disorder research. For example, twin studies indicate that reading disorder, mathematics disorder, and disorder of written expression have a common genetic etiology. Additionally, research shows that various environmental factors such as premature birth, prenatal exposure to nicotine, and low birth weight increase the risk of learning disorders across academic domains (Tannock, 2013).

The rationale for the provision of severity specifiers for all *DSM-5* diagnoses is the recognition that treatment for mild presentations should differ from moderate to severe manifestations. It is the intention of the creators of the newest edition of the *DSM* that severity specifiers be used in planning interventions for all disorders (Regier, Kuhl, & Kupfer, 2013). The severity specifiers for specific learning disorders are provided to inform stakeholders as to the level of support needed by the student to achieve academically (Scanlon, 2013).

POSSIBLE CONSEQUENCES

Several negative consequences of the changes to the *DSM-5* reconceptualization of learning disorders have been suggested. One conceivable consequence for the change in diagnostic criteria is that individuals who would have met criteria under the *DSM-IV-TR* will no longer do so using the updated *DSM*. Under *DSM-IV-TR* criteria, a gifted student with high cognitive abilities who was functioning in the average or low average range academically could be diagnosed with a learning disorder as long as the discrepancy between her cognitive abilities and academic achievement was greater than two standard deviations. However, the *DSM-5* requires that a child have low achievement scores, generally defined as greater than 1.5 standard deviations below the age mean, in order to meet criteria. Therefore, a gifted child would have to be greatly underperforming in order to meet this requirement (Fiedorowicz, Craig, Phillips, Price, & Bullivant, 2015). However, this change is more in line with the education code definition of a specific learning disability; that is, criteria that require that the disability result in insufficient progress toward meeting age- or state-approved grade-level standards (U.S. Department of Education, 2006).

Another possible result of the changes to the *DSM-5* criteria is an increase in the overdiagnosis of learning disorders. Fiedorowicz et al. (2015) posit that by eliminating the necessity for cognitive test-

Table 1. DSM-IV-TR Diagnoses and Associated DSM-5 Diagnoses

| DSM-IV-TR | DSM-5 |
|---|----------------------------|
| Reading Disorder Mathematics Disorder Disorder of Written Expression Learning Disorder-NOS | Specific Learning Disorder |

Table 2. DSM-5 Specifiers

| ACADEMIC DOMAINS | IMPAIRED SUBSKILLS |
|---------------------------------------|---|
| With impairment in reading | Word reading accuracy Reading rate or fluency Reading comprehension Spelling accuracy |
| With impairment in written expression | Grammar and punctuation accuracy Clarity or organization of written expression Number sense Memorization of arithmetic facts Accurate or fluent calculation |
| With impairment in mathematics | Accurate math reasoning |

Table 3. DSM-5 Severity Specifiers

| | |
|-----------------|---|
| MILD | Some difficulty learning in one or two academic areas. This difficulty is mild enough that the individual will likely be able to function sufficiently when provided with appropriate interventions or accommodations. |
| MODERATE | Considerable difficulty learning in one or more academic areas; the individual is struggling to the extent that he/she will likely not obtain proficiency without periods of intensive and individualized instruction. Some interventions or accommodations are needed at least part of the day. |
| SEVERE | Extreme difficulty learning skills in several academic domains. The individual is unlikely to learn these skills without continuing individualized, intensive instruction throughout the school years. Even with a number of accommodations and interventions, the individual may not be capable of completing school activities efficiently. |

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ing, individuals will be wrongly diagnosed with a learning disorder when their learning disorders may be accounted for by other disorders. Additionally, Al-Yagon et al. (2013) suggest that a great number of “slow learners” (i.e., individuals with cognitive abilities standard scores between 71 and 84) will wrongly be diagnosed as having a specific learning disorder, leading to an uptick in the prevalence of this diagnosis.

However, a likely positive consequence of the change in diagnostic criteria is tied to the need for clinicians to gather multiple sources of information before making a diagnosis. Using *DSM-IV-TR* criteria, a clinical psychologist could make a diagnosis based solely on intelligence and achievement scores. The new criteria, which require the use of multiple sources of data, will require clinicians to collect family history information as well as formal and informal school records that may include grades, portfolio materials, and the child’s response to evidence-based interventions. In order to gather this information, clinicians will have to engage in greater communication with parents and educators, including school psychologists. It is hoped that this requirement will lead to an increase in interdisciplinary cooperation and ultimately better outcomes for students (Tannock, 2014).

IMPLICATIONS FOR SCHOOL PSYCHOLOGISTS

Al-Yagon et al. (2013) claim that the changes to criteria will have limited effect on school psychology practice because school-based, rather than clinical assessment is used to determine if a student meets IDEA requirements for an exceptionality. However, we do see implications for school psychologists. Specifically, as more educational information is required in order to make a clinical diagnosis, school psychologists will likely receive increased requests for information from outside psychologists because they will need information, such as response-to-intervention data, in order to make a diagnosis. Additionally, school psychologists may be called upon to interpret and explain educational data to clinicians who have limited training in the field of education. We are hopeful that this new emphasis on collaboration with educators will lead to increased communication and partnerships between clinical

and school psychologists that will in turn lead to improved classification and interventions for students. ■

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School psychologists will likely receive increased requests for information from outside psychologists because they will need information, such as response-to-intervention data, in order to make a diagnosis.

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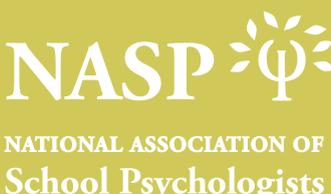


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Developmental Coordination Disorder

BY PAULENE H. KAMPS & SHELLEY R. HART

Developmental coordination disorder (DCD) is a neurodevelopmental condition evidenced in early childhood that negatively affects the acquisition and performance of age-related motor skills (American Psychiatric Association [APA], 2013). Difficulties are manifested in clumsiness, slow or imprecise motor movements, or motor delays. While there are not specific subtypes, difficulties may be predominantly in gross motor skills or in fine motor skills, and within these groupings other challenges might be more likely to appear. For example, a student with impaired fine motor skills might be more likely to evidence penmanship/writing and other academic challenges, while a student with impaired movement control might also have difficulties with motor planning (APA, 2013).

To be diagnosed, these motor challenges must manifest in childhood and significantly interfere with activities of daily living (ADL), school performance, play, and leisure and vocational activities; but not be due to insufficient opportunities to learn and use motor skills, functional visual problems, a neurological condition (e.g., cerebral palsy, muscular dystrophy), or be attributed to low cognitive functioning. Prevalence rates among school-age youth are 5%–6%, with more males than females affected (ratios range between 2:1 to 7:1; APA, 2013). Developmental considerations are particularly important to take into account because acquisition of motor milestones varies, and the type and manifestation of impaired skills vary with age.

The course of DCD is fairly stable, with problems evident in childhood typically continuing through adolescence in 50%–70% of youth (APA, 2013). While the negative impact of DCD has been shown to continue through adolescence and adulthood, the presentation differs somewhat in these developmental stages (Kirby, Sugden, & Purcell, 2014; Purcell, Scott-Roberts, & Kirby, 2015). DCD frequently co-occurs with other DSM-5 conditions, particularly ADHD. In fact, approximately 50% of youth with DCD have comorbid ADHD. This relationship usually signifies a more complicated course of the disorder (APA, 2013). The functional consequences of DCD include problems with emotions, behavior, academic achievement, self-esteem, self-worth, participation in sports or team games, physical fitness, and even higher rates of obesity (APA, 2013).

CHANGES AND RATIONALE FOR CHANGES FROM DSM-IV-TR TO DSM-5

Briefly, changes to the criteria for DCD have focused primarily on two issues: (a) recognition that this disorder affects many areas of functioning and persists over the lifespan, and (b) assessment and exclusionary criteria. The most major shift to reflect the lifelong nature of DCD includes its location within DSM-5. It is now located in the chapter on Neurodevelopmental Disorders, moved from Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence in DSM-IV-TR. Additional phrases about “one’s age” and consideration about “opportunities for skill learning and use of motor skills” have been added to Criterion A and B. Criterion B also acknowledges the impact of DCD on more activities across the lifespan (e.g., “academic achievement/productivity; play/leisure, vocational-type activities”). Additionally, onset requirements have been added (Criterion C: “... evidenced in the child’s early years”).

Second, Criterion D specifically addresses exclusionary criteria. In DSM-IV-TR, discussion of mental retardation (now referred to as intellectual developmental disorder) and other neurological conditions that better explain the motor challenges were found in a variety of places. Of interest, the term *measured intelligence* is eliminated, indicating that intellectual assessment is no longer required as part of a DCD evaluation. Previously,

a discrepancy between a child’s cognitive and motor abilities was required (i.e., the degree of motor impairment needed to be above and beyond what one would expect based on the child’s measured intellectual functioning). Additionally, visual impairment is added as an exclusionary condition, and pervasive developmental disorder (now termed autism spectrum disorder) is no longer an exclusionary diagnosis. Criterion D acknowledges the high frequency of comorbidity and urges practitioners to consider other specific conditions prior to diagnosing DCD. These changes reflect a growing body of research focused on this seldom-recognized disorder and the challenges associated with making this diagnosis.

Contributing Editors’ Note: This series of articles on DSM-5 reviews changes made to specific diagnostic criteria (including both modified criteria and new disorders), emphasizing changes that may be relevant in the school context. If any *Communiqué* reader is interested in contributing to this series, please contact Dr. Brock at brock@csus.edu.

POSSIBLE CONSEQUENCES OF THE DSM-5 CHANGES

The shift of DSM-5 to reflect the lifelong nature of DCD is consistent with current research (e.g., Purcell et al., 2015). The emphasis on early onset and access to opportunities to appropriately develop motor skills provides guidance for practitioners; however, care must still be taken. Blank, Smits-Engelsman, Polatajko, and Wilson (2012) suggest that some children develop motor skills more slowly than others and then catch-up later. In addition, children may not fully cooperate, be motivated, or engage in motor testing, resulting in lower scores. The poor (or variable) motor skills of some children may also vary according to the expectations of different families, cultures, schools, or peer groups (Gibbs, Appleton, & Appleton, 2007). In these cases, a motorically “delayed” child may eventually gain skills given sufficient instruction and practice. Unfortunately, although Blank et al. (2012) describe various screening tools and formal motor tests to measure a person’s motor performances, there is currently no known objective measure that assesses a child’s opportunity for experience for learning and skill use. As such, this diagnostic standard will call for skilled clinical judgment.

Changes to the diagnostic criteria can be considered beneficial to people learning about DCD because more descriptors are listed. Professionals considering the presence of DCD may not immediately realize that motor incoordination can affect functioning far beyond school and ADL. Recognition of difficulties with “self-care and self-maintenance” (e.g., dressing, eating, toileting, personal hygiene) and social interactions related to “leisure and play,” may help in identifying DCD and even lead to an eventual diagnosis. Furthermore, the inclusion and impact of coordination difficulties throughout the lifespan by affecting “prevocational and vocational” activities is now properly recognized and accepted (de Oliveira & Wann, 2011; Kirby et al., 2014).

Although the literature prior to DSM-5 has been very clear about relationships between DCD and psychosocial difficulties, there was no clear comment in the DSM-IV-TR about these connections. Greater clarity concerning the depth and breadth of the impact of DCD is now expressed. While the impact on leisure and play suggests an effect on social interactions, clinicians may focus on the “physical actions” of play and miss the greater concern: ostracized or ridiculed youngsters who become emotional or display intense frustration, or who exhibit aggressive or withdrawn behaviors, because they cannot keep up with the motor-based play patterns of their peer group.

Another potential benefit arising from the new DCD criteria is the emphasis on the multidisciplinary nature of the disorder. It is likely that this will encourage cross-battery assessment and eventual intervention services in conjunction with other professionals. Since research shows DCD not only affects fine and gross motor skills, but oral and communication skills, ocular-motor control, physical fitness, and psychological well-being; speech and language pathologists, occupational therapists, physical therapists, kinesiologists, psychologists, medical doctors, optometrists, chiropractors, and other professionals may work and share ideas more openly and frequently in future years. Such work will benefit parents, educators, therapists, and the individuals who have motor difficulties (Blank et al., 2012; Kirby et al., 2014). Additionally, professionals stand to gain knowledge about each other’s work through this process.

While there are clear benefits to the changes to DSM-5, the most significant challenges arise with the exclusionary criteria (Criterion D). With the exception of the visual impairment exclusion, these challenges are not new to DSM-5. Research indicates that individuals with DCD have impediments or difficulties with many aspects of information processing, in particular tasks requiring visual-spatial processing, visual sensitivity, visual tracking, visual-motor adaptation, visual perception and other related functional visual limitations (Coetzee & Pienaar, 2013; Robert et al., 2014; Wilson & McKenzie, 1998). Such information is conflicting and complicated, requiring clinicians to ascertain if DCD is affecting the child’s visual skills or if a child’s motor difficulties are due to a visual impairment. Additionally, the co-occurrence of motor difficulties related to DCD and accompanying neurological soft signs does occur (Blank et al., 2012; Gillberg, 2010; Gillberg & Kadesjö, 2003). So, although it may seem a simple process to rule out a visual or neurological condition affecting motor difficulties, the actual procedure for satisfying this criterion is still not clear (Kirby et al., 2014).

The revised DSM-5 diagnosis indicates that DCD may now co-occur with autism spectrum disorder. Previously, DSM-IV-TR prohibited co-occurrence with pervasive developmental disorders, indicating that if criteria were met for a pervasive developmental disorder, the DCD diagnosis was not given. Literature demonstrates similarities

Professionals considering the presence of DCD may not realize that motor incoordination can affect functioning far beyond school and ADL. Recognition of difficulties with “self-care and self-maintenance” and social interactions related to “leisure and play,” may help in identifying DCD and even lead to an eventual diagnosis.

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between clumsy or uncoordinated motor behaviors in children and autism spectrum disorder (Berejot & Humble, 2013; Blank et al., 2012; Emck, 2011; Gillberg & Kadesjö, 2003). However, it must be noted that there is no clarity about differential diagnosis between DCD and autism spectrum disorder offered in the *DSM-5*. To further support school psychologists seeking to understand the differences between these conditions, this topic will require further research, training, and clinical insight.

Of particular interest for school psychology is the removal of intelligence testing as a diagnostic component for DCD. *DSM-IV-TR* required measured cognitive abilities to be used as a reference point for motor abilities. Just as various learning disorders (e.g., reading, math, writing) were substantiated by comparing intelligence scores with standardized achievement scores, the comparison of intellectual functioning with measured motor skill scores validated and provided recognition of DCD as a motor or nonverbal learning disorder (Blank et al., 2012). However, not all tests or screening instruments measuring motor functioning provide standard scores allowing comparisons to cognitive abilities scores. Additionally, determining discrepancies and setting cut-off scores is rife with challenges (Blank et al. 2012). To further complicate the issue, research has demonstrated that youth with DCD have lower cognitive abilities scores (Kaplan, Wilson, Dewey, & Crawford, 1998; Smits-Engelsman & Hill, 2012). Because many IQ subtests require motor-based skills that challenge children with DCD, school psychologists should realize that the presence of DCD has the potential to depress individual subtests, grouped cognitive factors, and an overall cognitive abilities score.

IMPLICATIONS FOR SCHOOL PSYCHOLOGISTS

Most mental health professionals do not have the extensive knowledge of motor development needed to make a DCD diagnosis. Similarly, most speech and language pathologists, occupational therapists, physical therapists, and kinesiologists who do have knowledge of motor development do not have a full appreciation for the impact DCD can have on mental health. Consequently, multidisciplinary collaboration is essential when identifying and addressing DCD. Without such partnerships, many uncoordinated students may be missed or misunderstood as they journey through school (Missiuna, Moll, King, King, & Law, 2006).

School psychologists have an important role in the identification of DCD by raising awareness of the disorder and by making appropriate diagnostic referrals. As the challenges associated with these motor impairments affect academic skills, social interactions, and psychological well-being, proper referrals are very important.

While it is clear that when it comes to making any special education eligibility decision it is IDEA, and not DSM, that dictates any action, it is nevertheless important to attend to the changes to DCD criteria. Not only should school psychologists strive to make other educators and fellow mental health professionals aware of this learning challenge, they should also bring to the multidisciplinary collaboration (that proper diagnosis requires) the psychological perspective, and facilitate an understanding of the impact of DCD on social and emotional functioning. ■

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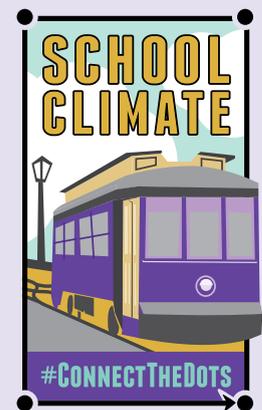
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2016 Convention News

NEW ORLEANS, LOUISIANA, FEBRUARY 10-13

New Orleans's Nightlife and Entertainment

BY MICHAEL BRACHFELD

There is no shortage of nightlife beckoning in New Orleans! From Bourbon Street to Frenchman Street, Mid-city to Uptown, Downtown, and in between, here is a guide to a variety of the most popular nightlife and entertainment venues in the city. New Orleans features multiple live music venues, clubs, local bars, and pubs as well as breweries, wineries, and theaters.

THE FRENCH QUARTER

The French Quarter, also known as the Vieux Carré or the "Quarter" to locals, sits on a crescent in the Mississippi River on some of the highest ground in a picturesque setting. There are a plethora of stores that sell antiques, books, clothing, accessories, and many other items. Art galleries line Royal Street with local artists set up outside to sell their fine art. The French Quarter is also known for its nightlife, with the famous Bourbon Street housing a multitude of bars, restaurants, and live music venues along with other opportunities for entertain-

ment throughout the Quarter. men from Europe, Africa, and North America during the 19th and 20th centuries. Lafitte's is entirely lit by candlelight and is a signature venue in the city.

Carousel Bar & Lounge (214 Royal Street). Located in the Hotel Monteleone, the famous Carousel Bar & Lounge is a longtime favorite New Orleans hotspot. The classic New Orleans hotel bar is the city's only revolving bar. Stop by to enjoy live music, a comprehensive cocktail list, and a very unique atmosphere.

Harrah's New Orleans Hotel and Casino (228 Poydras Street). This casino features a variety of table games and slot machines and also houses multiple restaurants as well as the Masquerade Nightclub. Restaurants within the hotel and casino include Besh Steak, Voodoo Cocktail Lounge, and Acme Oyster House.

Jackson Square (700 Decatur Street). This famous landmark faces the Mississippi River and is surrounded by historic buildings, including the St. Louis Cathedral, the Presbytere and Cabildo (Louisiana State Museums),

FRENCHMEN STREET

Frenchmen Street is a culturally rich area located in the 7th Ward of New Orleans which features a variety of bars, restaurants, and shops, with several live music venues.

Spotted Cat Music Club (623 Frenchmen Street). This traditional jazz club is a favorite with locals because it plays host to some of the more popular jazz bands in the city. Regularly featured bands include the New Orleans Jazz Vipers, Cotton Mouth Kings, and the New Orleans Moonshiners. Dancing is encouraged at this venue so come prepared to take in an excellent show and enjoy the ambience of this swingin' jazz club.

Snug Harbor (626 Frenchmen Street). Snug Harbor is a popular jazz club that features two shows nightly at 8:00 p.m. and 10:00 p.m. Enjoy the food, cocktails, and ambience at this intimate bar and club.

Three Muses (536 Frenchmen Street). Three Muses serves as a restaurant, bar, and musical venue in the Frenchmen scene. The bar makes specialty cocktails, and both small and large plates can be ordered from the kitchen. This venue features performances from traditional jazz musicians as well as independent songwriters.

UPTOWN

The Uptown District is a section of New Orleans rich with 19th and 20th century homes and a multitude of restaurants and shops. Magazine Street is home to various stores and restaurants just a couple blocks from scenic St. Charles Avenue. Check out Freret Street for a mix of hip bars, restaurants, and boutique stores.

Samuel's Blind Pelican (1628 St. Charles Avenue). The Blind Pelican has a 25-cent oyster happy hour, as well as a stocked bar to accompany their delicious oysters. Happy hour specials include two-for-one mixed drinks and a dozen char-grilled oysters for \$7.50. There's an open-air patio and deck and plenty of TVs for those who would like to check out the daily sporting events. Happy hour runs from 4:00 p.m. to 8:00 p.m. daily, so check it out for some great deals, delicious food, and good drinks.

The Delachaise (3442 St. Charles Avenue). The Delachaise offers dozens of wines by the bottle or glass, imported beers on tap and by the bottle, and plenty of homemade cocktails. Their scenic outdoor patio is covered in hanging lights, making the bar an intimate spot to sit and watch the streetcar travel along St. Charles Avenue. The Delachaise also offers a full menu and is known for its cheese plates and pommes frites.

NOLA Brewing Co. Tap Room (3001 Tchoupitoulas Street). One of the favorite spots for locals, NOLA Brewing Co. has tours from 2:00 to 3:00 p.m. on Fridays and serves eight NOLA standards and eight specialty single-barrel beers. This bar is dog friendly and offers a variety of local New Orleans cuisine.

Tipitina's (501 Napoleon Avenue). Tipitina's has been a famous music venue in New Orleans for decades. Over the years, local musicians and traveling music stars have taken to the stage to showcase their latest music. Tipitina's does not serve food; however, there are often food trucks outside during music shows.

MID-CITY

Mid-City, located midway between the Mississippi River and Lake Pontchartrain, is a large, diverse neighborhood bounded by Orleans Avenue, City Park Avenue, the Pontchartrain Expressway, and Broad Street. It has a balance of restaurants, shops, schools, and business offices, which makes for a comfortable neighborhood and community. Check out New Orleans City Park or go to one of the many upbeat local bars.

Bayou Beer Garden (326 N. Jefferson Davis Parkway). Bayou Beer Garden is a neighborhood beer garden and kitchen that features indoor seating as well as a large outdoor patio. With more than 170 beers and a full lunch and dinner menu, this bar is a mixture between a sports bar and beer emporium.

The Bulldog Mid-City (5135 Canal Boulevard). Located in the heart of Mid-City, the Bulldog has a large dog-friendly outdoor patio which is great for relaxing and taking in the sights and sounds of the city. The Bulldog boasts a large beer and cocktail selection as well as multiple TVs for viewing sports. This is a great place to come for a laid back and friendly atmosphere.

Banks Street Bar & Grill (4401 Banks Street). Banks Street Bar & Grill features an eclectic lineup of bands throughout the week, great food, and casual outdoor seating. Enjoy some of the tastes of New Orleans while listening to local music at this upbeat bar.

Rock 'N' Bowl (300 South Carrollton Avenue). Rock 'N' Bowl provides a lively atmosphere for bowling featuring live jazz entertainment, food, and drinks. This bowling alley puts a fun spin on bowling and provides entertainment for children and adults of all ages. Visit Rock 'N' Bowl to bowl a few games, enjoy some of their delicious food, and also take in the local jazz talent that New Orleans offers. ■

MICHAEL BRACHFIELD is a local student coordinator for the NASP Convention Committee.



Three Muses

ment throughout the Quarter.

Pat O'Brien's Bar (718 St. Peter Street). Home of the famous hurricane with both indoor and outdoor seating. Visitors can mingle in the main bar, sing along in the piano bar, or enjoy great food at this upbeat, spirited bar.

Lafitte's Blacksmith Shop (941 Bourbon Street). Built between 1722 and 1732 by Nicolas Touze, it is said to be the oldest structure used as a bar in the United States. Lafitte's has a rich history in New Orleans, as it was used as a center for meeting among business-

and the Lower and Upper Pontalba Apartments, the oldest apartment buildings in the United States. Jackson Square features artists, restaurants and merchants, which makes it an eventful location to visit during the day.

Saenger Theatre (1111 Canal Street, New Orleans, LA 70116). Originally opened in 1927, Saenger Theatre is an atmospheric theater that is on the National Register of Historic Places. This grand theatre is home to concerts, plays, and other live performances with some of the most popular acts from across the country.

Establishing Family-School Partnerships

AN INTERVIEW WITH SUSAN M. SHERIDAN & AMANDA L. WITTE

Student behavioral problems often extend across environments and contexts (e.g., school, home), pointing to the importance of consistent, positive actions across systems to effectively address challenges and help students build prosocial alternatives. However, families of students with behavioral problems often are poorly connected with schools, leaving a significant gap in services for students with challenging behaviors. In this Q&A, convention presenters Susan Sheridan and Amanda Witte discuss key issues related to the conjoint behavioral consultation (CBC) model for enhancing family-school partnerships to promote continuity and collaboration in support of student functioning across systems (NASP Practice Model Domains: 2, 4, & 7). They will provide direct skills instruction during their mini-skills session on Wednesday, February 10, 11:00 a.m.–12:50 p.m.

What are the benefits of building strong partnerships with families with a child experiencing behavior problems?

Learning and development occur across many settings, primarily home and school. Maximizing the extent to which these systems work together can dramatically improve outcomes for students who struggle with behavior problems.

Although school-based programs are important to support students' skill development, collaborative interventions implemented by parents and teachers have the potential for consistent and lasting change. By capitalizing on the strengths within both the home and school systems, and creating seamless connections and continuities between them, we create optimal conditions for success. Our research has demonstrated that when parents and teachers work as partners in collaborative problem-solving, children experiencing behavior problems show greater behavioral and academic skill improvements than students whose parents and teachers fail to communicate and collaborate. Furthermore, we have found that a partnership between families and schools creates stronger bonds and relationships, and is largely responsible for the positive changes seen in children whose behaviors interfere with learning.

What can school psychologists do to promote effective partnerships with families in their schools?

There are some key strategies that school psychologists can use to encourage a family-school partnership approach, even in challenging situations.

First, school psychologists can promote frequent, positive, bidirectional communication between home and school. Effective communication is the foundation of family-school partnerships and is needed to discuss children's progress, needs, and interests; share expectations; help parents and teachers understand each other's perspectives and experiences; and avoid misunderstandings. Second, school psychologists can help school staff (and families) establish mutual goals, engage in shared decision making, and focus on solutions. Parents, teachers, and administrators all want the best outcomes for children, and school psychologists can facilitate a discussion that highlights consistencies and shared priorities across home and school. Third, school psychologists can provide structure for parent-teacher interactions. A clear structure focused on mutual and constructive decisions can keep the team focused on solving problems rather than simply naming them. These strategies help build trust between parents and teachers, which is the backbone of effective partnerships. School psychologists are in an ideal position to help create trusting relationships.

What is conjoint behavioral consultation and how does it fit within broader family-school collaboration?

Infusing family-school collaboration into general school practices is critical for school success. Many schools have family involvement plans that specify important opportunities such as communication with parents and volunteer experiences. These are helpful for many families to connect and remain part of general practices at their child's school. Unfortunately, often families of students with learning or behavior problems—families who need our help the most—are the ones who feel most disconnected or even alienated from school. The general practices are not always sufficient in helping them feel engaged or understood. Targeted and individualized processes are necessary for these families to ensure that they have opportunities to explore meaningful and effective options for their child, and to participate in creating solutions for their child's academic success.

When schools already have a broad family-school collaboration program in place, CBC is a natural mechanism for providing targeted, individualized services. CBC is a strength-based, problem-solving model where, with the help of a school psychologist, parents and teachers work as partners and share responsibility for promoting positive and consistent outcomes related to a child's academic, behavioral,

and social-emotional development. CBC's four-step process provides the opportunity for shared goal setting, cocreating strategies that can be used cooperatively at home and school, monitoring a child's progress toward goals, and facilitating ongoing two-way communication.

CBC is an ideal model for delivering Tier 3 interventions within a multitiered system of support. At Tier 3, school psychologists are often called to help in the problem solving process by identifying individualized problems and needs, specifying targets for intervention, tailoring intervention plans, and monitoring children's responses. The structured problem-solving process inherent in CBC provides a research-proven approach to support this process. Furthermore, its focus on building and maintaining family-school partnerships for children who need individualized support bolsters the effects of student-centered services.

Why should school psychologists incorporate CBC into their practice?

CBC helps children who need it most. Whereas some degree of parent-teacher partnership is beneficial for any student, when a student's behavior becomes disruptive to the classroom and begins to interfere with learning, working with the family becomes essential. Research shows that when compared to traditional supports, parent-teacher partnerships using the CBC process result in improvements in adaptive behaviors, social skills and time on task, to name just a few positive outcomes. In addition to the benefits to students, another highly motivating reason to use CBC is simple: It can make your job easier! As one school psychologist put it, "Using CBC is not any additional work, because you would have been working with these kids anyway, and it's better to do it with the teachers and parents as your partners." When parents and teachers work together, children get a double dose of positive experiences to support desired behavior. By employing practical and feasible strategies such as two-way communication, establishing clear roles, and shared responsibilities, CBC is an essential component of every school psychologist's toolkit.

What cultural and developmental differences are important to consider when planning a partnership program?

There is no one-size-fits-all approach to family-school partnerships. We recently conducted focus groups with Latina mothers to understand their educational goals for their children, challenges in accessing services, and effective and ineffective experiences communicating and problem-solving with teachers. We learned from them the importance of (a) providing personalized interactions, (b) increasing opportunities for two-way communication,

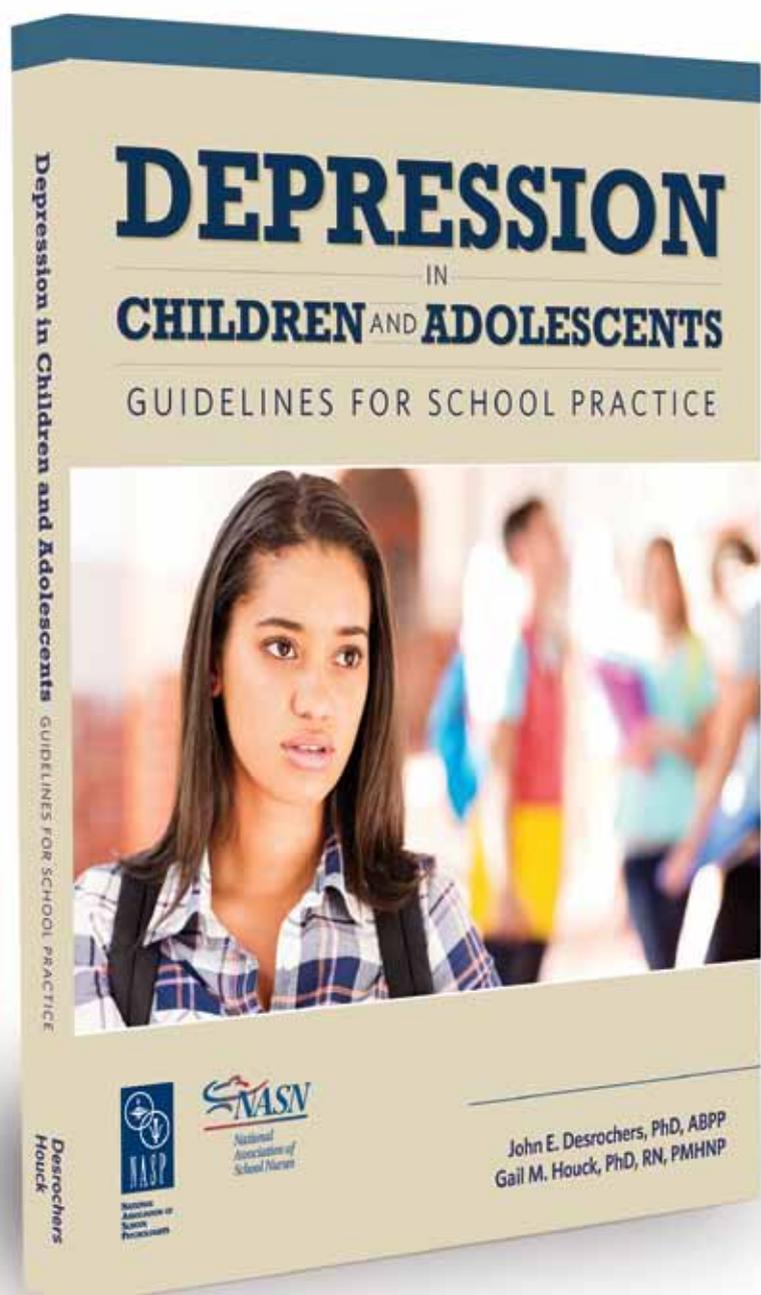
(c) ensuring communication in families' native language, (d) increasing cultural awareness among educators, and (e) minimizing logistical barriers. This information, coupled with what is suggested in the literature on working with diverse cultures, suggests a number of culturally responsive strategies that can be included as part of a school's partnership promotion package. First, schools should involve diverse families when planning a partnership program. Asking for input and using ideas provided by parents increases commitment and shared ownership. Second, and related, communication is key. Culturally responsive communication methods are an essential part of partnership programs. Schools can provide all written communication (websites, newsletters, forms, and invitations) in parents' preferred languages as well as English. Third, schools can increase multicultural proficiency and sensitivity through workshops and include multilingual and multicultural faculty and staff in the planning process to ensure families feel comfortable. Fourth, schools can monitor family logistical needs and offer childcare services or transportation (for example) to increase family participation in events and meetings. Finally, schools can foster trust within the community by creating partnerships with multicultural community leaders such as clergy or neighborhood center administrators.

What advice do you have for school psychologists who want to advocate for better family-school partnerships in their schools?

After decades of research, one thing is abundantly clear: To maximize a child's potential, parents and teachers must work together in the job of educating children. It is incumbent on school psychologists to realize and emphasize the powerful positive effects of family-school partnerships for students, teachers, parents, and schools. When parents participate in their child's education, academic performance, study habits, attitudes about school, motivation, social skills, and behavior problems improve. Beyond the numbers, parents and teachers who have worked to establish strong family-school partnerships will tell you that by working together they were able to accomplish much more than they would have working in isolation. We once asked a teacher why other teachers should consider using CBC; she promptly replied, "Because it works!" Focusing on the benefits and citing appropriate evidence can be a powerful tool for school psychologists wanting to promote family-school partnerships in their schools. ■

SUSAN M. SHERIDAN is a professor and director of the Nebraska Center for Research on Children, Youth, Families, and Schools at the University of Nebraska—Lincoln, and AMANDA L. WITTE is a graduate student at the University of Nebraska—Lincoln.

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Student Connections

Facilitating Hospital-to-School Transitions in Pediatric Oncology Populations

BY RACHEL K. PETERSON

Students with chronic health conditions, including cancer, are at the intersection of the health and education systems, which have typically operated independently of one another despite the overlap in population. As a reflection of this disconnect, students' health and education needs often are not well integrated and the transition back to school from the hospital is not smooth. Consequently, children with cancer diagnoses and those undergoing treatment are at increased risk for retention, poor social outcomes, and negative emotional consequences. Given that nearly 90% of children diagnosed with cancer will survive (Howlader et al., 2015), educators and physicians need to work together to improve the transition from hospital to school. The purpose of this article is to highlight the importance of better integration between medical institutions and educational systems. Furthermore, this article provides examples and recommendations for school psychologists and educators on how to best accommodate the unique needs of students with chronic health conditions, specifically cancer.

A continuum of care is essential for children with cancer to transition back into the school environment. Unfortunately, there is little evidence of communication between educators, physicians, and school nurses regarding the effect of a child's diagnosis and treatment on their social, emotional, and academic functioning. When children are ill, academic performance is not perceived as a primary area of focus; when these same children appear well, their health is not perceived as relevant to their educational success. By establishing a formal and explicit continuum of care, children with cancer will be able to transition to school from a hospital setting with relative ease. A continuum of care is essential because the goals of a public school education are to teach children to become fluent in the academic domains of reading, writing, and mathematics as well as develop successful character traits in regard to social and emotional functioning, whereas the goals of a hospital setting are to cure or alleviate the symptoms of a condition. Chronic illness can compromise each of these goals. By working together, the transition from one setting to another can be more effective and result in fewer problems for the child. As the number of children making the transition from hospital to school increases with better treatment options and technology, professionals in schools and hospitals must work together to alleviate transition-related problems.

IMPLICATIONS OF ABSENTEEISM

Poor school attendance by children with cancer throughout all stages of their illness is concerning given that poor attendance has been shown to predict poor academic achievement, decreased probability of high school graduation, and reduced access to postsecondary education (Maynard, McCrea, Pigott, & Kelly, 2012). Chronic fatigue is one major side effect that makes it difficult for students to keep up with schoolwork. Pain and pain medications also have been shown to impair concentration and undermine stamina (Wagner & Cella, 2004). Keeping students in school is critical and has both academic and social implications.

A common response to the number of absences by children with cancer is retention. Given the overwhelming evidence that does not support retention as a cure-all for students catching up academically (NASP, 2011), better services need to be provided to children and parents from time of diagnosis, through treatment, and the school reintegration process.

Along with retention, homebound instruction has also proven to be unsuccessful. In addition to inadequate instruction, many of the logistical issues related to homebound instruction have not been formalized, such as who qualifies for homebound, how it works, and when it starts and ends. Furthermore, during homebound instruction, children report feelings of isolation and a lack of adequate academic preparation to return to school.

COGNITIVE AND SOCIAL-EMOTIONAL IMPLICATIONS

Research on long-term effects of cancer treatment has shown that cancer treatment can impact overall cognitive functioning. Chemotherapy induced cognitive impairments occur in 17%–75% of patients receiving treatment for cancer (Wefel, Lenzi, Theriault, Davis, & Meyers 2004). Children who undergo cancer treatment often experience declines in overall IQ, attention and concentration, working memory, planning and organization, visual motor integration, processing speed, fine motor speed, and academic skills (Harris, 2009).

Cancer diagnoses also have far-reaching effects on social relationships. In one study, it was found that bone marrow transplant survivors were chosen by peers significantly less often as a best friend and were less likely to have their best friend choices reciprocated (Vannatta, Gartstein, Short, & Noll, 1998). Furthermore, youth who are diagnosed with cancer are at an increased risk of psychosocial adjustment problems

including poor self-esteem, anxiety, depression, poor social skills, and school problems (Bessell, 2001).

RECOMMENDATIONS

Given the need for a continuum of care from hospital to school to home, the following recommendations are provided.

- School personnel should work together to develop a systematic approach to identify and work with the growing number of children with chronic illness.
- School personnel should work with medical and hospital staff to ensure coordinated care. Even before students reenter the academic environment, teachers should be in contact with the hospital school that the child will be attending during oncology treatment.
- The school reintegration plan should include tasks in preparation for the patient's return to school, conferences with school personnel to clarify basic issues regarding the patient's illness and treatment, and follow-up after the patient has returned to school to strengthen communication between the family, the medical team, and the school.
- Rather than using preexisting programs, school teams should develop and implement programs that are individually tailored to meet the child's needs. Children with cancer will require assistance to reach typical cognitive, academic, emotional, and social development. Successful school reentry is critical to achieving these goals.
- The child's academic, cognitive, and emotional functioning should be assessed on a regular basis to ensure the child's successful reintegration at school.
- Frequent progress reports and regular communications with parents are essential. The school team (e.g., the principal, school psychologist, school counselor, and teachers) should reach out to parents to establish a strong relationship and support system. Few parents are adequately aware of existing resources and how to utilize them. School personnel should advise parents and families on resources and services within the community once children exit the hospital.
- Many teachers have no formal training in working with children diagnosed or in remission for cancer. Teachers and school administrators should consider professional development opportunities to learn how to best work with students with chronic illnesses.
- There are a number of NASP resources that may help school psychologists working with students with cancer and their transition planning teams. For example, the Community on Pediatric School Psychology is an excellent forum for consultation with peers (<http://communities.nasponline.org/home>).
- School interventions should be available not only to students with cancer, but also those individuals in remission or recovery who may still experience psychological and academic effects years later.
- Contrary to popular opinion, classroom presentations about cancer do not increase classmates' fears about cancer and illness but, rather, increase their understanding. Informing peers of the student's illness and treatment and providing information and support can help reduce misperceptions of children with cancer.
- While homebound instruction is often suggested for children unable to go to school, it should not be a recommended substitute for the experience of attending school with other children.

A thorough, carefully planned school reintegration process for a child with cancer is essential. Given that school personnel are not explicitly trained to work with children with chronic illness, collaborating with medical professionals will provide them greater insight into the condition, treatment-induced cognitive effects, and the social, emotional, and psychological consequences of cancer from diagnosis to remission. ■

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Book Reviews

EDITED BY MERRYL BUSHANSKY

Group Program for Changing Families

REVIEWED BY LISA SCHMERZ

Kids First Divorce Treatment Program is a group treatment program designed for children from kindergarten to fifth grade whose parents are separated, likely to divorce, or already divorced. The program also includes children whose parents have never been married and are currently separated. The main goals of this program are to help children understand their thoughts and feelings about their parent's separation or divorce and teach them various coping strategies to use when they feel mad or upset about their parent's current circumstances.

This program is valuable to children dealing with separation or divorce within their families. The eight sessions

KIDS FIRST DIVORCE TREATMENT PROGRAM: A Facilitator's Guide for Group Work With Children
By J. D. Jewell
2015, Research Press

conducted by a facilitator provide children with opportunities to learn information as well as share thoughts and feelings. In addition, teaching coping techniques to children allows them to learn how to manage their feelings. By ending each session using coping techniques, it reinforces what they have learned from previous sessions and motivates them to try and use these techniques on their own. The chart indicating the warning signs for children going through divorce from ages six to eight and nine to twelve was quite valuable. These warning signs can help parents understand their children's behaviors in response to their separation or divorce.

Although this program has great intentions for children enduring separation or divorce within their families, it would be difficult to implement within many public or private school settings. There are eight sessions that are expected to be implemented, and each session is supposed to last from 45 minutes to one hour. In many public and private school settings, counseling sessions usually last only 30 minutes. In addition, we do not always have the luxury to group students together based on whether their parents are separated or divorced. Another critique of this program is that the standardized dialogue that the facilitator reads to the group is too long for younger children. The dialogue needs to be shorter to help engage and maintain the attention of younger children during the sessions. Questions posed during sessions also need to be modified based on the age of the children in the group. In addition, accommodations should have been provided for facilitators

working with children with developmental disabilities.

Kids First Divorce Treatment Program has great intentions and objectives towards helping children learn how to cope with their parent's separation or divorce. However, this program is time consuming and would probably best be used in private practice rather than in many typical public or private school settings. In addition, there needs to be more consideration to the age and developmental functioning of the children for this program to be used in a school setting.

LISA SCHMERZ is a school psychologist in Brooklyn, New York.

Building Clinical Interview Skills

REVIEWED BY BRADFORD DALY

For almost any type of referral in a school, I have found that interviews serve a role in the assessment of the presenting problem. This is true whether a school psychologist operates from a traditional discrepancy model or a problem-solving approach using response to intervention. Often the first interaction I have in regard to a referral is an interview with a teacher, parent, or student. *Clinical Interviews for Children and Adolescents*, by Stephanie McConaughy, is a valuable resource for this important but often overlooked skill in the assessment process. The manual would be appropriate

CLINICAL INTERVIEWS FOR CHILDREN AND ADOLESCENTS (2ND ED.)
By S. H. McConaughy
2013, Guilford Press

to help introduce clinical interviewing to graduate psychology students or assist current practitioners in building clinical interviewing skills.

The manual covers both general techniques for interviewing students, parents, and teachers, and more specific and in-depth skills for conducting interviews about particular issues including bullying, substance use, and suicide. These techniques are illustrated via very realistic case studies. The case studies helpfully include excerpts of actual interview transcripts so that the reader can examine the actual words used by both interviewee and interviewer to actively engage with the text and draw conclusions. I found the case studies presented in such a way as to help make them come to life outside the page, and most practitioners should be able to easily identify students in their own work who are similar to those presented in the case studies.

The case studies and techniques are also presented with much normative

data about children and adolescent behavior, to help readers put into context whether particular responses from children are typical. This is especially helpful to increase the validity of interviews, which are otherwise prone to bias and interpretation. The book helpfully illustrates the integration of interview data with other assessment source, and describes using interviews as a tool in generating and selecting intervention ideas. The manual further contains reproducible forms for semistructured interviews; as an added convenience, these forms are also available as digital downloads from the publisher.

The manual is updated from its first edition and includes current information about contemporary issues with youth such as social media and bullying. A few areas could have used additional updating for this edition. In some sections, much of the normative information cited by the manual are based on ASEBA studies published in 2001, which makes the data somewhat dated for 2013. Also, while the manual has updated information from the DSM-5, in at least one instance, the manual used the outdated term "mental retardation" when referring to an intellectual disability. Overall, these issues did not detract from my experience of reading the book, and I would recommend this as a resource for both current school psychology practitioners and graduate students in psychology.

BRADFORD DALY, PhD, NCSP, is a school psychologist at the Wayne Central School District in Ontario, New York, and is an adjunct instructor at The College at Brockport, State University of New York.

Practical Advice for Suicide Prevention and Intervention

REVIEWED BY REBECCA KMITTA

Suicide shatters the soul, the self, others, and the community. Gratefully, completed suicide is not something we as educators are faced with often, if at all. What is unsettling, however, are the statistics; how commonplace it can be for our youth to encounter such thoughts. As educators, we all likely have attended some mandatory professional development workshop about the topic of suicide, yet how many of us can confidently say we feel prepared to deal with a suicide in our schools when the situation moves from a textbook scenario to reality? Losing one student is alarming; losing 4,822 students (McIntosh & Drapeau, 2014) is unfathomable. I cannot begin to think

of the number of times I have listened to or completed an evaluation for a student who comes from a broken home, is abused, neglected, depressed, disconnected, anxious, hungry, a perfectionist ... and I did not dig deep enough or consider to ask about suicide simply because it was not mentioned by the student, indicated on some rating scale, or because, outwardly, a student appeared to be functioning well. The authors profoundly place at the forefront of the reader's mind to always ask, to universally screen all students to determine who is at risk, to provide multitiered interventions for different levels of threat, and to deliver a sense of ease with breaking the silence, stigma, and discomfort of suicide for the sake of our students' safety.

Suicide in Schools is an invaluable resource for educators. The authors walk the reader through suicide's risk factors and protective factors; who should make up the crisis team; how to prevent, plan for, and respond in the case of a crisis using NASP's PREPaRE model; and how to conduct a threat assessment and intervene with suicidal youth. They discuss the implications for educators, schools, and districts should they fail to aid in the prevention of suicide, by unveiling the outcomes from several litigations. As a school psychologist working in a state where youth are at the greatest risk for suicide, what I found most helpful is how the authors guide you to understand the prevention, intervention, and postvention process, sharing their own experiences and utilizing universal research-based programs shown to be the most effective. The authors offer an online website for those who purchase their book where forms, checklists, handouts, rating scales, presentations, and other resources can be found to help the educator with professional training and development of effective procedures to prepare them in their work with suicidal youth and crisis intervention in general. This alone is more than worth the price of what I consider a lifesaving manual that I am already using and recommending to those who work with children and adolescents.

The reader can be confident that Suicide in the Schools is a trusted and credible source, embedded with decades of invaluable experiences and research provided by the authors. Dr. Poland is an internationally recognized expert in the area of suicide who has written and coauthored several books on the topic. He is often sought out as the leader for

SUICIDE IN SCHOOLS: A Practitioner's Guide to Multilevel Prevention, Assessment, Intervention, and Postvention
By T. A. Erbacher, J. Singer, & S. Poland
2015, Routledge

crisis teams following a student suicide, community disasters, and school shootings. Dr. Poland is the past Prevention Division Director for the American Association of Suicidology and served as a member of the National Emergency Assistance Team for NASP. Dr. Ernbacher serves on the Board of Directors for Survivors of Suicide as Chief Scientific Director and is a member of the American Foundation for Suicide Prevention. Her contributions in suicide prevention, crisis intervention, and bereavement following suicide have earned her several prestigious awards. Dr. Singer is a professor of social work whose recent study has helped to debunk the myth that suicide is an adolescent crisis and emphasizes how crucial it is to have procedures in place for all age levels prior to a suicide: When schools “have to commit to so many other things, it’s hard to make it [suicide] a priority, especially when it’s not happened.” Yet, it will. For the sake of our children, please prepare.

Reference

McIntosh, J. L., & Drapeau, C. W. (2014). U.S.A. suicide 2011: Official final data. Washington, DC: American Association of Suicidology. Retrieved from <http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2011OverallData.pdf>

REBECCA KMITTA, NCSP, is a school psychologist in the South Bend Community School Corporation, Indiana.

Improving Skill Deficits

REVIEWED BY LEORA TANZMAN

The Resilience Builder Program is an evidence-based group intervention for children in third through eighth grade. Sessions are adaptable for younger and older children as well as for individual therapy. The authors provide more detailed modifications for younger children than older ones, possibly because the adaptations for older children appear to require less guidance. This program, which uses a cognitive-behavioral therapy approach, is valuable since it improves skill deficits that span across a wide variety of diagnoses.

Based on a review of the literature on resilience, the authors organized protective factors into six broad areas (i.e., being proactive, self-regulation, connections and attachments, achievements, community, proactive parenting) that form the basis of the program. The book includes a table that clearly delineates which protective factors are targeted in each session. Lists of eight

to twelve selected sessions target each of the following difficulties: anxiety, few friends/social isolation; hyperactivity/poor self-regulation and impulse control; and social interaction impairment relating to Asperger’s syndrome. In addition to being based on theory, this program has been field tested.

The Resilience Builder Program includes two main parts. Part one consists of five chapters that thoroughly explain the program, including a literature review and guidelines for implementing it. This part includes the intake process, which determines the suitability of a child for this intervention. The recommended intake process seems more practical for private rather than for school-based practitioners. This program is not recommended for children who have below average intellectual abilities or severely aggressive behavior. Part two provides 30 session plans divided into two 15-session units.

The layouts of sessions are consistent. Although session titles clearly state the main focus of the lesson (e.g., flexibility, self-esteem), the session may target multiple competencies. Each session includes the purpose, goals, materials, procedure, and occasionally an optional activity. Clear step-by-step instructions are provided on how to lead the group, including scripts. They also refer back to earlier sessions when teaching similar concepts. Handouts, homework, and a parent letter (in English) are easily accessible at the back of each session. The appendices include additional handouts for parents and children, evaluations, and award templates. It was disappointing that the enclosed CD only had PDF versions of all of the session handouts and the materials in the appendices.

The overall organization and content of each session seems user-friendly and effective. Each session consists of five structural components: discussion and role play surrounding a specific skill, structured free play and behavioral rehearsal, relaxation and self-regulation techniques (i.e., calm breathing, progressive muscle relaxation, guided imagery, yoga), generalization (e.g., free play), and a parent component. The authors expect high levels of parent involvement that may be unrealistic in a school setting. In addition, students are expected to complete weekly homework assignments, which may be difficult when students have extensive demands on their time. Overall, the Resilience Builder Program appears to be an effective way to build students’ competencies in skills that are necessary for academic success. ■

LEORA TANZMAN, NCSP, is a school psychologist in Lawrence, New York.

JUST A CLICK AWAY

BY DAN FLORELL



Redesigned NASP Website

Around mid-October, people who visited the NASP website got quite a surprise. They were greeted by a whole new layout and eye-popping pictures and graphics. This certainly did not look like the usual NASP website!

The site transformation was the result of a couple of years of careful planning on the part of the NASP office and various Web design companies. There were significant challenges, as there have been a lot of changes in technology since the last site redesign, and the size of the site had significantly increased.

In the 1990s, when NASP first launched its website, the process of creating a website was fairly simple. Most computers operated in a similar manner and they all used the same two or three Web browsers. Fast forward to today, and people are using a variety of Web browsers and looking at websites through an assortment of devices, including their smartphones, tablets, laptops, and desktop computers.

Older websites had difficulty accommodating screens of different sizes that people are now using. This is why some sites on smartphones have print that is too small to read. The old NASP website had that problem. Thankfully, it is now no longer an issue as the redesigned site is responsive to the size of the screen it is being viewed on. This means you can view the website on any device and it will adjust with you. No more having to expand a view in order to be able to read the site!

Once people were able to see the site on any device, it was important for them to be able to find what they were looking for. Developing a good organization system gets tricky as more people use it. What makes sense to one person can be totally confusing to another.

Now imagine having to organize a website with thousands of documents and resources for over 100,000 people. This was the task that the website design team undertook. The team started out by sending out a user survey to NASP members and other groups who commonly use our website. Focus groups were then used to see how people looked for information on the website and what key terms they typically used. Based on this information, the website design team went back and tagged all of the documents and resources on the site with key terms so

they could be found more effectively.

The feedback from the surveys and focus groups was also used to make sure that the most common information people looked for was easy to find from the front page. This feedback resulted in the six major categories that can be found at the top of the front page of the redesigned site. These categories are further broken down into a pull down menu of related subcategories. Now people who come to the website are likely going to find what they are looking for within a couple of clicks.

The search capability of the redesigned website also benefited from the new organizational framework. Now *Communiqué*, *School Psychology Review*, and *School Psychology Forum* articles can be quickly found along with podcasts and other resources.

One of the resources people often click on is *Communiqué*. The redesigned page for *Communiqué* has been reorganized and revamped. It’s now easier to scan the most recent edition’s articles. If an article piques someone’s interest, it is simply a click away to get it in a webpage format. This way, *Communiqué* can easily be accessed and read while waiting for the next IEP meeting to convene.

While it is nice to access all of the information available on the website, sometimes it feels good to curl up with a good book. The process of getting NASP books and other publications is more stress-free than ever. The redesigned page for the NASP Store allows people to quickly search for a title or browse the various publications NASP has to offer. In addition, the store is a nice place to pick up some holiday gifts for fellow school psychologists. Who can resist putting a NASP pashmina on during a cold winter’s day?

As thoughts turn towards the holidays and various resolutions, a good place to look for professional renewal is the NASP Practice Model, which is prominently displayed on the redesigned website. The Practice Model provides guidance on best practices and how school psychologists can improve their professional competencies. Learn more about the model and all of the resources available in this newest area of the website.

One of the greatest windows into NASP and all it has to offer is through its website. The redesigned site will ensure more people can maximize this resource by allowing them to find information quickly and intuitively. If you have not had a chance to look over the redesign, take a minute and visit www.naspoline.org. ■

DAN FLORELL, PhD, NCSP, an assistant professor in the school psychology program at Eastern Kentucky University and a contributing editor for *Communiqué*.

Updates From the School, Family, and Community Partnering Interest Group

BY S. ANDREW GARBACZ, SARAH FEFER, & THERESA BROWN

The School, Family, and Community Partnering Interest Group (SFCP-IG) was formed in 2013 to support the Family-School Collaboration domain of the National Association of School Psychologists (NASP) *Model for Comprehensive and Integrated School Psychological Services* (NASP, 2010). The premise of this work is that student performance is enhanced when families and school staff work together in a joint and substantive fashion. The SFCP-IG has three primary goals: (a) centralize resources about family-school collaboration; (b) provide a forum where ideas, experiences, and interests can be shared and stored; and (c) disseminate information on family-school collaboration to NASP and other education organizations. These three goals are addressed through several activities.

ACTIVITIES

The SFCP-IG has been active and engaged in the two years since it was created. The following is a brief summary of our recent activities:

- Met every year at the annual NASP convention to discuss needs and priorities.
- Created a central bank of resources on the NASP community website for researchers and practitioners.
- Established a forum for community

members to discuss questions, present issues, and respond to challenging situations.

- Sponsored a webinar that was viewed across the nation on family engagement within tiered behavior support frameworks.

NEW AWARD CREATED

We are excited to announce a new initiative: the Family, School, and Community Partnering Recognition Award. This award will be given to a NASP member who exemplifies family, school, and community partnering in their work. The award is applicable to researchers, graduate educators, and practitioners alike. Nominations (including self-nominations) should be sent to Andy Garbacz (andyg@uoregon.edu) by January 15, 2016. Each nomination must include a statement of nominee qualifications in reference to the following five criteria: (a) scholarship or applied work focuses on family, school, and community partnering activities; (b) quality of family, school, and community partnering activities; (c) quantity of family, school, and community partnering activities; (d) family, school, and community partnering activities include increasing the capacity of partnering activities (e.g., through dissemination of research findings, through training school or district coaches); and

(e) family, school, and community partnering activities are aligned with empirically validated strategies. The award will be announced during the NASP 2016 Annual Convention.

We are always seeking new and exciting activities that our members will find useful in their work. To that end, we encourage any NASP member with an idea about how we can advance the mission of NASP's family-school collaboration services to contact us.

RESOURCES

One of the goals of the SFCP-IG is to assist members with access to resources on partnering. Members can access these resources by visiting the discussion thread or library of the SFCP-IG. You can access either of these by visiting the NASP home page and searching for the SFCP-IG under the Community tab. There you will find links to resources applicable for practitioners and researchers.

You can contribute to the resources on partnering in two ways. You can make an electronic post to the SFCP-IG discussion thread. Members will receive your contributed post as part of their NASP e-mail. You can also post to the library of the SFCP-IG. The library is an electronic repository containing links to information related to practice, research, and legislative issues that impact partnerships among schools, families, and communities.

We encourage practitioners to share information about school, community, government, and other resources that they have found valuable in their partnering efforts. Researchers are encouraged to share

information about their work and suggestions on partnering. Graduate educators may share their approach to teaching graduate students to partner with families and school staff (e.g., by sharing a course syllabus on family-school collaboration).

HOW TO GET INVOLVED

There are many ways to get involved in the SFCP-IG. We currently have 297 members and are looking for more! A first step to getting involved is to join our online NASP Community to interact with other members and access resources. Once you are a member of the online community, you can pose or respond to questions, seek advice, share resources, or start a conversation using the "discussion" feature. You will also have access to all resources shared through the community library. Other ways to get involved include attending our annual meeting at the NASP convention, participating in surveys sent out through the community (e.g., seeking feedback about the next webinar), attending webinars or other interactive opportunities through the NASP community, nominating yourself or a colleague for the School, Family, and Community Partnering Recognition Award, or running for chair or co-chair of this interest group in the future. ■

Reference

National Association of School Psychologists. (2010). *Model for comprehensive and integrated school psychological services*. Retrieved from http://www.nasponline.org/assets/Documents/Standards%20and%20Certification/Standards/2_PracticeModel.pdf

S. ANDREW GARBACZ and THERESA BROWN are cochairs of the School, Family, and Community Partnering Interest Group, and SARAH FEFER is its chair-elect.

PUBLICATIONS

Call for Book Reviewers

BY MERRYL BUSHANSKY

There is a fairly eclectic mix of books offered in this edition of the Call for Book Reviewers. Books describing interventions for behavior, executive skills, and social-emotional issues are included as well as books on more global topics such as bullying, internships, and character building. Hopefully, there is something for everyone.

Please submit your requests to me at spmerryl@msn.com with a short vita or summary of your qualifications so that I can match the books to the appropriate reviewer. Only requests that include the address where the book is to be sent will be considered. Listing several choices is encouraged since there are many more requests than there are books to review; please be specific in your requests. NASP members will get priority.

As in the past, it is important to get your requests in early. I try to get the books distributed within a month of *Communique's* arrival. You will have two months to read and review the book and, as always, you get to keep the book.

Aspertools: The Practical Guide for Understanding and Embracing Asperger's, Autism Spectrum Disorders, and Neurodiversity, a paperback of 216 pages by Reitman (HCI Press, 2015)

Belonging and Becoming: The Power of Social and Emotional Learning in High School, a paperback of 232 pages by Cervone & Cushman (Harvard Education Press, 2015)

Beyond Bullying: Breaking the Cycle of Shame, Bullying, and Violence, a hardcover of 264

pages by Fast (Oxford University Press, 2015)

Classwide Positive Behavior Interventions and Supports: A Guide to Proactive Classroom Management, a paperback of 244 pages by Simonsen & Myers (Guilford, 2015)

Disruptive Behavior Disorders: Evidence-Based Practice for Assessment and Intervention, a hardcover of 304 pages by Gresham (Guilford, 2015)

Essentials of Assessing, Preventing, and Overcoming Reading Difficulties, a paperback of 448 pages edited by Kilpatrick (Wiley, 2015)

Executive Skills and Reading Comprehension: A Guide For Educators, a paperback of 284 pages by Cartwright (Guilford, 2015)

Learning Disabilities and Challenging Behaviors: Using the Building Blocks Model to Guide Intervention and Classroom Management, a hardback of 568 pages by Mather, Goldstein, & Ecklund (Brookes Publishing, 2015)

Making Grateful Kids: The Science of Building Character, a hardcover of 274 pages by Froh & Bono (Templeton Press, 2014)

Promoting Academic Success with English Language Learners: Best Practices for RTI, a paperback of 256 pages by Albers & Martinez (Guilford, 2015)

The School Psychology Practicum and Internship Handbook, a paperback of 233 pages by Joyce-Beaulieu & Rossen (Springer Publishing Company, 2016)

Youth Suicide and Bullying: Challenges and Strategies for Prevention and Intervention, a hardcover of 341 pages edited by Goldblum, Espelage, Chu, & Bongar (Oxford, 2015)

The Work-Smart Academic Planner: Write It Down, Get It Done, a paperback of 185 pages by Dawson & Guare (Guilford, 2015)

MERRYL BUSHANSKY is the book review editor for *Communique*.

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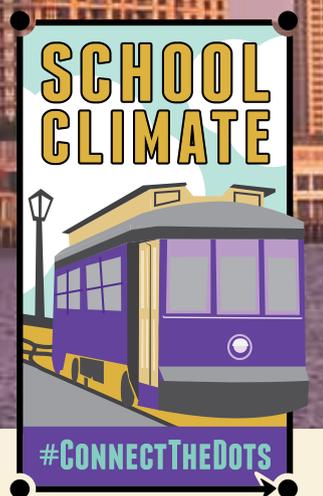
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