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2007 NASP Annual Convention, March 27-31

New York Convention Workshops: Prevention, Interventions, and Problem Solving/RTI Highlight Program

*By Mark E. Swerdlik, NCSP,
Convention Workshops Chair*

This year, the '07 NASP Convention in New York City will include a slate of 59 professional growth workshops offered throughout the five-day conference. The workshops were selected to meet the continuing education needs for skill-based training of school psychologists and to reflect the various practice domains articulated by NASP standards (e.g., Data-Based Decision Making and Accountability; Interpersonal Communication, Collaboration, and Consultation; Effective Instruction and Development of Cognitive/Academic Skills). Workshops were also selected to reflect the convention theme of "Responsiveness: The Fourth "R." In response to participant feedback, the 2007 workshop slate includes more advanced workshops and half-day options with the same speakers dividing their workshop into introductory and advanced levels of the topic/skills addressed. Advanced workshops are intended for those who have the beginning/introductory knowledge base and skills in a particular area but desire a more advanced treatment of the topic.

Presentation formats for the '07 workshops once again include full (10:00 am-5:00 pm) and half-day (morning and afternoon) workshops throughout the Convention as well as Tuesday evening (6:00-9:00 pm) sessions; an Advanced Professional Training (APT) workshop on Tuesday afternoon and evening (2:00-9:00 pm) continuing on Wednesday (8:00-10:00 am and 2:00-6:00 pm); and a two-day intensive workshop on Friday and Saturday.

The APT workshop remains a unique format in that the presenters will provide participants with a set of advance readings and follow-up activities. The advance readings will allow participants to prepare prior to attending the two-day presentation in order to maximize the potential benefit of attendance at the workshop. Follow-up activities will facilitate application of workshop content to your job setting. This year, nationally known speakers in the area of prevention present the APT workshop coordinated by Dr. Rick Jay Short, Chair

the Goal 5 Futures Conference follow-up group, which addresses comprehensive, community-based (including schools) **health and mental health services** for children and their families

Similar to previous years, the workshop slate also includes a two-day intensive workshop, scheduled for Friday and Saturday. This year's topic is "**Building Student Motivation and Academic Skills: Research Supported Interventions,**" presented by Dr. Jim Wright, developer of the popular *Interventioncentral.com* website. This two-day 12-contact hour format gives the participant an opportunity to develop skills at



Even Lady Liberty will be checking out the Convention Workshops! (Photo courtesy of the New York Convention and Visitors Bureau)

a higher level than the more typical full or half-day workshop. Other highlights of the workshop slate include a follow-up to the popular APT workshop from last year dealing with implementing **problem-solving/RTI**. APT presenters Drs. George Batsche and David Tilly will present a half-day advanced workshop on this topic. There will also be a number of other workshops focusing on developing skills to facilitate the implementation of problem solving/RTI in our schools with a special focus on the high school level, with workshops presented by Drs. Mark Shinn and Randy Sprick.

Other highlights of this year's slate include a series of workshops on **Curriculum Based Evaluation** (CBE), an academic assessment method found valuable for use in problem-solving/RTI models of service delivery. Drs. Scott Poland and Rich Lieberman will address the issue of **self-mutilation/cutting** in adolescents and

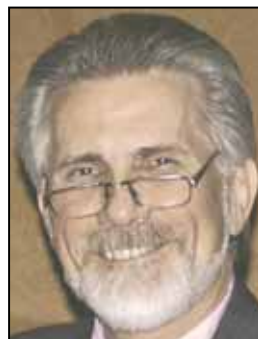
● *continued on page 4*

Officer Candidates Vie for NASP's Top Offices

By Charles Deupree, NCSP

Three President-Elect and three Treasurer candidates will vie for the NASP officer positions. Photos and brief biographies are included here and will also appear on the NASP Elections website. Members may nominate two candidates for each position starting on **October 2, 2006** at the NASP Election Web page or by requesting a paper ballot. Please see the procedures on page 17.

Eighteen states will also elect delegate candidates. Biographies may be viewed on the ballot or online at the NASP Elections Web Page.



Gene Cash



Milt Dehn



Chris Willis

President-Elect

Ralph Eugene (Gene) Cash, PhD, NCSP. Gene is a psychology faculty member at Nova Southeastern University (NSU), director of the NSU school psychology clinic, and chair of the NASP Mental Health Promotion Work Group. Gene provided disaster mental health services in Mississippi and Florida in the aftermaths of Katrina and Wilma.

Milt Dehn, EdD, NCSP. A school psychologist for 19 years, Milt has practiced in 20-plus districts across four states. A university trainer and program director for 13 years, Milt served two terms as state president prior to becoming Wisconsin's NASP delegate. Milt currently helps struggling learners at a center he co-founded.

Chris Willis, PhD. For Chris Willis (*docwillis.com*), it's all about the practitioner. After 17 years of specialist-level practice, he obtained his doctorate, returning to his practice in the schools in 1999. He is a proven leader in school psychology, as President of RISPA, RI Delegate, and two terms on the NASP Executive Council.

● *continued on page 2*

PRESIDENT'S MESSAGE

CARL J. DIMARTINO



New IDEA Regulations

The long-awaited regulations outlining how the reauthorized Individuals with Disabilities Education Act (IDEA) is to be implemented have been released. The Act was signed into law on December 3, 2004 by President George W. Bush and became effective on July 1, 2005. The regulations take effect on October 13, 2006. States and school districts are scurrying about to make sure that they are in compliance with the regulations.

The newly reauthorized law neither encourages nor discourages the continued use of the IQ-achievement discrepancy analysis. Rather, it provides an opportunity, for the first time, for school dis-

tricts to use an alternative to the standard model for determining eligibility under the classification of Specific Learning Disability. Those options, according to the regulations, are "the child's response to scientific, research-based intervention [commonly referred to as Response to Intervention (RTI)] or ... the use of other alternative research-based procedures for determining whether a child has a specific learning disability, as defined in § 300.8(c)(10)."

This new opportunity reminds me of a story (I cannot recall the source) about a man who came across a group of people busily pulling children, who were floating down the river, from the water. The man asks if anyone knows why this is happening. The response is that they do not have the time to find out because they are too busy rescuing all of these children!!! The man then proceeds to walk upstream, comes across a bridge that is in disrepair, and sees children attempting to cross the bridge who are falling into the river. The man works collaboratively with a group to repair the bridge. The result is that children stop falling into the water!

Perhaps we have spent too much time attempting to rescue the children and insufficient resources and time on the source of the problem (curriculum and instruction). The new act and accompanying regulations encourage us to proactively make an even bigger difference in the lives of children.

NASP Programs at Work: Advocacy (Jennifer Kitson, Program Manager)

The Advocacy area is committed to building, maintaining, and coordinating liaisons and coalition work with relevant groups for purposes of advocacy for school psychology and for the educational and mental health needs of children/youth. Selected outcome goals for this year are to identify communications opportunities and facilitate communications efforts across program areas; promote the role of school psychologists as mental health providers; promote effective mental health and educational services to all children and their families through appropriate legislation, advocacy, and public policy develop-

ment; respond and assist in a critical incident or disaster; update position papers; provide information, research, and resources about issues of sexual orientation as it pertains to children and youth; provide information, research, and resources about issues relating to diversity and the recruitment of minorities to the field; promote effective models and roles for school psychologists around the world; and complete the development of an Advocacy Toolkit.

The following Chairs and Cochairs work diligently to advance the goals of the Advocacy Program: Beth Doll (Mental Health); John Boyle, Susan Prout, and Cherise Walker (Communications); Lisa Persinger and Erica Weiler (GBLQ); Barry Barbarasch, Brent Duncan, Shane Jimerson, and Ralph E. (Gene) Cash (GPR); Robin Satchell, Sandra Screen, Brian P. Leung, Carlos J. Guerrero, and Paul Dauphinais (Multicultural); and Scott Poland (NEAT). Thank you.

Progress on the Presidential Initiatives

Increase the number of school psychologists. In 2004, in the face of the growing shortages of school psychologists, NASP and Division 16 of the American Psychological Association (APA) jointly agreed that (1) licensed psychologists with school practice competencies should be encouraged to provide psychological services in the schools; and (2) any person practicing in the schools with the title of "school psychologist" should have completed a graduate program in school psychology that was NASP approved or APA accredited in School Psychology. This is an important agreement but it has left some questions unanswered: What are the school practice competencies that are important if licensed psychologists are to be successful in serving children in schools? And, what kinds of training might be needed if a licensed psychologist from another specialty area (e.g., counseling or clinical psychology) wants to respecialize in school psychology? To answer these questions, NASP is convening a workgroup with other organizations in the profession. The workgroup has committed to writing a "white paper" that fully examines the questions that remain, identifies other policies or documents that are relevant to the questions, and frames the options for the professional associations to discuss.

Improve culturally responsive services. The Multicultural Affairs committee is now comprised of the following sub-committees: African, Asian, Latino, and Native American.

In closing, it pleases me to report that membership in the Association exceeds the total number compared to last year at this time. Nonetheless, I urge you to suggest to your colleagues that they join. NASP is the national and international voice for the advancement of our chosen profession. ♦

President Carl J. DiMartino, PhD, NCSP, will spend most of October on the road, meeting with and speaking to state associations at their fall conferences. This year, Carl is on leave from his position with the Pennsylvania Training and Technical Assistance Network.

● Candidates... continued from page 1

Treasurer

Ron Benner, NCSP. Ron is a school psychologist in Bridgeport, CT. He is NASP's Listserv Chair and has been a Delegate, Chair of Interest Groups and Coordinator of CTASP. In Connecticut, he is currently the Treasurer, last eleven years, and has served as President, Job Coordinator, and Program Committee member.

John Boyle, NCSP. John has served children and schools as practitioner and state/national leader for 25 years. Currently with Heartland AEA, NASP positions included 5 combined terms as Central Region/West Central Region Delegate Representative, and Iowa and Louisiana Delegate. Current NASP Communications Chair, John previously chaired Nominations/Elections, Membership, and the Education Research Trust.

Tom Delaney, NCSP. Tom is a practicing school psychologist in Lake Washington School District. Prior leadership includes service as Treasurer and President of the Washington State Association of School Psychologists; Washington State Delegate and Western Region Delegate Representative for NASP, and membership on the Ethics and Children's/Professional Practices Committees. ♦



Ron Benner



John Boyle



Tom Delaney

EDITOR'S NOTE

By Andrea Canter, NCSP

Summer left. Maybe not for good but there are definite signs that fall has arrived, sliding in pretty much on schedule for the upper Midwest, just in time for the first day of school. The progress monitoring chart will show a gradual decline in highs and lows, from the sticky 90s of July to the 80s of August and now we are into the 70s. By the time this issue of CQ hits your mailbox, we'll be happy to see some 70s and grateful if the frost holds out til mid October. I would appreciate fall colors even more if I didn't know it all ends in gray and white.

Black and white of course is the basic color of CQ although we try to liven things up with some color photos. And speaking of progress monitoring, this issue features a how-to article about using confidence intervals with CBM data, one way of improving implementation of RTI procedures. We also have a mental health thread running through this issue, from Communication Matters which addresses the provision of mental health services, paired research columns looking at suicide risk and prevention, crisis research summaries, an introduction to the work of NASP's Mental Health Workgroup, handouts on Positive Behavior Support and steroid abuse, and some cautions and reminders about Halloween. The 2007 Convention continues in the spotlight, with news about the workshop slate, tourist attractions in the Big Apple, and a look back at the last New York City convention of 1978.

This month you can also meet the candidates for the nomination ballot, learn about the impact of childhood ear infections, and learn about the new *Blue Print III*. We also have a few more editorial comments from members about various issues in daily practice, our quarterly installment of NASP at Work, information about the IDEA regulations, and more Student Connections. And more. ♦

Andrea Canter, PhD, NCSP, will pass off the CQ baton to John Desrochers, PhD, ABPP, on July 1, 2007. In preparation for the transition, members will have an opportunity to respond to a survey about the CQ. Watch for an online survey in the near future.



NASP at Work

Mission

The National Association of School Psychologists represents and supports school psychology through leadership to enhance the mental health and educational competence of all children.

Advocacy

- NASP sent a Legislative Alert to the School Psychology Action Network announcing release by the U.S. Department of Education of the **final regulations to implement Part B of IDEA 2004**. See a NASP summary at www.nasponline.org/advocacy/naspidaregsummary.html and the official regulations in the *Federal Register* from August 14. NASP attended the meeting at which Education Secretary Margaret Spellings announced the release of the regulations.
- NASP visited with Congressional staff including Rep. Wilson (NM-R), Sen. Domenici (NM-R), Sen. Kennedy (MA-D), Rep. Sherwood (PA-R), and Rep. DeLauro (CT-D), to address **school mental health services**, the Children's Mental Health Resiliency Act, and the Elementary and Secondary School Counseling Program. NASP also attended a briefing before the U.S. House of Representatives on **Preventing School Gang and Youth Violence**.
- NASP created a new **research section** on its Advocacy/Public Policy webpage to support members' advocacy efforts. See www.nasponline.org/advocacy/research.html for research bibliographies, fact sheets, citations, and links to research reports.
- NASP members sent 9,182 e-mails between Jan. 1 and June 30 via the **NASP Advocacy Action Center** (<http://capwiz.com/naspweb/home>). See how your state compares with others at www.nasponline.org/advocacy/Capwiz%20Stats%20for%20NASP%20Website.pdf
- NASP contributed to the development of a draft white paper entitled **School Leadership for Improving the Lives of Youth: Innovative Steps for Preventing Placement of Youth in the Juvenile Justice System**, with the National Disability Rights Network and the National Association of State Directors of Special Education.
- NASP developed recommendations for the **2006-07 Mental Healthcare Promotion Workgroup** activities/key areas.
- NASP posted **two new online CPD modules**: Suicide Prevention and Self-Mutilation at www.naspwebservices.org/ScriptContent/resources/CEUFiles/index.cfm.
- NASP participated in the **George Washington University Summer Public Policy Institute**, making presentations and contributing resources (see the NASP handout at www.nasponline.org/advocacy/violresources2006.pdf).
- NASP created the theme for **School Psychology Awareness Week** (Nov. 6-10), Building Steps to Success. Lowering Barriers to Learning. Supporting Mental Health Matters, and designed a poster (available as an insert in this issue of CQ).
- NASP contracted with Thomson West to use **NetScan**, a web-based legislative and regulatory tracking tool that will make it possible for staff to more effectively monitor federal and state legislation impacting the profession.
- NASP finalized an agreement with the National Association of Secondary School Principals to contribute articles to their magazine **Principal Leadership** for a fourth year, with the coming year focusing on school-based mental health.
- NASP Communications managed **media inquiries** and coordinated interviews with member experts; media outlets included LRP Publications, *New York Times*, *USA Today*, *Desert Morning Star*, *Christian Science*

Monitor, Education Daily, Nick Junior Magazine, People Magazine, Instructor Magazine, Military Spouse Magazine, CNN and ZDF Television.

- NASP collaborated with the National Education Association (NEA) and the American Federation of Teachers (AFT) in developing an introductory PowerPoint presentation on **Response to Intervention** and in training a cadre of NEA and AFT trainers to use the presentation with their local affiliates. The presentation has been adopted by the IDEA Partnership as its foundation presentation, with the intention of developing additional presentations for use by the public. See www.ideapartnership.org

Information Services

- NASP is continuing its analysis of the **2004-05 Membership Survey**, with plans to highlight the results in future issues of the *Communiqué*. A preview of the demographic data can be seen at www.nasponline.org/about_nasp/NASPmembershipchar.pdf
- NASP has posted online the policies and procedures governing the **conduct of research** with NASP members at www.nasponline.org/research/policies.htm
- NASP established a target date of October 2006 for completion of the **redesigned NASP website**.
- NASP distributed complimentary copies of the toolkit, **Assessment Alternatives Under IDEA 2004**, to all state association presidents to be used as a training resource to state associations.
- NASP distributed 186 complimentary copies of the new NASP publication, **Children's Needs III**, to School Psychology training programs and began distribution of the new NASP publication, **School Psychology: A Blueprint for Training and Practice III** (see page 20 and www.naspcenter.org/blueprint).
- NASP created a **new NASP Publications Catalog** and designed and printed new NASP stationery, business cards, notepads, labels, and portfolios.
- NASP created two new issues of **Interventions Online** and wrote or coordinated topical and adaptable online resources now available by logging in to Member Services.
- NASP created a **library** at NASP headquarters, which includes NASP publications, convention materials, and a growing collection of government, non-profit, and commercial publications.
- NASP created a **computer screensaver** for members and a new membership certificate, available in the NASP Members e-Community.

Professional Development

- NASP cosponsored with the American Healthcare Institute two major summer conferences entitled **Critical Skills & Issues in School Psychology**, the first in Atlantic City, NJ and the second in Chicago, IL. Several hundred school psychologists participated in professional development activities at each conference.
- NASP processed and sent out for review more than 1,100 proposals for paper and poster presentations, mini-skills workshops, and symposia for the **NASP 2007 Convention in New York City**.
- NASP met with the **Department of Defense Educational Agency (DODEA)** Pupil Services Directors to discuss professional development training and future involvement by NASP in a DODEA international conference in 2007.

Professional Standards

- During the summer months, NASP processed 319 initial NCSP applications, 820 NCSP renewals, and 50

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● **At Work** . . . continued from page 3

- Special Renewal Opportunity (SRO) renewals; as of mid August, the number of **Active NCSPs** was 9,960.
- Plans are underway for NASP to collect training program data for the 2006–07 academic year through the **School Psychology Training Programs Database** at www.naspwebservices.org/scriptcontent/trainersurvey/publicinfoview.cfm
- Joan Bohmann**, NCSP, joined NASP as the Director of Professional Standards and Continuing Professional Development on August 1.

Leadership

- NASP continues its **membership renewal and recruitment campaign** to increase membership to 30,000 by NASP's 40th Anniversary in 2009, and has developed a new membership year theme, **Making Measurable Progress and a Lasting Difference**; by late August member renewals and the addition of over 1,800 new members had brought the total membership to more than 1,200 ahead of last year's total at this time of year.
- NASP conducted an online **Governance Survey** of NASP leaders to inform planning and evaluate changes to the governance structure.

Presentations, Collaborations, and Meetings

- NASP made **presentations** to the American Federation of Teachers, Council for Exceptional Children, Department of Defense Educational Agency, Maryland State School Psychology Supervisors, Mental Health Liaison Group, National Alliance of Pupil Services Organizations, National Coalition on Personnel Shortages in Special Education and Related Services, National Education Association, National Joint Committee on Learning Disabilities, New Jersey Chapter of the National Education Association, Summer Leadership Conference of the American Association of School Administrators, Prince George's County Maryland School Psychological Services, and at a NASP-organized meeting of DC-area school psychology students.
- NASP participated in **collaborative efforts** with the American Federation of Teachers, IDEA Partnership, International Reading Association, Just the Facts Coalition, Maternal Child Health Bureau of the Health Resources and Services Administration, National Education Association, National Juvenile Justice and Delinquency Prevention Coalition, Ohio Commission on Dispute Resolution and Conflict Management, and Temple University.
- NASP **attended conferences and meetings** of the American Psychological Association, American Red Cross; American School Counselors Association; Committee for Education Funding; Consortium for Citizens with Disabilities; Council for Exceptional



NASP Convention Committee (photo: Leigh Armistead)

Children; Gay, Lesbian, and Straight Education Network; IDEA Partnership; Mental Health Liaison Group; National Alliance of Pupil Services Organizations; National Center for Education Statistics; National Consortium for Child and Adolescent Mental Health Services; National Coalition on Personnel Shortages in Special Education and Related Services; National Joint Committee on Learning Disabilities; National School Medicaid Conference; Substance Abuse and Mental Health Services Administration; and the U.S. Department of Education.

Convention Dates

- 2007 — **New York City** (March 27–31)
- 2008 — **New Orleans** (February 5–10)
- 2009 — **Boston** (February 24–28)
- 2010 — **Chicago** (March 2–6)
- 2011 — **San Francisco** (February 22–26)

Quick Facts From the 2004–05 NASP Membership Survey*

- Percentage of NASP members who are female: 74%
- Percentage of NASP members who are Hispanic: 3.0%
- Percentage of NASP members whose primary employment is in public schools: 83.1% ♦

* Curtis, Lopez, Batsche, and Smith, 2006

Thanks to NASP's Director of Research and Information Services, Jeff Charvat, for compiling NASP at Work!

● **Convention Workshops** . . . continued from page 1

they have included in their workshop as guest speakers two adolescents who have dealt with this growing problem. A series of workshops addressing **Autism Spectrum Disorders** will include half-day introductory and advanced workshops presented by Dr. Susan Wilcznski, Director of the National Autism Center. Other diverse topics include workshops addressing working with **bilingual and English language learners, developing culturally responsive practice**, and working with **interpreters**; children of **deployed soldiers**; and diagnosis and intervention development for children exhibiting **bipolar disorder, depression, anxiety, and OCD**. Other highlight this year include a series of workshops designed for trainers focusing on developing **performance-based accountability measures** and the online submission process for **NASP program approval** as well as topics dealing with legal issues posed by the recently released Rules implementing **IDEA 2004, bullying**, and workshops targeting assessment and interventions for academic areas including **reading, math, and written language**.



NASP will also once again be offering several cosponsored workshops with test publishing companies. These more assessment-orientated workshops will feature either test authors or leading researchers in the field who present on **various assessment instruments**. Many of these workshops will include how to use these instruments consistent with the implementation rules related to IDEA 2004.

The full New York '07 workshop slate can be found on page 49. The preliminary program will have more complete descriptions of each workshop and biographical information about the workshop presenter(s). We hope you will avail yourself of the opportunity to receive more intensive skill-based training through these professional growth workshops addressing a wide variety of skill areas. ♦

Mark E. Swerdlik, PhD, NCSP, is on the faculty of Illinois State University. We don't remember when Mark was not coordinating the Workshops for NASP conventions!

Communiqué

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Editor

Andrea Canter
4438 Pillsbury Ave.
Minneapolis, MN 55419
612/823-1410
FAX 612/825-0523
cqeditor@aol.com

Editor-Elect

John Desrochers
desroc@optonline.net

Assistant Editors

Tom Cushman
cushman@oswego.edu
Steven Landau
selandau@ilstu.edu

NASP Website

<http://www.nasponline.org> W. David Tilly III, IA

Contributing Editors

Pam Beeman, CA
Terry Bontrager, MA
Steve Brock, CA
Katherine C. Cowan, MD
Tony Crespi, CT
Ron Dumont, NJ
Susan Gorin, MD
Thomas Johnson, ME
Paul McCabe, NY
Linda Meloy, IA
Anna Peña (MD)
Bill Pfohl, KY
Ed Schlossman, CA
Steven Shaw, QC
Leslie Talbot, GA

Reviewers

Gena Barnhill, MO
Phil Bowser, OR
Merryl Bushansky, NY
Mary Chittoran, MO
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Cammy Lehr, MN
Betty Lenehan, NH
Beth Levy, NY
Rebecca Mandal, LA
Rebecca Martinez, IN
James McDougal, NY
Scott Methe, MA
Amanda Nickerson, NY

NASP Executive Director

Susan Gorin
4340 East West Hwy, #402
Bethesda, MD 20814
301/657-0270
FAX 301/657-0275
sgorin@naspweb.org

Reprint Information

Chris Goode – NASP
4340 East West Hwy, #402
Bethesda, MD 20814
301/657-0270
cgoode@naspweb.org

Ad/Employment Notices

Linda Morgan – NASP
4340 East West Hwy, #402
Bethesda, MD 20814
301/657-0270
lmorgan@naspweb.org



Graphic Design

Conner & Company
1560-B Baylor Court
Eagan, MN 55122
651/681-1636
info@ccdesignweb.com

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Support for State School Psychology Associations: A Model for Promoting Professional Practices

By *Kathy McNamara, NCSP*
Chair, *Ethical and Professional Practices Committee*

As the role of school psychologists diversifies and becomes more complex, so, too, do issues related to standards for service delivery and appropriate professional conduct. Recognizing the need for a broader conceptualization of the mission of "ethics committees," NASP President Carl DiMartino launched an initiative to address two objectives: first, to extend the range of services provided to NASP members by the Ethics and Professional Practices (EPP) Committee; and, second, to develop a model that can be used by state associations as a framework for more proactive efforts to promote excellence in professional practice and to reduce risk for incidents of ethical misconduct.

Model for Promoting Professional Practices

In June, members of the NASP EPP Committee met at NASP headquarters to begin work on the second of these objectives. The Committee designed a *Model for Promoting Professional Practices* and developed a plan to educate and support state associations in applying this model at the state level. The model emphasizes the critical role of associations in defining ethical and professional practice issues unique to their states, but offers a framework within which such issues can be addressed. In addition, the model describes the support and resources that are available to state associations from the NASP EPP Committee.

In the past, ethics committees at the state and national level have fulfilled a narrowly-defined role, consisting largely of responding to inquiries and adjudicating allegations of ethical misconduct on the part of members. While the "professionalization" of School Psychology requires a willingness to enforce standards for ethical and professional practice, there is a need for ethics committees to expand their role to include education and advocacy for excellence in professional service delivery. To this end, the *Model for Promoting Professional Practices* describes four broad functions for ethics and professional practices committees.

1. Preventing Ethical Misconduct Through Education

Educational outreach on the part of ethics and professional practices committees represents a key element in the reduction of risk for ethical misconduct. As Jacob and Hartshorne (2003) point out, ethical misconduct sometimes occurs because school psychologists are unaware of parameters for appropriate conduct, and this is especially likely to occur as service domains and technologies become more complex. They also note that legislation and ethics codes – two sources commonly consulted for guidance in ethical decision-making – often fail to provide adequate guidance in matters as they emerge in contemporary practice. On the other hand, position statements researched, adopted, and disseminated by professional

associations provide a more timely resource for information about newly emerging issues. For example, widespread use of electronic record-keeping and internet resources carries risk for unauthorized access to confidential information — a problem that is inadequately addressed by existing practice guidelines. The need to acquire "cultural competencies" that enable school psychologists to provide more appropriate services to changing school populations represents another such issue.

In addition to recommending the use of position statements for educational purposes, the *Model for Promoting Professional Practices* suggests that state associations compile a directory of local and national resources for information about professional practice issues; provide outreach in the form of speaking engagements for related services audiences and students enrolled in school psychology training programs; and publish (via newsletters or websites) a list of "Frequently Asked Questions" pertinent to issues of interest to association members and the general public.

2. Advocacy for Professional Practices

Among categories of ethically troubling situations, incidents involving "administrative pressure to act unethically" are reported with the greatest frequency (Jacob, 1999). In addition, school psychologists are ethically obligated to take action to address circumstances in which institutional or social policies and practices conflict with standards for ethical and professional practice. Advocacy for more appropriate professional practices on the part of state association ethics committees might involve the creating of opportunities to showcase "best practices"; establishing liaisons with professional organizations or networks of educational administrators and related services providers; ensuring that a commitment to ethical and professional practice is incorporated in state association platforms and legislative agendas; and serving on state and local committees charged with the development or revision of standards affecting the delivery of school psychological services.

3. Response to Inquiries Regarding Ethical and Professional Practice Issues

Many times, ethics committees receive requests for information or guidance in matters of professional practice. For example, an association member licensed by a state regulatory board may seek guidance about parameters for private practice, or an educational administrator might request information about recommended assessment practices. While ethics committees do not have sufficient expertise to offer satisfactory responses to all inquiries, they can identify and make referrals to other resources that do possess relevant expertise (advocacy groups, published materials, state-sponsored technical support agencies). In some cases, state associations sponsor an electronic list that members access through a subscrip-

● *continued on page 7*



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RESEARCH REVIEWS

Gender-Role Nonconformity, Suicide Risk, and Prevention

By Christy Byrne Yates, Ellie Martinez, & Molly Harrison, NCSP

Associate Editor's Note: This column is provided by the NASP Research Committee. It is intended to present readers with a very brief synopsis of selected articles that have recently appeared in leading journals in school psychology and related areas. Articles in the School Psychology Review are not included since readers of the *Communique* receive this journal. In this issue, we present a column on suicide risk and gender-role nonconformity, guest-edited by *Communique* Contributing Editor Stephen E. Brock, PhD, NCSP of the NASP Crisis Management in the Schools Interest Group and California State University, Sacramento. A companion article on suicide prevention programs is provided on page 8. — Steve Landau

In response to alarming media reports and community concerns about the prevalence and harmful consequences of school-based bullying, the research literature has extended our knowledge of the vulnerability characteristics found among typical victims of bullies. Indeed, meta-analytic data reveal that victims of bullying suffer extreme loneliness and depression, possibly resulting from diminished social rank (Hawker & Boulton, 2000). Even though there is a paucity of research in this area, it may also be the case that children and teens with *gender-role nonconforming behavior* (GRNB) are at greatly elevated risk to be terrorized and bullied by some of their peers. To make matters worse, this intimidation may exacerbate the risk status of GRNB youth for suicide. The intent of this column is to describe the relation between gender-role nonconformity and suicide risk, and summarize encouraging data about the impact of school-wide suicide screening and school-based suicide prevention programming.

Friedman, M., Koeske, G., Silvestre, A., Korr, W., & Sites, E. (2006). The impact of gender-role nonconforming behavior, bullying, and social support on suicidality among gay male youth. *Journal of Adolescent Health, 38*, 621–623.

Friedman and colleagues (2006) examined the relationship between gender-role nonconforming behavior (GRNB) and suicide risk, and how bullying mediates the risk of suicidal ideation. In addition, the study evaluated to what degree social supports protected these youth from becoming suicidal. The authors hypothesized that adolescents who exhibited gender role behaviors characterized by peers as “abnormal” were more apt to be bullied by peers, and those subjected to such bullying were at a greater risk for suicide attempts. However, the authors also hypothesized that social supports would be helpful in protecting these students.

The study utilized a retrospective survey administered to 96 males between the ages of 18 and 25 who self-identified as gay (88%), bisexual (8%), or other (4%). Participants were recruited through community or university-based organizations. The ethnic breakdown of the sample was 73% Caucasian, 10% African-American, 6% Latino, 5% Asian/Pacific Islander, and 6% mixed backgrounds.

Participants completed questionnaires that addressed their own gender-role behaviors, experiences with being bullied, and suicidal ideation during three distinct educational periods, specifically, grades 1 to 5, 6 to 8, and 9 to 12. GRNB was quantified via adaptations of three previously developed scales describing masculine and feminine behaviors common to elementary, middle, and high school-aged students. Questions assessing *bullying* were developed to retrospectively measure bullying experiences in elementary, middle, and high school, and a measure was included to assess levels of *social support*. Finally, questions assessing *suicidality* were included in the questionnaires.

Results indicated that students who exhibit GRNB, and who have been targets of bullying, are at greater risk of suicidal ideation and behavior. While bullying was found to have a strong impact on suicidality at all grade levels, it appears to be most apparent during the middle school years. GRNB was found to be a significant mediator in relationship to bullying. The relationship between bullying and suicidality increased in elementary and high school as higher levels of femininity were reported. In other words, as femininity increased, bullying increased, and as bullying increased, so did suicidality. Masculinity and bullying were not found to be significant during elementary and middle school, but were significant during high school.

The hypothesis that social support provided protection against suicidal behavior was also found to have merit. Parental support at all levels was found to contribute to lower levels of suicidality. However, support from elementary and high school peers also appeared to be of great influence.

Because of some methodological limitations, inferences from this investigation cannot be widely generalized. For example, all research participants were active members of gay community groups, and ethnic minorities were underrepresented. In addition, the study relied on retrospective reports that are subject to distortion.

Even so, the perceptions of GRNB young adults indicate they suffered a high incidence of bullying as gay youth. As such, this study supports the notion that health and school psychologists should ask gay youth about bullying and need to probe these students who present with suicidality and bullying-related injuries. In addition, school psychologists can educate parents about the protection that parental support provides. Finally, on a school level, the investigators emphasize that issues of sexual orientation must be included in anti-bullying programs and school harassment policies.

Gould, M. S., Marrocco, F. A., Kleinman, M., Thomas, J. G., Mostkoff, K., Cote, J., & Davies, M. (2005). Evaluating iatrogenic risk of youth suicide screening programs:

A randomized controlled trial. *Journal of the American Medical Association, 293*, 1635–1643.

Gould and colleagues (2005) examined whether explicit school-based suicide screening increases distress and heightens suicidal thoughts among high school students. Additionally, this study sought to determine whether high-risk students with symptoms of depression, substance use, or a history of suicidal attempts experience more distress during screening compared to students without such previous mental health concerns. Participants were adolescents aged 13 to 19 years in grades 9 to 12 attending six high schools in suburban New York State. A total of 2,342 students participated (58.1% male), with ethnic representation of 80.3% white, 5.1% black, 7.3% Hispanic, 3.8% Asian, and 3.5% other.

A randomized experimental design was employed during a two-day screening. No significant differences between the experimental group and control group were found for sex, age, or race/ethnicity. On the first day of screening, both groups received a screening survey that included questions from the *Profile of Mood States A-1* (POMS A-1) checklist as a baseline, the *Drug Use Screening Questionnaire*, the *Beck Depression Inventory* with the suicide questions removed for the control group, and the *Immediate POMS-A2*. The experimental group also responded to the *Suicidal Ideation Questionnaire* and a suicide attempt history was obtained. A second survey was administered to both groups two days later that included all questions of suicidal ideation and behavior. A measure of “transient distress” was also administered to both groups before and after the first survey, and at the beginning of the second survey. Impact on high-risk students was also considered in the study. The *Beck Depression Inventory*, the *Drug Use Screening Inventory*, and the *Diagnostic Interview Schedule for Children* were used to assess depression symptoms, substance use, and suicide attempt history. Any self-reported history of a suicide attempt categorized a student as high-risk.

Results indicated no significant differences between the two groups in the distress levels, depressive feelings, and suicidal ideation after both surveys. The impact of screening on high-risk youth yielded similar results, as the screening did not apparently worsen suicidal thoughts and distress among depressed students. In fact, the depressed youth within the experimental group showed lower distress scores than those in the control group. Students with substance use problems in the experimental group did show a trend for higher levels of distress and suicide ideation throughout the two days, yet these differences were not statistically significant. Students with a suicide attempt history in the experimental group did report a higher level of distress, yet had less suicide ideation than those in the control group.

This investigation provides evidence that suicide screening procedures do not increase the student's distress and/or suicidal thoughts. However, several limitations of the research findings were discussed. The population under study was predominantly white from suburban schools, and results should not be generalized to more diverse populations. Second, the student participation rate of 64.4% may limit generalizability. Third, the schools used in this study were previously involved in a suicide postvention screening project. However, adequate time between the two studies (an average of 72 months) may have decreased this potential threat to external validity. Finally, lower suicide ideation and distress scores found among students in the experimental group may be due to attenuation or statistical regression because of the repeated exposure to the questioning. However, the authors believe that had such attenuation disguised their risk status, the scores would have remained the same.

The investigators believe that these findings should defuse negative allegations about the deleterious consequences of suicide screening. It is apparent that suicide impacts a community. By using suicide screening procedures, school psychologist not only can play a role in crisis *intervention*, but also in suicide *prevention*.

Thompson, E. A., Eggert, L. L., Randell, B. P., & Pike, K. C. (2001). Evaluation of indicated suicide risk prevention approaches for potential high school dropouts. *American Journal of Public Health, 91*, 742–752.

In response to the 1999 Surgeon General's *Call to Action to Prevent Suicide*, Thompson and colleagues (2001) conducted a three-group, repeated measures, randomized prevention trial that evaluated the extended efficacy and gender effect differences between two suicide risk prevention protocols: Counselors Care (C-CARE) and Coping and Support Training (CAST). Participants were 460 at-risk 15–19 year olds from seven high schools representing two Pacific Northwest urban school districts. Schools were chosen on the basis of their geographic and demographic representation, representing 49% Caucasian and 51% minority students. A total pool of potential high school drop-outs was determined using school data as well as referrals from school personnel based on criteria known to predict dropping-out: academic performance, attendance, and prior drop-out status.

Participants' random assignment was made to one of the following suicide risk prevention conditions: a) C-CARE ($n=150$), a one-on-one, 2-hour assessment interview, followed by an additional 1.5- to 2-hour session that included counseling and a social connections intervention with parents and school personnel; b) CAST ($n=155$), 12 1-hour small group skills training sessions combined with the C-CARE individual approach; or c) a control condition ($n=155$) that simulated typical school protocols with a brief 15 to 30-minute assessment interview and a social connections intervention with parents and school personnel. Participants were assessed four times during the study: at baseline/pre-intervention; four weeks following baseline and after the initial C-CARE and usual care interviews; 10 weeks following baseline coinciding with completion of the CAST skills-training; and at follow-up, nine months after the baseline assessment.

Suicide risk behaviors, related risk factors and protective factors were measured at each interval. These behaviors were indicated by frequency of suicidal ideation, favorable attitude toward suicide, frequency of direct suicide threats, and the number of suicide attempts within the past month. Related risk factors included levels of hopelessness, depression, anxiety, and anger. Protective factors included personal control, problem-solving coping, and family support.

Results revealed significant declines in student attitudes towards suicide, suicidal ideation, depression, hopelessness, anxiety, and anger among participants in all three groups

immediately following intervention, as well as nine months later. However, declines were greater among those receiving the CAST and C-CARE programs. In other words, these interventions were more effective than the typical school protocol.

Intervention effects were also apparent when assessing rate-of-improvement, which for CAST and C-CARE recipients was more rapid than controls in attitude toward suicide, suicidal ideation, hopelessness, anger, depression, and anxiety. CAST and C-CARE recipients showed significant declines in depression and hopelessness that were sustained over time, while the control recipient's effects rebounded and then declined. These data suggest that the two prevention approaches may provide more durable prevention effects.

CAST was most effective in enhancing and sustaining personal control and problem solving coping for both males and females. Increases in protective factors were observed, and the changes among CAST participants were the strongest and longest lasting. In terms of gender effects, small group and more intensive interventions may be more effective in reducing anger and anxiety in females at risk. For males, however, the authors suggest "... the public nature of the group based anger management intervention may contribute to reactive responses, particularly for changing stereotypical behavior, thereby dampening the effectiveness of the approach" (p. 750). Thus, a more individualized approach may work best for males.

Additional research is suggested to more clearly determine individual differences among students that affect the differential effectiveness of these programs. In any case, it is clear that at-risk high school students can benefit from even brief risk assessment and intervention, and appear to benefit most when a research-based life skills training program is added to assessment and intervention.

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Hawker, D. S. J., & Boulton, M. J. (2000). Twenty years' research on peer victimization and psychosocial maladjustment: A meta-analytic review of cross-sectional studies. *Journal of Child Psychology and Psychiatry*, 41, 441-455. ◆

© 2006, National Association of School Psychologists. Research summaries were prepared by Christy Byrne Yates, MS, and Ellie Martinez, both school psychology graduate students at California State University Sacramento, and Molly Harrison, NCSP, Special Services Coordinator/School Psychologist, Roseville Joint Union High School District, Roseville, CA. See page 8 for a related article regarding the efficacy of suicide prevention programs.

● **Professional Practices...** continued from page 5

tion process; this list can be used to post summaries of professional practice-related inquiries and responses that may be of general interest.

It is inevitable that school psychologists will find themselves in situations requiring a decision based on ethical principles. Because there is often no clear-cut answer, or circumstances may involve competing ethical principles, school psychologists should know and be able to apply a systematic, thoughtful decision-making procedure (Jacob & Hartshorne, 2003). State associations can instruct their members in such a procedure and provide a forum in which the procedure can be applied to commonly-encountered situations. The NASP EPP Committee is developing a presentation package for this purpose, and plans to pilot this package at the NASP Convention in Spring 2007. A final package will be made available to state associations for presentation to their members at state meetings or training events.

4. Response to Complaints Alleging Ethical Misconduct

A final component of the *Model for Promoting Professional Practices* offers guidance to state associations that wish to serve as arbiters of complaints of ethical misconduct lodged against members. Because of concerns about the adequacy of state association resources for complaint resolution, as well as issues of liability, a number of associations have chosen to limit this function to "show cause" procedures. In these instances, action is taken only if a member's professional misconduct has resulted in adjudication by a regulatory board or law enforcement agency. The model will offer sample procedures for "show cause" actions on the part of state associations.

Several levels of response to allegations of member misconduct are available to state associations, including diversion or referral of complaints to other enforcement agencies; mediation or problem-solving by a representative of the state association; or thorough investigations and the imposition of disciplinary consequences. Perhaps the most valuable service that state associations can offer to members is guidance for confronting colleagues with concerns about ethical misconduct. The *Model for Promoting Professional Practices* will include such guidelines, which state associations can use for training or advisory purposes.

Dissemination of Model to State Associations

In addition to the introduction provided at the recent Delegate Assembly Meeting in Philadelphia, the NASP EPP Committee has planned a series of events to assist state associations in using the *Model for Promoting Professional Practices*. In Fall 2006, the Committee will introduce the model to state leaders at NASP's Regional Meetings and assist them in planning for model implementation. At the NASP Convention in Spring 2007, the EPP Committee will conduct a follow-up meeting for state association leaders to continue the planning process, and learn how NASP can support model implementation at the state level. ◆

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© 2006, National Association of School Psychologists. Kathy McNamara, PhD, NCSP, is Chair of the NASP Ethics and Professional Practices Committee.

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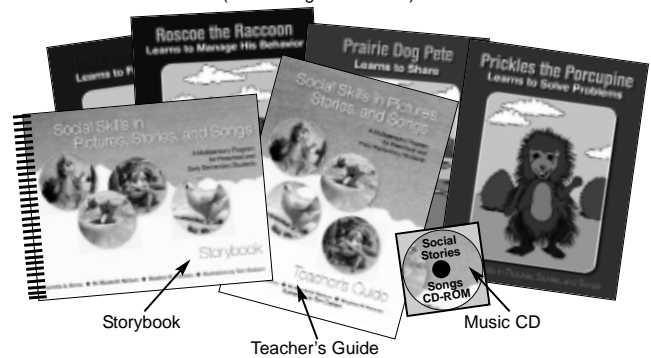
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EVALUATING INTERVENTION OUTCOMES

Evaluation of School-Based Suicide Prevention Programs

By Shelly Hart, NCSP

Associate Editor's Note: This column was guest-edited by *Communiqué Contributing Editor Stephen E. Brock, PhD, NCSP of the NASP Crisis Management in the Schools Interest Group and California State University Sacramento. See related Research Reviews on page 6. — Steve Landau*

Research studies have consistently demonstrated that the alarming rates of suicidal behaviors and completed suicides are leading causes of death worldwide. However, rates have changed among certain subgroups over time. Encouraging statistics demonstrate that youth suicide rates have been declining since 1992 and are currently at their lowest point in 20 years (Lubell, Swahn, Crosby, & Kegler, 2004). At the same time, however, it is important to acknowledge that more youth die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease combined (U. S. Department of Health and Human Services, 2001). Demographic information can illuminate potential high-risk groups. As discussed in this issue's accompanying Research Reviews (page 6), gay, lesbian, bisexual, and transgender (GLBT) youth are at greater risk for suicidal behaviors than those the general population (Friedman, Koeske, Silvestre, Korr, & Sites, 2006).

As a result of these statistics, suicide has been the subject of several recent reports, congressional resolutions, and initiatives. The *National Strategy for Suicide Prevention* (NSSP) is one of the most important of these efforts. It is a comprehensive framework for action that not only outlines as its goals the prevention of suicide and related behaviors, but also the promotion of resiliency, resourcefulness, respect, and interconnectedness for communities, families, and individuals (U.S. Department of Health and Human Services, 2001).

Elements of a Comprehensive Prevention Program

Schools are uniquely positioned to prevent the occurrence of suicidal behaviors, as well as to identify and intervene when such behaviors are demonstrated. Efforts geared toward addressing suicidal behaviors can be categorized as prevention (i.e., before suicidal behaviors), intervention (i.e., as suicidal behaviors occur), and postvention (i.e., after suicidal behaviors). In essence, all mental health efforts undergone in relation to suicidal behaviors are prevention efforts, in that the outcome is to prevent suicidal behaviors from escalating or recurring in the individual, and/or to prevent suicidal behaviors from occurring in others affected by the suicide. It is strongly recommended that suicide prevention efforts make use of a comprehensive approach taking into account each area of prevention, and schools should have plans in place regarding the manner by which each area will be addressed.

Prevention and awareness curriculum. A common form of suicide prevention activities is suicide prevention and awareness curricula. Curricula often target the entire school population and strive to increase awareness of the issue, share knowledge regarding suicidal behaviors, and identify available resources (Brock, Sandoval, & Hart, 2006). Curricula programs addressing peripheral issues or resilience factors (e.g., problem-solving, bullying) may also have an indirect impact on suicidal behaviors. The *National Strategy for Suicide Prevention* (NSSP) recommends that these types of programs be ongoing, as resistance to suicide is not permanent (U. S. Department of Health and Human Services, 2001). With younger students, these types of programs are preferable than simple awareness programs.

Several concerns have been raised regarding suicide prevention and awareness curricula. Conflicting evidence regarding this issue has been presented. Concerns seem to center on (a) programs' ability to reach at-risk populations, (b) whether or not these programs effectively change attitudes and knowledge regarding suicide, and (c) if these programs may have detrimental effects on suicidal students. In a comprehensive review of the literature, Gould and Kramer (2001) concluded that there was "sufficient evidence to suggest that we should proceed cautiously with school-based suicide awareness curriculum programs" (p. 21). It has been suggested that programs that employ a *stress model* of suicide (i.e., suicide is a reaction to stress) can have the dangerous effect of normalizing suicidal behaviors and eliminating protective stigmas related to suicide. Instead, programs that employ a *mental illness* model (i.e., suicide as a consequence of mental illness) are recommended (Garland, Shaffer, & Whittle, 1989).

Gatekeeper training. Another common type of prevention includes gatekeeper trainings (Brock et al., 2006). Most individuals who display suicidal behavior offer some clues about their suicidal thinking. It is imperative that those around the student are able to recognize and respond to those clues. Therefore, trainings provide knowledge regarding risk factors and warning signs, necessary skills to intervene, and resources and referrals. Periodic trainings can be offered to teachers, administrators, paraprofessionals, and parents, and should utilize scenarios and role-plays to practice the suicide intervention skills (Ramsay, Tanney, Lang, & Kinzel, 2004).

Risk screening. Screening individuals for suicide risk is another strategy used in prevention. Risk screening has encouraged some debate. Concerns have centered on acceptability of screening efforts, the fact that suicidal ideation changes over time, and the possibility of increasing suicidality. As the Research Reviews in this issue indicate, screening has not been shown to raise suicidality in youth (Gould et al., 2005). Several screening measures are known to be quick and efficient, although screening should take place at several times throughout the school year.

Combined programs. Several more recent programs use a combination of strategies and address some of the concerns raised in the past. As discussed in this issue's ac-

companying Research Reviews, the Counselors-Care and Coping and Support Training (C-CARE/CAST) programs combine screening, one-on-one counseling, and group training sessions (Thompson, Eggert, Randell, & Pike, 2001). In addition, the Signs of Suicide (SOS) program combines a suicide awareness curriculum with a brief screening for depression and other risk factors associated with suicide (Aseltine & DeMartino, 2004).

Suicide intervention activities. To adequately intervene with a suicidal youth, general staff procedures, specific risk assessment tools and strategies, and referral procedures need to be developed in advance. Risk assessment may include identifying and assessing the following: suicidal ideation, a suicide plan and its level of detail, the degree to which the student is experiencing unbearable pain, the presence or absence of helping resources (e.g., reasons for living), prior suicidal behavior, and mental health history. From these data, a level of suicide risk is determined and an action plan is developed (Ramsay et al., 2004).

Postvention. Once a completed suicide has occurred, the necessity for postvention activities should be evaluated. A student's physical proximity to the suicide, emotional proximity to the suicide victim, and temporal proximity to other suicidal behavior are important when determining the need for this assistance (Brock et al., 2006). If the impact is high, further activities should be initiated.

Registry of Evidence-Based Suicide Prevention Programs

As with all prevention or intervention programs, efforts should be evidence-based, using data on outcomes to drive decision-making. Unfortunately, research regarding youth suicide presents several problematic issues, and few studies have employed rigorous scientific methods. However, there are several prevention programs that offer efficacy and effectiveness data. To assist stakeholders with the identification of these evidence-based programs, the Suicide Prevention Resource Center (SPRC) and the American Foundation for Suicide Prevention (AFSP) have created a national Registry that is available online (SPRC, 2005). Suicide prevention programs and the research surrounding them are reviewed using well-established standards for research quality. Programs included in the Registry are classified as either *effective* (superior evaluation methods to demonstrate a strong causal link between the program and appropriate outcomes) or *promising* (evaluation using less rigorous methods or demonstrating a moderate causal link between the program and appropriate outcomes). In addition, several unclassified programs have been included, if they are considered theoretically sound, but have not yet been sufficiently evaluated. The Registry allows searching by title, intervention type (e.g., school-based), or rating, and is a valuable resource for the school psychologist.

The C-CARE/CAST combination is the one program described as effective in the Registry that is appropriate for use in the schools. Several others including SOS, Reconnecting Youth, Lifelines, TeenScreen®, and the Zuni Life Skills Development have received promising ratings.

Conclusion

Despite data indicating that youth suicide rates have declined since 1992 (Lubell et al., 2004), there is an ongoing need for the development and evaluation of suicide prevention programs. This need is highlighted by a recent large-scale study that found that individuals who are in greatest need for treatment are the least likely to access it (Kessler, Berlund, Borges, Nock, & Wang, 2005). School settings present prime opportunities to identify and intervene when suicidal behaviors are present, and school psychologists can help promote, prepare, and evaluate comprehensive and effective prevention plans. ♦

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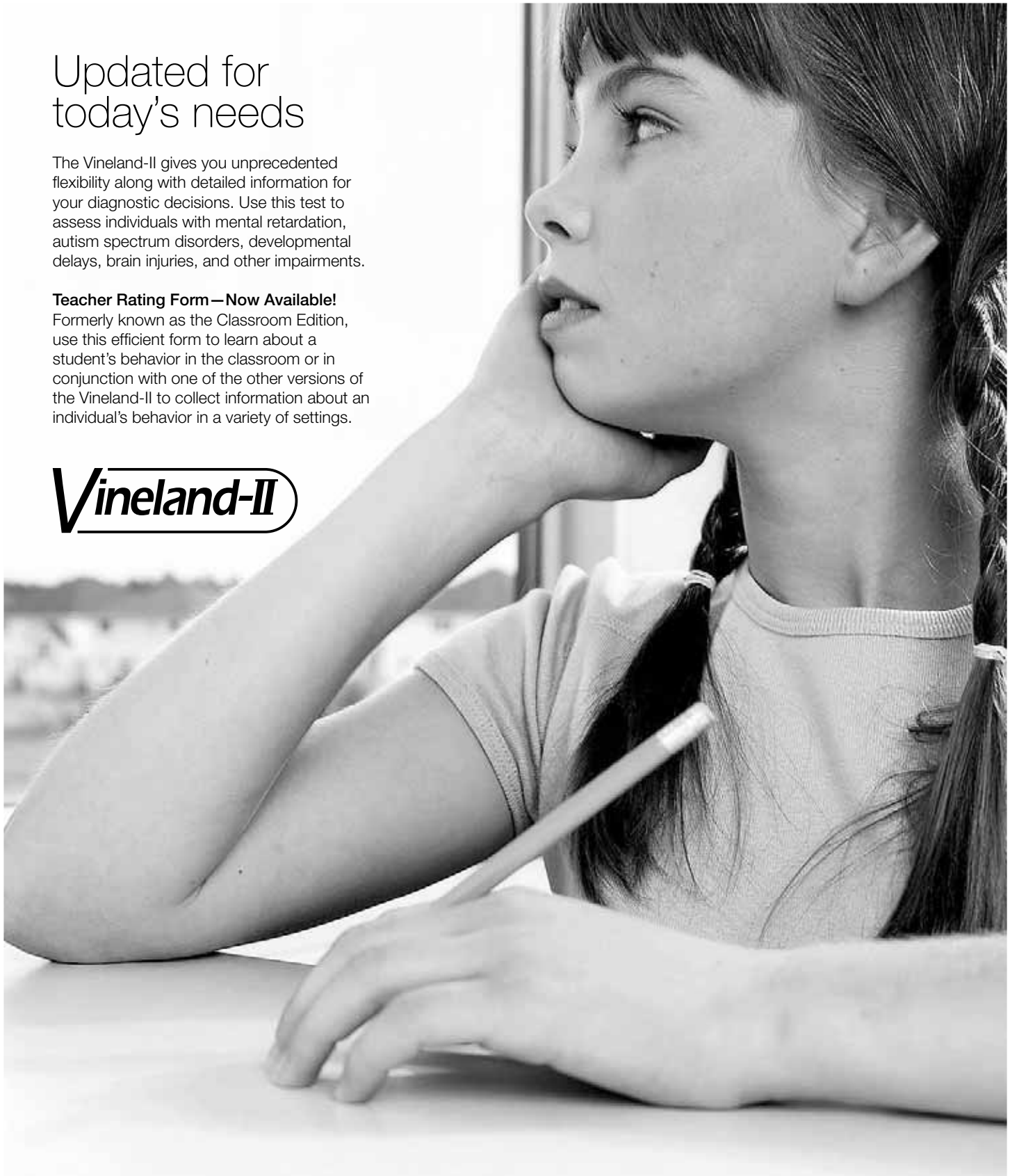
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NASP Children's Fund Seeks Nominations

Nominations will be accepted for four positions on the NASP Children's Fund Board of Trustees, two from the Central region and two "At-Large" beginning November 1, 2006. The Central Region includes Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, and Wisconsin.

Trustees generally serve four-year terms and may succeed themselves. Responsibilities of the trustees include: attendance at the annual meeting in conjunction with the NASP Convention; working assigned shifts at the Children's Fund booth during the Convention; advanced preparation of, setting up and working at the auction as assigned; participating in school visits for book distribution during Convention; attendance at summer meeting usually immediately following summer DA; promoting CF membership; communicating regularly with other trustees throughout the year; determining CF policies, guidelines and procedures; evaluating and reviewing grant requests submitted for CF funding.

To be eligible to serve on the Board of Trustees, one must be a current NASP member as well as a member in good standing (paid dues of \$10) of the NASP Children's Fund, Inc. Candidates for regional seats must reside in the region of nomination. Candidates for "At-Large" may reside in any region. Nominations will be accepted only from and for those meeting this criteria (being current in both memberships). Self-nominations are permitted. Persons making nominations need not reside in the region of the open position. *Nominees must declare whether they are running for one of the region positions or for one of the at-large positions.*

The Nominations & Elections Committee will validate nominations and eligibility of nominees. For each contested seat, the four individuals with the most nominations for Central and the four for At-Large will be presented on the ballot. The election will be conducted at the Delegate Assembly meeting to be held in April in New York City. Trustees will be elected to the board by the delegates from the Central region for the two Central positions and by all the delegates for the At-Large positions.

Please submit nominations to: Joelene Goodover at joelene_goodover@gfps.k12.mt.us or mail to 803 Forest Ave., Great Falls, MT 59404. Nominations will be open from November 1, 2006 through January 20, 2007. ♦



COMPOSITION 101

By Ed Schlossman, NCSP

It never ceases to amaze me — or does amazement seize me — as to what we can find to fill this column. How about some actual notes from parents to teachers?

- *Dear Teacher: Please excuse L. for being absent. She was sick and I had her shot. (Not serious, I hope.)*
- *Dear School: I hop you will excuse J. for being absent on Jan. 28, 29, 30, 31, 32 and also 33. (Did he come back on the 34th?)*
- *Dear Miss L.: Jack didn't go to school yesterday because he had two teeth taken out of his face. (Has the tooth fairy shown up?)*

How about a couple of "how comes?"

- How come the daytime Emmy award show is held at night?
- How come the Bank of the West in town is on the East side of the street?

How about some candidates for driving school? Since kids don't walk five miles in the snow to get to school any more, but instead are chauffeured by parents, an elementary school publication that monitors the transgressions of parents dropping off and picking up kids reported these violators:

- The grey Honda Accord that "backed into vehicle; parent on cell phone."
- The black BMW that illegally "dropped off child in red zone, then made U-turn and removed cones and drove into blocked-off [street]."
- The black Mercedes that executed a U-turn, "holding up traffic, then threw cigarette butt out the window."

Send your submissions to TOPSYCH@aol.com ♦

● Evaluating Intervention Outcomes... continued from page 8

U.S. Department of Health and Human Services (2001). *National strategy for suicide prevention: Goals and objectives for action*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service. Retrieved August 15, 2006, from <http://www.mentalhealth.samhsa.gov/publications/allpubs/SMA01-3517/>

© 2006, National Association of School Psychologists. Shelly Hart, NCSP, is a school psychologist with the Fairfield-Suisun Unified School District, and a recent graduate of California State University Sacramento. See related Research Reviews on page 8.

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To do in October...

1. Identify potential academic problems

Assess students with the new *School Motivation and Learning Strategies Inventory (SMALSI)*.

2. Catch behavior problems before they get out of hand

Try *Burks Behavior Rating Scales, Second Edition (BBRS-2)*.

3. Find creative solutions to both academic & behavior problems

Check out the *Creative Therapy Store* catalog for new educational and therapeutic resources.



School Motivation and Learning Strategies Inventory (SMALSI)

by Kathy Chatham Stroud, Ph.D., and Cecil R. Reynolds, Ph.D.

Research shows that if you improve the study skills, learning strategies, and test-taking habits of students, their academic achievement will also improve. Fortunately, these behaviors can be changed—as long as you can identify and target each student's specific weaknesses.

Standardized on a national sample of nearly 3,000 8- through 18-year-old students, the SMALSI targets 10 constructs linked to academic performance:

- Study Strategies
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- Writing and Research Skills
- Test-Taking Strategies
- Organizational Techniques
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- Concentration and Attention Difficulties

In just 20 to 30 minutes, the SMALSI identifies poor learning strategies that affect school performance. This lets you address student weaknesses before they affect academic achievement.



Burks Behavior Rating Scales, Second Edition (BBRS-2)

by Harold F. Burks, Ph.D.

Shorter than other behavior assessments, the BBRS-2 gives you the information you need in the time you have. In just 10 to 15 minutes, this fully updated parent/teacher rating scale produces seven scale scores:

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Concrete, specific, and easy to understand, these scores help you pinpoint behaviors and social/emotional issues that may interfere with school functioning. They also identify children who will (or will not) benefit from special education.

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SPOTLIGHT ON MULTICULTURAL AFFAIRS

Profile: Tonika Duren Green

By Terry Bontrager, NCSP

The Multicultural Affairs Committee continues in its efforts to recruit minority individuals into the profession of school psychology and to raise the level of sensitivity in our profession to multicultural issues. At the annual meeting in Anaheim, CA last April, the Committee reorganized. Robin Satchell continues as Chair, but the single position of cochair has been expanded to four subgroup chairs, one for each of four racial/cultural groups: Asian, African American, Native American, and Hispanic.

This space will continue to spotlight both individuals and training programs that promote multicultural sensitivity in school psychology practice. If you wish to nominate a person or a training program for attention, please contact Terry Bontrager at terry.bontrager@umb.edu. In this issue we spotlight Tonika Duren Green, who has just stepped down from the position as Cochair of the Multicultural Affairs Committee.

CQ: What is your job title?

Tonika: I am an Assistant Professor of School Psychology at San Diego State University in San Diego, California.

CQ: What is it that makes you a multicultural school psychologist?

Tonika: I am a multicultural school psychologist because multiculturalism is at the forefront of everything I do, teaching, research, and service; and it is who I am, African American, woman, and spiritual being. My colleagues and students keep me true to this title. As a multicultural school psychologist I embrace, grapple with, explore, and respond to the needs of culturally and linguistically diverse students, families, schools, and communities; I teach my students to do the same.

CQ: What training or other preparation did you have for your work as a school psychologist?

Tonika: I have a Doctorate Degree in School Psychology from Indiana State University (ISU). My training was under the late Dr. Liam Grimley, who gave me a strong foundation in multicultural psychology as I worked as his teaching assistant for his multicultural psychology course. After his death, my passion in multicultural school

psychology grew stronger. Upon graduating from ISU, I was invited to teach in the Multicultural School Psychology Program at San Diego State University. This program allowed my passion to blossom. The program is a phenomenal example of multicultural school psychology. It gave me the breadth, depth, and vision I was missing. I no longer think I'm *crazy* for thinking culture and language play a role in how children learn, feel, and believe. I brainstorm, conduct research, and write grants with colleagues who hold the same beliefs, embrace the same passion, and who have spent a lifetime responding to the needs of diverse populations. As a result of this training and preparation, my research, teaching, and service are alive, real, and true to who I am.

CQ: What strategies have you found to be successful in reaching individuals from diverse backgrounds?

Tonika: Put simply, care, concern, compassion, and realness. Easy to say, but for many it's hard to do. Along with the skill, you must have the heart to be a multicultural school psychologist. Working in multicultural schools takes care, concern, compassion, and realness. You must be genuine, aware, and responsive to the struggles, successes, and experiences of diverse learners and families. You must be willing to put in the work to break down the wall that exists, but it can't be done with a jack hammer. It must be done brick by brick. The tools you use to break down the barriers must be gentle and non-intrusive, yet powerful.

CQ: What results do those strategies give you?

Tonika: Cultural entry, respect, trust, and change.

CQ: Who is your hero, your role model, or the person whom you admire most? How does emulating that person affect your practice as a multicultural school psychologist?

Tonika: My mother, a veteran teacher in Richmond, Virginia, is my ultimate hero. She teaches in a predominately African American school district, and she is a leader in her field. Her children excel year after year because of her instruction, commitment, motherly love, humor, and high expectations. In her 27 years of teaching, she only recommended one student for special education. All her students excel and meet the state's academic standards. She has provided me with an awesome example of a teaching model that's effective and successful.

CQ: Burnout is a problem that all educators face. What do you do to renew your spirit and energies?

Tonika: I spend time with people I love — my husband and daughter. When I want to get away from it all, I sit in my one-year-old daughter's room and play with her, laugh with her, and watch her explore the world around her. I learn from her carefree, fearless, and fun-loving attitude. ♦

© 2006, National Association of School Psychologists. Terry Bontrager, PhD, NCSP, is a member of the Multicultural Committee and a school psychology trainer at the University of Massachusetts-Boston.

New York Factoid

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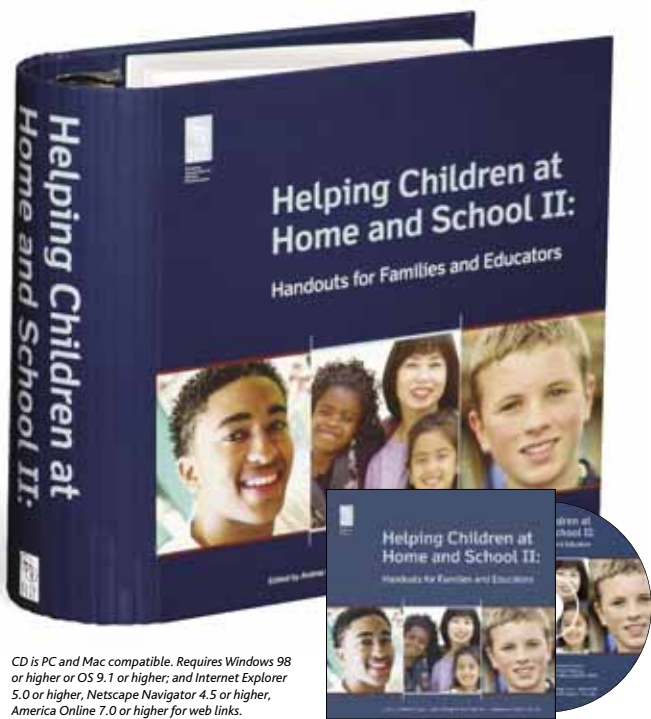


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ADVOCACY IN ACTION

Tracking Legislation Important to School Psychologists

By Stacy K. Skalski,
Director of Public Policy

Every day, state and federal elected officials craft legislation that could impact the services provided by school psychologists. Some of this legislation is created by officials with input from state and national NASP leaders. Other legislation is introduced without the knowledge of leaders or practitioners and seeks to change or influence the practice of school psychology outside of the professional recommendations for practice. In order for school psychologists to not be caught off guard by bills, laws or regulations, it is imperative that the state and national professional associations monitor bills that are introduced and respond to elected officials when proposed legislation is either favorable or when it could be detrimental to school psychology or the students, families, and schools that we serve.

But monitoring legislation is no easy task. Prior to computers, the primary method for monitoring legislation was to manually scan the text of bills introduced to see if language impacting school psychology or school psychologists was present. This would typically involve making a trip down to the state capitol bill room and wading through pages of bill text. This was a time-consuming and tedious process that involved Herculean efforts on the part of the volunteers or the significant expense of employing a professional lobbyist who was willing to monitor the legislation on behalf of the organization's members.

NASP and the Government and Professional Relations (GPR) Committee understands the importance of monitoring legislation and the time and expense involved in making sure that, if possible, only friendly bills make it into law. NASP leaders are dedicated to assisting states in the legislative tracking process and there is now computer software available that can help. This software is called Netscan and NASP recently engaged Thomson West Publishers for support.

Here's how the Netscan legislative tracking service will work: The NASP Public Policy Staff and the Government and Professional Relations Committee had identified key words linked to school psychologists and the profession of school psychology. The Netscan web crawler reviews all bill text introduced into state legislatures and Congress, looking for these key words. When these words appear, NASP staff are notified by e-mail. These e-mails are then forwarded to the state's NASP delegate, state president, GPR chairperson, and the state's School Psychology Action Network (SPAN) representative. These professionals have the responsibility of reviewing the state legislation and determining the next steps. These next steps will likely begin with the development of an advocacy plan that will solicit help from members. Here are a few of the possible actions that your state association or NASP GPR staff might ask you to take:

Monitoring and reviewing the progress of targeted bills. As e-mails arrive indicating that bills of interest to school psychologists have been introduced into a state legislature or Congress, someone will need to be responsible for reviewing these bills. At the national level, the NASP Director of Public Policy has this responsibility. At the state level, this review must be done by someone in the state leadership who is familiar with local practices.

- **Developing a list of specific talking points** about the bill outlining the concerns, opportunities, and/or recommendations of the organization pertaining to the bill.
- **Organizing a letter writing or phone-in campaign** where school psychologists contact their local elected official to discuss the specific talking points.
- **Contacting the bill sponsors** and meeting with them to discuss the bill language and request recommendations friendly to school psychologists.
- **Meeting with other elected officials** who are on the legislative committee responsible for reviewing the bill to discuss recommendations and concerns and to request support, opposition and/or amendments to the bill text.
- **Organizing a group of local school psychologists** who could testify about the implications of a bill during a legislative committee hearing.
- **Writing an editorial** about the bill to improve public awareness about any concerns or opportunities that the bill presents and how these issues impact consumers of psychological services.
- **Working with the local media** to create a TV or print story that addresses the implications of the bill from the perspective of school psychologists.
- **Working with education and coalition partners** (school teachers, administrators, counselors, social workers, parents, students) to garner support for the position held by the school psychology association.
- **Working with the state department of education** to determine if they have existing data, regulations, or evidence of specific practices that could help the advocacy position of the school psychology association.

Being able to effectively scan and track legislation is an important part of the advocacy process. However, it is only the beginning. The success or failure of an advocacy plan is dependent on each individual member doing his/her part to support the legislative agenda and to demonstrate **Advocacy in Action.** ♦

Advocacy in Action is a regular column dedicated to providing state associations and their school psychologist members with ideas on how they can become involved in Legislative Advocacy efforts. If you have a good idea you would like to share for this column, e-mail Stacy Skalski, PhD, Public Policy Director at sskalski@naspweb.org.

Introducing the Parenting Relationship Questionnaire

Developed by the authors of the BASC-2, the *Parenting Relationship Questionnaire* (PRQ) is designed to capture a parent's perspective on the parent-child relationship.

The PRQ assesses traditional parent-child dimensions such as attachment and involvement. It also provides information on parenting style, parenting confidence, stress, and satisfaction with the child's school.

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NASP ONLINE

By Bill Pfohl, NCSP

Digital Images

I am amazed to find that many people do not know about the features of their computer or other digital device. Most new laptop computers have an SD (Secure Digital) card reader! You can copy your pictures directly to your computer without the camera being attached. This saves camera battery life and time! Your new computer may also have an Express Card slot which replaced the PCMCIA slot of many years ago. They are not backward compatible. The Express Cards can be Wi-Fi (wireless) upgrades, memory card readers, and port adaptors.

Are you receiving digital pictures that are too big for your screen? We all do. You can use Microsoft Office 2003 to help. Right click on the picture and chose *Open With*, then choose *Microsoft Picture Manager*. Click the *Edit Pictures* button and the pane will open. At the bottom of the pane are two options — *Resize or Compress Pictures* with additional options. You can also use Windows Paint to do this. Google's Picasa 2 will also do this for you. It is free. Make sure you select the option to not decrease the pixels or it may not be printable later.

If you recently bought a digital camera or other device that uses a memory card, check to see the maximum capacity your device can use. I recently had a friend buy a 512 MB SD card for their camera for a vacation but the camera could only use a 256 MB card. She had to buy a new one on the road at a much higher cost! This issue applies to any device that uses an external memory source such as MP3 player, PDA, camera, etc.

PDA

Handheld Computing magazine has ceased publication, replaced by *Smartphone and PocketPC* magazine. I really enjoyed *Handheld* but I fear that the new breed of laptops and cell phones will spell the demise of the PDA!

I use a Palm based PDA — Tungsten 3 — and discovered that if you place *and hold* the stylus on the "house" for opening software (lower left hand corner of screen), it will display the last 5 software programs you opened. Just move to the one you want to open again. It makes opening frequently used software much easier. It is similar to the Alt-Tab switch in Windows.

Forgot the graffiti symbols for the Palm PDA? With your specific program open, draw a line with your stylus from the bottom of the PDA screen to the top and the graffiti symbols will appear. I just wished I could tap on them to insert but . . .

Want to access your desktop from your Palm PDA with Wi-Fi connection? Then you can use Avvenu (free) from www.avvenu.com. If your desktop is connected to the Internet you can access your computer and get a file. The connection is also encrypted to ensure safety of your file. You can set up a special directory for these types of files to make it easier. NASP Handouts would be great for this.

New!

Recycle it! Dell Computer will recycle your old computer! Computers will be one of the environments biggest pollution sources in the very near future. Recycling is the only way to go. So if you do not choose to donate your old computer to your local social service agency, please recycle it! There are many environmentally toxic components in it! Go to the Dell website for the specifics. I understand it is free.

Identity protection. The book *Prying Eyes: Protect Your Privacy From People Who Sell to You, Snoop on You, and Steal From You* by Eric Gertler (Random house Reference) is a must read. With all that has been published on V.A. disks stolen, Patriot Act clauses, and ID theft, this book is for those who are not worried "enough" about their personal identification safety. Most homeowners insurance now has a rider to help with the costs of credit and identity recovery. Check to see if you have this coverage on your policy.

Toshiba recall. Many models of Toshiba laptops are being recalled for defective memory modules. Check their website to see if yours is one.

New DVD format. You will be seeing ads for the newest DVD formats. Blu-ray or the DVD-HD. The units are expensive and the formats are not compatible. It is like the old VCR - Beta battles with the video recording industry more than a decade ago. Neither

● *continued on page 17*



Bill Pfohl in China, summer 2006

Primary Election starts October 2, 2006

NASP to Hold Online and Paper Ballot Nominations

*By Charles Deupree, NCSP
Chair, Nominations and Elections*

NASP will once again hold the primary (Nominations) phase of the election process using the Internet as well as a paper ballot request. This process will be the same as it has been in past years and the membership should be getting used to Internet elections. Those without Internet access may **request a paper ballot** by phone and one will be sent to them at their NASP member address.

NASP has a two-step process for the election. We have nominations and we have elections. Some people think of the nominations process as a "Primary." **Only members as of September 1, 2006, may participate in the nominating process. Members as of January 1, 2007, may vote in the election.** Persons who are not members as of September 1, 2006 will not have access to the N&E website nor will they be able to request ballots by mail.

This year we will nominate and then elect a President-Elect, a Treasurer and 17 state delegates. The object of the Primary is to be one of the two highest nominated persons from a state or for the officers position. The two highest nominated members will then move on to the "Election" process. Delegate candidates may only be nominated by members of their state. Your "home" state is the state listed on your *NASP mailing label*. Safeguards are built into the system to ensure that you vote only once and you vote only in your state election as well as the national officer election.

NASP members may *nominate up to two people* for each position. Individuals who declared intent to seek nomination by July 15th were listed in the September *Communiqué* on page 1 and will appear on the ballots. However, members can nominate any other qualified member for office — just because individuals are listed on the ballot doesn't mean that others cannot be nominated. Just *write-in* the information! (Of course it is a good idea to verify that the individual is interested in running for office and that your state is holding a delegate election!)

If You Intend to Vote Online

Starting at 8:00AM October 2, 2006, the NASP Internet nominations website will become active. You may go to <https://www.escvote.com/nasp2007> to nominate. In the morning of October 2nd each member that has an e-mail address on file with NASP will receive an e-mail "Blast" reminding the member of the nominations process, where to go online to vote (there will be a hot link) and what they will need to do to vote. Online there will be an electronic ballot with *biographies of the persons running for President Elect, Treasurer, and delegate for the 17 states holding that election*. There will also be room for two "Write-in" votes per position. Each member may nominate *up to two people* for each position.

Members will be asked to login with their NASP Member ID Number (6 digits unique to that member) and their PIN. The PIN is the first 4 *alphabetic* letters of your last name plus the first letter of your first name (maximum of 5 characters, it may have fewer characters if you have a 2 or 3-character last name). Members who have a space, hyphen, or apostrophe in their last name should eliminate that character in their PIN and choose the first four **letters**

● **NASP Online...** continued from page 16

format is perfect and the availability of DVDs will dictate which you prefer. Holiday season is expected to be busy for these devices but limitations on copying and availability of movies will determine which you will buy. Costs will be high for at least 2 years.

Laptop Battery Recalls

Both Dell and Apple have extensive laptop battery recalls since my last column. Interesting enough they are made by Sony. Go to each website www.dell.com or www.apple.com to see if your battery is being recalled. Be prepared to wait for a replacement. These batteries can not only run hot but can catch your computer on fire. Only a few laptops have caught fire but ... you do not want it to be yours. As I wrote last year, laptops batteries have a finite life cycle of about 500-600 recharge cycles. So until you get your replacement, use AC power as much as possible and make sure your keep your laptop well ventilated. This means using it on a flat, hard surface. There are "cool pads" from Targus, both powered and un-powered, that can help do this. Do not sit your laptop on bedding, clothes, or furniture as it can block the airflow under the computer.

Bill's Favorite Websites

The new Official IDEA 2004 site — <http://IDEA.ed.gov>
This will be the official US Department of Education website for IDEA.

Drug Prevention & School Safety Coordinators — http://www.k12coordinator.org/events_online.cfm

This is an active site that is a total program from US Department of Justice and US Department of Education. You received this disk from NASP at one time. This site is easy to use.

Screening for Mental Health — <http://www.mentalhealthscreening.org/high-school/index.aspx>

This site is to register for the SOS (Signs of Suicide) Program. The middle school version is out and free. Download Scott Poland's Postvention PPT. ◆

© 2006, National Association of School Psychologists. Past President Bill Pfohl, PsyD, NCSP, is NASP's past web master. He is on the faculty of the Psychology Department at Western Kentucky University. You can reach him at billnasp@aol.com

of the last name and initial letter in the first name for their PIN. For instance, John Smith's PIN would be *smítj*. Susan Lee's would be *lees*, and Molly O'Brian would be *obrim*. Look at your mailing label on the *Communiqué* for your member number and PIN.

If, upon login, a problem is encountered with the validity of your login, you will be instructed in how to find your login numbers and letters. Last year the greatest reason for being denied access to the website was that NASP membership had not been established by September 1. The last day to nominate by Internet is **5:00 PM Eastern time, October 31, 2006**.

If You Intend to Request a Paper Ballot

NASP is encouraging you to vote online if you can. It really is easy to do! Members without Internet access may request a paper nominations ballot by **phone** and one will be sent to you at your NASP member address. This ballot will include all of the information available online.

Starting at 8:00 AM Eastern time on **October 2, 2006**, members wishing to request a paper ballot may call **(516) 248-6427**. Listen to the operator or the answering machine for the requested information. Look at the mailing label of the *Communiqué* for your member number and PIN. If, upon checking your name, login and PIN, a problem is encountered as to the validity of your login, you will be called and instructed to call the *NASP office* for assistance. Please do so during regular business hours, 9-5 Eastern Time, Monday-Friday.

The last day to request a paper ballot is **5:00 PM Eastern time October 13, 2006**. **All ballots must be received (not postmarked) in New York by 5:00 PM Eastern time on October 31, 2006**.

Participate in NASP Nominations!

We hope you will participate in this process and we hope you will try voting online. If you vote by requesting a paper ballot, do it early. Final tabulation of the nominations will be completed and the candidates contacted within a few days after the polls close. The two candidates for each position will be placed on the Election Ballot and the same procedures will be repeated for elections during the month of February. Good luck to all of the members who are interested in serving as delegates and officers of their professional organization. ◆

Children's Fund Auction — Important Announcement!

The Children's Fund Board of Trustees wishes to thank everyone who attended and contributed in making the 2006 Anaheim auction a success. With the purpose of raising money to benefit children in mind, the Board has initiated some plans, reminders, and clarifications as well as changes for future auctions.



In considering the need to decrease postage, hotel handling, baggage and other escalating prices for Children's Fund as well as for contributors and buyers, please consider the following in planning contributions to future auction:

- Arrange donations in the form of certificates
- Donate smaller, easily packed items
- Donate Broadway tickets (or auction site tickets)
- Encourage State associations to donate a single, manageable item/basket
- Consider giving items of \$30 value or more for silent auction
- Publishers are encouraged to give certificates for books and test kits

Auction items are priced for beginning bid at approximately ½ values. There are several considerations such as value and uniqueness used in selecting live auction items and the number chosen is limited. The Board makes the determinations as to placement and number of items. Contributions are given generously and are of wonderful quality — bidding should take this and the purpose of the auction into account.

Admittance to the auction is a *donation to attend*. It is *not* for Children's Fund membership and it is *not* intended to be used to provide a meal. The money raised by the auction is for a charitable cause. At the auction *light refreshments* are served. AGS generously contributes to the auction but hotel food costs are extremely high.

The Board is considering several options for item selection and purchase, some of which have been used previously:

- Silent auction tables
- Live auction
- Raffle of very large item(s) i.e. car, vacation, airline tickets
- Buy it Now table
- Purchase Now table

Thank you for your support! ◆

Children's Fund is considering using the NASP website for "ticklers" for items which will be at the auction so get your descriptions in early to Joe Gerard at jgerard@gci.net

Halloween and Children's Safety: A Primer for School Psychologists

By David N. Miller

Halloween is perhaps the most unique of all American holidays. Despite its increasing popularity, it is widely condemned and frequently misunderstood (Morton, 2003). Although it is not an official or legal holiday, Americans spend more than six billion dollars annually celebrating Halloween, more than is spent on any other holiday except Christmas (Feldman, 2001). The origins of Halloween are ancient — it is over 3,000 years old — yet it has contemporary appeal. It has Celtic-Irish-Scottish roots as both a harvest festival and a commemoration of the dead, but in contemporary America it has become an annual event of “masked solicitation” (trick-or-treating) and large-scale celebration (Morton, 2003).

For school psychologists, the arrival of Halloween each 31st of October may be a welcome occasion, particularly for those working with young children in elementary schools. Seeing kids happily come to school dressed in costumes, marching in a parade, and enjoying the autumn season may serve to remind us of our own youthful activities on Halloween, although some of these activities may now be occurring less frequently in schools than in the past (Bannatyne, 2001). Although in recent years Halloween costume parties and celebrations have become increasingly popular among adults, most Americans continue to associate Halloween with children and youth, largely because of the popularity of “trick-or-treat.”

Halloween is for the most part a benign occasion for most Americans, but there has been longstanding, persistent media attention given to reports of less savory aspects of the holiday. In particular, many parents and caregivers seem increasingly concerned about the safety of their children on Halloween, given past and current media reports of food poisonings, “satanic” rituals, and other disturbing events during late October. Children's safety on Halloween has become such a concern that many parents/caregivers avoid having their children trick-or-treat in their local neighborhoods in favor of other, better monitored community areas (e.g., malls). Others avoid having their children go out trick-or-treating on Halloween at all and create alternative forms of fun, such as adult-supervised Halloween parties.

The purpose of this article is to provide a brief primer on Halloween for school psychologists, and especially to examine evidence and provide information regarding whether participating in traditional Halloween activities can legitimately be considered dangerous or unsafe. In particular, the seasonal practice of “trick-or-treat” will be emphasized, given that over 90% of young children in the U.S. go trick-or-treating each year, and because it is “probably the single most popular and beloved element of contemporary Halloween celebrations” (Morton, 2003, p. 175).

Trick-or-Treat: A Brief Cultural History

The tradition of children dressing up in costumes, going to various dwellings, and uttering the phrase “trick-or-treat!” in exchange for candy or other edible items is a relatively new one. Children engaging in trick-or-treating as we know it today did not exist prior to the twentieth century, and the practice did not become even moderately popular until the 1920s (Bannatyne, 1998). In the nineteenth and early twentieth centuries, Halloween was primarily an adult holiday, with parties involving fortune-telling and divination games and activities such as bobbing for apples (Morton, 2003). Halloween also was associated at this time with various kinds of pranks such as ringing doorbells, unwinding rolls of toilet paper on trees and houses, and — a personal favorite of my grandfather — tipping over out-houses. These pranks were first confined mainly to rural areas and later, in the twentieth century, spread to cities (Bannatyne, 1998).

Increases in Halloween pranks and the resulting damage it caused led public officials to attempt to “re-channel” youthful Halloween “spirit” by creating carefully organized community events, such as Halloween parties and parades (Morton, 2003). The concern of many adults to “tame” the holiday led to an increased emphasis on children and trick-or-treating in closely monitored neighborhoods, and it is likely that trick-or-treating had its immediate origins “in the myriad of organized celebrations mounted by school and civic groups across the country specifically to curb vandalism” (Skal, 2002, pp. 53–54). Indeed, the possibility of pranks is embedded in the very phrase “trick-or-treat” with its implied threat that adults will be the recipient of a “trick” unless the costumed youngster is provided with some sort of “treat.” The “trick” aspect of Halloween lives on in some communities in the form of “Mischief Night” or “Devil's Night,” traditionally occurring the night before Halloween on October 30th.

Trick-or-treating grew rapidly in popularity between 1920 and 1950, most likely “finding its first practices in the wealthier areas of the East and slowly spreading to remote areas of the West and South” (Bannatyne, 1998, p. 142). Its exact historical origins are unknown (Morton, 2003), but it is linked to other Halloween rituals of the past, such as “souling.” In ancient Ireland, individuals would celebrate All Souls' Day by masquerading and going from house-to-house offering up small prayers and/or songs in exchange for “soul cakes” and other food (Morton, 2003). The practice of trick-or-treating also may have been influenced by other “begging traditions,” with some tracing it back to Celtic mythology and tales of supernatural beings demanding a tribute on Samhain (pronounced sow-en), the Celtic precursor to Halloween (Morton, 2003). Over the centuries, these various practices and traditions eventually found their way — in modified forms — to other countries, including the U.S. Today, millions of children go trick-or-treating annually, and 70% of American households report opening their doors to them each year (Feldman, 2001). Sociologists have suggested that trick-or-treat's enduring appeal lies in its inversion of social norms, as it is the one day each year when children are in power and adults are subordinate (Morton, 2003).

Urban Legends: Poisoned Candy, Razor Blades in Apples, and Satanic Rituals

Each year during late October, newspapers and other media outlets provide Halloween “safety tips” that often include the recommendation to “check for tampered treats” (Ban-

natyne, 2001). Adults have been concerned about the safety of childhood trick-or-treat activities since rumors of Halloween candy being laced with drugs began in the 1960s (Bannatyne, 1998). Unsubstantiated rumors of children's Halloween candy being poisoned were widespread: “By the late 1960s the media was full of Halloween safety tips, and by the early 1970s, the public was urged to replace candy treats with non-edible ones” (Bannatyne, 1998, p. 143). These fears of candy mixed with drugs were exacerbated in September 1982 when cyanide was found in Extra-Strength Tylenol capsules in the Chicago area, killing seven people. The perpetrator was never found, and anxious parents kept their children home and away from trick-or-treating (Bannatyne, 1998).

According to investigators such as Bannatyne (1998, 2001), Rogers (2002), and Skal (2002), however, there have to date been only two known childhood deaths as a result of poisoned candy, and in both cases the children in question were poisoned by family members or relatives rather than strangers. Ironically, “in both cases, family members apparently used the legend (of strangers as perpetrators) to deflect suspicion from themselves onto shadow bogeymen elsewhere in the community” (Ellis, 1994, p. 27). No evidence exists to suggest that strangers have ever perpetrated such a crime. As noted by Bannatyne (2001): “According to police reports and studies, not one child has been killed by a sadistic stranger lying in wait on Halloween with a deadly treat” (p. 222). The lack of any actual evidence of strangers poisoning children's candy has not deterred its widespread belief, however, and it was and continues to be an “urban legend,” largely if inaccurately accepted as fact by a significant number of Americans (Skal, 2002).

Another prominent Halloween urban legend involves adults placing razor blades in apples and giving them to trick-or-treaters. Like rumors regarding poisoned candy, sociologists date the origin of the razor blades legend to the late 1960s and early 1970s, a time of growing adult fears about the safety of children, the danger of crime, and other social ills (Best & Horiuchi, 1985). Despite popular rumors to the contrary, there is no recorded incident of a child dying from biting into an apple with a razor blade in it (Bannatyne, 2001). Rumors of poisoned candy and razor blades in apples continue to be generated, however, and have led to some interesting responses within various communities. For example, many hospitals offered to X-ray children's trick-or-treat bags beginning in the 1970s (Ellis, 1994). Most eventually stopped, however, as they rarely found anything, X-rays cannot detect poison, and because the American Association of Poison Control (AAPC) noted in 1987 that X-rays detected foreign bodies such as metal in food only 14% of the time (Ellis, 1994). Citing fears of liability lawsuits if children were harmed by X-rayed candy, the AAPC advised hospitals to stop the practice, and most eventually did so.

A final urban legend surrounding Halloween is that “satanic cults” perform ritualistic crimes on this date, including human and/or animal sacrifice (Bannatyne, 2001) and child abductions (Ellis, 1994). This urban legend appears to have begun in the early 1970s after a wave of mysterious cattle mutilations (Morton, 2003). Evidence suggests, however, that “satanic rituals” and “devil worship” on Halloween appear to be figments of overactive imaginations. Ellis (1994), for example, noted that the FBI has never confirmed even a single instance of “cult sacrifice” murder in the U.S., either on Halloween or any other day of the year, and religion scholar J. Gordon Melton refers to contemporary Satanism as “the world's largest religion that does not exist” (quoted in Bannatyne, 2001, p. 226). Investigators such as Bannatyne (2001) have likewise found little or no evidence for this phenomenon: “The largest organized satanic-style cults such as the Church of Satan or the Temple of Set (never more than a few hundred members) are now largely dormant — most satanic cults usually number three to five people and last only a few months. There is no religious denomination or even any cult today that worships the Devil on Halloween, not even these so-called Satanists. In addition, there are no confirmed statistics, court cases, or studies to support the idea that serious satanic cult crime even exists. It turns out that most of the devil-worshipping activity reported in the media is perpetrated by teenagers based on what they've read in church literature or seen in movies” (p. 226).

A Real Safety Issue: Traffic

It appears that the dangers associated with urban legends such as poisoned candy, razor blades in apples, and satanic rituals are overblown and largely overestimated. The lack of evidence for these urban legends does not, of course, imply that parents and caregivers should be unconcerned about safety issues when children are allowed to trick-or-treat. Some aspects of trick-or-treating may be dangerous, and Bannatyne (2001) indicates that the most serious of these is probably traffic. Part of the problem is the presence of drunk drivers. In 1998, for example, more than 20% of all fatalities that occurred during that Halloween weekend were alcohol-related (Bannatyne, 2001). Adult drinking and driving is not the only culprit, however; factors such as dark costumes which are difficult for drivers to see are also part of the problem, and kids often are easily excitable on Halloween and perhaps as a result more likely to impulsively run out into traffic. Many young children aren't ready to handle street crossing by themselves and frequently overestimate how quickly they can cross over to the other side of a street (Bannatyne, 2001).

In compiling data from Halloween-related traffic fatalities from 1975 through 1996, the Centers for Disease Control, the Division of Unintentional Injury Prevention, and the National Center for Injury Prevention and Control reported that, for children ages 5–14, an average of four deaths per year occurred during peak trick-or-treat evening hours, whereas an average of one death occurred in this age group per year on every other day of the year. An addendum to the report “warns the figure may be low, since it does not include accidents that occur in driveways, parking lots and on sidewalks, nor does it include data beyond 10 PM or from another day” (Bannatyne, 2001, p. 232). Ultimately, it would appear that sadists or satanists are not nearly as much a threat to children on Halloween as are cars, trucks, and SUVs.

These figures suggest that the likelihood of a child becoming involved in a fatal accident is only slightly higher on Halloween than on any other day. Although the death of even one

child in a traffic accident is one too many, the realization that such accidents remain extremely rare can hopefully provide some needed comfort — and perspective — to frequently anxious parents and caregivers concerned about their children's safety on Halloween.

Implications for School Psychologists

Given the popularity of Halloween among children and the safety concerns of parents and caregivers regarding the holiday, it is important for school psychologists to be cognizant of the issues described here. When consulting with parents/caregivers regarding Halloween, children's safety should be acknowledged as a legitimate concern, but emphasizing the importance of maintaining an appropriate perspective is recommended. In particular, parents and caregivers should be made aware that many of the modern safety fears associated with Halloween are nothing more than urban legends, and that the chances of their children becoming involved in dangerous situations are extremely low provided common sense is employed. In that spirit, a few brief suggestions that school psychologists may wish to share with parents and caregivers are provided below. By engaging in these practices, parents and caregivers can help ensure that children have a safe, as well as happy, Halloween:

- Have children carry flashlights and wear costumes that can be easily identified by drivers and other adults.
- Have young children trick-or-treat in the company of older children or supervising adults.
- Have children walk on sidewalks rather than on streets, cross streets carefully at appropriate intersections, removing their masks while they do so, and travel in well-lit areas.
- Inspect children's trick-or-treat bags when they are done and discard any unwrapped items, not because they may be poisoned or contain razor blades, but because they may be unsanitary.

School psychologists also may consider disseminating information regarding the history of Halloween and the modern urban legends which surround it to teachers. Classroom teachers might find such information useful for developing lesson plans, teaching younger students about the importance of practicing good safety habits while trick-or-treating, and dispelling inaccurate ideas students may have regarding various Halloween-inspired urban legends. Providing accurate information to students and generating opportunities for classroom discussions might have the added benefit of lessening students' own possible fears or anxieties regarding Halloween and safety issues.

Two final issues are worth noting. First, some children may not wish to participate in school Halloween parties or practices either because of religious beliefs, parental request, health issues, or other reasons. These wishes should be respected and honored by school personnel, and school psychologists can play an important role in supporting these students. Second, given the increase in chronic health problems among children and youth (Power, Heathfield, McGoey, & Blum, 1999), particularly those related to nutrition and

food intake such as childhood obesity and diabetes, the arrival of Halloween — with its emphasis on candy and sweets consumption — is a perfect time for school psychologists to be proactive in educating teachers, parents, and students about the numerous benefits of proper diet and exercise.

Conclusion: Is Halloween Safe for Kids?

Based on the available evidence, the answer to the question "Are children generally safe trick-or-treating on Halloween?" appears to be a resounding "Yes." Adult concerns regarding such urban legends as poisoned candy, razor blades in apples, and satanic rituals appear to be overblown and unfounded. Traffic accidents appear to be the greatest threat to children's safety on Halloween, but even this threat is minimal, and it is also largely preventable when appropriate measures are taken, such as having children wear brightly-lit costumes and ensuring they demonstrate appropriate street crossing knowledge and skills. The most significant safety issue for children on Halloween may be adult carelessness, inaccurate beliefs, and simple mistakes. In other words, "the real Halloween monsters are the same monsters we live with every day: bad judgment, anger, and small-mindedness" (Bannatyne, 2001, p. 232). ♦

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© 2006, National Association of School Psychologists. David N. Miller, PhD, is an assistant professor of school psychology at the University at Albany, State University of New York. He can be reached via e-mail at: dmiller@uamail.albany.edu

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Blueprint III: Images of School Psychology's Future

Cathy Telzrow, NCSP, Matthew Burns, & Jim Ysseldyke

The third generation of *School Psychology: A Blueprint for Training and Practice* was published by NASP this past summer, and is now available for purchase through the NASP Center or can be obtained as a free PDF download from the NASP webpage. Rather than document school psychology's current status, *Blueprint III (BP III)* portrays how the field might look in the near future in light of multiple contextual influences and proactive professional advocacy. Like earlier versions of the Blueprint series (Ysseldyke, Reynolds, & Weinberg, 1984; Ysseldyke et al., 1997), the newest publication was designed to envision and describe the next decade of the profession's training and practice while stimulating discussion about this vision.

Brief History of Previous Blueprint Documents

The first Blueprint (Ysseldyke et al., 1984) emerged from the Spring Hill (1980) and Olympia Conferences (1981) focusing on the future of school psychology, and was a product of the National School Psychology Inservice Training Network at the University of Minnesota. This document outlined 16 functions of school psychologists and was an implementation action plan for use at state and local levels. Its impact included contributing to state credentialing systems and fostering the development of the National School Psychology Certification system. *Blueprint II (BP II)*; Ysseldyke et al., 1997) was developed by a task force appointed by then NASP President Bill Pfohl to guide training and practice in school psychology. It described 10 domains of training and practice comprising comprehensive school psychological services. *BP II's* influence was substantive as a consequence of NASP's adoption of it as official policy, and the subsequent use of this document as a template for the 2000 revision of the NASP *Standards for Training and Field Placement Programs in School Psychology* and the *Professional Conduct Manual*.

Behind the Scenes: How Did *Blueprint III* Evolve?

During his term as President-Elect of NASP in 2004, Bill Pfohl identified the revision of *BP II* as one of his presidential priorities, and once again tapped Jim Ysseldyke (University of Minnesota), the major author and facilitator for the development of all three Blueprint documents, to lead this process. Jim identified seven school psychologists to serve on the *BP III* Task Force. In addition to Jim, they include Matthew Burns, University of Minnesota; Peg Dawson, Seacoast Mental Health Center, Portsmouth, NH; Brenna Kelley, a specialist-level student in the Western Kentucky school psychology program who was completing an internship with Posey County Special Services in Mt. Vernon, IN; Diane Morrison, Northern Suburban Special Education District, Highland Park, IL; Sam Ortiz, St. Johns University; Sylvia Rosenfield, University of Maryland; and Cathy Telzrow, Kent State University. Three of these individuals (Dawson, Rosenfield, and Telzrow) had contributed to the development of earlier Blueprint documents. Jim described his "unscientific" selection criteria when choosing task force members as compiling a small group representing sufficient diversity of experiences, work settings, interests, and theoretical orientations; collaborative work styles and flexibility in thinking; strong writing skills; and a track record of adherence to timelines.

The major conceptualizations forming what would eventually become *BP III* occurred over a long weekend in an airport hotel near Chicago in September 2005. Imagine a small room, few breaks, but sufficient sugar and caffeine, as well as an Alaskan salmon caught and smoked by Jim for a group reward. There was an extraordinarily creative "stew" of knowledge and experience in the field represented on the team, and this intensive work session was characterized by a loose structure that kept us moving while allowing for serendipitous detours. There was sufficient "group think" to avoid paralysis, tempered by a healthy dose of minority dissent leading to group synergy. It would be difficult to attribute individual features of *BP III* to specific individuals; it represents the best of an interdependent effort.

Translating the ideas and concepts that emerged over that long weekend into a written document occurred through a series of individual writing assignments; these products were then submitted for reactions by other team members. Jim took the lead in combining sections to produce a draft document posted on the NASP webpage in January 2006 for reaction by NASP members. This resulted in numerous comments and recommendations by individuals and groups, and these were compiled and synthesized by the NASP office for further consideration by the *Blueprint III* Task Force in February and early March. A revised document was made available to virtually every school psychology professional organization for more formal review and comment in April. The task force incorporated these recommendations and, following another round of edits by members of the team, as well as fresh and careful editorial review by *Communiqué* Editor Andrea Canter, a final copy was submitted to the NASP Publications office in mid-May 2006.

Major Differences Between *Blueprint II* and *Blueprint III*

BP III kept the best of *BP II* while at the same time correcting some of its oversights and making revisions to accommodate current contextual issues. We thought it was important to continue to provide a context for school psychology training and practice through an overview of contemporary societal, educational, and other professional influences. Substantive events and issues had occurred since the publication of *BP II*, including the enactment of such federal legislation as No Child Left Behind and the 2004 reauthorization of IDEA; and the 2002 Multi-site Conference on the Future of School Psychology had provided important direction-setting for the profession. The team also felt it was desirable to retain the distinctive domains of school psychological training and practice, both as a means of conceptualizing our work within our own profession, and also assisting in conveying what we do to the public.

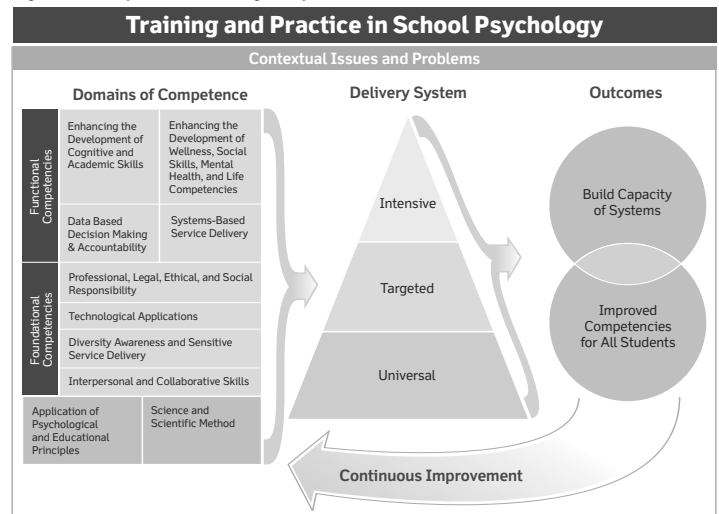
There were aspects of *BP II* that the team thought needed to be changed in a revised *BP III*. First, we determined that there was a need to make more explicit the two major intended outcomes of our work: (a) enhancing the competence of individual students and (b) build-

ing the capacity of systems to support student competence enhancement. Although these objectives were implicit in *Blueprint II*, they were often overlooked because they were not featured prominently enough within the document. Second, we felt that school psychologists' contributions as both instructional specialists and mental health specialists needed to be highlighted. Third, to a greater extent than previously, *BP III* conceptualized school psychological services as operating within a paradigm of prevention and health promotion. This perspective is clearly conveyed in a fourth major change: an explicitly articulated model of service delivery, which portrays a hierarchy of universal, targeted, and intensive interventions to address a range of both individual student and systems needs.

As indicated earlier, domains of school psychological training and practice were retained, although some changes in the organization and conceptualization of these were incorporated. The number of domains was reduced to eight, and these were clustered into two categories to distinguish between competency areas viewed as "foundational" (i.e., those that permeate all areas of our work) and those perceived as "functional" (i.e., those that describe specific functions that we engage in when conducting our practice). The eight competence domains of school psychology training and practice were conceptualized as resting on two core areas of knowledge: (a) educational and psychological foundations, and (b) science and the scientific method. The final major change in *BP III* is an explicit acknowledgement that acquisition of competence across domains is a developmental process that proceeds throughout training and practice. In *BP I* the 16 domains were lists of skills. The 10 domains outlined in *BP II* were presented as areas in which "school psychologists can be expected to provide leadership" (p. 6, Ysseldyke et al., 1997) within schools. We recognized the role individual expertise and experience plays in training and practice and presented the domains as areas of competence rather than leadership. Specifically, a *novice* level of competence is expected upon completion of the coursework phase of training; *competence* is expected in all domains following internship and a year or two of experience, and *expertise* in a few domains may be anticipated following 5–10 years in practice.

Overview of *Blueprint III* Model of Training and Practice in School Psychology

Figure 1. Blueprint for training and practice model³



The paradigm of school psychology training and practice conceptualized in *BP III* is depicted in Figure 1. The figure is described in the following paragraphs, beginning on the right and moving toward the left.

Outcomes of School Psychology Practice

Two primary objectives of school psychological services portrayed in *BP III* are (a) enhancing the competence of students and (b) building and maintaining the capacity of systems so that they are able to assist students to become competent. Furthermore, *BP III* makes it explicit that (a) student competence includes both academic/cognitive and social-emotional areas of functioning and (b) the systems targeted for capacity building include not only educational systems but family and community systems as well. This explicit description of the desired outcomes resulting from the schooling process and the direct and indirect services of school psychologists serves as a critical test for evaluating our day-to-day activities as instructional and mental health consultants in support of these two objectives.

Model of Service Delivery for School Psychology Practice

The model of service delivery depicted in *BP III* mirrors those reflected in numerous mental health and educational initiatives on both national (e.g., response to intervention; Batsche et al., 2005; positive behavior support, Sugai & Horner, 2002), state (e.g., Illinois Flexible Service Delivery, Peterson, Prasse, Shinn, & Swerdlik, in press; Ohio's Integrated Services, Graden, Stollar, & Poth, in press), and local district levels (e.g., Heartland AEA 11, Ikeda, Tilly, Stumme, & Volmer, 1996). Incorporating this service delivery model into *BP III* both emphasizes the population perspective that is fundamental to a preventive approach to services and also creates a common language that positions school psychologists to be major players within these other defined initiatives. This model acknowledges that the

intensity of services represents a continuum encompassing three levels or tiers: universal service or primary prevention, targeted interventions or secondary prevention, and intensive services or tertiary prevention. The model of service delivery in *BP III* is envisioned as one that helps to *enhance student competency* within both academic and mental health arenas, and also to include services that *build/maintain the capacity of all systems* that support students' development.

Domains of Competence

Eight competence domains, divided into foundational and functional types as described in the following sections, are supported by two core areas of knowledge: (a) educational and psychological foundations and (b) science and the scientific method. Although the eight competence domains are portrayed as separate and distinct, there is recognition that they are frequently complementary and interdependent.

Foundations That Permeate All Areas of Practice

Four domains of school psychological training and practice are conceptualized as so pervasive to the discipline that they are *foundational*, permeating all types of work that school psychologists engage in. In some cases, these competencies are part of individuals' character and are difficult to teach, and as a consequence must be considered when selecting applicants for admission to school psychology training programs.

Interpersonal and collaborative skills. Interpersonal skills and the ability to work effectively and collaboratively with people and systems are indispensable for school psychologists. Training programs should seek to admit students with the ability to listen, adapt, embrace ambiguity, and be patient in difficult situations. Clear and sensitive communication in frequently challenging contexts is essential. This competence domain also includes effective collaboration as well as knowledge and skills in dyadic and team-based consultation.

Diversity awareness and sensitive service delivery. School psychologists must be able to recognize when issues of diversity affect the manner and nature of interactions with other people and organizations. Self-assessment and examination of personal world views and potential biases are critical, and effective school psychologists have the ability to modify or adapt their practices in response to those being served. This competence domain is considered to be foundational because of its central role in bridging across domains, as well as the pervasive influence of diversity themes in the world today.

Technological applications. Technological advances are pervasive in American society, and have substantively influenced both the world we live in and the methods of school psychological practice. Technological competence is indispensable in supporting other domains of practice through such activities as data gathering and interpretation, communication with stakeholders, design and implementation of interventions, and progress monitoring and analysis. Beyond understanding its contributions to comprehensive school psychological services, competence in technological applications includes an understanding of the ways that assistive technology can support the development of students' cognitive and academic competence, including those with special learning needs.

Professional, legal, ethical, and social responsibility. School psychologists are expected to obtain required credentials for practice and to maintain currency in the profession through active engagement in continuing professional development. Their practice should be consistent with relevant ethical, professional, and legal standards to ensure appropriate protections for the consumers of their services. The emphasis on social responsibility conveys school psychologists' involvement in advocating for the unserved or underserved, and promoting practices that contribute to the overarching goals of enhancing student competence and building and maintaining capacity of systems.

Functional Skills That Structure Our Practice

These four competence domains are described as *functional*, because they represent the major functions or activities that school psychologists' work encompasses.

Data-based decision making and accountability. Using data to make decisions at the individual, group, and system levels is fundamental to the practice of school psychology. This competence domain requires a solid understanding of the problem solving process and the scientific method, including such elements as technically adequate approaches to data collection and analysis, research-based interventions, and methods for enhancing and documenting treatment fidelity. In addition, school psychologists must embrace the concepts of accountability and continuous improvement within the context of the previously described outcomes of student competence enhancement and systems capacity building.

Systems-based service delivery. *BP III*'s emphasis on systems-based service delivery as one of its functional competence domains makes it clear that services that are exclusively individually-focused are no longer sufficient. Systems-based service delivery involves a deep understanding of the critical systems that support the development of student cognitive/academic and social-emotional competence, including classrooms, schools, families, and communities. It presumes a preventive orientation where the strengths of these systems can be identified and used as the basis for effective universal services to promote resilience factors that can effectively inoculate children from inevitable stressors. Systems-based service delivery also involves fostering effective collaborations among relevant systems, as well as well as proactive participation in promoting public policies that contribute to enhancing student competence and building and maintaining capacity of systems.

Enhancing the development of academic and cognitive skills. One of the four functional competencies concerns work that school psychologists engage in to assist schools and other systems to develop the cognitive and academic functioning of all students. Such services involve consulting with teachers and other educational personnel to assist them in creating effective learning environments and implementing evidence-based instructional processes.

Enhancing the development of wellness, social skills, mental health, and life competencies. School psychologists are leading mental health experts in schools, and their

work includes contributing to the design and implementation of effective prevention and intervention strategies to promote wellness and resiliency. This requires a sound knowledge base about children's social and affective development, and evidence-based approaches to promote effective adjustment and behavior change.

Contexts and Continuous Improvement

The competence domains, service delivery system, and outcomes that comprise the major components of the model of school psychology training and practice play out within an ever-changing context of issues and problems that must be considered for appropriate response. Additionally, the model recognizes that the practice of school psychology occurs within a paradigm of continuous improvement, which necessitates collection and evaluation of outcome data.

Implications of *Blueprint III* for Practicing School Psychologists

We conclude by identifying three implications of *BP III* for practicing school psychologists. These implications progress from the more distant and abstract to the concrete and personal. First, like its earlier versions, *BP III* was developed to stimulate discussion and thoughtful response within the profession. As a consequence, one of the first implications for the school psychology community involves creating and participating in appropriate forums for reflecting on the image of the profession's future that has been portrayed within this document. What does it mean for individual practitioners? For schools and school districts? For families and community systems? For training programs? We are hopeful that such discussions will occur at national, state, and local levels throughout the next year, and that the profession will benefit from thoughtful and respectful dialogue to further articulate and activate our future.

A second implication that emerges from *BP III* is an assertion that school psychologists must become critically engaged with the educational process and the objectives of their supporting systems: schools, families, and related community agencies. Fagan and Wise (2000) distinguish between school psychologists who are perceived as "guests in the school" and those whose work is viewed as an integral part of the school's mission. *BP III* clearly articulates a paradigm that supports the latter.

The third implication is that, consistent with Stephen Covey's (1990) principle to "begin with the end in mind" (p. 42), school psychology practitioners must utilize ongoing self-assessment and explicit accountability practices to ascertain how their work supports the major objectives of enhancing student competence and building systems capacity. Do we collect accountability data that are outcome focused, or are school psychologists silently and subtly exempt from this trend that has so profoundly changed the educational community within the past five years? We believe the time has come for school psychologists to ask tough questions — what did I do today, and did these activities directly contribute to enhancing student competence and building the capacity of systems? When school psychologists bring their unique knowledge and skills as portrayed in *BP III*'s competence domains to collaborative contexts with families and professionals from the multiple systems that affect children, we believe the answer will be "yes" ♦

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© 2006, National Association of School Psychologists. Cathy Telzrow, PhD, NCSP (Kent State University, Ohio), Matthew Burns, PhD, (University of Minnesota), and Jim Ysseldyke, PhD, (University of Minnesota) served as members of the *Blueprint III* writing team, which Jim chaired. The other authors include Peg Dawson, EdD, NCSP (Seacoast Mental Health Center, NH); Brenna Kelly (Evansville-Vanderburgh School Corporation, IN); Diane Morrison, PhD, NCSP (North Suburban Special Education District, IL); Sam Ortiz, PhD (St. John's University, NY); Sylvia Rosenfield, PhD, NCSP (University of Maryland).

The Big Apple Revisited: Reflections on the 1978 NASP Convention

By Tom Fagan, NCSP, NASP Historian

After holding annual conventions in New York City in 1973 and 1978, it's hard to believe that NASP has not been back to The Big Apple for 29 years. Following a policy to move conventions around the country on a regional basis, the Northeast Region has hosted meetings in Philadelphia (1984), Boston (1989), and Washington DC (1980, 1993, 2001). With four each of the 39 conventions, Washington and Chicago are the most frequent sites; Las Vegas hosted three, and several places two (Atlanta, Dallas, San Francisco, Toronto). The NYC Convention, March 21–25, 1978, was the 10th Annual Convention, and like 2007 it was held at the renowned New York Hilton. It was a fabulous event attended by about 1,300 of roughly 4,500 NASP members. The 28% ratio of attendance to membership was not the largest to that time; conventions in the 1970s typically had as high or higher a percentage, and the 1979 San Diego meeting was the last time the 28% mark was exceeded (34%). To match the 1978 percentage figure in 2007 would require an attendance of about 6,000!

Presidential Suite

The photos herein were taken in the elaborate penthouse that served as the NASP Presidential Suite atop the hotel. A small private elevator conveyed the leadership to the gatherings there. I recall that the suite was at least 3,000 square feet, on two levels, with a spiral staircase to the upstairs and a grand piano in the main living area. It was walled by high glass panels affording spectacular views of the city's skyline. I don't think NASP has ever had a more spectacular presidential suite. It rented for about \$1,500 per night; hotels customarily provide these suites at no cost to NASP. There were also many state-sponsored hospitality suites, virtual magnets of evening social activity, but an idea whose time ran out in the potential hotel and convention insurance liabilities of the 1980s. Conventioneers would descend on a suite, often wall-to-wall with people, socializing, consuming beverages, and then moving to another suite: From Ohio to Pennsylvania to Illinois, Michigan, Wisconsin, then New York and New Jersey, and eventually to the NASP's President's suite, open to all on at least one evening.

Theme and Sessions

The theme for the 1978 Convention was "Wider Horizons 78: Paths for the Future." The Convention Cochairs were Mary Hannah (MI) and Ruth Mulliken (VA). Other members of the Convention Committee were drawn heavily from New York, including Ted Bernstein, Evelyn Goldwasser, Gloria Gottsegen, and Burt Weissberger. Others included Bernice Gdula (PA), Margaret Mulkern (CT), Sharon Petty (MI), and Joe Weaver (KS). In contrast to recent conventions, the "call for papers" was not due until November 15, 1977.



On the spiral staircase of the Presidential Suite in 1978: L-R: Jean Ramage, Tom Ciha, Jerry Vlasik, Ann Engin, Sharon Petty, and Fred Weintraub

The *Proceedings*, compiled by Kevin Flanagan (OH), included sessions in several categories: Consultation (N=36), Professional Development (N=29), Assessment and Programming (N=60), Intervention (N=53), Research and Evaluation (N=33), and Miscellaneous (N=18). The emphases likely reflected the fact that the regulations for P.L. 94-142 (now known as IDEA) had been (finally) signed in October 1977 (see *Communique*, 1977, Vol. 6, No. 2) and implementation of the law would continue to consume considerable convention activity.

Of historical interest, the promotional convention issue of the *CQ* (September 1977) mentioned many of the NYC sites including the Empire State Building and "that young upstart, the World Trade Center ... made up of twin towers, each 110 stories tall ... On the roof top of the South Tower is the world's highest open-air observation deck: 1,377 feet" (p. 1). Burton Blatt (Syracuse University) delivered the Thursday's keynote, "The Future of People With Special Needs," and Friday's keynote was Wilbert McKeachie's (University of Michigan), "The Future of Psychology." For their time (perhaps for all time), these were big names in special education and American psychology. APA and NASP convention keynoters over the past 40 years have gone from great psychology and education figures to well-known politicians to entertainment personalities. In my opinion, it's time to start over. [NASP's 2007 keynote will be delivered by James Garbarino — a great psychology and education figure.]

The pre-convention workshops were held on one day and covered legal issues (Don Bersoff), treatment of hyperactivity (Daniel and Susan O'Leary), mini-battery assessment (Elizabeth Koppitz), ecological assessment (Robert Newbrough, Sally Abril, and Lynn Walker), family dynamics (Duayne Thomas), informing parents about testing (Jean Nazarro), and learning disabilities (Janet Lerner). The P.L. 94-142 workshop was cancelled due to the death of presenter Daniel Ringelheim on February 1, 1978; and Seymour Sarason

was unable to present his workshop on human support networks.

More than a dozen mini-skill workshops organized by the Trainers of School Psychologists (TSP) were presented. A special session, "Will the Real School Psychologist Please Stand Up" was

among the best attended and contentious public discussions of the doctoral-non-doctoral issue. The session followed upon the January 1977 decision by APA defining the title "professional psychologist" at the doctoral level. The addresses were published in *School Psychology Digest*, 1979, Vol. 8, No. 2 (see also a follow-up convention session published in *School Psychology Review*, 1994, Vol. 23, No. 4). Anyone interested in the doctoral-non-doctoral controversy should review these publications and the APA resolution. A unique convention event was the New York City Association of School Psychologists' (NYCASP) "Night on the Town" including a buffet supper and skating party at Rockefeller Center ("Unlimited bar, gourmet food and open air skating on the famous Promenade Café Rink"), all for \$24! (*CQ*, 1978, Vol. 6, No. 4, p. 3).

Evening banquets were typical of early conventions and the Thursday evening event had tables seated according to interests (in connection to the workshops); there was an address by Nicholas Long (American University), "Bringing Order Out of Chaos: Helping Teachers Help Children." The event featured the All City Chorus of 220 high school students. Presidential Awards were a highlight of these events and Tom Ciha gave them to Daniel Ringelheim (posthumously) and Jim Eikeland.

General Facts and Recollections

I have no personal records of convention costs but suspect the registration fee was about \$30 and workshops perhaps \$25. We paid about \$37 for a double room and \$29 single. The lobby bar was expansive and the virtual hub of gossip, job opportunities, training and practices ideas, and just catching up from 4:00pm to God-knows-when. There were only about 19 exhibits, mostly publishers, a few professional associations, and in-house groups. The Executive Board/Delegate Assembly met on Tuesday, then again on Friday and Saturday. All workshops were on Wednesday, and research and symposia sessions were Thursday to Saturday noon.

The elected officers included President Tom Ciha, President-Elect Ann Engin, Past-President John Brantley, Secretary Beverly Budd, and Treasurer Pam Dahl. Jim Agner served as Parliamentarian. The NASP journal was then named *School Psychology Digest* and had recently changed editors from its founder John Guidubaldi to the late Liam Grimley. Only a few persons on the NASP leadership roster then are still on the leadership roster (Tom Fagan, Sharon Petty, and Jean Ramage), and several are deceased (Karen Berland, Ted Bernstein, Tom Ciha, Mike Chrin, Don Clark, Evelyn Goldwasser, Liam Grimley, John Haase, Lee Hildman, Ruth Mulliken, and Burt Porter). The NASP dues were \$45 (\$15 students) and end-of-fiscal-year revenue was about \$243,000. Liability insurance for members cost \$70.

There were only 31 NASP affiliated-state associations, and Delegate Assembly representation was spread over five U.S. regions and a Canadian/Mexican Region. Delegates came from 47 states (none from NM, ME, or WY), the District of Columbia, and one each from Eastern and Western Canada (none from Mexico). The NASP office was managed by Lois Leyda at 1511 K. St., Suite 927, Washington, DC 20005. This was nothing like the office facilities of the past 20 years, and most association business was managed by NASP's four Executive Managers: Mike Chrin (Membership and Fiscal), Sharon Petty (Convention), Jean Ramage (Professional Relations), and Mary St.Cyr (Committee Services).

Enjoy the photos as a visual memory of the event of so many years ago; several others appear in the *CQ* (1978, Vol. 6, No. 7). Our recently deceased 3rd president, John Austin and his wife Joyce, were there (see photo in September 2006 *CQ*) as were so many still-practicing and now-retired school psychologists who made the NASP you now know. I don't know what President's Suite we'll have this year but nothing could match the 1978 Convention. Oh, to have those moments again and Mary St. Cyr playing that grand piano as others sang and had their pictures taken on that magnificent staircase! You never miss what you never knew. That makes me sad and the newer conventioneers lucky. If you bump into me at the 2007 Convention, I'll be glad to introduce you to the class of 1978 still in attendance. See you there for my 38th consecutive convention, and NASP's 39th! ♦

© 2006, National Association of School Psychologists. Tom Fagan, PhD, NCSP, is a trainer at the University of Memphis where he oversees the NASP Archives. Thanks are expressed to Sharon Petty for her assistance with this article.



Gathering in New York, 1978 — L-R: Evelyn Goldwasser, Dave Prasse, Mary St. Cyr, Tom Ciha, Judith Kaufman, and Marcia Shaffer.

Viewpoint

The Back Closet of Education ... Special Education

By Gary Anderson & Carol Ronka, NCSP

E.d. note. "Viewpoints" are editorial and reflect the opinions of the writer only, and not a policy or position of NASP or the Communiqué.

When we started out as school psychologists in the late '70s, it was our intent to evaluate students, decide whether there was a significant disability impacting education, recommend placement or strategies to improve the student's basic academic skills, and get the student back on track, ready to re-enter regular education. What has evolved thirty years later is almost a criminal travesty of good intentions. Students are referred, tested, placed in special education and often the key to getting back on track is thrown away. Students are just reshuffled down the hall and become another teacher's problem. According to *Time* magazine (April 17, 2006), 30% of America's high school students will leave without graduating. More placements in special education are *not* the answer. More diagnostic testing and more eligibility meetings are *not* the answer. More money is *not* the answer. The system is broken and hopes of special education placement being the answer has *not* worked for many children.

Research shows that the majority of students identified as LD and placed in special education are not fluent readers. Thus, building competent fluent readers would prevent them being placed into the black hole of special education. Compared to our early training, we have come 180 degrees and believe that placement out of the classroom, even on a resource basis, often has a negative impact on the child's education. Too frequently teachers are placed in the special education classroom as a means of getting into a school system and into a regular education position as soon as it is available. Until No Child Left Behind, special education students did not take the normed tests other students took, or if they did, the scores were not included. Thus, there was no accountability. IEPs continued to vary little from year to year and student progress was not emphasized. There are exceptions to the rule, but they are just that, exceptions. Most students with learning disabilities miss out on the continuity of the regular classroom. They are forced to see themselves as damaged goods and their labels stay with them the rest of their lives. Thirty years after 94-142, the unintended consequence of good intentions is a generation of students who have achieved little improvement in academic skills.

How do we change this serious situation? The intent of special education remains viable. However, there needs to be a continued emphasis on accountability. Research has demonstrated that the discrepancy model has not been operationalized in a successful manner. The definition of LD remains appropriate. The new emphasis on Response to Intervention and the 3-Tier model opens up a method of providing strong interventions to struggling students without assigning a label until appropriate intensive instruction has been shown to fail.

If all children are screened with tools such as the Dynamic Indicators of Basic Early Literacy Skills (DIBELS), school personnel will be able to identify struggling readers early in their academic career and provide appropriate interventions to close the gap while it is not insurmountable. This could include strategies such as "Read to them 15 minutes a day" or other proven, research-based interventions appropriate for the specific deficit component of reading. That would eliminate the flood of teacher referrals into the back closet of special education. Children who are referred for diagnostic testing might be more likely to benefit from the services of highly qualified special education teachers. Regardless of the interventions used, it is paramount that we focus on closing the gap between struggling readers and those who are benefiting from a core curriculum. Then we will have truly met the original intent of 94-142. We must stop the present road that takes students with learning disabilities in special education classes toward either dropping out of high school or completing high school with an attendance certificate and a significant lack of skills for employability. ♦

© 2006, National Association of School Psychologists. Gary Anderson, MEd, is President of "Read to Them" and Past Chair, NASP Reading Interest Group. He has 30 years experience in the public schools of Virginia, where he is currently lead school psychologist in Virginia's Department of Correctional Education. Carol Ronka, PhD, NCSP, is a regional trainer for Language Essentials for Teachers and Spelling (LETRS), a national trainer for the Dynamic Indicators of Basic Early Literacy Skills (DIBELS), and a trainer for Wireless Generation's Palm version of DIBELS. Dr. Ronka presently is in private practice as a psychologist and educational consultant. She is Chair, NASP Reading Interest Group.

School Psychology Awareness Week, November 6-10, 2006

Enclosed in this issue of *Communiqué* is your copy of this year's school psychology awareness poster, "Building Steps to Success. Lowering Barriers to Learning. Supporting Mental Health Matters." NASP has a few additional copies for members upon request, as long as supplies last. You also can download an 8 1/2 x 11 color PDF of the poster as well as adaptable materials related to mental health and communications strategies in NASP Member Resources until October 31, 2006. Starting November 1, 2006, these resources will be available at www.nasponline.org/communications.

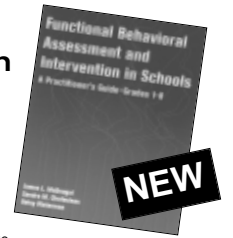
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A Practitioner's Guide for Grades 1-8

Dr. James L McDougal, Dr. Sandra M. Chafouleas, and Dr. Betsy Waterman



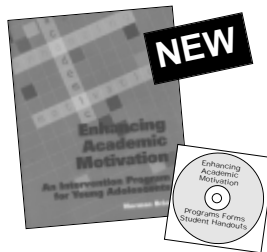
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NASP Mental Health Promotion Workgroup**School Psychologists Are Mental Health Providers**

By **Ralph E. "Gene" Cash, NCSPP, Workgroup Chair & Katherine C. Cowan, NASP Director of Marketing and Communications**

In 9th grade, Jake began displaying difficulties concentrating in class and increased moodiness; his grades were slipping and he mentioned thoughts of suicide to a close friend. After a comprehensive evaluation by the school team, including a suicide risk assessment by the school psychologist, Jake and his parents were referred to the community mental health center.

Jenny, who has just started middle school, was discovered in the school bathroom scratching her wrists until they bled profusely with a toothpick she obtained from the cafeteria. An interview by the school psychologist and consultation with Jenny's family led to a referral to a mental health clinic for a full evaluation and treatment.

Following the death of a popular principal in a car accident, the assistant principal placed an emergency call to the district director of psychological services. The director immediately dispatched several school psychologists with crisis intervention training and experience to the school to implement

the district's crisis response plan and to help the assistant principal deal with the faculty, staff, students, and media.

Each year, Jeanne, a school psychologist assigned to the district Early Childhood Programs, coordinates developmental screening for entering preschoolers. Her role includes reporting results to parents, conducting parent training for those whose children are identified as at-risk for social and behavioral difficulties, and helping to link families of at-risk children with appropriate community and school district resources.

These are but a few examples of the many ways in which school psychologists, in cooperation with other school and community mental health professionals, provide mental health services to enhance student achievement and to improve the lives of children and their families. Because mental health truly encompasses mental wellness, mental health problems, and mental illness, most school psychologists respond to (i.e., recognize, evaluate, prevent, and intervene) student's mental health needs every day. In fact, responding to the vast array of mental health needs that students exhibit in school is very important area of "responsiveness" in our role. Unfortunately, many people, including some members of the profession, do not yet view school psychologists as providers of mental health services. Perhaps this is, in part, because it is common to think of mental health service provision too narrowly as psychotherapy. Possibly it is a result of the failure to recognize prevention, assessment, and crisis intervention as mental health services. Too often it is caused by the difficulty school psychologists have had in publicizing their diverse roles and capabilities.

Focus on Mental Health Professional Development — 2007 NASP Convention in NY

Clearly, expanding continuing professional development opportunities will be an important long-term component to enabling *all* school psychologists to provide the broad array of school-based mental health services. The Workgroup will be coordinating with relevant programs areas and, perhaps, training programs to evaluate professional development and training needs going forward. Right now, though, one of the best places to expand your knowledge and skills on children's mental health and school-based services is the NASP 2007 Convention in New York, March 27–31, 2007. Typically more than one-third of the program relates to mental health topics ranging from promoting mental wellness such as social-emotional learning, resiliency, and positive behavioral supports to preventing and intervening with mental health problems such as violence, mood disorders, suicide, bullying, anxiety, self-mutilation, crisis response, and more.

For example, this year's **Keynote Speaker, James Garbarino** will explore the ways in which changes in the aggression and violence (which fall within the definition of mental health problems) displayed by girls are related to some very positive changes in cultural images and experiences for developing females. His presentation will be based upon his newest book *See Jane Hit: Why Girls Are Growing More Violent and What We Can Do About It* (Penguin Press, 2006) and *Lost Boys: Why Our Sons Are Violent and What We Can Do To Save Them* (Free Press, 1999). There are more than 15 workshops on mental health topics, including Promoting Children's Mental Health: A Public Health Approach; Educational Management of Bipolar and Other Disorders of Mood Regulation; Treating Obsessive Compulsive Disorder in School Age Children; Self-Mutilation: Cutting Behavior in Adolescents; and Promoting Mental Health: Preventing Internalizing Problems: Social Emotional Learning and Interventions. Additionally, the Mental Health Promotion Workgroup will be offering a special session on promoting your role as a mental health service provider in schools.

Look in future issues of *Communique* and online for additional information on the dozens of other featured and special sessions, mini-skills, presentations, and posters that also will address mental health issues. No matter what your skills need, you are likely be able to meet it at the Convention, as well as be able to network with colleagues facing some of the same challenges.

NASP Mental Health Workgroup Initiative

Earlier this year, NASP President Bill Pfohl, in consultation with the NASP Executive Council, appointed a task force to explore ways in which the role of school psychologists as mental health service providers might be successfully promoted. Based upon recommendations from that task force, the Executive Council approved the extension of the task force's initiatives for the year 2006–2007 and designated it as a Workgroup under the direction of the Advocacy Program Manager, Jennifer Kitson. With the support of President Carl DiMartino, the budget request of the workgroup was approved by the Delegate Assembly at their July meeting.


Workgroup Goals and Objectives

The general goals of the Workgroup are to reinforce the importance of children's mental health; to define clearly the continuum of mental health care for children and adolescents and those services provided by school-employed mental health professionals on the continuum; to foster collaboration and cooperation between school and community resources; and to promote school psychologists as essential school-based providers with unique expertise in the school environment, learning and mental health issues, their intersection, and science-based outcomes evaluation.

Specific objectives of the mental health promotion campaign include the following:

- Promote school mental health services as essential educational and health-related services.
- Publicize the relationship between school mental health services and student success.
- Define and promote the continuum of mental health service provision and what services are offered by schools, by whom, and where they are provided on the continuum, e.g., prevention and universal intervention (school-employed providers), early identification and targeted interventions (school-employed and community-based providers), intensive interventions (school-employed and community-based), and intensive community interventions and resources (community-based).
- Clarify collaboratively the roles of school-employed mental health providers (school counselors, school psychologists, and school social workers) and community-employed mental health providers (clinical psychologists, psychologists, social workers, marriage and family therapists, and professional counselors).
- Promote the importance of school psychologists recognizing and identifying the services they provide on the continuum of mental health service provision.
- Promote the need for more school-employed mental health providers because service delivery is enhanced when the ratio of school mental health providers to students improves.
- Promote a multi-tiered, public health model of service delivery (or continuum of care model).
- Alert the Professional Development Program Area that upgrading the skills of many current practitioners may be necessary to enable them to provide comprehensive services.
- Cooperate with the Communications Workgroup to ensure the consistency and effectiveness of key messages.

The Mental Health Promotion Workgroup has already begun its work and will be providing updates on its progress regularly to the Executive Council and to the membership. If you have suggestions for the Workgroup, please contact the Chair, Gene Cash, at gcash1@aol.com. ♦



School - Neuropsychology Post Graduate Certification Program

- This is a competency-based CEU program designed to train school psychologists to integrate neuropsychological principles into their professional practices. Classes meet once a month on weekends (Friday nights 6-9 pm; Saturdays 8 am - 5 pm; and Sundays 8 am - 4 pm) for 8-months.
- New classes are being formed in Chicago, IL, Dallas, TX, and Philadelphia, PA. Classes will start in Oct. 2006. Another class will start in Hartford, CT in January, 2007.
Enrollment is limited - reserve your spot today!
- For complete program information visit our website at:
www.schoolneuropsych.com



By Candace Cartwright Dee, PhD, NCSP, &
John Boyle, EdS, NCSP

The goal of Positive Behavioral Supports (PBS), also called Positive Behavioral Interventions and Supports (PBIS), is to help parents and school staff create and maintain a safe, supportive, learning environment, promote positive life skills, and reduce negative behaviors so that **all** children can succeed in school. PBS focuses on both individual behavior and environmental factors and has proven more effective than punitive discipline strategies, such as suspension and expulsion. PBS programs can address issues such as bullying prevention, social skills development, resiliency building, and discipline strategies.

What Is PBS?

- Applies behaviorally-based systems approaches to enhance the capacity of schools, families, and communities to design effective environments in which teaching and learning occur.
- Focuses on creating and sustaining school-wide (primary), classroom (secondary), and individual (tertiary) supports that improve lifestyle results for all students by making problem behavior less effective, efficient, and relevant, and desired behavior more functional.
- Establishes a leadership team that guides the implementation of PBS strategies.
- Develops a set of core behavioral expectations for all students in the school.
- Engages all school staff, parents, and students in maintaining expectations and employing PBS strategies.
- Teaches those expectations across all areas of the school.
- Provides positive reinforcement for compliance with the expectations.
- Establishes a hierarchy of consequences as corrective procedures.
- Collects data on the use of established procedures and the impact of those procedures on behavior.
- Builds a set of procedures for maintaining PBS strategies school-wide.

What Are the Levels of PBS?

- **School-wide (Primary) Intervention.** Intervention at this level is designed to be a more proactive approach to preventing problem behaviors from occurring in the first place. These proactive approaches typically involve the creation of a school climate and culture that supports and promotes positive student behavior. Behavior is addressed under a school-wide approach, meaning that all components of a school system, including physical locations (e.g., classroom, cafeteria, gym, playground) and personnel (e.g., teachers, administrators, paraprofessionals, support staff) are involved in the prevention efforts.
- **Classroom (Secondary) Intervention.** Recognizing that not all students will respond to school-wide intervention efforts, targeted group interventions must be put into place for the small number of students who need more support. These students may be called "at risk" because they have a higher incidence of problem behaviors than expected. These students may need small group reteaching of the expectations in various school settings, or they may need small group instruction in social skills or social problem solving.
- **Individual (Tertiary) Intervention.** There always are a few students in schools whose behavior is so severe or disruptive that they require intensive, individualized interventions. These students may have individualized education programs (IEPs) and/or individualized behavior support plans that are developed based on a functional behavioral assessment (FBA) because these interventions are student-specific, there is not a specific intervention strategy for tertiary prevention efforts.

A Role for Parents

Parent involvement in all aspects of their child's educational planning is often the key to the success of the child. When parents are actively involved in the educational activities of their children, the children are more successful in school. This is particularly true when there are behavioral concerns. Parent communication with the school and participation in school activities can provide academic and behavioral support as well as help develop a healthy school climate.

How can parents help?

- Work to develop a positive school climate.
- Participate on the leadership team.
- Help teach your children the importance of school-wide expectations at home, at school, and in the community.
- Volunteer in school activities.
- Support with teaching of and reinforcement of expectation in home and community settings.
- Help with school efforts to advertise the program to the community.
- Work to gather community resources (earn funds, canvas local merchants for participation) for creating and maintaining the program.
- Take part in the instruction and reinforcement systems if our child is part of a classroom or individual intervention program.
- Celebrate your child's successes.

NASP Resources Available Online

NASP has a number of resources available to assist families and educators in helping to create school environments that promote positive behavior and develop life skills. These can be accessed at www.nasponline.org

Resources for Schools

- Bear, G. G., Cavalier, A. R., & Manning, M. A. (2002). Best practices in school discipline. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology-IV* (pp. 977-991). Bethesda, MD: National Association of School Psychologists.
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- Thomas, A. & Grimes, J. (Eds.). (2002). *Best practices in school psychology IV*. Bethesda, MD: National Association of School Psychologists.

Resources for Families

- Cohn, A., & Canter, A. (2003). Bullying: Facts for schools and parents (On-line). Available: www.naspcenter.org/factsheets/index.html
- NASP (2002). Social skills: Promoting positive behavior, academic success, and school safety. Available: www.naspcenter.org/factsheets/index.html
- OSEP Technical Assistance Center for Positive Behavioral Interventions and Supports, family page: <http://www.pbis.org/families.htm>
- Teaching Young Children Self-Control Skills (On-line). Available: www.naspcenter.org/behavior/index.html
- Candace Cartwright Dee, PhD, NCSP, is a school psychologist in the Jordan School District, Sandy, UT. John Boyle, EdS, NCSP, is a school psychologist with the Heartland Area Education Agency in Johnston, IA.



NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

By Sarita Gober, Malky Klein, Tzippy Berger,
Cristina Vindigni & Paul C. McCabe, PhD, NCSP

Steroid Use in Adolescence: Information for School Personnel

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Steroid Use Among Adolescents Prevalence

According to NIDA, more teenagers are actively using steroid drugs while fewer are worrying about the dangers. According to NIDA Director Dr. Alan Leshner, steroid use has increased 50% in 8th graders and 10th graders since 1991. The period of risk of AAS dependence starts during secondary school. NIDA estimates that 500,000 young Americans are currently using steroids. Although most past research has focused on male users, the NIDA reports that national surveys indicate that girls account for about one-third of the high school students who abuse steroids. Many girls who take steroids have eating disorders, and those taking steroids are usually engaged in athletic activities. The primary reason offered by girls who use steroids is to lose fat and gain lean muscle.

Although steroid abuse is usually associated with professional athletes seeking to improve their competitive edge, it is also a dangerous form of substance abuse among adolescents. Both boys and girls, athletes and non-athletes, are susceptible, and the physical and psychological risks are significant. According to *Monitoring the Future*, a long-term national study on drug abuse in adolescents funded by the National Institute on Drug Abuse (NIDA), the 2005 prevalence rates for steroid use were 1.2%, 1.8%, 2.6% for 8th, 10th and 12th grade boys and 0.9%, 0.7%, 0.4% for girls, respectively. Equally alarming from an education standpoint, between 1998 and 2003, the percentage of 12th graders who perceived steroids as risky and disapproved their use dropped from 68% to 55%, despite increased health warnings (Johnston et al., 2006).

School personnel who work with adolescents, as well as parents of teens, should have information about the neurobiological mechanisms of steroid effects and the possible relationship with psychological states such as mood, cognition, and suicidal behavior. Further, school support personnel such as school psychologists, counselors, and social workers should be aware of the implications of steroid use in their daily work with youth and young adults.

Overview

Anabolic-androgenic steroids (AAS) are man-made substances related to male sex hormones. Anabolic refers to muscle-building, and androgenic refers to increased masculine characteristics. Steroids are legally available only by prescription to treat conditions that occur when the body produces abnormally low amounts of testosterone, such as delayed puberty and some types of impotence. They are also used to treat body wasting in patients with AIDS and other diseases that result in loss of lean muscle mass. Smuggled in from other countries or manufactured in illegal labs, the most commonly used anabolic steroids include testosterone, nandrolone, methenolone, stanozolol, and methandrostenolone. Steroid use causes the body to retain nitrogen that is ordinarily lost via urinary excretions. This retention, used in combination with exercise, training, and high protein diets, can promote increased size and strength of muscles, improve endurance, and decrease recovery time between workouts.

Side Effects of Steroid Usage

Emotional and behavioral lability. According to the National Institute on Drug Abuse (NIDA), anabolic steroids, particularly those in high doses, increase irritability and aggression. Some steroid abusers report that they have committed property crimes, such as stealing from a store, damaging or destroying others' property, or breaking into a house or a building. Abusers who have committed aggressive acts or property crimes generally report that they engage in these behaviors more often when they are actively taking steroids. Anabolic steroids have also been reported to cause other behavioral effects, including euphoria, increased energy, sexual arousal, mood swings, distractibility, forgetfulness, and confusion. Some studies of steroid usage have reported that a minority of their subjects develop behavioral symptoms that were so extreme that they disrupted their ability to function at work or in social settings. In a few cases, the subjects' behaviors presented a threat to themselves and others. Other symptoms included increased risk-taking behavior, extreme egocentrism, cognitive rigidity, altered physical identity, increased feelings of superiority, and extreme mood changes (Gonzalez, McLachlan, & Kearney, 2001).

Physical changes and health risks. When excess testosterone from steroids is converted to estrogens, male users may suffer from *gynecomastia*, in which breast-like tissue develops. In the female body, anabolic steroids cause masculine effects, such as *hirsutism* (abnormal hair growth), deepening of voice, clitoral hypertrophy, and male pattern baldness, and are irreversible. Acne, increased libido, and menstrual irregularities also may occur. Steroids may affect growth and maturation. Rising levels of testosterone and other sex hormones normally trigger the growth spurt that occurs during adolescence. When these hormones reach certain levels, they signal the bones to stop growing. When a child or adolescent takes anabolic steroids, the artificially increased level of sex hormones can signal the bones to stop growing prematurely. Steroid abuse is associated with cardiovascular disease, including heart attack and strokes, even in athletes younger than 30 (NIDA, 2005). Continued use may lead to elevation in certain liver enzymes, which in turn can bring about cholestatic jaundice, a serious and potentially fatal condition. Steroids are also associated with liver tumors and a rare condition called peliosis hepatitis, in which blood-filled cysts form in the liver. Both the tumors and the cysts sometimes rupture, causing internal bleeding.

Socio-Cultural Factors

Adolescents are increasingly aware of their bodies and others' reactions to them. They often struggle with accepting their own appearance and strive for approval from others (Stout & Wiggins Frame, 2004). The media, peer pressure, and self-perception often serve as important factors influencing their decisions. Research suggests that these factors may also play a role in an adolescent's decision to use steroids.

Pressure from media and parents. The media's depiction of the ideal physique includes well-defined muscles and low body fat. Adolescent boys, who are in the midst of deciding who they want to be as adults, may internalize these messages and strive to attain this idealized appearance. Parental pressure in the form of negative comments and a focus on physical appearance was also correlated with motivation of adolescents to build muscles and take steroids. Internalization of these media and cultural biases leads to greater body dissatisfaction and is associated with steroid abuse.

Disturbance in body image. Body builders are at greater risk for disturbances in their body image (their internalized view of their physical appearance). The muscular physiques featured in the media are very difficult to achieve through healthy means, and may be a result of anabolic steroid usage, dehydration, and other unhealthy practices. Researchers describe a body image disorder called muscle dysmorphia (MD), which is an extreme preoccupation with one's body, poor insight into actual body size or weight, and rigid dietary practices. It occurs in both males and female who weight train, as well as individuals who abuse anabolic steroids. MD is becoming more common among adolescents, and studies have shown that MD in adolescence can affect one's body image well into adulthood. The disorder is associated with greater body dissatisfaction, depression, and perfectionism, and is similar to eating disorders in girls and women.

Mental Health Implications of Steroid Use in Adolescence

Although the adverse physical effects of steroid use have been widely reported, fewer studies have examined the psychological effects of steroid use. Recently media attention and congressional hearings have raised the question of a possible link between steroid use and suicide. Although this link has not been verified, a number of studies have established that steroid use can result in harmful psychological effects.

Aggression is frequently cited as one consequence of steroid use, and high doses have been implicated in numerous instances of violence and aggression by athletes and body builders. While steroids can trigger negative reactions in any age group, it is during the teenage years that aggressive inhibitors are being developed. Steroids, such as testosterone, can interfere with brain development and may alter long-term capacity for aggressive inhibition.

Psychiatric symptoms. Other studies examining the psychiatric effects of anabolic steroids have found them to cause or intensify psychiatric symptoms, including affective and psychotic symptoms. Examples of psychotic features identified by researchers have included paranoid and grandiose delusions. Impulsive and manic behaviors have also been identified, such as a 23-year-old man who purchased a \$17,000 sports car while using steroids — upon stopping to take the drug, he realized he could not afford the car and sold it; mood changes occurred within days of initiating anabolic steroids, and other studies reported that their subjects experienced mania in association with steroid use. In another study comparing athletes who did and did not use steroids found that 23% of the athletes using anabolic steroids experienced one or more manic episodes, hypomanic episodes or major mood syndromes, such as major depression.

Effects of steroid withdrawal. Often, the cessation of steroid use can also result in adverse psychological effects. Depression is a common consequence of steroid withdrawal. If not treated properly, severe depression can result in suicide. Although suicide has been associated with steroid use, the direct relationship is not yet clear. Often suicides completed while the individual was actively using steroids occurred in conjunction with manic behavior and were more impulsive in nature. However, suicide completed during withdrawal was often premeditated and in association with severe depression. In either circumstance, anabolic steroids may have been one of the factors contributing to the completion of suicide.

Psychological factors in steroid use. Although causality has not yet been established, there may be certain psychological characteristics that influence the use of steroids by adolescents. Low self esteem has been found to predict body dissatisfaction among adolescent boys and girls, a trait which has been corre-

lated with steroid use. However, there is no definitive evidence as to whether a particular personality characteristic predisposes an adolescent to steroid use or whether negative psychological symptoms emerge as a result of steroid use.

The study of steroid use and psychological effects is severely limited for a number of reasons. Most studies utilizing experimental trials can not use the high dose of steroids that may cause harmful psychological side effects, as it would be unethical and potentially lethal to do so. The common doses that are used by steroid abusers are 10 to 100 times higher than the amounts used in research. Further, the common practice of "stacking" — where users combine several different types of steroids to maximize their effectiveness — can be a large contributor to these psychological symptoms. However, stacking is not used in the controlled research studies. In addition, many athletes do not reveal the amount of steroids that they are taking to their physicians, or even whether they are using steroids at all. Therefore, doctors rarely associate psychiatric and psychological effects with steroids.

Implications for School-Based Mental Health Professionals

Awareness of the detrimental effects that steroids can have on individuals, particularly adolescents, is a key knowledge set for school-based mental health professionals. Given the growing popularity of steroid use among adolescents, school personnel need to be able to identify students who may already be taking steroids or those who may be at risk for taking them. A profile for students that may be taking steroids may include those who are athletes and those who report a poor body image.

Increase awareness. One of the main problems concerning adolescents and steroid use is that adolescents are unaware of the many negative side effects. Some adolescents even have false information about what steroids can do to their body, such as increasing their height and aerobic performance. In addition, many adolescents begin taking steroids because they want to improve their physical appearance — they are often unaware that in order to increase their muscle size and strength, they must perform exercise in addition to using steroids. The first step for school personnel is to increase the awareness of these effects among adolescents. Peer counseling may also be effective, because peers are a major source of information concerning steroids. In addition, healthcare providers need to play a larger role as an information source to adolescents regarding the adverse effects of steroids.

Address body image concerns. Individual counseling with a cognitive behavioral approach is often recommended for students with body image concerns, and Ellis' rational emotional behavior therapy in particular has been suggested. Another recommended approach is group counseling within the school, as peer groups can have positive effects on adolescent behavior change. It can be particularly valuable for boys to learn about peers who feel the same way within an atmosphere of support.

Involve parents. Parents also play a significant role in the life of their teenager. School personnel can organize informational and support groups to raise awareness about the seriousness of body image disorders and steroid use among parents. Intervention strategies are available for parents who suspect steroid use among their children, including talking to their children about the unrealistic body images in society, refraining from criticizing their appearance, and helping them look for other sources of self-esteem instead of their bodies.

Involve teachers and coaches. School mental health professionals can help ensure that teachers and coaches have the appropriate outlook on body image and that they set appropriate goals in encouraging their students. Coaches need to establish a no-tolerance policy for steroid use, no matter how competitive the sport may be, or how pressured the coaches feel to produce a winning season.

ATLAS. A NIDA-funded drug abuse prevention program called ATLAS has been implemented in a number of schools and is reported to have reduced steroid use among more than 1,500 football players from 31 high schools in the Portland, OR area. The program educates student athletes about the harmful effects of anabolic steroids and provides nutrition and weight-training alternatives to steroid use. The weight-training component includes seven hands-on sessions that teach the students proper weight training techniques. These sessions are designed to help student athletes build the muscular strength needed to achieve their athletic goals without using steroids.

Need for Vigilance

School-based mental health professionals can assess the needs in their school and modify the type of program that is appropriate for their student body. Given the dangers of anabolic steroids, as well as the growing number of adolescents who use them, it is crucial that school personnel — and parents — be vigilant regarding students who are at-risk or are using steroids, and implement appropriate interventions.

Resources

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- This handout is adapted from a longer article published in the May 2006 issue of the Communiqué, the newspaper of the National Association of School Psychologists. Sarita Gober, Malky Klein, Tzippy Berger, and Cristina Vindigni are students in the Graduate Program in School Psychology at Brooklyn College — CUNY. Paul McCabe, PhD, NCSP, is an Associate Professor in the Graduate Program in School Psychology at Brooklyn College — CUNY, Brooklyn, NY.*

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awareness, phonics, fluency, vocabulary, and comprehension. Video modules available from Reading Rockets can be used as a starting point for providing in-depth information about research-based practices that focus on reading interventions. You can also recognize that assessment issues can be particularly challenging for teachers. Consider training teachers in how to use appropriate assessment tools to identify students who are struggling to learn to read. When teachers understand the importance of their contribution to assessment — and the benefits to students — they are often more willing to participate. In addition, you can help teachers adopt research-based, instructional practices to ensure student success.

School psychologists play a critical role in the lives of children who are struggling to learn. More and more, for example, school psychologists are leaders in developing and carrying out the assessments and placements decisions that impact students from the beginning of their school careers. With your help, schools can reduce the number of students who lag behind grade level — and increase the number of successful readers.

Effective reading instruction in the early grades can prevent reading difficulties for many children who might otherwise be referred for remedial or special education programs. Research indicates that, today, 37 percent of our nation's fourth graders are performing below the "basic" level, meaning they cannot read well enough to understand a simple story or can barely read at all. We also know that more than two-thirds of high school students receiving special education are three or more grade levels behind in reading, and 20 percent are behind by five or more grade levels. Research shows that reading problems are much more difficult to remediate in later grades, even with the services of special education.

With the passage of the No Child Left Behind Act, school psychologists are in an unprecedented position to significantly contribute to efforts to ensure that all children receive the most effective scientifically-based reading instruction possible. Below are some suggestions on how school psychologists can help more students become good readers.

Assess your knowledge of reading

Consider what coursework you have had, your professional development activities, and how familiar you are with the latest research findings and recommendations regarding effective scientifically-based reading instruction. Consider pursuing professional development opportunities as needed through your district, through state and national professional associations, and through your local university.

Assess the needs in your schools and district

If you have not already done so, become familiar with the actual curriculum materials and instructional techniques that are used in your schools and district. This is important because it will help to ensure that the recommendations you make for students are developmentally and grade appropriate, as well as evidence-based. It is also important to know what types of tiered interventions are available for at-risk readers and how decisions are made to assign students to different programs. Is your school a "Reading First" school? What training has been conducted? How is data used to make instructional decisions? Is progress monitoring used to provide frequent feedback? Once you have assessed these needs, it may become clear how you can best provide support.

Assess student needs

School psychologists are in a great position to assist teachers with students who are struggling to learn to read. You have the background and skills needed to assist in selecting appropriate assessment methods to identify a child's level of reading performance. Be sure to familiarize yourself with research-based early assessment tools that have been proven to be effective.

Provide leadership

School psychologists understand the structure of schools and have the ability to pull various district groups and resources together to benefit students. You can:

- Review published reading programs in the context of reading research and evaluate their technical validity and reliability.
- Serve as advisor to administrators and teachers as they select appropriate instructional programs and curriculum for use in the district.
- Provide or facilitate district-wide in-service training for teachers, other school psychologists, paraprofessionals, and administrators regarding selected programs.
- Contribute to or facilitate parent information sessions dealing with literacy.

Conduct in-service workshops for teachers

Many K-3 teachers received limited college instruction on how to effectively teach reading skills. You can present a series of one-hour sessions designed to explore the five elements of reading: phonemic

awareness, phonics, fluency, vocabulary, and comprehension. Video modules available from Reading Rockets can be used as a starting point for providing in-depth information about research-based practices that focus on reading interventions. You can also recognize that assessment issues can be particularly challenging for teachers. Consider training teachers in how to use appropriate assessment tools to identify students who are struggling to learn to read. When teachers understand the importance of their contribution to assessment — and the benefits to students — they are often more willing to participate. In addition, you can help teachers adopt research-based, instructional practices to ensure student success.

Conduct joint workshops for parents and teachers

As a school psychologist, you can also bring teachers and parents together to focus on reading. School psychologists can provide a starting point for developing critical collaborative relationships to enhance student success. You can discuss how parents and teachers can work together to support students' development of reading skills. When you dispel the mystery of how children learn to read, parents are more likely to become willing partners in helping children with homework and volunteering in the classroom.

Conduct in-service workshops for administrators

Also focus on developing a collaborative relationship with school administrators in order to address literacy. Arrange with the superintendent to make a presentation to all district administrators to ensure that they are aware of the latest research and resources available in reading. Attend district administrators' meetings and assist in policy-making decisions that will affect all students in your district. The use of screening and progress-monitoring assessment tools is an area of particular confusion for many school administrators. They might value the input of a knowledgeable school psychologist.

Conduct in-service workshops for speech and language pathologists

Speech and language pathologists already have significant knowledge regarding the importance of language development and phonological processing. They are a natural resource that we often overlook. Develop collaborative relationships with these professionals, which will benefit many students. Speech and language pathologists are particularly interested in research-based assessment tools used to determine early intervention needs.

Facilitate cooperative activities with parent-teacher associations

School psychologists with a strong background in reading can facilitate workshops for parents. Parents need to know what is expected of their children and what measures are used to determine if their children are meeting those expectations. Provide opportunities for discussion and hand out print materials to parents so that they have something to refer to at home.

Understand the design and implementation of research

You can also support data-driven assessment and progress monitoring. Since school psychologists are trained in research methods, you are a logical choice to direct efforts to track the implementation and effectiveness of research-based interventions.

Consult with teachers

Current research indicates that improved academic outcomes result from effective classroom management, positive teacher-student interactions, and increased academic time in the classroom. School psychologists can assist teachers in designing intervention plans that will lead to student success. You are in a position to demonstrate the links between the assessment data that teachers are required to gather, the selection of appropriate interventions, and the evaluation of intervention effectiveness.

Resources

A wealth of resources for school psychologists and teachers can be found on the Reading Rockets website at www.readingrockets.org

Adapted from *Reading Rockets Toolkit for School Psychologists*, 2005

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Implementing RTI

CBM Data and Decision Making in RTI Contexts: Addressing Performance Variability

By Theodore J. Christ, Jennifer Davie & Sarah Berman

Educators and school psychologists rate curriculum-based measurement (CBM) and curriculum-based assessment (CBA) as useful and acceptable sets of assessment procedures (Chafouleas, Riley-Tillman, & Eckert, 2003; Eckert, Shapiro, & Lutz, 1995). A review of the recent changes in the Individuals with Disabilities Education Improvement Act (IDEA, 2004) and published dual discrepancy models for response to intervention (RTI) (Barnett, Daly, Jones, & Lentz, 2004; Fuchs, Fuchs, & Compton, 2004; Speece & Case, 2001; Vaughn & Fuchs, 2003) suggest that CBM is likely to be used to guide high stakes educational decisions, including eligibility and diagnosis. The purpose of this article is to propose that CBM data be interpreted within the context of either actual or likely estimates for the variability in performance across measurement occasions, and that school psychologists use *both* estimates of central tendency and variability whenever CBM outcomes are reported.

Estimates of Typical Performance

A standard set of CBM procedures has been established to assess the development of academic skills in the content areas of reading, mathematics, written expression, and spelling (Deno, 2003; Shinn, 1989; Shinn et al., 1997). The level of academic achievement is typically estimated by the median value across multiple CBM administrations. Best practices suggest that three CBM probes should be administered on each of three or more days (Shinn, 2002). The median level of performance within each day is derived, and the median of those values is used to establish the *typical level of performance*.

Sampling of performance. Although typical performance can be estimated by a single score, the use of any single value fails to provide information on the precision of measurement and the likely variability in performance. Each assessment outcome confers information about a specific and restricted sample of behavior as observed on a particular measurement occasion. That sample of behavior is defined by the particular time and setting in which measurement occurred. Given the sensitivity of CBM, further consideration must also be given to the characteristics of the curriculum materials and temporal events that influence the examinee's mood, motivation, and attentiveness (i.e., setting and antecedent events). Therefore, the median value of CBM performances should be reported and accompanied by an estimate of variability/dispersion.

Reporting data. When CBM data are reported *numerically* in student records, problem-solving paperwork, or in a psychoeducational report, the variability in student performance across administrations can be inadvertently neglected — especially if a single test score is reported to represent typical performance. Instead, the variability in stu-

dent performance across observations can be depicted *graphically* using visual analysis. When data are graphically depicted, the variability in student performance is apparent.

School psychologists should either report the actual range of performances on multiple administrations across days, settings, and probes, or use of some other estimate to describe the variability in performance. When repeated administrations are not possible, then variability might be estimated using the standard error of estimate (*SEM*). The *SEM* can be used to estimate a confidence interval, which provides an estimate of the precision of measurement and the likely variability around the estimate of central tendency.

Estimates of Variability in Performance — Using Confidence Intervals

Previous research provides evidence to support the validity and reliability of CBM measures (Good & Jefferson, 1998; Marston, 1989). However, it is difficult to translate the meaning of psychometric reliability to the interpretive process. That is, reliability coefficients can be reviewed to determine whether measurement procedures and instruments should be used to guide low stakes screening-type decisions ($r \leq .70$) or high stakes diagnostic/eligibility decisions ($r \leq .90$) (Sattler, 2001). However, *school psychologists should not interpret reliability estimates to establish that assessment outcomes are either reliable or unreliable*. The reliability and precision of test scores is distributed across a continuum. No test is “reliable” or “unreliable.” The most efficient way to translate the concept of reliability to inform test score interpretation is to calculate and use the *SEM* to derive a *confidence interval*.

The issue of reliability should be considered whenever assessment outcomes are used to guide educational decisions. Although it is often appropriate to use brief and informal assessments to guide *low-stakes* decisions (e.g., routine classroom decisions, some screening decisions) more rigorous standards should be applied to guide *high-stakes* decisions. Historically, those low-stakes decisions were the domain of CBM. However, with the advent of RTI and the popularization of problem solving, there are now many high-stakes decisions that are guided by CBM data. Indeed, CBM procedures are useful and uniquely suited for problem solving and RTI. Although CBM outcomes should not be used in isolation to determine any high-stakes decision, CBM should be used as part of a multi-method process to guide high-stakes diagnostic and eligibility decisions. School psychologists should promote best practices for CBM interpretation. Best practices for test interpretation require that estimates of precision and variability be reported alongside estimates of central tendency for level (e.g., median values). That information can be presented in graphic depictions of performance data, as a range of performances across repeated administrations, or as a *confidence interval*.

● continued on page 30

In these days of institutional belt-tightening, shrinking school budgets, and limited time to obtain a complete picture of an individual's abilities, a clear need has emerged for a comprehensive, cost-effective test of intelligence—a high-quality, reliable instrument to assist school psychologists in decision making regarding classification, selection, and educational placement.

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● **CBM Data...** continued from page 29

CBM Oral Reading Fluency (CBM-R)

CBM of oral reading fluency (CBM-R) frequently demonstrates test-retest reliability above .90. However, it is unclear how such estimates should be applied during interpretation when CBM-R data are used to guide educational decisions. For example, suppose the following set of hypothetical facts: (a) you are part of a problem solving team who must determine which students should receive services; (b) the cut-off for early intervention services is established at the 15th percentile; and (c) in the fall of Second Grade the 15th percentile of CBM-R performance is 20 words read correctly per minute (WRCM). It is difficult to determine the appropriate level of confidence for students whose performances were in the range of 15 to 25 WRCM. How much confidence should the problem solving team invest in those CBM-R outcomes? Are additional assessments necessary?

As previously discussed, these CBM-R outcomes are *estimates of typical performance* that would likely change if students were assessed on an alternate day or with an alternate passage. A best practices approach to CBM-R interpretation requires that the problem solving team consider the likely magnitude of variation across actual or theoretical administrations. Actual variation could be observed by administering multiple CBM-Rs on multiple occasions. In that case the observed range across a moderate number of administrations could be reported to estimate the magnitude of variability in performance. Those data might be reported with a statement such as, "When administered three second grade CBM-R probes on each of three days, Jason performed an average 20 WRCM with a range between 13 and 27 WRCM." That statement communicates both an estimate of central tendency and the variability in student performance across multiple assessments.

When data from multiple administrations are not available to observe the range of performance across multiple assessment occasions, then the school psychologists can rely on estimates of *SEM*, which provide the range of likely performance across multiple theoretical administrations. Those data might be reported with a statement such as, "When administered three second grade CBM-R probes on a single day, Jason's typical level of performance was estimated to be 20 +/- 6 WRCM." That statement communicates both the median level of performance (i.e., 20 WRCM) and the *SEM* (i.e., 6 WRCM) which can be combined to construct a 68% confidence interval (i.e., 14 to 26 WRCM). Other more technical and precise language could also be used to communicate that there is a 68% chance that Jason's true score falls within +/-6 WRCM of his observed performance. Regardless of the language used, it is important to communicate that no individual observation or test score can communicate the stable absolute level of an individual's true score/performance. The procedures to estimate *SEM* and construct confidence intervals are provided below.

Table 1.
Sample Descriptive Statistics (Mean, Standard Deviation, Reliability)

	Fall	Winter	Spring	Delayed Test-Retest Reliability ^a
Grade	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>Range</i>
First		32 (27)	60 (33)	
Second	50 (32)	77 (37*)	95 (38)	.90 – .94
Third	74 (37)	95 (41*)	108 (43)	.90 – .95
Fourth	93 (39)	113 (41*)	125 (43)	.90 – .96
Fifth	112 (41)	130 (42*)	139 (45)	.93 – .96
Sixth	123 (44)	139 (45*)	151 (47)	.91 – .94

^a Estimates of reliability based on delayed administrations (fall to winter & winter to spring). These estimates tend to be .01 to .04 less than test-retest reliability estimates so they should be adjusted before they are used to calculate SEM
*median SD for each grade

Calculate SEM

The *Standards for Educational and Psychological Testing* establish that *SEMs* should be presented along with test scores to support valid interpretations measurement outcomes (AERA et al., 1999). The procedures to calculate *SEM* are simple, and *SEMs* can be calculated easily using local normative data; or generic estimates can be derived from the published literature (Christ & Silbergliitt, in submission). Only two statistics are required to calculate *SEM* from local normative data: (a) standard deviation (SD_x) for performance across the students in the sample or population, and (b) an estimate for the reliability of measurement (r_{xx}). *SEM* can then be calculated using the formula, $SEM = SD_x \times \sqrt{1 - r_{xx}}$.

Generic estimates of CBM-R reliability coefficients have typically been within the range of .90 to .97 (Howe & Shinn, 2002; Marston, 1989). Higher levels of reliability can be assumed when probes are controlled for difficulty (e.g., .95 to .97) and estimates in the lower range should be assumed when CBM probes are not carefully controlled for difficulty (i.e., .90 to .94). These are just guidelines based on the opinions of the authors. Estimates of reliability over a variety of contexts will become available in the literature in the upcoming years (based on the research of the authors), and these values are already reported in some technical manuals that accompany published CBM probe-sets (e.g., AIMSweb).

The standard deviation can be calculated from local normative data using formula functions within most spreadsheets, database, or statistical analysis software (e.g., Excel, QuatroPro, SPSS). Previous research suggests that the standard deviation for within grade performance on CBM-R is likely to be within the range of 35 to 45 WRCM from second through fifth grades (e.g., Christ & Silbergliitt, in submission; Ardoin & Christ, in submission). Recent research suggests that the likely range for values of *SEM* is 6 to 12 WRCM. The lower end of the range coincides with well controlled probe-sets and the upper-end of the range coincides with less controlled probe-sets whose probes are more likely to vary in difficulty.

Table 1 includes a set of statistical estimates for CBM-R data that was collected across multiple school districts in the upper mid-west (Christ & Silbergliitt, in submission). These data are used to illustrate how to calculate the *SEM*. Instead of manually calculating the *SEM* for each grade, a Microsoft® Excel spreadsheet is provided below (Figure 1). The spreadsheet will automatically update whenever *SDs* or reliability coefficients are changed, making this a valuable tool that school psychologists can use in their practice. Figure 1 illustrates the spreadsheet outcomes that resulted from the data presented in Table 1. The median values of *SDs* were used to compensate for the variability across assessment occasions (fall, winter, spring).


Here are the steps which may be used to create a spreadsheet of your own with local normative data:

1. Enter column labels (Grade, *SD*, Reliability, & *SEM*) in columns A, B, C, D.
2. Enter row labels (Grades 1, 2, 3, 4, 5, 6) in column A.
3. Enter standard deviations observed for each grade in column B.
4. Enter reliabilities for each grade in column C.
5. Enter formulas to calculate *SEM* in column D (refer to explanation in Figure 1).
6. Changing values in the *SD* and Reliability columns will automatically update the corresponding *SEMs* based on the formulas entered in step 5.

The resulting estimates of *SEM* can be used to guide interpretation and construct confidence intervals. While a method to calculate *SEMs* locally has been presented, the value of *SEMs* seems relatively stable.

Calculate Confidence Interval

Estimates of *SEM* can be derived either from local normative data or from published estimates. Those values can be used to devise a confidence interval (CI). The confidence interval is a multiple of the *SEM*. A 68%, 90%, or 95% confidence interval is constructed by multiplying the *SEM* by 1.00, 1.68, or 1.96. Therefore, assuming a *SEM* of 10, the CI (68%) is equal to $x \pm 6$; the CI (90%) is equal to $x \pm 10$; and the CI (95%) is equal to $x \pm 12$. If the observed R-CBM performance was 85 WRCM then there is a 68% chance that the individual's true level of performance is within the range of 79 to 91 WRCM; a



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Book Review

Reading Instruction That Works: The Case for Balanced Teaching (3rd ed.)

By Michael Pressley (2006, The Guilford Press)

Reviewed by Graham F. Neuhaus

Michael Pressley's *Reading Instruction That Works: The Case for Balanced Teaching, 3rd ed.* is a valuable volume for anyone who seriously wants to understand the reading process and necessary components of effective reading instruction. Naturally this implies that the book is suitable for everyone from parents and school board personnel to teachers, administrators, and most especially school psychologists. Pressley accomplishes his task of communicating with his diverse audience by providing easily read research-based evidence about the reading process and effective reading instruction.

Although the book carries the subtitle, *The Case for Balanced Teaching*, it might more appropriately be subtitled, *The Case for Comprehensive Teaching*. Pressley explains that reading is not simple. It is not just about decoding or limited to reading comprehension, but rather efficient reading ability requires both well-developed decoding skill coupled with reading comprehension competency. Moreover, decoding and reading comprehension are not simple tasks either: both require complex competencies. Specifically, the book provides the reader with an opportunity to gain an appreciation that skilled reading achievement is a multifaceted and complex behavior that can only be achieved when all the subskills that support it are acquired and integrated.

However, Pressley also presents troubling evidence that many teachers do not fully understand the complexity of the reading process, so they unintentionally fail their stu-

dents because they neglect to instruct them in all the skills and processes that support their reading achievement. This fact alone makes the book invaluable for school psychologists because they must not only prescribe effective remediation for students with deficient reading achievement, but must also monitor the quality of the instruction that is provided to these students. This is especially relevant in schools that have a Response to Intervention (RTI) emphasis.

In short, this small concentrated book encapsulates much of what is currently known about the reading process, the intensity of instruction needed to assist problem readers, and the hierarchical nature of effective reading instruction. Its straightforward language makes it easy to read, use as a reference, and to offer to others as a resource. Pressley's chapters are typically written and referenced, and may be used as stand-alone papers for inquiry on specific topics. They also can be readily offered to parents, school administrators, or novice or under-informed teachers. Whether you read a single chapter or all of them, Michael Pressley's *Reading Instruction That Works: The Case for Balanced Teaching, 3rd ed.* will elucidate your understanding of the complex reading process. ♦

© 2006, National Association of School Psychologists. Graham F. Neuhaus, PhD, is a lecturer at the University of Houston-Downtown in the College of Humanities and Social Sciences. Graham is also a Licensed Specialist in School Psychology, and is actively involved in conducting reading and naming research.

● **CBM Data...** continued from page 30

90% chance that their true level of performance is within 75 to 95; and a 95% chance that it is within 73 to 97 WRCM. These confidence intervals provide both a likely range of performance across repeated administrations and an interval to estimate the true level of typical performance (i.e., true score).

Summary

CBM comprises a set of measurement procedures that are uniquely suited to inform problem solving and RTI. The prominence, use, and emphasis on CBM is likely to increase in coming years due to the recent changes in IDEA and the advent of RTI models (i.e., multiple-tiered and dual discrepancy). CBM has historically been used to guide low-stakes classroom and screening-type decisions. It is likely that CBM will be used to guide high-stakes diagnosis and eligibility-type decisions in the future. As this use of CBM data comes into daily practice, school psychologists much remain ever vigilant that they promote best practices in test score interpretation and that we report the necessary data for *valid* test interpretation. This includes estimates of dispersion and variability when the level of typical CBM performance is reported. Three potential solutions were offered here: (a) repeatedly assess students across days with multiple probes and report performance in a graphic format that support visual analysis of level and variability; (b) repeatedly assess and report the range of performance across days and probes; or (c) administer fewer assessments and report the SEM. Both researchers and practitioners should continue to examine issues of reliability and precision as related to estimates of both level and trend (see Christ, 2006 for a discussion of standard error for trend estimates). ♦

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Figure 1.
Excel spreadsheet to calculate SEM from estimates of the standard deviation (SD) and reliability (r_{xx'}).

Grade	SD	Reliability	SEM
1			
2	37	0.96	7
3	41	0.96	8
4	41	0.96	8
5	42	0.96	8
6	45	0.96	9

- ← =B4*SQRT(1-C4)
- ← =B5*SQRT(1-C5)
- ← =B6*SQRT(1-C6)
- ← =B7*SQRT(1-C7)
- ← =B8*SQRT(1-C8)

Explanation for Formula for cell D4

D4 =B4*SQRT(1-C4) intact formula
 "=" initiates formula function
 "B4" captures cell B4, which is the SD of the sample
 "*" multiplication function
 "SQRT(...)" squareroot function (for items within the parentheses)
 "1-C4" captures cell C4, which is the test-retest reliability (.90), and subtracts it from 1.00

Steps

- 1 Enter column lables (Grade, SD, Reliability, & SEM) in columns A, B, C, D row 2
- 2 Enter row labels (1st, 2nd, 3rd, 4th, 5th, 6th) in column A rows 3 - 8
- 3 Enter standard deviations that were observed for each grade in column B rows 3 to 8
- 4 Enter reliabilities for each grade in column C rows 3 to 8
- 5 Enter adjacent formulas into column D rows 4 to 8
- 6 SDs and reliabilities can be changed. SEMs will be automatically updated

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© 2006, National Association of School Psychologists. Theodore J. Christ, PhD, is on the faculty of the University of Minnesota School Psychology Program where Jennifer Davie and Sarah Berman are graduate students.

PEDIATRIC SCHOOL PSYCHOLOGY

Otitis Media: The Silent Culprit in Hearing Loss and Language Deficits

By Amy M. Racanello & Paul C. McCabe, NCSP

Ear infection or otitis media (OM) is the most frequently diagnosed illness among children in the United States (Miccio, Gallsgher, Grossman, Yont & Vernon-Feagans, 2001; Roberts et al., 2004). The prevalence of OM has grown dramatically in the last 30 years. A U.S. Department of Health study reported a 150% increase in the number of identified ear infections in preschoolers since 1975 (Feakes, 1996). Frequent ear infections during the first two years of life can have a deleterious effect on a child's hearing and may lead to impairment of the child's developing language and speech skills. Problems with developing language and speech skills can subsequently lead to academic problems (Feakes, 1996). This article reviews the current research on OM and its relation to later language and learning difficulties, including prevalence, current treatment, risk factors, and implications for school psychologists.

Disease Overview

Otitis media (OM) is the inflammation of the middle ear, which can be accompanied by fluid (Feldman et al., 2003; Zeisel & Roberts, 2003). OM affects 75% to 95% of the pediatric population (Petinou, 2001). Most episodes occur within the first three years of age with frequency of episodes most likely to peak between 12 to 18 months (Petinou, 2001). Nearly half of all children experiencing an ear infection will have had three or more episodes by their third birthday (Cornell Pediatrics, 2003).

In healthy children the middle space behind the eardrum is filled with air. The middle ear is attached to the throat by the Eustachian tube. The Eustachian tube sustains middle ear aeration and protects the middle ear from secretions (Zeisel & Roberts, 2003). However, when a child is experiencing an upper respiratory tract infection, the upper respiratory tract, which includes the nose, throat, Eustachian tube, and middle ear, are congested with mucus. When the Eustachian tube is blocked, swollen, irritated or malfunctioning, the child is more likely to retain or accumulate middle ear fluid that would ordinarily drain into the throat (Zeisel & Roberts, 2003). When the middle ear is filled with fluid the eardrum is not able to vibrate properly, which leads to decreased conduction of auditory stimuli and reduced hearing (Feldman et al., 2003; Higson & Haggard, 2005; Zeisel & Roberts, 2003). The hearing deficits will persist until the fluid dissipates (Pichichero, 2000) and is often recurrent and varies in degree (Feldman et al., 2003; Klausen, Moller, Holmefjord, Reisaeter & Asbjornsen, 2000).

When the middle ear is filled with infected fluid the child's condition is known as acute otitis media (AOM) and commonly known as an ear infection. Symptoms of AOM include fever, irritability, and pain (Roberts & Zeisel, 2000; Zeisel & Roberts, 2003). Frequently, the fluid in the ear will not become infected, or if the fluid is infected the infection will spontaneously resolve. The problem, however, is when the fluid will not dissipate. When this occurs the condition is known as otitis media with effusion (OME), or "glue ear" (Higson & Haggard, 2005). The non-infected fluid may persist for several weeks or even months. If the fluid remains in the child's ear for more than three months, then the condition is considered to be chronic OME (Zeisel & Roberts, 2003).

Treatment

Frequently, children with OME will not be treated unless the fluid becomes infected or if hearing loss is observed. When treatment is required, antibiotic therapy is the most common treatment for acute otitis media. In the United States, ten days of antibiotic therapy is the standard prescription for treatment of an acute ear infection (Pichichero, 2000). According to Pichichero (2000), three antibiotics are suggested for treatment of recurrent ear infections: 1) amoxicillin/clavulanate in combination with amoxicillin (high doses of amoxicillin 80–90mg/kg/day), 2) cefuroxime axetil (standard dose, 30mg/kg/day), and 3) ceftriaxone (requiring up to three injections to optimize clinical success). Practical considerations, however, may prevent the use of these optimal treatments (Pichichero, 2000, p. 914). For example, amoxicillin/clavulanate requires two prescriptions, which often generate confusion between the dosing instructions. Cefuroxime axetil has a bitter taste that many children find offensive and refuse to take. Children may be administered cefuroxime axetil with a chocolate syrup chaser to minimize the aftertaste (Pichichero, 2000). Some families prefer a single injection of ceftriaxone to circumvent child refusal of oral medications. A single injection of ceftriaxone is recommended for patients with uncomplicated ear infections, or patients who are highly febrile, prone to vomit, or prone to diarrhea. One injection may be adequate for some cases of recurrent acute otitis media. However, if the patient is infected with *S. pneumonia*, then two or three injections may be required (Pichichero, 2000).

The efficacy of antibiotic therapy in treating OME is not conclusive, as antibiotics have a beneficial, but limited, effect on treating recurrent otitis media and short-term OME, but longer-term benefits on OME have not been found (Williams, Chalmers, Stange, Chalmers, & Bowlin, 1993). This finding is particularly alarming given recent research that antibiotic-resistant infections are on the rise (CDC, 2006; Lewis, 1995). One recent study sought to explain to parents that otitis media will spontaneously resolve in many cases and that antibiotic therapy is not necessary (Pshetizky, Naimer, & Schwartzman, 2003). In this and similar studies researchers have counseled the parents in the experimental group about the typical course of AOM and that antibiotic use is not necessary, except in persistent cases. When parents are counseled about the course of AOM and cautioned against unnecessary use of antibiotics, more than 63% of parents opt to not treat their children

with antibiotics (Pshetizky et al., 2003).

In persistent cases clinicians may recommend that surgery be performed to alleviate the child's chronic ear infections. The surgery, known as myringotomy, requires that a pressure equalization tube (i.e., P.E. tubes) be placed in the child's middle ear (Zeisel & Roberts, 2003). This tube will allow air to enter the middle ear space. The air will help the lining of the middle ear heal and will prevent future infections. Surgical tubes will stay in place for six to twelve months and fall out on their own (Roberts & Zeisel, 2000).

Risk Factors for Developing OM

Multiple factors increase a child's chance for developing OM, including environmental, developmental, and biological factors. Environmental risk factors for developing chronic OM include an episode of otitis media during the first 6 months of life, parental smoking, infant feeding practices (including bottle feeding and position of the bottle during feeding), socioeconomic status, and group day-care attendance (Feldman et al., 2003; Pichichero, 2000; Zeisel & Roberts, 2003). Another significant environmental risk factor for developing OME is attendance in group child care (Feldman et al., 2003). Children who participate in group child care are more likely to develop frequent and recurrent upper respiratory tract infections, which are a major contributor to Eustachian tube dysfunction (Zeisel & Roberts, 2003). Interestingly, the prevalence of OM is higher in affluent white children, which may be indicative of greater access to medical care and therefore greater detection of the disease.

One of the greatest risk factors for developing OME is age (Pichichero, 2000; Zeisel & Roberts, 2003). Children who are younger than age three are at increased risk for OME because their Eustachian tubes are more horizontally aligned than those of older children. The horizontal position of the tubes makes it more difficult for fluid to drain from the middle ear. Children commonly experience their first bout of OME by the age of six months old (Zeisel & Roberts, 2003). According to Zeisel & Roberts, "... the percentage of children developing at least one episode of OME between the ages of 2 months and 6, 12, and 24 months was 48%, 79% and 91%, respectively" (2003, p. 110). Chronicity is another risk factor, with children who have had their first episode of OM at an early age showing greater risk for developing repeated and/or chronic episodes (Miccio et al., 2001).

There is a heritable component associated with OM, as children who have had an episode of OM by the age of 6 years are most likely to have maternal history of otitis media (Pichichero, 2000). The likelihood of identical twins or triplets having an ear infection simultaneously is around 60%, whereas for fraternal twins the prevalence is around 30% (Caselbrant et al., 1999). In addition, a Norwegian study found heritability differed by gender, with girls showing a 74% variability in genetic propensity for OM, with the remaining 26% variability due to individual environmental factors. For boys, 45% of the variability could be attributed to genetic factors, while 29% was accounted for by common familial environment and 26% by individual environmental factors (Kvaerner, Tambs, Harris, & Magnus, 1997).

Several chromosomal disorders cause Eustachian tube dysfunction and concomitant OM, including Down syndrome, Williams syndrome, Apert syndrome, fragile X syndrome, Turner syndrome, cleft palate, and autism. Ear examinations of 83% of children with Down syndrome indicated abnormal results, including OM. Of the 83% of abnormal ear test results, 59% of these children exhibited OME in at least one of their ears (Zeisel & Roberts, 2003). Many children with Down syndrome have stenotic (narrow) external ear canals that cause Eustachian tube dysfunction.

Recent research suggests that bacterial biofilms may be directly contributing to conditions of chronic ear infections (Hall-Stoodley et al., 2006). Biofilms are colonizations of bacteria that attach to surfaces and serve as a defensive barrier for the bacteria. Bacterial biofilms are also antibiotic resistant. Children with a history of chronic ear infections, including those who were asymptomatic, have been found to have bacterial biofilms on their middle ear tissue. None of the control subjects (who had a negligible history of OM) exhibited biofilms. These results suggest that recurrent OM may not be due to reinfection, but to persistent biofilm that are metabolically resistant to antibiotics (Hall-Stoodley et al., 2006). While antibiotic therapy is typically effective for those children with acute OM without the presence of biofilms, those children with chronic OM typically receive little benefit from antibiotic therapy and are better treated by myringotomy (Hall-Stoodley et al., 2006).

Otitis Media and Speech and Language Development

Otitis media with effusion is the most frequent etiology of acquired hearing loss in children (Butler, van der Linden, MacMillan & van der Wouden, 2003). The link between OME and speech and language development may be related to fluctuating hearing loss that accompanies OME. In children who have OME, hearing loss can vary from no hearing loss to a loss up to 50 db HL. The majority of children with OME experience mild to moderate hearing loss, which is an average of 25 db HL (comparable to putting your hands over your ears). The hearing loss may impair the ability to hear certain speech sounds and subsequently process those sounds. The result is that a child with a hearing loss may perceive information ineffectively, incompletely, and/or inaccurately (Klausen et al., 2000; Mody, Schwartz, Gravel, & Ruben, 1999; Zeisel & Roberts, 2003). When children experience OM in the early stages of speech development, they may receive a fluctuating speech signal, which would make it difficult to extract consistent sounds from the speech stream. These inconsistencies would impede the infant's ability to form well-defined speech and sound categories (Mody et al., 1999). This in turn would lead to insensitivity to the phonetic characteristics of sounds and subsequent language and learning weaknesses.

Deficits in phonetic coding may result in underspecified lexical representations and a less developed verbal short-term memory. This may lead to further difficulties with lexical retrievals, including the child's ability to hold a string of utterances in his immediate awareness to extract meaning of a complete sentence (Mody et al., 1999). Therefore, it is hypothesized that speech perception deficits have extensive consequences at higher levels

of lexical organizations and also for syntactic and semantic processing.

The casual link between OM, hearing and language development remains tenuous, in part due to methodological limitations of the research. Some studies have found that children who have experienced OM in early childhood had poorer speech and language skills, specifically articulation and expressive language skills, when compared to their normally developing counterparts (Klausen et al., 2000; Shriberg, Flipsen, Kwiatkowski & McSweeney, 2003). Other studies found little or no linkage between OM and language and later academic achievement (Higson & Haggard, 2005; Zeisel & Roberts, 2003). Methodological limitations of the research included using retrospective designs that depend on parents' memories of their child's medical history and records of the child's hearing loss, which is often documented incompletely (Miccio et al., 2001).

Many studies collected data focused on the frequency, type, and duration of the episodes of OM, while ignoring data on subjects' hearing levels (Shriberg, Flipsen et al., 2000). Studies using a prospective design and data on hearing levels have been limited by the classification of speech measures. Specifically, the studies used classifications that may have been insensitive to subclinical levels of speech disorder. This is a problem when using young participants because more severe manifestations of the disorder would not have appeared until later in their development (Campell et al., 2003; Shriberg, Flipsen et al., 2000).

Another major limitation of the research is the use of group-comparison statistics and association data instead of biostatistical techniques, which would have estimated per child risk. The data analysis techniques failed to model direct, moderating, and mediating pathways that would have linked OM with or without hearing loss to later speech disorders (Shriberg, Friel-Patti et al., 2000). A meta-analysis by Casby (2001) using 32 studies revealed low effect sizes between OME and later language and learning difficulties in young children. A limitation of the study was that researchers did not consider the impact of OME on various individual components of language, such as morphology, phonology and semantics.

Despite these limitations, sufficient data have been aggregated supporting the link between early OM history and language deficits later in life (Petinou, 2000). When a child has a history of OM his or her speech development should be monitored from as early as 6 months of age (Casby, 2001; Petinou, 2001; Roberts et al., 2004). Infants with greater than 20db average hearing loss from 12 to 18 months of age had a 33% probability of developing subclinical (i.e., emergent) and clinical speech disorder at 3 years of age (Shriberg, Friel-Patti et al., 2000). The speech and language sequelae of OM is also dependent on complex associations with the child and environmental variables, such as duration and chronicity of OM, access to medical care, and responsiveness to treatment (Shriberg, Friel-Patti et al., 2000).

School Psychologist Role in Prevention and Intervention Support

School psychologists play a key role as mediators between families, teachers, school administration, and medical practitioners; therefore it is important to be current on identification, prevention, and intervention methods for all childhood illnesses, especially

those illnesses that may lead to deleterious learning effects, such as OM. Early childhood professionals have expressed a need for more information regarding OM, the specific areas of hearing loss, related language difficulties, and how best to manage children who are experience hearing loss related to OM and related sequelae (Zeisel & Roberts, 2003). It is important to include the speech and language pathologist in consultation with teachers and parents about children with histories of chronic OM.

One important consideration is that OM does not always present with specific signs or symptoms. Therefore, when observing a child it is important to consider that the following behaviors may result from hearing loss: difficulty paying attention, or diminished attention from previous observations; failure to respond when spoken to; and sitting closer to audio stimuli such as computer speakers or TV (Roberts & Zeisel, 2000; Zeisel & Roberts, 2003). These behaviors are indirect symptoms of temporary and fluctuating hearing loss associated with OM. When a child has a diagnosed ear infection, however, signs of illness will be much more acute. The child will have a fever, pull on his or her ear, be irritable, and complain of ear pain.

When preschool children present with a history if OM and/or risk factors for OM it is recommended that their speech and language development is closely monitored, and a hearing assessment is conducted. The hearing assessment is in addition to the hearing screening completed in the pediatrician's office, which is usually only a cursory assessment of several auditory tones. The hearing assessment includes a complete physical examination of the ear, tests of hearing tone or pure-tone audiometry, tests of middle ear function such as tympanometry and acoustic reflex measurement, and tests of speech audiometry including speech reception threshold and tests of word recognition (ASHA, 2005). A hearing assessment is especially important for children who have developmental risk factors such as Down syndrome and cleft palate, as well as children who have environmental risk factors such as parents who smoke and/or have had their first episode of OM at an early age (Pichichero, 2000; Zeisel & Roberts, 2003). Children with these or related risk factors are recommended to have regular OM checks with their pediatrician and annual (or more frequent) hearing assessments with a pediatric audiologist.

When collaborating with parents and teachers, it is important to stress several basic intervention strategies including: 1) promoting a healthy environment, 2) promoting listening, 3) promoting language learning, and 4) promoting early literacy learning (Roberts & Zeisel, 2000; Zeisel & Roberts, 2003). Handing out cards and pamphlets to parents and teachers as tangible reminders of these topics would be beneficial.

Promote healthy environment. The first intervention is to remind educators and parents to always promote a healthy environment. Although ear infections are not contagious per se, the fluid which drains from the AOM and upper respiratory infection is contagious. Therefore, frequent hand and toy washing is important (Roberts & Zeisel, 2000; Zeisel & Roberts, 2003). Parents and/or family members who smoke need to be reminded that second-hand cigarette smoke increases a child's prevalence of middle ear infections.

● continued on page 34

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● Pediatric School Psychology... continued from page 33

Promote good listening. The second intervention is to encourage parents and teachers to promote good listening. Good listening has two main features: it helps children to hear and understand speech and it helps decrease background noise to minimize distractions for children when they need to listen (Roberts & Zeisel, 2000; Zeisel & Roberts, 2003). Specific examples of helping a child understand speech include being within three feet of the child before speaking and standing still to decrease distractions. Specific examples of decreasing background noise include limiting exposure to noisy toys, encouraging teachers to create quiet areas in the classroom, and using dividers for small group play and reading. To ensure good listening, frequently check to make sure children understand what they have been taught, by asking them to retell in their own words (Harvey, 2003).

Promote language learning. A third intervention that could be presented to parents and teachers by the school psychologist is the promotion of language learning activities, including asking simple questions, listening to what the child has to say, and talking about things that the child is interested in (Roberts & Zeisel, 2000; Zeisel & Roberts, 2003). Specific examples of language learning include adding to what the child is saying by using more words, praising the child for talking even when speech is unclear, and encouraging children to use their words to talk to one another (Roberts & Zeisel, 2000; Zeisel & Roberts, 2003). It is helpful if language can be connected to child's own life, so it is personal, relevant, and more likely to be retained (Harvey, 2003).

Promote literacy learning. Lastly is the promotion of literacy learning through interaction with books, songs and games. Specific examples of literacy learning that can be suggested to parents and teachers include reading stories aloud to children, describing and explaining the pictures, referring to the child's own experiences, giving children books and magazines to look at on their own, and to read aloud common daily experiences, such as traffic signs, newspaper headlines, and labels on packages (Roberts & Zeisel, 2000; Zeisel & Roberts, 2003). It is useful to use visual aids, such as charts, maps, or pictures to accompany any verbal learning (Harvey, 2003). ◆

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© 2006, National Association of School Psychologists. Amy M. Racanello, MSED, is a graduate student in the Graduate Program in School Psychology at Brooklyn College - CUNY. Paul C. McCabe, PhD, NCSP, is an Associate Professor in the Graduate Program in School Psychology at Brooklyn College - CUNY, Brooklyn, NY, and a contributing editor to the *Communiq  *.

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(Signed) Linda M. Morgan

Oklahoma Achieves \$5000 NCSP Bonus

By Candis Hogan, NCSP,
NASP Delegate

Slow and steady, the tortoise finally crossed the finish line and won the race: In June 2006, in a Special Session for Education, the Oklahoma Legislature funded a \$5,000 bonus for all Nationally Certified School Psychologists, Speech Pathologists, and Audiologists who work full-time in public schools. This sustained effort began in 1998, led by school psychologists Jane Bias, Dr. Marshall Andrew Glenn, and Dr. Candis Hogan. The original bill's author, Senator Cal Hobson, received the NASP Friend of Children Award at the NASP 2000 Convention. While his Senate Bill 1207 was signed into law by Governor Brad Henry on May 18, 2004, it took two more years for the Legislature to grant funding.

One of the keys to this success was a strong collaboration since 1999 between the Oklahoma School Psychological Association (OSPA) and the Oklahoma Speech and Hearing Association (OSHA), which enabled the two groups to share a lobbyist, essential to passing any legislation. The lobbyist, OSPA's only paid employee, was critical for monitoring and tracking pertinent legislative processes, general political advisement, meeting behind the scenes with key legislators as well as actively promoting our issues, knowing when to "fly above or below the radar," keeping both organizations informed about any issues related to either or both professions, orchestrating when to activate our members to contact their state legislators, appearing at Board meetings, state conventions, or Capitol events on our behalf, etc. Through a grant from the American Speech and Hearing Association, OSHA, with over twice as many members as OSPA, paid \$7,000 and OSPA paid \$3,000 of the \$10,000 lobbyist fee, and ASHA's Janet Deppe provided grassroots training and consultation. As the OSPA Government and Professional Relations spokesperson, NASP Delegate Dr. Candis Hogan and her counterpart for OSHA, Mona Ryan, represented their professions at key legislative committee and budget hearings, Capitol events such as their shared annual "Brownies and Ice Cream Day" in May for Mental Health Month and Speech and Hearing Month, and meetings with their shared lobbyist and key legislators. Using e-mail alerts from an e-mail tree of members and their legislative districts, they updated their members (a legislator is most likely to listen to their own constituents), kept their Boards informed, etc. Information packets for legislators and other stakeholders were developed; one of the best items in the packet was the side-by-side comparison of requirements for national certifications, which is available from NASP.

Also critical was working with the Oklahoma Education Association (OEA) through the years to inform their leadership and follow their Delegate Assembly process to include this issue in their legislative agenda. NASP/OSPA/NEA/OEA members Sandra Reese Keck and Candis Hogan became OEA delegates, working with then-OEA President Carolyn Crowder (who is now on the NEA Executive Board) who was asked to speak at the OSPA Fall Conference Luncheon along with then-NASP President Charlie Dupree. Also, Candis was appointed

to the OEA Resolutions Committee. In 2005, OEA invited OSPA and OSHA to participate in an Open Forum on all education-related national certifications at their OEA State Convention; this forum was the result of a charge from the OEA Delegate Assembly to the OEA Legislative Committee. These efforts changed OEA's stance from initially opposing us (for trying to take monies from those for Nationally Certified Teachers) to actively lobbying on our behalf (for our own separate funding) in recent years.

Another important factor was our work with the Oklahoma State Department of Education regarding the importance of an NCSP bonus for retention, recruitment, and retraining of school psychologists. This year, for the first time ever, funding for the NCSP/SLP bonus (\$1,725,000) was listed in the State Superintendent's annual budget request. The State Superintendent had advised us that, during the current effort to raise the Nationally Certified Teachers' bonus from \$5,000 to \$7,000, we should insist that for equity, we deserved our bonus before theirs was increased. OSPA also worked with the Oklahoma Commission on Teacher Preparation (OCTP), with some OSPA Board members participating in an OCTP committee currently reviewing all tests that school psychologists are required to take for state licensure/certification.

In addition to these aforementioned elements and a strong team effort, most of all, it took persistence and commitment to stay the course, keep the faith, and accomplish our goals. Being an extreme shortage state, Oklahoma has approximately 300 school psychologists in the public schools, with a total student population of 629,134 last year. This NCSP bonus should significantly help retention, recruitment, and retraining, and is our legacy to those who follow in this great and important profession of ours. ♦

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Children's Fund Project**Youth Empowerment Project**By *Leena Weaver & Traci Grover*

Thanks to the funding provided by the NASP Children's Fund, Inc., students in the self-contained program for emotionally disabled youngsters at the Liberty Elementary School in Boise, ID learned leadership and team building skills through their *Youth Empowerment Project*. The goal of the program was for the students to take what they have learned and use that information to write a service grant to be used to assist other students in their own school district. The money provided by the Children's Fund allowed the children to participate in those activities within the community that fostered their understanding of the value of team building, empowerment, cooperation, and respect for diversity. Critical to the success of the project was for the children to understand the value of serving children, some like themselves, in their local community.

**Intended Outcomes**

By the end of the project we were hoping to see increased positive social skills, feelings of empowerment, improved mental health, and greater achievement in the classroom as measured by:

- charted behavior from teacher data
- observations by classroom teacher, staff and mental health personnel
- pre and post interviews
- Piers-Harris Self Esteem scale (pre and post)
- individual education plan progress reports
- the students' final proposal for their service project

While there were very positive anecdotal responses from both students and teachers (see below), the statistical data are not yet available and will be reported upon completion of the statistical analysis.

Project Activities

There were 11 children who participated in the project—all identified as having an emotional disability, some from the special education classroom for students with emotional disabilities and some from regular classrooms in the Liberty School. Confidentiality for all participants was honored during the project. Photographs were taken to document the process with permission being obtained from the parents.

Children met with the school psychologist and school counselor 45 minutes per week focusing on the following activities:

- team development and team building
- how to brainstorm ideas
- interviewing skills and how to dress for an interview

- learning about resources available in the community
- how to write a Youth Empowerment Grant

The project began as students from Liberty Elementary School participated in the ropes course through the local YMCA. Phil Sperling of the YMCA worked on team building, leadership skills, decision making skills, taking turns, and showing respect for others. Using the ropes course as a preparatory activity, students were assisted in learning to work together to help them plan a service project and write a grant to benefit children in their community.

In the next phase of the project, the students interviewed Mat McCarter, a representative from City Hall, who provided them with information about the needs of children in the community and what programs were already available. Afterwards, the students engaged in a brainstorming activity, developing many different ideas that they used to survey the students and staff of Liberty Elementary School for their preferences for service projects. From the surveys, the students came up with two different ideas that they presented to representatives of City Hall at a professional luncheon on April 19, 2006. Following the luncheon, they wrote a proposal to submit for a NASP Children's Fund *Youth Empowerment Mini Grant*.

Throughout this project, students learned skills that helped improve their ability to work together, to listen to each other, to think of the needs of others, and to show good manners and proper etiquette for speaking on the telephone and eating meals. They also learned appropriate presentation and interview skills. The students rose to the challenge, took ownership of the project and, during the final luncheon, they used the skills they had learned as they showed exceptionally good behavior.

Student and Teacher Reactions

The process of team building, interviewing and surveying others, and producing a grant proposal was very rewarding for the students involved. The following are some of the reactions of students:

- "I learned that you may be nervous but you can get over it if you just do it. You just have to have self confidence and do it."
- "I'm glad I got to meet someone new; it was interesting."
- "Even if you are not part of a group, you can still help others and participate."

Teachers reacted positively as well:

- "This was good for the students to see how involved staff and adults are in their life (sic. the students' lives) and the support that they can get from them."
- "They can all work together and be a team if they work at it."

We want to thank Phil Sperling from the YMCA for all his hard work and patience with our students. We also want to thank Mat McCarter and Kay Mack for their support of our youth and their efforts. ◆

© 2006, National Association of School Psychologists. Leena Weaver, EdS, is a school psychologist and Traci Grover, MEd, is a school counselor with the Boise, ID schools.

OFF TASKBy *Pam Beeman***It Was a Long Summer**

I keep coming across messages I left myself last spring in the most creative ways I could think of in order to not "drop the ball" on things that had to happen this fall. I put files where I would have to come across them, put post-its at the end of the calendar, even told parents to call me. Nothing is foolproof for this fool. I feel like one of those movies with Matt Damon or Ben Affleck, where he has to keep leaving messages for his future self because he knows he's going to have his memory erased

Sartorial Splendor

I've found that as I get older in this job, instead of dressing better, I dress much more casually. When I first started out in my 20s, I rarely went into a school without a suit jacket and briefcase. I think I was trying to make up for what I didn't know by *looking* like I knew a lot. Now in my 50s, by the second day of school I was wearing paisley capri pants, a sleeveless polo and flip-flops. Well, what do they expect when school starts mid-August when it's still the height of summer? Besides, I'm talking middle school here.

I also used to feel that I shouldn't deviate too much from basic dressing-for-success because anybody who went by "psychologist" was immediately under suspicion of weirdness. I remember one of the first principals I worked with noting that I was the most normal psych he'd met ... and he meant it as a compliment. I think the whole image of school psychology is better today (thank you, NASP), and I no longer cringe to give my title in public, or equivocate, when asked, by replying that I'm "an educator."

Not that you'd know it from how I'm dressed.

Computers Again

With some of the worst timing imaginable, I had not one but two laptop computers stolen from my office *just before school started*. One was gone after some construction confusion, then later the same week, the back-up computer was missing ... along with my stash of candy and my emergency lunch money, humph.

Any computer upheaval brings with it some quantum growth in new knowledge, but have you ever noticed that by just standing behind somebody who's doing routine computer

tasks, you can learn something so quick and helpful that you can't believe you didn't know about it before? I didn't know there was a whole cyber file of Contacts that was available apart from the address book. This *saved* me after the laptop theft ... really, I hugged the tech guy; "My new best friend!!" And a teacher I was working with had never learned how to do attachments because his New Message screen was set so small that the little paperclip icon didn't ever show. It's not like we get training for these tech tools, and heaven forbid we should ever read the manuals. It's like the analogy about using only 10% of our brains

The DVD Player

My family conned me into springing for a new DVD player mostly under the promise that we would finally be able to convert some aging home videotapes to the latest, most permanent disks. (Wait, weren't we just excited about upgrading our parents' old 8mm movies to videotape? Shouldn't we just wait until the *ultimate* media storage method evolves? ... har.)

Anyway, in an unusual twist of events, this actually happened, and I found that watching old family videotapes with teenagers has some surprisingly therapeutic fallout. Part of it was just an appreciation for how physically chaotic life could be with four kids ages infant to nine — in one of the scenes I'm holding Russell in my lap while Alice forcibly brushes my hair and Dannie and Trip go spinning in and out of the scenes singing and dancing for the camera and periodically pouncing on me. Trip, about to ship out for college, watches himself at three years old and says, "I didn't know I was ever that noisy ... and I keep saying, 'Look at me! Watch me!' and when you don't, I scream!" He also says, "I never heard Grandpa talk that fast." Grandpa, who was pretty well into Alzheimer's by the time Trip could remember. Being able to show the kids movies of their dear departed grandparents, with whom I longed to share their teenager-hood, was good for all of us.

But the best impact was on Russell, who has always bemoaned the fact that as the youngest, he was cheated out of his share of attention, affection, and all the goodies of childhood. In another one of these merry movies, his sleeper-zipped self is carried and cuddled and smooched by all and sundry, and when he attempts some first steps behind a push toy his effort is met by delirious cheering from the whole family. He watched this with an amazed smile on his face that was more fun to watch than the video. Plus, it's always fun to prove a fifteen-year-old wrong about anything. ◆

© 2006, National Association of School Psychologists. Pam Beeman trips down Memory Lane with her family in Chico, CA.



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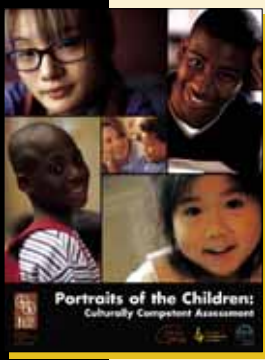
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Viewpoint

Curriculum Based Measurement: From Knowledge to Wisdom

By Stephen Jackson

E^{d.} note. "Viewpoints" are editorial and reflect the opinions of the writer only, and not a policy or position of NASP or the Communique.

After several years of conducting curriculum based measurement with all of the elementary age students in a rural school district in southeastern Idaho, I found my professional outlook changed in irretrievable ways. Instead of just looking at students individually, one at a time, I also began seeing the distribution of students. The school district had about 1,500 students, with about 30% of the students on free and reduced lunch; however, the district had few students from families that spoke a language other than English.

The data collection turned out to be demanding, though routine, but the implications from the data collected were profound. First, I found that I had learned more about the achievement of average students than in all of the assessment classes I had ever taken. The scores from the "homegrown" materials are quite comparable with the AIMSweb scores (www.aimsweb.com). Also, by March of the student's first grade year (January was too early), it was possible to predict which students would score "At Grade Level" on the Idaho Reading Indicator given in May of their second grade year. This suggests that the more students we have reading successfully at the end of first grade, the more likely those students will go on to be successful readers in their later school years. And, perhaps, regardless of "eligibility," all students who are "behind" in kindergarten and early first grade need to be identified quickly and efficiently and provided intensive remediation.

Regardless of scores on standardized measures such as the Kaufman Test of Educational Achievement, Second Edition or the Wechsler Individual Achievement Test, Second Edition, by spring of a student's first grade year, average students are genuinely reading. To score "Low Risk" on the DIBELS (<http://dibels.uoregon.edu>) students read 40 words correctly in one minute from fairly diverse materials. This is very different from a standard score of 85 for a Reading Composite on the KTEA-II or the WIAT-II. So, maybe schools need their "A Team" in first grade, regardless of work rules and seniority. Maybe schools need to change their definition of what makes a teacher a member of the "A Team." And maybe universities need to change what they believe to be appropriate instructional strategies for beginning readers.

Students' reading scores tended to fall in a tri-modal distribution. There was often a distinct group of children with quite good skills. These students could take the classroom reading materials home and read them for enjoyment. There was a large group of children who were average and a distinct group of children with modest skills that may have been fairly easily remediable and were appropriate for Title I programs, and may have been the right children to target in trying to meet No Child Left Behind standards. Among student scores, there was a distinct and small group of students whose scores consistently fell well below that of their peers and well below that of the students who looked appropriate for Title I programs. (If 20 to 30% of students score in an extremely low range, then the assessment is too hard.) These students had such limited skills, the school secretary, with some time in the classroom, may have been able to pick out the students. If the district had provided services to only those students with extremely low scores under a noncategorical disability, the numbers of students in Special Education would have been modest and well within expected guidelines.

This leads to the question, should Special Education serve the least capable students or students who show a "severe discrepancy between ability and achievement?" The Council for Exceptional Children has noted that children with better academic skills were found eligible for services, while children with more limited skills may be found not eligible for services. Congress seemed to listen by modifying the definition of Specific Learning Disability. Requiring severe discrepancy between ability and achievement is a way of managing numbers and budgets; however, severe discrepancy between a student and peers can be used to manage budgets and numbers *and* ensure that the least capable students are served by Special Education. As school psychologists begin to tread the waters of RTI, they may find themselves changed in ways that they will not expect from the mundane act of gathering data on student achievement. ♦

© 2006, National Association of School Psychologists. Stephen Jackson is a School Psychologist in the Churchill County (NV) School District.

New York Factoid

Perhaps the best is at the Carnegie Deli, a mere block beyond the New York Hilton. So what is pastrami? According to the Carnegie Deli website, Turkish horsemen of Central Asia used to preserve meat by placing slabs of it in pockets on the sides of their saddles, where it would be pressed by their legs as they rode — the origin of "pastyrma," which literally means "being pressed" in Turkish, and the origin of Italian "pastrami." Another source claims pastryma was appropriated by marauding Turks from the Hungarians. What really matters is that anyone, young Turk or old school psychologist can cure the Hungries with a bigger-than-your-head pastrami on rye (that's 2 lbs of meat so bring your family) at the Carnegie for about \$13. Hey, this is kosher, don't ask for cheese! The pickles are free. ♦

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NASP STUDENT CONNECTIONS

Edited by Anna Peña, NCSP

Collaboration Between School Psychologists and Teachers: A Natural Fit By Larissa Morlock, Nathan Jones & Cathie Wigent, Michigan State University

Despite the shared goals of general educators and special educators — to improve the educational experience for all children — the work responsibilities of the two professions have traditionally been thought of as occupying two independent spheres, with general educators working with the majority of students and special educators working with those who struggle in school. Traditionally, school psychologists have played an intermediary role between these two spheres, assessing students who have difficulty learning at the expected rate for their grade level. This role is so central that many teachers have come to view school psychologists as the gatekeepers of special education services (Rathvon, 1999).

The Individuals With Disabilities Education Improvement Act of 2004 allows consideration of the degree to which a student responds to interventions as part of the process for identifying a Specific Learning Disability. Commonly referred to as Response to Intervention (RTI), this provision encourages general educators, special educators, and school psychologists to reconceptualize their working relationships. By emphasizing interventions and results over process, this alternative model promotes a coordinated system in which special education and general education are integrated and have common goals. Responsibility for individual students is shared by all school professionals who work together to implement universal screenings, scientifically-based instruction and interventions, and progress monitoring (Reschly, Tilly, & Grimes, 1999). This change has prompted us to find ways to collaborate with those individuals with whom we will work the most.

Steps Toward Collaboration in Academia

At the university level, students and faculty members from education and school psychology can take a proactive role in bridging the gap between the different fields. By sharing ideas and goals for research, students can help to establish a culture of collaboration that will shape their future relationships once they become faculty members or practitioners. And, if individuals from each discipline better understand the work lives of the other, they increase the likelihood that professionals from the groups will be able to work productively with each other in a range of settings.

There are several steps that students can take to promote collaboration among the different fields. One example would be to give presentations to undergraduate students in teacher education or special education about the field of school psychology. Examples of introductory lessons are provided on the NASP website at www.nasponline.org/students/intro_sp.html. Other avenues would be to become a member of the American Education Research Association (AERA), the Council for Exceptional Children (CEC), and the National Association of School Psychologists (NASP) and submit proposals to present at their professional meetings in collaboration with faculty or graduate students in teacher education or special education. Because practitioners attend both CEC and NASP conventions, this would be an excellent opportunity to influence work in schools that lies outside one's own discipline. Finally, students can enter into professional relationships with students from other programs by establishing research groups dedicated to a common goal.

Collaborative Research: Doctoral Leadership Grant

One such group, *Evidence-Based Interventions for Children Exhibiting Disruptive Behaviors*, has been established through a doctoral leadership grant at Michigan State University (MSU). This program was created to help bridge the gap between the fields of school psychology and special education through the collaborative study and research of evidence-based interventions for children exhibiting behavior disorders. Doctoral students in special education and school psychology are given the flexibility to explore their own field of study while broadening their understanding of education as a whole through in-depth collaboration with an interdisciplinary cohort. The grant places special education students and school psychology students in a common environment, allowing each cohort to draw on the variety of backgrounds and research interests of its students to work toward common goals. While there are obstacles to collaboration, from diverse background knowledge and experiences to the varied personal interests of the participants, the leadership grant has successfully addressed these issues. All participants are able to bring their own knowledge and experiences to the table through discussion groups and cohort meetings.

One product of the research group has been a project examining behavioral risk and protective factors of at-risk preschoolers. Students in the second-year cohort worked together during their first year to establish a common knowledge base regarding risk and protective factors and evidence-based interventions. These same students, with feedback from faculty members on the grant as well as the first-year cohort of students, engaged in research projects examining the risk and protective factors exhibited by at-risk preschoolers. The collaborative process facilitated a poster presentation at the national convention of the American Psychological Association (APA), as well as additional writing and research opportunities for the doctoral students. Further, the research topic provided a forum for students from the two programs to share the norms of their field and build a common evidence base for future research and writing.

The faculty leadership of the grant has also placed a high value on the interdisciplinary learning that can be gained from researchers and practitioners outside of the

● continued on page 40

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● NASP Student Connections... continued from page 39

university. Therefore, doctoral students have attended seminars focusing on topics such as response to intervention, cultural considerations within evidence-based interventions, evidence-based support for parent-child interaction training, evidence-based pharmacological approaches to treating disruptive behavior disorders, and school-wide evidence-based change. Doctoral students from special education and school psychology have also had the opportunity to attend the NASP and APA conventions.

A grant represents one way that students from special education and school psychology can work together. The common goals of the two fields make this connection a natural one, but further work needs to be done to incorporate general educators into the collaborative process. Recognizing the changes taking place in practice, it is evident that the work lives of school psychologists, special educators, and general educators are and will continue to be intertwined. This makes collaboration between scholars and professionals in each of the fields imperative. And, as evidenced by the MSU research grant, the university is the perfect setting to begin to foster those collaborative ties.

Steps Toward Collaboration in the Field

The way that collaboration takes place often shifts once students begin their internships or enter the ranks as full-fledged professionals. It is of particular importance for those individuals who enter the field at this level to get involved proactively with school personnel in the early stages. There are several ways to foster collaboration among teachers, school psychologists, and special educators. Whether as a student in a practicum or an internship or as a freshly minted school psychologist entering a school system, it is important to be introduced in a way that clearly articulates the services that the individual is able to provide. A school psychology intern could disseminate a one-page sheet that specifically indicates the services offered (e.g., counseling, consultation, program evaluation, assessment, etc.), with a brief description of each. Awareness of the range of services provided often opens the doors of communication among the related professionals.

To further open the lines of communication and encourage collaboration, one can seek out the needs of the general education staff. Based on the findings of a needs assessment, school psychologists and special educators can team together to develop presentations, handouts, and fact sheets that would be helpful to the school staff. Special educators and school psychologists are encouraged to present information on current trends such as RTI and scientifically-based interventions, working with English Language Learners and underrepresented groups, or the student support team process.

Lastly, it's important to maintain ongoing visibility. It's crucial that all members of the school community see special educators and related service providers as active members of the school site. Attend staff meetings, trainings, and special events such as

back-to-school nights or field trips. Serve on response-to-intervention teams together, meet regularly to discuss student progress towards outcomes, share responsibility for communicating student progress with parents, and share case management responsibilities. Observe in classrooms and playgrounds, and spend time in the lunchroom. Overall visibility will allow others to know you are available and approachable, and will further assist in linking the fields and laying the foundations for collaboration.

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Reschly, D. J., Tilly, W. D., & Grimes, J. P. (Eds.) (1999). *Special education in transition: Functional assessment and noncategorical programming*. Longmont, CO: Sopris West.

Additional Resources (NASP website)

A Problem-Solving Model for Improving Student Achievement http://www.naspcenter.org/principals/nasp_probsolve.html

Problem Solving and RTI: New Roles for School Psychologists <http://www.naspwebserives.org/scriptcontent/Resources/rtiprobolve.pdf>

The Provision of Culturally Competent Services in the School Setting http://www.nasponline.org/culturalcompetence/provision_cultcompvcvcs.html

Larissa Morlock, MA, is a 2006-2007 NASP Student Leader and a doctoral student in the School Psychology program at Michigan State University. Nathan Jones, BA, and Cathie Wigent, MA, are doctoral students in the Special Education program at Michigan State University.

Congratulations to the 2006 NASP Graduate Student Research Awards Winners

Jennifer A. Gulesserian, Julie C. Keenan, and Gina Marie Raineri were recently named winners of the 2006 NASP Graduate Student Research Awards.

Jennifer A. Gulesserian is pursuing a PhD in school psychology at New York University. She has five years experience working directly with children, adolescents, and their families in various contexts including a not-for-profit educational organization, an outpatient mental health clinic, and an elementary school and high school in New York City. Jennifer is committed to expanding her professional training through her dissertation research by integrating and applying her clinical, research, and educational experiences. Jennifer's research addresses the relationship of child and family variables to the academic achievement and social competence of inner-city, minority, and gifted

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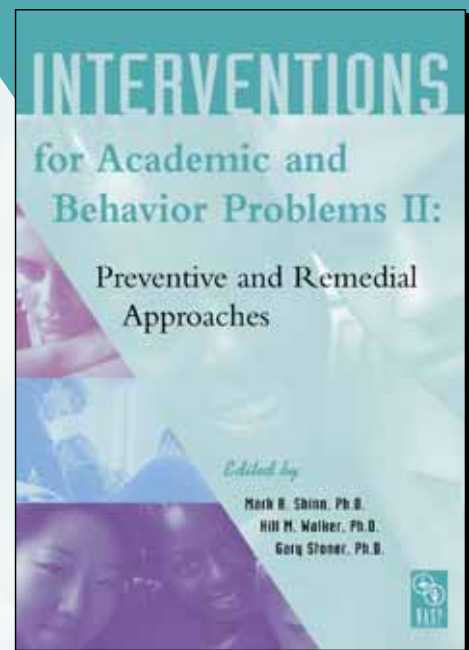
Serving the needs of students with academic and behavior problems is a major challenge for schools today. Increasingly pervasive issues such as violence, delinquency, illiteracy, and substance abuse may seem daunting, but no youngster is beyond help. Knowing what strategies work and how to implement them can help shift the balance between the risk and protective factors that shape a child's ability to thrive.

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middle school students. After completing her doctoral program, Jennifer plans to continue her work in the area of academic achievement with children and their families in an applied or research setting.

Julie C. Keenan is a doctoral student in school psychology at Illinois State University. Julie works with behaviorally and emotionally challenged youth enrolled in a therapeutic day school and provides consultation to families of children with autism. Broadly, her research interests include prejudice, personality, and training issues in school psychology. Julie's specific research focuses on pre-service teachers' attitudes toward gay and lesbian parents to understand risk factors for these parents and their children in terms of bullying and harassment at school and poor home-school collaboration. Her primary career goals include training and research; specifically, she aspires to attain a faculty position where she would have the opportunity to teach and supervise school psychology students.

Gina Marie Raineri is pursuing an EdS degree in school psychology and a PhD in educational psychology at the University of Alabama in Tuscaloosa. Gina works as a prevention educator for the Second Step Program in local elementary and middle schools. Her research addresses diversity in the educational setting, specifically examining the relationships between ethnic identity, self esteem, efficacy, and academic achievement in middle and high school students. Gina has been a NASP Student Leader since 2005.



Jennifer Gulesserian



Julie Kennan



Gina Raineri

2007 Graduate Student Research Awards

NASP Graduate Student Research Awards, a grants program sponsored by the NASP Research Committee, provides support for research projects of school psychology students. Up to four students are awarded grants of up to \$750 each in the annual competition. Winners have the opportunity to submit their research to be considered for publication in the *Communiqué* and as a presentation at a NASP

convention. For information on submitting a research proposal for the upcoming 2007 competition, see www.naspcareercenter.org/students/GSRA.pdf.

Calling All Graduate Students to Participate in School Psychology Awareness Week, November 6–10, 2006!

School Psychology Awareness Week is a great opportunity for you to promote the field of school psychology and celebrate your training experiences. The NASP Student Leader 2005–06 Outreach Committee generated a list of ideas including the following suggestions. Feel free to use any of these ideas or create your own. For the complete list of suggestions visit http://www.naspcareercenter.org/students/spweek_students.html

- **Display the NASP School Psychology Awareness Week poster.** This poster is enclosed in this issue of *Communiqué*. Posters can also be downloaded from <http://www.nasponline.org/information/spweek2006.html>

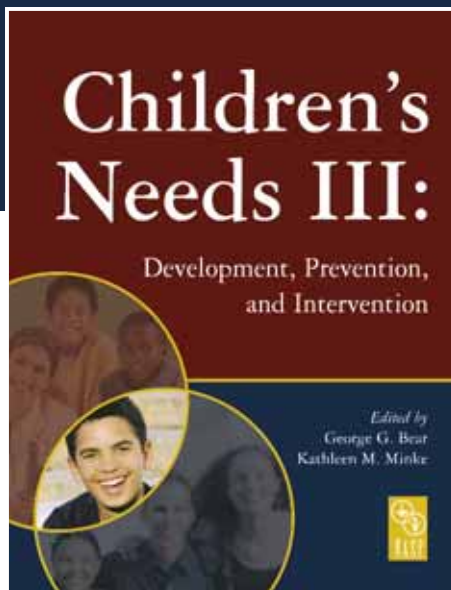
- **Do a school psychology career presentation:** Download the School Psychology: A Career That Makes A Difference PowerPoint presentation available on the NASP website at http://www.nasponline.org/about_nasp/whatisa.html and promote school psychology as a career to undergraduates at your university or at a local high school.

- **Connect students:** Organize a "School Psychology Awareness Week" get-together with the students in your program.

The e-Community Hot Topic is **School Psychology Awareness Week**. Post your plans, activity suggestions, and involvement in School Psych Week activities under the "School Psych Awareness" discussion forum. To learn how to subscribe to the NASP Students e-Community visit <http://www.naspcareercenter.org/students/eccominstructions.html> ♦

© 2006, National Association of School Psychologists. Anna Peña, MS, NCSP, is a NASP Graduate Assistant and doctoral student in the school psychology program at the University of Maryland, College Park. Guest Assistant Editors for this issue include Jeff Charvat, PhD, NASP's Director of Research and Information Services; Stacy Skalski, PhD, NASP's Director of Public Policy; and Arlene Silva, MA, NASP Student Development Workgroup and doctoral intern in the Nashua, NH public schools.

The beginning of the school year is a great time to submit proposals for Student Connections feature articles! Interested feature article writers should submit 200-word proposals to Anna Peña, Student Connections Editor, at apena@naspsweb.org for consideration. The proposal deadline is **November 15th** for February CQ. For more information, please visit <http://www.naspcareercenter.org/students/studentconnections.html>



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IDEA IN PRACTICE

By Mary Beth Klotz, NCSP

Director of IDEA Projects and Technical Assistance

IDEA 2004 News: Final IDEA 2004 Part B Regulations

On August 14, 2006 the U.S. Department of Education published the official final IDEA regulations for Part B in the Federal Register, providing schools with implementation guidelines in time for the opening of the 2006–2007 school year. The regulations take effect on October 13, 2006 (since they are required to become effective 60-days after being published in the Federal Register). For the most part the final Part B regulations mirror the proposed regulations which follow the 2004 statute. Some clarifications and changes however, were made to certain provisions. Among the changes of particular note to school psychologists are the additional procedures for evaluating children with specific learning disabilities (SLD). The rationale for all of the changes in the final regulations is discussed in the analysis of comments and changes section of the preamble (pages 46540–46753).

Specific Learning Disabilities. Greater flexibility was given to local education agencies in the selection of identification procedures since Section 300.307 was revised to remove the language that would have allowed a State to prohibit the use of “severe discrepancy” model for determining SLD eligibility. The criteria for determining whether a child has a SLD that is adopted by a State: (1) *must not require* the use of severe discrepancy between intellectual ability and achievement; (2) *must permit* the use of a process based on the child’s response to scientific, research-based intervention; and (3) *may permit* the use of other alternative research-based procedures for determining whether a child has a specific learning disability.

The proposed language for additional group members (Section 300.308) was changed to be the same as what is in the IDEA '97 regulations. The detailed description in the proposed regulations of group competencies and the requirement that a special education teacher be a member of the team were eliminated by this change. In the analysis of the public comments on the proposed regulations, the Department noted that the lack of consensus about which individuals should be included in the group resulted in their decision to retain the current group requirements as outlined in Section 300.540 of the IDEA '97 regulations.

The proposed language for determining the existence of a specific learning disability (Section 300.309) was revised to clarify that the group may determine that a child has a specific learning disability if the child does not achieve adequately for the child’s age *or does not meet State-approved grade-level standards* in one or more of the eight areas (oral expression, basic reading skill, etc.), when provided with learning experiences and *instruction* appropriate for the child’s age *or State-approved*

grade-level standards. It also adds “limited English proficiency” to the other five conditions that could account for the child’s learning problems and that the group considers in determining the existence of an SLD. The standard of the requirement that a child was provided “high quality research-based instruction” was lowered. The final regulations state that a child must have been provided *appropriate instruction* prior to the eligibility determination. In the discussion of the public comments, the Department agreed that the requirement in the proposed regulations for high quality, research-based instruction exceeded statutory authority. The Department emphasized that children should not be eligible for special education if the low achievement is due to lack of appropriate instruction in reading and math and that determining the basis of low achievement when a child has been given appropriate instruction is the responsibility of the eligibility group.

RTI. Section 300.309 has been further modified in response to the numerous comments addressing timelines for Response to Intervention (RTI), and the length of time interventions should continue before determining a child has not made adequate progress, leading to a referral for an evaluation to determine eligibility. The Department concluded that it would be inappropriate to establish timelines for interventions because doing so would make it difficult for local education agencies to implement models specific to their local school districts. Clarifications were made however to Section 300.309 (c) and (d) to require that the public agency promptly request parental consent to evaluate a child suspected of having an SLD who has not made adequate progress when provided appropriate instruction, and whenever a child is referred for an evaluation.

Section 300.311 (Written Report) has been renamed “Specific documentation for the eligibility determination.” The section of the final regulations has been modified to require that the eligibility report include evidence that when a child has participated in an RTI process, the parents were informed of State policies regarding child performance data that would be collected and the general education services that would be provided; strategies to support the child’s rate of learning; and a parent’s right to request an evaluation at any time. Consistent with the expanded language in Section 300.309, this section has been modified to add whether the child does not achieve adequately and does not make sufficient progress to meet age *or to meet State-approved grade-level standards*, or the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade-level standards or intellectual development. The proposed language regarding whether there are strengths or weaknesses or both in performance or achievement or both, relative to intellectual development, has been removed.

IDEA 2004 Resources

U.S. Department of Education, Office of Special Education Programs (OSEP) launches new IDEA 2004 website at <http://IDEA.ed.gov>. This site was

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This practical resource from NASP includes nearly 60 relevant chapters, articles, handouts, and presentations from *Best Practices in School Psychology IV*, *Interventions for Academic and Behavior Problems II*, *Helping Children at Home and School II*, *Communiqué*, *School Psychology Review*, and www.nasponline.org. Sections address:

- **General Assessment Issues** (Background and Research, How-To and Practice, and Materials for Families and Educators)
- **Problem-Solving Model and RTI** (Background and Research, How-To and Practice, Model Programs, and Materials for Families and Educators)
- **Reading and Math Assessment** (Background and Research, How-To and Practice, and Materials for Families and Educators)
- **Bibliography** (More than 160 references and resources, including live web links.)



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created to provide a “one-stop shop” for resources related to IDEA 2004 and its implementing regulations. Users will find searchable versions of IDEA 2004 and the regulations, access to cross-referenced content from other laws, video clips on selected topics, topic briefs on selected regulations, links to OSEP’s Technical Assistance and Dissemination (TA&D) Network and a Q&A Corner where you can submit questions, and a variety of other information sources. Information on regional and community meetings on the implementation of the final IDEA 2004 regulations will also be provided on the new website.

U.S. Department of Education, Office of Special Education and Rehabilitation Services (OSERS) offers guidance on final IDEA 2004 Part B Regulations. OSERS has released model forms to help States and local education agencies in developing individualized education programs (IEP), procedural safeguard notifications and prior written notice communications. Congress required the Department to issue such model forms no later than the date that the Secretary published the final regulations. The model forms provide States and districts with sample documents that can be used to ensure compliance with IDEA 2004.

Be sure to visit the NASP IDEA Information webpage at www.nasponline.org/advocacy/IDEAinformation.html to access the following resources:

- Model Forms on IEPs, Notice of Procedural Safeguards, and Prior Written Notice
- Final IDEA 2004 Part B Regulations
- NASP Summary of the roll-out of the final IDEA 2004 Part B Regulations

Regional meetings. OSEP is holding Part B Regulations Regional Implementation Meetings in January and February 2007 in Washington D.C., Los Angeles, CA, and Kansas City, MO. The meetings are designed to support States in their implementation of the Part B Final Regulations. Registration is open to interested parties; however priority will be given to State teams. The topics for each meeting will include: Discipline; IEPs, IEP Meetings, Evaluations and Re-evaluations; Response to Intervention for the Identification of Specific Learning Disabilities; Early Intervening Services; and Procedural Safeguards. Registration information may be found by clicking the Regional Implementation Meetings button on the Regional Resource and Federal Center Network’s website <http://www.rrfcnetwork.org>

Cultural Diversity

The National Center for Culturally Responsive Systems (NCCREST) — www.nccrest.org is an OSEP-funded project that provides technical assistance and professional development to close the achievement gap between students from culturally and linguistically diverse backgrounds and their peers, and reduce inappropriate referrals to special education. NCCREST is featuring *Exemplars*, a new tool on their website, that summarizes models and activities of highly successful schools that may have significant implications for the prevention of disproportionality. In the exemplar, *Living*

the Dream in the Promised Land: Features of Highly Successful Schools that Serve Students of Color; author Nancy J. Harris-Murri discusses the fact that millions of children have failed in American school systems, particularly children of color from urban and rural low socioeconomic status. This exemplar summarizes the High Performance All Students Success Schools Model, which describes features of highly successful, high-poverty elementary schools. Link to the *Exemplars* feature at www.nccrest.org/publications/exemplars.html

Reading

The National Center for Learning Disabilities (NCLD) — www.LD.org is partnering with NASP to provide informative and useful online resources on a wide variety of topics. NCLD creates and links people to essential information about learning disabilities, early literacy and learning resources, support for adolescents and adults with LD, public policy and advocacy tools.

Get Ready to Read! is an early literacy program sponsored by NCLD that is designed to help parents, early educators and child care professionals ensure that young children are equipped with the fundamental skills necessary for learning to read. The goal of the program is to screen four year-olds for early literacy skills before they enter kindergarten and provide skill-strengthening activities to ensure reading success. The *Get Ready to Read!* website www.getreadytoread.org provides users with skill-building early literacy activities, literacy environment checklists, online games and other resources, in addition to a free online version of the screening tool.

In Court

Supreme Court ruling on recovering experts fees under IDEA. In a June 26th ruling, the Supreme Court held 6-3 that the IDEA does not authorize courts to make school districts reimburse parents for the fees of experts, even when the parents prevail in disputes. See *Arlington Central School District v. Murphy* (Case No. 05-18). In the *Arlington Central* case, Pearl and Theodore Murphy, whose son had multiple disabilities, won their original suit against the district in upstate New York, and asked a U.S. District Court judge to award them \$29,350 in expert fees for the services of an educational consultant. The case was eventually heard by the Supreme Court after a series of appeals by both sides. Although the court was sharply divided, the majority determined that IDEA overwhelmingly supports the conclusion that prevailing parents may not recover the cost of experts or consultants. Link to the U.S. Supreme Court’s decision in the *Arlington Central School District v. Murphy* case at: www.supremecourtus.gov/opinions/05pdf/05-18.pdf ♦

Some of the information in this issue provided by the following recent newsletters: Education Daily, NCCREST, LRP’s Special Educator Newsletter, and CEC’s Policy Update.

B·V·A·T
Normative Update

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B·V·A·T
Normative Update

2007 NASP Annual Convention, March 27–31**Start Spreading the News! Great Attractions in a “New York Minute”**

By *Merryl Bushansky, NCSP & Patricia Manning*
Local Arrangement Cochairs

So you made the decision to come to New York — good for you! There is nothing like being a tourist in the Big Apple. You will have so many things you will want to see and do that prioritizing might be your biggest challenge. To make your planning easier, we have divided our “Great Attractions” suggestions into three categories: “must sees” for those on their first visit, “good ideas” if you have the time, and “a bit off the beaten track” if you are more adventurous. Of course, these are just really a sampling of what is available in New York. We’ll cover more topics and more suggestions in future columns. In the meantime you can do some cyber exploring at New York City’s Convention and Visitors’ website at www.nyc.visit.com. Most attractions also have their own websites and are easily accessed via your favorite search engine. These suggestions, however, can get you started. Let’s get right to it!

First-Timers “Must Sees”

The “must sees” include the icons of NYC:

- **The Empire State Building.** Think Fay Wray and *King Kong*, *Sleepless in Seattle*, and *An Affair to Remember*. This is once again the tallest building in New York. Located at 34th Street and Fifth Avenue, it is about a mile from the hotels — a short cab ride or an invigorating walk.
- **The Statue of Liberty.** The best view is from the Staten Island Ferry, which you can board at Whitehall Terminal at the southern tip of Manhattan. Visiting the statue itself can be difficult, because tickets must be purchased 48 hours in advance and there may be security delays. And, while the ferry fare to Liberty Island is \$11.50, the Staten Island Ferry is **free** — the best bargain in New York! Ferries depart every thirty minutes during the day, and every twenty minutes during rush hour.
- **Rockefeller Center.** It is within walking distance of the convention hotels and, once there, you can rent ice skates, have a bite, or visit the Top of the Rock Observation Deck. For \$17.50 you will be treated to an unobstructed 360-degree view of the city.
- **Central Park.** Although you will not be able to see all of it (the park is nearly 5 miles in circumference), the southern end of the park is just a few blocks from the hotels. It is a great place for those needing their morning run or a bit of peace and quiet. The Park is officially open until 1:00 AM, but we recommend limiting your visits to the daylight hours.
- **Grand Central Station.** Restored to its early glory and now an historic landmark, it

may be the most famous train terminal in the country. It has also become a Midtown destination for dining and shopping. It’s only a 5- or 10-minute cab ride. If the weather is nice, it might be better to walk the mile and enjoy the sights of Midtown.

- **Museums.** Another must is a visit to any of the wonderful museums in the city, the most famous of which are the *Metropolitan Museum of Art*, *Museum of Natural History*, the *Guggenheim*, and the *Museum of Modern Art* (aka MOMA). Admission costs can be steep but are often in the form of a “suggested donation,” and some museums have special reduced rate or free days or evenings. MOMA is only two blocks from the convention site.
- **Times Square.** Eleven short blocks south of the convention hotels you will find the “Crossroads of the World,” familiar to all who have seen the televised “ball drop” on New Year’s Eve. Times Square bustles any time of the day or night and epitomizes our city that never sleeps. It is also the anchor of the Broadway theater district. We will cover New York theater (on Broadway and Off Broadway) in a future article.

**Responsiveness:
The Fourth “R”****More Good Ideas If You Have the Time**

- Treat yourself to a sightseeing **boat trip** around Manhattan Island on the Circle Line. The boats leave from Pier 83 at 42nd Street on the Hudson River and cost \$29 for the 3-hour cruise and \$24 for a 2-hour cruise or an evening harbor cruise
- For a historic look at **New York Harbor**, visit the **South Street Seaport Museum**, see the historic ships, and enjoy waterfront dining while you are there.
- In lower Manhattan visit **Wall Street** and **Ground Zero**, site of the World Trade Center.
- **Madison Square Garden**, on Seventh Avenue between 31st and 33rd Streets, is home to the New York Knicks, New York Rangers, and the New York Liberty, and also offers a venue for big name concerts.
- The **New York Public Library**, famous for the two lions, Patience and Fortitude, that guard its entrance, is on Fifth Avenue at 42nd Street. It is hard to believe that the impressive Beaux-Arts building was once the site of a reservoir!
- **Radio City Music Hall**, the performance center is well known for its Wurlitzer organ, its fabulous Art Deco interior, and, of course, the Rockettes, and it is only about four blocks from the convention hotels. The schedule for events for March is not yet available but we will have that information at the hospitality booth at the convention.
- The majestic **St. Patrick’s Cathedral** is the most famous Roman Catholic church in the country and has been described as **Fifth Avenue’s** most beautiful building. It is only about three blocks from the hotels and on your way you can do some of the best real or window shopping in the world. We will be devoting a whole article in a future *Communiqué* just to shopping.
- **Lincoln Center for the Performing Arts** is home to the New York City Ballet, the New York City Opera, the Metropolitan Opera, the New York Philharmonic, and the Juilliard School, all grouped around its famous fountain. Located on Columbus Avenue between 62nd and 65th Streets, it is a short subway ride north of the hotels. Jazz at Lincoln Center is just down the street in the new Time Warner complex at Columbus Circle.

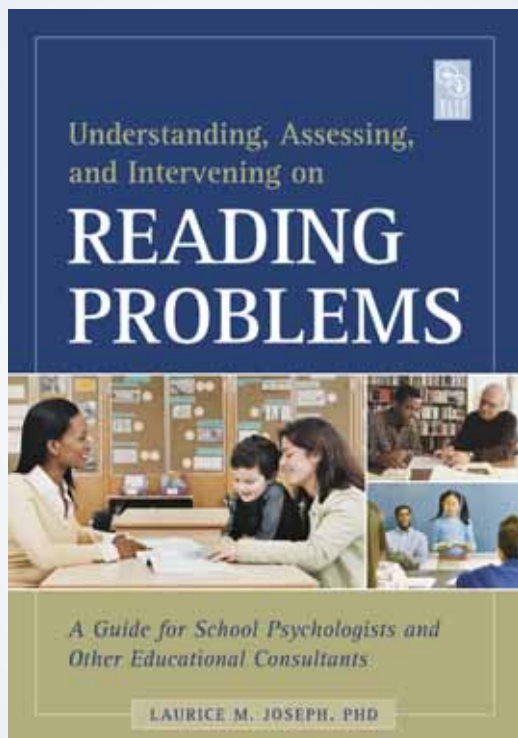
A Bit Off the Beaten Track

- At **The Cloisters** in Fort Tryon Park in northern Manhattan you can experience medieval art and architecture.
- For a look at more recent history, the **Tenement Museum** on the Lower East Side provides a glimpse into life as it was lived by immigrants in the 19th and 20th centuries.
- Serious art lovers will enjoy the **Neue Galerie** of German and Austrian art where the newest acquisition, Gustav Klimt’s *Adele Bloch-Bauer I*, has created quite a stir.
- For fun, how about a visit to **Madame Tussauds Wax Museum** to pose with the stars, or the **Sex and the City tour** so you can experience New York a la Carrie and her friends?
- If you are in a playful mood **Chelsea Piers on the Hudson River** offers an opportunity to participate in more than a dozen different sports, including golf! Located on the Hudson between 18th and 23rd Streets, it is accessible by bus, but since it involves a transfer, you might prefer to go by cab.

Whatever your interests, budget, age, or level of sophistication, there is something for you in New York City. So join us native New Yorkers at the local information booth at NASP’s 2007 Convention. We will help you to make memories that will last a lifetime. ♦

New York Factoid

Ferry Facts: The famed Staten Island Ferry (the best way to see the Statue of Liberty) carries about 20 million passengers each year between Staten Island and Manhattan. That’s 70,000 per day. Owned by the City of New York, the fare was a nickel in 1897 and kept going up, but in 1997, foot passenger fares were eliminated. There *is* a free ride in New York! ♦



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COMMUNICATION MATTERS

Focus on Mental Health: Positive Behavioral Supports (PBS)

By Candace Cartwright Dee, NCSP, Communications Workgroup, & Katherine C. Cowan, Director of Marketing and Communications

An essential component of effective school-based mental health services is the emphasis on programs and strategies that create a safe, supportive learning environment, promote positive life skills, and prevent negative behaviors. Increasingly such school-based efforts are implemented within a Positive Behavioral Support (PBS) approach and can include programs such as bullying prevention, social skills development, resiliency building, and discipline strategies.

School psychologists are ideally suited to play a leadership role in both the design and implementation of PBS programs, also known as Positive Behavioral Interventions and Support (PBIS). We have the expertise in the major elements of PBS, including observation and evaluation (data collection), data-based decision-making, and school-wide, classroom and individual interventions. As such, implementation of PBS strategies offer a wealth of opportunity to communicate with school staff, parents, and local policymakers about how school psychological services help improve student outcomes, both academic and behavioral. Whether you are planning activities around *School Psychology Awareness Week, November 6–10, 2006*, or launching a more long-term communications effort to effect change within your district, consider focusing on PBS strategies. The RTI process is based on the same system of hierarchical interventions as PBS and shares similarities with the PBS process. RTI and PBS compliment each other in meeting the needs of all students.

Following are some key messages and NASP resources on the topic for you to use in your communications efforts. Additionally, the brief article for school staff in the insert of this issue, *Positive Behavioral Support (PBS): Improving Student Behavior and Academic Outcomes*, is adaptable and available online in NASP Member Resources at www.nasponline.org

Key Messages Regarding School Psychologists and PBS

Positive Behavioral Supports (PBS) offer effective strategies for creating a safe and healthy school environment in which all children can learn. PBS is the application of a behaviorally-based systems approach to enhance the capacity of schools, families, and communities to design effective environments in which teaching and learning occurs. The process focuses on creating and sustaining primary (school-wide), secondary (classroom), and tertiary (individual) supports that improve lifestyle results for *all* students by making problem behavior less effective, efficient, and relevant, and desired behavior more functional.

PBS is a more effective and less costly way to improve student behavior than more extreme methods, such as punishment or expulsion. PBS focuses on both individual behavior and environmental factors and can result in changes in both. Punitive discipline strategies have not proven effective in changing student behavior; however, research has shown that PBS can dramatically reduce and in some cases eliminate problem behaviors in both general education and special education populations.

School psychologists play a crucial role in the development of a safe and healthy school environment by providing the leadership necessary to implement school-wide PBS strategies. School psychologists are knowledgeable about educational and psychological best practices and evidence-based strategies. School psychologists have access to research on resiliency, bullying, behavioral strategies, social skills, discipline strategies, and systems change. They have experience in functional assessments and behavior plans for students with severe problem behaviors (at the tertiary level).

School psychologists can help convey information and create stakeholder "buy-in." School psychologists typically work with students across grades, class subjects and teachers. They know the majority of teachers and administrators in a school and have a working relationship with them. They also work with parents and are comfortable translating often complex data into understandable solution-focused information. This familiarity with the school faculty and parents places school psychologists in a strong position for presenting information to the faculty and parents in a way that encourages buy-in and participation.

School psychologists can help school staff identify the appropriate PBS strategies. As a leader in the school, the school psychologist can head up a team of faculty, parents, and administrators to oversee the implementation and sustainability of school-wide PBS strategies. As part of PBS, surveys are sent out to gather information from the faculty, parents, and students about problem areas and behaviors in the school. For individual students, the team would conduct a Functional Behavioral Assessment (FBA) to determine the cause of the student's problem behavior. With a background in data collection and analysis and evidence-based strategies, school psychologists can assist the team in understanding the survey results and evaluating which research-based PBS strategies will best address the identified problem.

School psychologists can help ensure fidelity in implementing the PBS plan. This includes accurately assessing the problem through surveys, FBAs or both, monitoring appropriate, consistent implementation of strategies, and evaluating the effectiveness of the interventions. Specifically, school psychologists are knowledgeable in positive reinforcement strategies as well as appropriate corrective procedures. They can help staff implement strategies such as a school-wide positive rewards program, "Principal's 200 Club," "Think Time," and social skills training. They also can be instrumental in teach-

ing teachers and students how to model, role play, and reward behavioral expectations.

School psychologists are experts in data-based decision making. Data collection is a crucial part of evaluating PBS strategies. Not all teachers and administrators understand the usefulness of data, how to make sense of it, and how to make decisions based on what the data indicate. School Psychologists can play a key role in helping school teams use data to make decisions that will positively affect the school climate and improve student behavior.

NASP Resources Available Online:

NASP has a number of resources available to assist school psychologists, schools, families and communities to create school environments that promote positive behavior and develop life skills. Those with an asterisk are also available in School Psychology Awareness Resources in Member Resources at www.naspwebservices.org.

Canter, A. (2004). A problem solving model for improving student achievement. *Principal Leadership*, 5(4). Available: naspcenter.org/principals/nassp_2004.html

*Cohn, A. (2004). Positive Behavioral Supports: Information for educators. In A. Canter et al. (Eds.), *Helping children at home and school II: Handouts for families and educators* (pp. 54–71–74). Bethesda, MD: National Association of School Psychologists.

*Cohn, A. & Canter, A. (2003). Bullying: Facts for schools and parents. Available: naspcenter.org/factsheets/index.html

*Dee, C. C. (2006, October). Positive Behavioral Support (PBS): Improving student behavior and academic outcomes. *Communiqué*, 35 (2), Insert.

Feinberg, T. (2003). Bullying prevention and intervention. *Principal Leadership*, 4 (1). Available: <http://www.naspcenter.org/behavior/index.html>

National Association of School Psychologists (2002). Building skills for success in school and life (PowerPoint presentation). Available: NASP Member Resources at www.naspwebservices.org

National Association of School Psychologists (2002). Bullying: A preventable threat to our children (PowerPoint presentation). Available: NASP Member Resources at www.naspwebservices.org

*National Association of School Psychologists (2005, November). Promoting resiliency in your children. *Communiqué*, 34 (3), Insert. Available: <http://www.naspcenter.org/mentalhealth/index.html>

*National Association of School Psychologists (2002). Social skills: Promoting positive behavior, academic success, and school safety. Available: <http://www.naspcenter.org/factsheets/index.html>

Teaching young children self-control skills. Available: <http://www.naspcenter.org/behavior/index.html>

Other NASP Resources

Bear, G. G., Cavalier, A. R., & Manning, M. A. (2002). Best practices in school discipline. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology IV*, (pp. 977–991). Bethesda, MD: National Association of School Psychologists.

Lehr, C. A. & Christenson, S. L. (2002). Best practices in promoting a positive school climate. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology IV*, (pp. 977–991). Bethesda, MD: National Association of School Psychologists.

McLoughlin, C. S., Kubick, Jr., R. J., & Lewis, A. (2002). Best practices in promoting safe schools. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology IV*, (pp. 977–991). Bethesda, MD: National Association of School Psychologists.

Sugai, G., Horner, R.H., & Gresham, F.M. (2002). Behaviorally effective school environments. In Shinn, M.R., Walker, H. M., & Stoner, G. (Eds.), *Interventions for academic and behavior problems II: Preventive and remedial approaches*, (pp. 315–350). Bethesda, MD: National Association of School Psychologists.

Thomas, A. & Grimes, J. (Eds.). (2002). *Best practices in school psychology IV*. Bethesda, MD: National Association of School Psychologists.

Other Resources

Doll, B., Zucker, S., & Brehm, K. (2004). *Resilient classrooms: Creating healthy environments for learning*. New York: Guilford Press.

Horner, R. H. & Sugai, G. (in press). School-wide positive behavior support: An alternative approach to discipline in the schools. In L. Bambara & I. Kern (Eds.) *Positive Behavior Support*. New York: Guilford Press.

Way to Go: School Success for Children With Mental Health Needs. This new Bazelon Center Report documents how states and school districts have successfully combined school-wide positive behavior support with effective mental health services to foster a school environment that is conducive to learning and improves children's lives. The report and fact sheets may be purchased online at www.bazelon.org or ordered by e-mail at pubs@bazelon.org.

Online

Bazelon Center for Mental Health Law, www.bazelon.org

NASP Center for Children and Families (NASP), www.naspcenter.org

Positive Behavior Intervention and Support (PBIS), www.pbis.org ♦

© 2006, National Association of School Psychologists. Candace Cartwright Dee, PhD, NCSP, is the NASP Delegate for Utah and a school psychologist in the Jordan School District. Katherine C. Cowan is NASP's Director of Marketing and Communications.

CRISIS MANAGEMENT RESEARCH SUMMARIES

Edited by Stephen E. Brock, NCSP

Contributing Editor's Note: In this column *Crisis Management in the Schools Interest Group* members summarize recent crisis management research. This month we bring to your attention three articles relevant to school psychologists who are members of school crisis teams. The first summarizes a meta-analysis that provides important guidance regarding the provision of crisis interventions. From a survey of school superintendents, the second study provides guidance regarding school crisis planning. Finally, the third summary offers an overview of an article reflecting on the aftermath of Hurricane Katrina.

Meta-analysis Evaluates the Effectiveness of Common Crisis Interventions

Summarized by Elizabeth J. Zhe, PsyD, Postdoctoral Fellow, Girls and Boys Town Outpatient Behavioral Pediatrics and Family Services Clinic, Boys Town, NE

Brief Treatment and Crisis Intervention published an article by Roberts and Everly (2006) reporting on an exploratory meta-analysis of the effectiveness of commonly utilized crisis interventions. The crisis interventions included in the study were: family preservation (i.e., in-home intensive crisis intervention that typically occurs over 3-months for 8 to 72 hours); multi-component critical incident stress management (CISM, which contains a minimum of three sessions at pre-crisis, post-crisis, and at a 1-month follow-up) or multi-session crisis intervention (involving 4 to 12 sessions); and single session individual or group crisis debriefing. The authors sought to decipher the relative effectiveness of these crisis interventions in assisting crisis resolution and enhancing crisis mastery.

The meta-analysis included 36 research studies that were published in peer-reviewed journals and located through a search of seven electronic journal databases. Articles were chosen based on the criteria that each contained a clearly defined research design, wherein data were collected using outcome measures at baseline and post-treatment follow-up. Studies also had to centrally focus on the specific outcomes of crisis intervention and out-of-home placement or decreases in psychiatric morbidity. The authors provide a brief synopsis of meta-analytic techniques, including the advantages and limitations of using a meta-analysis procedure. To control for limitations, effect sizes were reported solely for variables related to crisis intervention modality, location, and various research design factors (e.g., type of statistic used). To control for sampling bias the authors conducted a thorough search in a wide array of journals.

Descriptive results indicated that the mean sample size of the studies was 237 (range was 48 to 1,681). The average time-span lapse from treatment to follow-up was 12 months (range was 3 months to 3 years). Thirty-three percent of the studies were judged to have strong experimental designs containing randomization of participants to experimental and control groups. Eighty-one percent of the studies contained multivariate statistical design. Results found medium to high effect sizes for research studies prior to 1990 within the U.S. using bivariate statistics and pre-post designs. Sample size and time between treatment and follow-up did not impact effect size. Findings suggested higher effect sizes for family preservation interventions in comparison to multi-session crisis interventions (e.g., CISM) and single-session debriefings. Both family preservation interventions and multi-session crisis interventions had a high average effect size, while debriefings had a lower average effect size. Findings indicate that in-home intensive family-based crisis interventions appear to be a highly effectual treatment for families attempting to decrease child abuse and neglect. Additionally, multi-session crisis interventions appear to be superior to single session interventions.

The authors conclude by highlighting the need for intensive versus single-session crisis intervention. The authors also stress the need for more rigorous evaluation and research on the influence of crisis interventions on numerous variables (e.g., anxiety, suicidality) through the use of specific outcome measures. They additionally stress the importance of integrating research results, such as those found within the current study, into best practice and evidence-based treatment.

GUIDELINES FOR AUTHORS

The primary purpose of the *Communiqué* is to keep membership of the National Association of School Psychologists informed about the activities of the Association and current issues and practices relevant to the profession. In addition to articles submitted by the Contributing Editors, unsolicited manuscripts from members and readers are encouraged.

It is assumed that any manuscript submitted for review is not being considered concurrently by another journal, including *School Psychology Review*. If the article has been submitted to or published previously in another newsletter, such as a state association newsletter, the author should so indicate in order to obtain permission to reprint and to give proper credit to the original publishing source should it be accepted by the *Communiqué*. The editor reserves the right to edit the manuscript as necessary for publication if accepted, including editing due to space or layout limitations.

An electronic file of the manuscript should be submitted, along with a cover letter containing the author's name, title (please note degree and NCSP certification if applicable), and institutional affiliation. Manuscripts of no more than 3500 words including references are preferred, although consideration will be given to longer articles.

All manuscripts should be sent to Andrea Canter at cqeditor@aol.com. Because of a backlog of manuscripts and a limited amount of discretionary space available each month, articles are frequently accepted well in advance of their publication date. NASP holds copyright on all articles accepted and published in the *Communiqué* unless otherwise noted.

Reference

Roberts, A. R., & Everly, G. S. (2006). A meta-analysis of 36 crisis intervention studies. *Brief Treatment and Crisis Intervention, 6*, 10–21.

Survey Evaluates School Preparedness for Mass-Casualty Events

Summarized by Melissa Allen Heath, PhD, NCSP, Brigham Young University

Graham, Shirm, Liggin, Aitken, and Dick (2006) summarized the results of a 23-question survey conducted in 2004. School superintendents responded to questions about school district preparedness to prevent and respond to a mass-casualty disaster. School superintendents were randomly selected from public school districts listed in the U.S. Department of Education's National Center for Education Statistics (NCES). Of the 3,670 superintendents surveyed, 2,137 (58%) completed and returned questionnaires.

Data were summarized in descriptive statistics, giving an indication of the percentage of schools prepared in certain aspects of crisis intervention. Additionally, responses from urban/suburban and rural schools were compared utilizing chi-square analysis to determine if urban/suburban schools were better prepared for mass-casualty events.

Results. Almost 86% of superintendents reported having some type of mass-casualty response plan. In comparison to rural school districts, urban and suburban schools were better prepared for disasters involving mass casualties. A summary of key findings and implications for school crisis planning are as follows:

Findings	Implications for School Crisis Planning
Even though 96% of superintendents reported having an evacuation plan, almost a third (30%) never conducted drills.	It is important for schools to conduct periodic drills, practicing plans (particularly evacuation and lockdown).
Almost 43% of districts did not have plans for preventing a mass-casualty disaster.	When possible, schools must carefully consider steps to prevent disasters and put measures in place to decrease potential for human loss and destruction.
22% of plans did not specify accommodations for students with special health care needs.	Make accommodations for students with special needs, particularly for mobility issues. Consider support needed to rapidly exit buildings.
Almost one-fourth of districts did not have plans for post-disaster counseling.	Mental health needs following a disaster should be anticipated and resources must be specified to meet this need.
Based on previously published information, one fourth of schools do not have a school nurse on site.	In case of a mass-casualty disaster, medical care will be a major need. Staff should be trained to administer emergency medical care.
Only 14.5% of administrators reported holding regularly scheduled meetings with EMS. 42.8% reported never meeting with local EMS to plan for emergencies.	Emergency medical needs are paramount in crisis planning. This includes coordinating services with local EMS.
66.2% of school districts did not require student ID badges. Only about half of the districts required teachers and staff to wear ID badges.	ID badges are a cheap security measure, although getting students to wear badges is problematic. Additionally, the actual effectiveness of badges is questionable.
In comparison to urban/suburban schools, rural schools are not as prepared for mass-casualty disaster.	Increase planning efforts for mass-casualty events in rural school districts. In particular, lack of access to emergency medical care poses a greater risk for isolated communities.

Conclusions. From the findings of this study, the authors proposed the following points to increase school preparedness for mass casualties:

- Increase building security, including better lighting, increased monitoring of student visitors activity, and monitoring and controlling traffic through school entrances and exits.
- Coordinate school's planning with emergency agencies, in particular coordinating with EMS, ambulance, hospitals, law enforcement/police, etc. Additionally, emergency crews need quick access to building layouts and floor plans.
- Designate emergency shelters for students and staff; however, due to security and safety issues, making preparation details available to the general public is controversial.
- In case of a quarantine or lockdown situation, schools should store 72-hour emergency supplies to provide for all students.
- Keep updated lists of students' emergency contact information on site with a backup list off site.

Limitations. The study's major weakness was the limited link to school-based crisis

LOOSE ENDS

By Leslie Talbott

This summer I traveled to Mexico with some colleagues to study Spanish as well as the culture and history of our neighbors to the south. The classes, lectures, and field trips were wonderful, but the most touching experience came when we were invited to visit a public middle school. Since the school was located in a large city, it was relatively better equipped than what we might have seen in smaller towns and villages. Still the paucity of resources was shocking to our North American eyes. The classrooms were crammed with desks placed in rows before a blackboard. There were few decorations on the walls and little technology in sight. Upon learning that we were school psychologists, one teacher asked us for advice on how she could improve her instruction. Her biggest problem was that her classes contained between forty and fifty students and so she was unable to do much more than whole-class lecture! When we visited the science classes, we saw no facilities for labs, but the teacher proudly showed us his posters of the photosynthesis process and the chemical elements. The school library consisted of a slice of the computer lab which was separated by a wire partition so that the shelves of books could be locked. The students were so proud of their few hundred books and I thought with dismay of the school library at my school in Georgia with its rows of computers, comfortable seating, and row upon row of shelves crammed with books.

With all the furor in the U.S. over the immigration issue, I had wondered how we would be received by a school that loses students every month to immigration to the U.S. I shouldn't have worried. The school was happy to welcome us and had prepared a program to entertain us. Some students were dressed in costumes to demonstrate some dances typical of different regions. Other students were dressed as doctors, attorneys, teachers, or other future job choices; they spoke to us in English about their careers. After the program, students served us cold drinks and gave each of us a laminated bookmark about their school. The best English students were chosen to be our guides as we toured the school. I had hoped to practice my Spanish, but the students were determined to answer all our questions in English.

My guide was a charming seventh grader named Francesco. He took each of my questions very seriously and gave thoughtful answers. He was very clear that his only hope for financial security and any freedom of choice in a career was getting the best grades in middle school and high school that he could earn. Everything depended on his studying hard and also becoming fluent in English. He was quite aware that his school was inferior to what I was accustomed to, but this did not provoke resentment. He was a cheerful kid who believed that success would be determined by his own efforts. He was prepared to do whatever it would take to reach his dreams. Of course, I had to ask what he was dreaming. His eyes lit up and he smiled a shy smile.

"Mi sueño? (My dream?) I dream of studying at a university here in my country and then coming to your country to study at Harvard. But it is only a dream now and who knows if I will be able to do it? But I will try to get there!"

So I have been spending my first months of the 2006-2007 school year walking around my school, going to Student Support Team meetings, sitting at eligibility with Francesco by my side. I look at the beauty and riches of my school that I had stopped noticing. I see the hopeful eyes of the parents and students who have brought their children to us. I take my little bookmark to difficult meetings and deal with people who have lost the dream that Francesco still dreams. I'll get tired and discouraged this year — we all have those days — but if my young friend can keep on going, so can I. ♦

© 2006, National Association of School Psychologists. Leslie Talbott, PhD, sort of retired, but not really, having returned to work as a school psychologist in the Gwinnett County (GA) Schools.


New York Factoid

After 9/11, the Statue of Liberty was closed to visitors for nearly 3 years, reopening in August 2004. Today visitors can expect security inspections comparable to major airports. ♦

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intervention research from the perspective of school-based mental health professionals. When considering the results of this study, it is important to note that the authors are medical doctors and although knowledgeable in their area of expertise, failed to bridge with the existing body of literature on school-based mental health issues. However, taking into account the authors' background, the reader can appreciate the focus of the study: the need for more people trained in emergency medical treatment, first aid, and the need to coordinate with community agencies and emergency medical professionals. Additionally, because superintendents were surveyed, this study's findings should be interpreted with caution and considered as their point of view, not necessarily the current status of school-based emergency planning.

Major implication. The study's major implication for school-based crisis intervention is that disaster/mass-casualty preparedness must develop a plan to involve the coordination of school officials and local emergency medical services, hospitals, and police. School crisis planning must consider the immediate need for emergency medical treatment and support.

Reference
Graham, J., Shirm, S., Liggin, R., Aitken, M. E., & Dick, R. (2006). Mass-casualty events at schools: A national preparedness survey. *Pediatrics*, 117, 8-15. Retrieved August 1, 2006, from <http://pediatrics.aappublications.org/cgi/reprint/117/1/e8>

Reflections on the Impact of the Hurricane Katrina Evacuations on Schools

Summarized by Cynthia Dickinson, NCSP, Coordinator, Crisis Intervention and Attendance Services, Fairfax County Public Schools (VA)

In this article Glenn Cook, managing editor, *American School Board Journal*, reflected on the impact of Hurricane Katrina's evacuee students on receiving school districts, beginning September 2005. Initially, over 372,000 students were displaced from Gulf Coast communities in the wake of the hurricane and its resultant flood and storm damage. Many states, including Texas, accepted evacuee students. In this article, Cook followed two students and a teacher, and discussed Katrina's impact on their lives.

From early relocations to shelters, temporary housing, or donated living space, evacuee families dealt with significant disruptions. Obtaining a period of normalcy was not always possible. Essential services, including housing, healthcare, employment help, education, and other supports were not always immediately available. Nor were employment, health, or school records available for verification. School districts affected by large numbers of evacuees were challenged by staffing, facility, and program demands. Often, districts would gear up to serve groups of anticipated enrollees, only to find that the students had relocated elsewhere. Costs to serve additional students were remarkable. Yet, despite these challenges, many American communities opened their doors and offered support to those devastated by the hurricane and its aftermath.

The teacher profiled in this article faced the challenges of experiencing flooding caused by the levee break in New Orleans, difficulty finding a job, and being considered "temporary" because his employment records did not arrive. His wife, an assistant principal, found employment, only to lose it again as evacuees were relocated to other schools. Despite it all, both found jobs and remained in the Houston area for the year. The students profiled in this article experienced cultural and academic challenges as they entered more demanding schools than their preceding ones. Both had relative success despite a change to larger schools. They indicated a wish to finish their senior years in their new schools.

In the past year, school districts have experienced the challenge of allocating resources, from classroom teachers and facilities, to guidance counselors to address their new students' needs. Houston Superintendent Saavedra noted the following about many new students: academic delays; social and emotional adjustment issues; dramatic demands for school resources. Federal allocations for displaced students will partly offset the dramatic increases in school funding needed to support the new students.

At the time this article was written, nearly half the Gulf Coast students (180,000) remained in schools in other than their home states. States serving the largest numbers of students included Texas, Georgia, Florida, Alabama, Tennessee, Missouri, California, North Carolina, and Illinois. As schools open throughout the United States this fall, it is important to learn whether many of those students remain in their adopted neighborhoods or have returned to their former homes or locations. Much like the physical environment of the Gulf Coast region, the recovery for these students and families is only in the beginning stages. As part of school-based mental health teams, school psychologists can be instrumental in assessing displaced and/or relocated students for mental health concerns, and to connect and assist families with practical and physical needs. Knowledgeable service providers can strategize to develop effective school-based or community-based interventions that empower children and families to seek support and develop new support systems. As those teams work together with affected families and children, they can help stabilize and normalize the children's educational experience, helping them prepare for the future.

Reference
Cook, G. (2006). Schooling the forgotten kids of Hurricane Katrina. *Education Digest*, 71, 7-13. ♦

Stephen E. Brock, PhD, NCSP, is on the faculty of CSU Sacramento. He is a member of NASP's National Emergency Assistance Team (NEAT) and co-author of the recently developed NASP school crisis intervention training program curriculum (Crisis Intervention & Recovery: The Roles of School-Based Mental Health Professionals). This column will appear several times during the year. If you would like to write a research summary and/or know of a study that should be summarized, please contact Dr. Brock at brock@csus.edu.

Book Review**Crisis Prevention and Intervention in the Classroom: What Teachers Should Know**

By V.B. Damiani (2006, Rowman & Littlefield Education)

Reviewed by Francis J. DeMatteo, NCSP

Crisis Prevention and Intervention in the Classroom: What Teachers Should Know has two purposes: offering teachers an introductory framework to crisis prevention and intervention, and emphasizing teachers' direct role and function among educational and mental health professionals in times of significant need.

The book reviews the crisis role for the classroom teacher and provides an overview of children in crisis. During preliminary chapters, the author highlights the variability among crisis situations and reinforces the importance of teachers developing meaningful relationships with their students. Predicting crises simply based on common demographic risk factors, such as poverty, academic difficulty, and poor social relations, is questioned. Instead, teachers are encouraged to recognize "behavioral signals" of their students, which are more individualized and rooted in the negative feelings of anger, shame, desire for revenge, and fear.

A substantial portion of the book is dedicated to specific crisis situations and subsequent interventions. Individual chapters address natural disasters, children and death, suicide, hostility/aggression, and working with parents in crisis. Teachers are given broad background information on each topic and lists of "do's and don'ts" that can be easily incorporated into their repertoire of skills. Most importantly, teachers are offered six strategies to assist them in supporting students following a crisis: 1) provide students with accurate information about the crisis in a developmentally appropriate manner, 2) control rumors, 3) allow students to express feelings if they desire, 4) acknowledge rules of privacy, 5) maintain flexible, yet predictable class routines, and 6) avoid absolute silence about the crisis that transpired.

The text concludes with a chapter addressing broad prevention techniques for use in classrooms at various levels. Teacher responsibilities as a potential crisis response team

member are highlighted and the author insists that an assigned role in this capacity must be voluntary. Of particular interest to school psychologists, the author closes by offering teachers guidelines to referring students in need of more comprehensive crisis support services. Within these guidelines, common constraints of psychological services in public education settings are overviewed and teachers are encouraged to support their referral with specific concrete observational data, information from the student's cumulative file, and the student's level of performance within the classroom.

This book would serve as excellent introductory reading for teachers who need to familiarize themselves with basic crisis prevention and intervention. It is realistic in its language and perspective, as jargon and lists of in-text references are avoided. It provides appendices for additional resources and a glossary defining psychological terms and roles of related service providers. The author's inclusion of an additional appendix with the lists of prevention and intervention strategies discussed throughout the text would increase the value of the book as a quick reference guide. Furthermore, including a chapter related to the verbal and nonverbal transactions that typically occur between a teacher and student at the time of crisis would be valuable in clarifying teachers' role and functioning surrounding a crisis, preparing them to remain professional and detached at a time of need, and helping inoculate them against the personal emotional fallout that they may experience afterwards. Overall, the book emphasizes collaboration, problem-solving, and building meaningful student-teacher relationships. It empowers teachers to recognize their potential role in crisis situations without violating professional boundaries with school psychologists and mental health providers. ♦

© 2006, National Association of School Psychologists. Francis J. DeMatteo, EdD, NCSP, is a school psychologist in the Lincoln Intermediate Unit # 12 in Pennsylvania and an International Association of Nonviolent Crisis Intervention Certified Associate Instructor.

ANNOUNCEMENTS

Kentucky Association of Psychologists in the Schools (KAPS) Annual Convention, October 11–13, at the Galt House in Louisville. "Using Our Past and Present to Define Our Future." Topics include RTI, Bully-Proofing, Resilient Classrooms, Prevention, PDD, Ethics and Law and more. Information online at www.psychology.eku.edu/kaps/

Colorado Society of School Psychologists Annual Fall Conference. "Life on the RTI Frontier: Theory into Practice, October 12–14" at the Vail Cascade Resort and Spa (www.vailcascade.com) in

lovely Vail, CO. Call 1–800–282–4183 to make your reservations. Preconference workshops on October 12th re RTI (Randy Allison) and Assessment (Jerome Sattler). Presentations October 13–14 on RTI, Progress Monitoring, Executive Functions, and Parent-School Partnerships, as well as additional sessions. Register online at www.cssponline.org

Association of School Psychologists of Pennsylvania will hold its 27th Annual Convention **October 17–19, 2006** at the Ramada Inn in State College, Pennsylvania. This year's conference theme is "Pennsylvania School Psychologists: Shaping the Future." The conference will include presentations by Ken Howell, Alex Thomas, Carl DiMartino (NASP

President) and many other nationally recognized speakers in school psychology. To register online or see the convention registration packet, please go to the ASPP website at www.aspponline.org or contact Jodi Snyder by e-mail at jodisnyder@comcast.net or by phone at (717) 566–4587.

Georgia Association of School Psychologists Fall Conference, October 18–20 at the Trade Center, Columbus, GA. "Setting Up for Success: Expanding Our Role & Ensuring Our Future." Information, contact Jennifer at schoolpsych@knology.net or visit GASP website for registration at www.gaspnet.org

New NASP Interest Group Listservs.

Go to the "subscribe" link to join. If you have problems joining, contact Ron Benner via e-mail at benner11245@yahoo.com. Remember you must have a Yahoo ID to join. Yahoo ID's are free from www.yahoo.com.

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EMPLOYMENT NOTICES

Additional employment ads are posted in the new NASP Career Center at: www.naspcareercenter.org. Ads below are listed in alphabetical order by state; states accepting the NCSP for certification are indicated with a *.

AZ/School Psychologist needed in Yuma, AZ. Master of Science in Psychology, internship and AZ State Licensee required. Job duties would include psychological and educational evaluation, coordination and programming of all aspects of special education, and assisting in developing Individual Education Plans for students eligible for special education services. Full-time position. Reference #777. Contact Peggy Philpot, Cumberland Therapy Services, Inc., 4130 Quakerbridge Road, Lawrenceville, NJ 85364.

FL/School Psychology Program Director—Department of Psychology Barry University: School psychologist to lead and expand NASP-approved specialist program. Begin Fall 2007 — rank open. Qualifications: Ph.D. from an APA-accredited school psychology program, experience in practice as a school psychologist, and eligibility for licensure and certification in Florida. Review of applications begins on October 15 and continue until the position is filled. Applicants should send letter of interest, vita, three recommendation letters, and graduate transcripts to Dr. Lenore

Szuchman, Chair, Department of Psychology, Barry University, 11300 N.E. 2nd Avenue, Miami Shores, FL 33161-6695. Barry University is an Equal Opportunity employer.

HI/School Psychologist: Hawaii State Department of Education School Psychologist Positions. This is a golden opportunity to work in diverse multicultural educational settings with Hawaii's students and families. Position provides a broad range of school psycho-educational services for students and school personnel and includes opportunities for inter and intra-agency collaboration with other professionals in prevention, assessment and intervention efforts as necessary. Requires possession of at least a Masters level degree in School Psychology or related fields, full-time employment available throughout the islands. Excellent benefits, competitive salary, end of the year bonus, re-location bonus, and staff development opportunities. Use of personal vehicle may be necessary to travel to various locations in the provision of services. For the job description, salary, minimum qualification requirements, and application request please see our website at <http://hideojobs.k12.hi.us> or write to us at Department of Education, Classified & Support Services Personnel, 680 Iwilei Rd., Suite 490, Honolulu, HI 96817. You can also e-mail us at SupportServ_Recruit@notes.k12.hi.us. The State of Hawaii is an Equal Opportunity Employer

IL/Pre-doctoral Internships: The Illinois

School Psychology Internship Consortium, an APA accredited program, welcomes applications from school psychology doctoral students interested in a high quality internship experience in 07–08. Unique opportunities, all of which meet NASP criteria, are available across Central and Northern Illinois in schools, hospitals, clinics, and residential treatment programs in rural, urban, and suburban settings. The program is based upon a practitioner-scientist model for data-based problem-solving within a developmental-ecological context. It is a 12-month, 2,000 hour experience under the supervision of both licensed clinical psychologists and certified school psychologists. Library privileges and dissertation participant pools are available. Individuals with diverse backgrounds are encouraged to apply. Please visit www.psychology.ilstu.edu/ispic for more information on the Training Curriculum and Diversity Plan. Applications are due November 17.

***MA/Assistant/Associate Professor: Northeastern University** invites applications for a tenure-track position in the Department of Counseling and Applied Educational Psychology at the level of Assistant/Associate Professor, to begin January 2007 or September 2007 (depending on applicant's availability). Assistant/Associate Professor applicants should send a letter of application (including a description of research and teaching interests), curriculum vita, samples of scholarship, and three letters of reference to Dr. Debra Franko, Search Com-

mittee Cochair, Dept. of Counseling & Applied Educational Psychology, Northeastern University, 203 Lake Hall, 360 Huntington Avenue, Boston, MA 02115. The position requires a doctoral degree in Counseling, School, or Clinical Psychology, and license or certification eligibility. The ability to teach graduate classes in one or more of the following areas is required: research methods, statistics, mental health services to children, and clinically relevant courses. The successful candidate will have expertise in research methodology, and preference will be given to candidates who have applied and research interests in prevention-focused and mental health services to children, adolescents, and their families. Northeastern University is an Equal Opportunity, Affirmative Action Educational Institution and Employer, Title IX University. Northeastern University particularly welcomes applications from minorities, women, and persons with disabilities.

SC/School Psychology, Open Rank: The University of South Carolina: The Department of Psychology seeks nominations and applications for an open-rank tenure-track position in school psychology with a preference for senior faculty beginning fall 2007. Specific area of research is open. The School Psychology Program is fully accredited by APA and NCATE/NASP and has been recognized both nationally and at the university as a premier graduate program. Research collaborations also are available with the College

♦ continued on page 50



**Responsiveness:
The Fourth "R"**

SNEAK PREVIEW!

NASP 2007 Convention Workshops

TUESDAY, MARCH 27

2:00–9:00 p.m. Tuesday AND 8:00–10:00 a.m. and 2:00–6:00 p.m. Wednesday; Two-Day Advanced Professional Training (APT)

WS01 Promoting Children's Mental Health: A Public Health Approach
Rick Jay Short, PhD, Middle Tennessee State University; Sandy L. Christenson, PhD, University of Minnesota; Robyn S. Hess, University of Northern Colorado; Judith Kaufman, Fairleigh Dickinson University; Cynthia E. Hazel, University of Denver

10:00 a.m.—5:00 p.m. Full Day

WS02 A Cognitive Processing Approach to Learning Disabilities and Research-Based Interventions
Jack A. Naglieri, PhD, George Mason University

WS03 Comprehensive Evaluation and Interventions for Learning Disabilities Using the WI III
Nancy Mather, PhD, University of Arizona; Fred Schrank, PhD, Woodcock-Munoz Foundation; Barbara J. Wendling, BJ Consulting; Lynne Jaffe, PhD, Arizona State Schools for the Deaf and Blind

2:00–5:00 p.m. Half Day

WS04 Autism Spectrum Conditions: Early Recognition, Accurate Confirmation, Comprehensive Educational Support
John N. Constantino, MD, Washington University

WS05 Early Childhood Assessment: Identification and Accountability Using the Battelle (BDI-2)
Kary O. Jessup, PhD, Riverside Publishing

WS06 Empowering Learning Through Study Skills and Self-Regulation
Virginia Smith Harvey, PhD, University of Massachusetts-Boston; Louise A. Chickie-Wolfe, PhD, James B. Eads Elementary School

WS07 Measuring Adaptive Behavior With the Vineland-II
Sara S. Sparrow, PhD, Yale Child Study Center

WS08 School Psychology in Secondary Education: Maximizing Students' Responsiveness
Kristin M. Powers, PhD, NCSPP and Kristi S. Hogans, PhD, California State University-Long Beach; Cynthia Olaya, MA, EdS, Huntington Beach Union High School District

WS13 Resilient Classrooms: Places Where All Children Can Succeed
Beth J. Doll, PhD, University of Nebraska Lincoln

WS14 Parent Training Research to Practice for School Psychologists
Mark D. Shriver, PhD, University of Nebraska Medical Center

WS15 Best Practices for Interviewing Students, Parents, and Teachers
Stephanie H. McConaughy, PhD, University of Vermont; David N. Miller, PhD, University at Albany, SUNY

WS16 Understanding IDEA-2004 and the 2006 Federal Regulations: Issues and Cases
Ann M. Alexander, PhD, JD, Alexander and Associates

WS17 Bullying
Dorothy L. Espelage, PhD, University of Illinois

WS 18 RTI: Advanced Workshop
George M. Batsche, PhD, University of South Florida; W. David Tilly III, PhD, Heartland Area Education Agency

WEDNESDAY, MARCH 28

2:00–5:00 p.m. Half Day

WS19 Implementing RTI at the High School Level
Mark R. Shinn, PhD, National Lewis University; Madi Phillips, PhD, Northern Suburban Special Education District

WS20 Preventing School Failure: Assessing and Remediating Deficiencies in Academic Strategies
Cecil R. Reynolds, PhD, ABPN, Texas A&M University

WS21 Performance Based Accountability Measures for School Psychology Graduate Programs
Patti Harrison, PhD, The University of Alabama; Joe Prus, PhD, Winthrop University; Nancy Waldron, PhD, University of Florida

WS22 Culturally Responsive Practice
M. Seena Skelton, PhD, Southwestern Ohio Special Education Regional Resource Center

WS23 Curriculum-Based Evaluation in Math
John L. Hosp, PhD, NCSPP, University of Utah; Kenneth W. Howell, PhD, Western Washington University

WS27 Working With Linguistically Diverse Students and Families via Interpreters
Emilia Lopez, Queens College, East Northport, NY

THURSDAY, MARCH 29

9:00 a.m.—4:30 p.m. Full Day

WS28 Essential Support for RTI: Consultation to Facilitate Effective Instruction for all Tiers
Andrew T. Roach, PhD, NCSPP, Georgia State University; Julie E. McGovern, PhD, University of Wisconsin

WS29 A System for Linking Psychoeducational Assessment and Interventions
David L. Wadrich, PhD, ABPP, Arizona State University; Ara J. Schmitt, PhD, Duquesne University



WS30 Response to Intervention and Assessment Standards: Ensuring a Reliable, Valid, and Fair Process
Jeffery P. Braden, PhD, North Carolina State University; Thomas W. Kubeszyn, PhD, University of Houston; Samuel O. Oritzi, PhD, St. John's University

WS31 Using Data-Based Decision Making With Bilingual and English Language Learners
Barbara Coe Goldstein, PhD

WS32 Conducting Class-wide Intervention Within a RTI Framework
Amanda M. VanDerHeyden, PhD, University of California; Donna Gilbertson, PhD, Utah State University; Amy-Jane Griffiths, University of California

9:00 a.m.—12:00 p.m. Half Day

WS33 The Revised Differential Abilities Test
Colin Elliott, PhD, Harcourt Assessment/PsychCorp

1:30–4:30 p.m. Half Day
WS38 Progress Monitoring: IDEA Applications Using the New WRAT-4 PMV
Gale H. Reid, PhD, George Fox University

WS39 Advanced Workshop on Evidence-Based Consultation: Advanced Strategies for Supporting Individuals With Autism Spectrum
Susan Wilczynski, PhD, BCBA, National Autism Center

WS40 NASP Program Approval: Online Submission Procedures
Patti L. Harrison, PhD, The University of Alabama; Susan Bartels, PhD, Towson University; George G. Bear, PhD, University of Delaware

WS41 Curriculum-Based Evaluation: Reading
Michelle K. Hosp, PhD, University of Utah; Kristen L. MacConnell, PhD, Western Washington University

WS42 Obsessive-Compulsive Disorder and Anxiety Disorders: Effective Intervention
Aureen Wagner, PhD, University of Rochester, Rochester, NY

FRIDAY, MARCH 30

9:00 a.m.—4:30 p.m. Friday AND 8:30 a.m.—3:30 p.m. Saturday; Two-Day Intensive

WS43 Building Student Motivation and Academic Skills: Research Supported Interventions
Jim Wright, MS, Baldwinville Central School District

9:00 a.m.—4:30 p.m. Full Day

WS44 Addressing Physical Aggression in School: Direct and Indirect Strategies
Jim Larson, PhD, NCSPP, University of Wisconsin-Whitewater

WS45 Implementing RTI at the High School Level Specifically Related to Behavior-Behavioral Supports in Challenging Environments
Randy S. Sprick, PhD, Safe and Civil Schools; Jose Luis Torres, PhD, NCSPP, Dallas Independent School District

WS46 Supporting Students With High Functioning Autism/Asperger's Syndrome in Schools
Frank J. Sansosti, PhD, NCSPP, Kent State University

WS47 Promoting Mental Health: Preventing Internalizing Problems: Social Emotional Learning and Interventions
Kenneth W. Merrell, PhD, University of Oregon; Barbara A. Guedner, MSE, Children's Hospital, Denver, CO

9:00 a.m.—12:00 p.m. Half Day

WS48 Update on Psychiatric Disorders in Children and Adolescents
Kevin T. Kalikow, MD, Mt. Kisco, NY

WS49 The Neuropsychology of Mathematics: Diagnosis and Intervention
Steven G. Feifer, DEd, NCSPP, Frederick County Public Schools

WS50 Self-Mutilation: Cutting Behavior in Adolescents
Scott Poland, NOVA Southeastern University; Richard Lieberman, PhD, Los Angeles Unified School District

WS51 An Introductory Workshop on Assessing and Treating Childhood Depression
Mark Renke, Northwestern University

WS52 Response to Intervention (RTI) for Social Behavior: The Behavior Education Program
Leanne S. Hawken, PhD, University of Utah

1:30–4:30 p.m. Half Day

WS53 What You Always Needed to Know About Psychiatric Medications and Children
Kevin T. Kalikow, MD, Mt. Kisco, NY

WS54 Neuropsychology of Written Language Disorders
Steven G. Feifer, DEd, NCSPP, Frederick County Public Schools

WS55 Advanced Issues in Assessing and Treating Childhood Depression
Mark Renke, Northwestern University

WS56 Conducting Psychoeducational and Neuropsychological Evaluations for the Schools: Marketing Tips for Independent Practitioners to Expand Your Practice and Be More Effective
Carolyn McGuffog, PhD, New York, NY

WS57 Minority Overrepresentation Solutions, Prevention, and Early Interventions
Daniel Reschly, PhD, Vanderbilt University

SATURDAY, MARCH 31

8:30–11:30 a.m. Half Day

WS58 The PALS
Amy Gabel, PhD, NCSPP, Harcourt Assessment/Psych Corp



WS59 Trainers Collaborating for Change: Integrating Public Health Model
Judith Kaufman, PhD, Fairleigh Dickinson University; Tammy L. Hughes, PhD, Duquesne University; Rick Jay Short, PhD, Middle Tennessee State University

PREPaRE: School Crisis Prevention and Intervention Training Curriculum Workshops (WS60-WS63)

NASP's Crisis Prevention and Intervention Workgroup (CPII) will be presenting the PREPaRE curriculum workshops (pilot tested at the 2006 Convention in Anaheim and now finalized), as well as a new PREPaRE Training of Trainers workshop. Visit www.nasponline.org/prepare for information on the specific focus of these workshops. Dates, times, fees, and registration for the convention workshops will be available in the Preliminary Program.



Look for further information and registration online at www.nasponline.org/conventions and in the Preliminary Program due out in November.

63 GREAT Reasons to Join NASP in New York, March 27–31, 2007

6:00–9:00 p.m. Half Day

WS09 Roberts-2: Using the Roberts Apperception Test for Children and Adolescents
Glen Roberts, PhD, Roberts Center; Chris Gruber, PhD, Western Psychological Services

WS10 Multicultural Consultation and Communication in Diverse Schools: Tools for Effectiveness
Colette L. Ingraham, PhD, NCSPP, San Diego State University

WS11 Addressing the Unique Socio-emotional Needs of the Gifted Student
Steven L. Pfeiffer, PhD, ABPP, Florida State University

WS12 Ethical Principles for School Psychologists: A Problem Solving Approach
Susan Jacob, PhD, Central Michigan University; Leigh Armistead, PhD, Winthrop University; Barbara Bole Williams, PhD, Rowan University

WS18W RTI: Advanced Workshop
George M. Batsche, PhD, University of South Florida; W. David Tilly III, PhD, Heartland Area Education Agency

WS24 Strategies for Managing Executive Skill Deficits in Children and Adolescents
Peg Dawson, PhD, Brentwood, NH; Richard Guare, PhD, Seacoast Mental Health Center

WS25 Educational Management of Bipolar and Other Disorders of Mood Regulation
Carol Leavell, PhD, University of Massachusetts at Boston; Joan A. Struzziero, PhD, NCSPP, Scituate Public Schools; Jessica Leavell, PhD, Children's Evaluation Center

WS26 The Language Connection to Reading: Preschool Through High School
Carol S. Ranka, PhD, NCSPP, Consultation Services; Kathleen T. Williams, PhD, NCSPP, The College Board

WS34 Introductory Workshop on Evidence-Based Consultation: Foundations in Supporting Individuals With Autism Spectrum Disorders
Susan Wilczynski, PhD, BCBA, National Autism Center

WS35 Working With Children of Deployed Soldiers
Steven T. Hardy-Braz, PsyS, NCSPP and Mark C. Pisano, EdD, NCSPP

WS36 Curriculum-Based Evaluation: Written Language
LeAnne K. Robinson, PhD and Kenneth W. Howell, PhD, Western Washington University

WS37 Cognitive-Behavioral Strategies to Overcome Test Anxiety: A Clinician's Perspective
Aureen Wagner, PhD, University of Rochester

● Employment... continued from page 48

of Education and the Research Consortium on Children and Families. Successful candidates will join primary program faculty members and be responsible for maintaining an active, independent research program. The program maintains a low faculty-doctoral student ratio and is based on the scientist-practitioner model. Applicants for consideration above junior rank must have a prior record of funded research and national visibility. All candidates must have a PhD, preferably from an APA-accredited program. The position will be filled by an individual with a research emphasis that meshes well with the current strengths of the department (e.g., cognitive and behavioral neuroscience, developmental processes, drug abuse and addiction, psychopathology, child and family issues, prevention sciences, and academic intervention). The University of South Carolina is the flagship state university (Carnegie Foundation "very high research activity" ranking) located in the capital city of Columbia SC, a growing urban center with a population of about 500,000. Centrally located in the midlands of South Carolina, (a two-hour drive to the beach and to the mountains), Columbia offers cultural, sporting, and recreational activities coupled with a moderate cost-of-living. Send letter of application summarizing research interests/grant activity and teaching preferences, vita, graduate transcripts, representative publications, and three letters of recommendation to Frederic J. Medway, FMEDWAY@gwm.sc.edu, Program Director and Chair, School Psychology Search Committee, Department of Psychology, The University of South Carolina, Columbia, SC 29208. Applications will be reviewed beginning October 15, 2006, and will continue until the position is filled. For additional information on the Department see <http://www.cas.sc.edu/psyc>. The University of South Carolina is an equal opportunity

employer and encourages applications from women and minorities. For additional information on the Department see <http://www.cas.sc.edu/psyc>

TN/Faculty Position in School Psychology: The Department of Psychology at The University of Memphis invites applications for a tenure-track position at the assistant professor level. The applicant must have a doctoral degree with a specialization in school psychology and a record of research productivity. The candidate must have research and teaching interests in psychological and educational interventions/consultation, and serve as a bridge between the department and the College of Education. The applicant must be licensed or license eligible as a health services provider in TN, or complete such eligibility within the first two years of service. Duties include teaching, research, and clinical supervision of students in the department's training clinic. The Department of Psychology, located in the College of Arts and Sciences, has 34 full-time faculty and offers the PhD in clinical, experimental, and school psychology. School psychology programs include the MA/EdS degrees jointly sponsored with the College of Education. Faculty in the Psychology Department belong to one of 6 research areas. As members of the Child and Family Studies area, school psychology faculty are expected to develop strong research programs in their areas of interest and to collaborate with faculty and students in other research areas. As a State of Tennessee Center of Excellence, the department is able to provide competitive salaries and strong support for faculty research and professional development. For additional information about the department contact: <http://www.psyc.memphis.edu/psych.htm>. Screening of applications will begin November 15, 2006 and may continue until the position is filled. Send vita, statement of teach-

ing and research interests, three letters of recommendation, and reprints/preprints to: Tom Fagan, Chair, Faculty Search Committee, Department of Psychology, The University of Memphis, Memphis, TN 38152-3230; fagan@mail.psyc.memphis.edu. The University of Memphis is an Equal Opportunity/Affirmative Action Employer and encourages applications from women, ethnic minorities, and persons with disabilities.

TX*/Faculty, Open Rank: The School Psychology Program at Texas A & M University announces a tenure-track, open rank position within an APA-accredited School Psychology program beginning in Fall 2007. Applicants should have graduated from a doctoral program in School Psychology or a closely related field. Applicants must be eligible for licensure as a Psychologist in Texas; eligibility for the National Certification in School Psychology will be considered in reviewing applications as well. Preference will be given to mid to high level associate professors with a clearly established program of research and successful record of external funding. Primary responsibilities of the hire will include a) conducting and publishing original research with support from external sources; b) supervision of graduate student research; c) taking a leadership role in program development; and d) teaching and clinical supervision in the area of the candidate's expertise and interest. The School Psychology Program at Texas A&M has been designated as a Signature program of the University and has been awarded considerable resources to maintain its status as one of the premier programs in the country. The Signature program emphasizes diversity issues related to the practice of psychology, as well as addressing achievement and mental health disparities among minority populations through evidence-based practices. Preference will be given to applicants whose research interest and expertise are consistent with these foci. The School Psychology Program prepares graduates to make original contributions to the literature in school psychology, to provide leadership in the delivery of psychological services to children and families, in school and community settings, and to prepare future researchers for academic positions. The School Psychology Program is in the Department of Educational Psychology, with other graduate programs in Counseling Psychology (APA accredited), Special and Bilingual Education, and Educational Psychology Foundations (epsy.tamu.edu). The Department and University provide a stimulating and supportive environment for research, teaching, and programmatic funding with a strong value on collaborative and interdisciplinary approaches in research and practice. Bryan/College Station is a diverse community of 150,000 that offers a variety of cultural and recreational opportunities, and is convenient to major metropolitan areas. Salary is competitive and commensurate with experience. Cover letter, reprints, and three letters of reference should be sent to Cynthia A. Riccio, Chair, Search Committee; TAMU MS 4225; Department of Educational Psychology, Texas A&M University, College Station, TX 77843-4225. The review process will begin November 1, 2006; applications will be accepted until the position is filled. Affirmative Action/Equal Opportunity Employer.

TX*/Assistant Professor: The School Psychology Program at Texas A & M University announces a tenure track, Assistant Professor position within an APA-accredited School Psychology program beginning in Fall 2007. Applicants should have graduated from a doctoral program in School Psychology or a closely related field. Applicants must be eligible for licensure as a Psychologist in Texas; eligibility for the National Certification in School Psychology will be considered in reviewing applications

as well. Primary responsibilities will include a) conducting and publishing original research; b) teaching and clinical supervision in the area of the candidate's expertise and interest; c) working with children and families from diverse backgrounds; and d) supervision of graduate student research. The School Psychology Program at Texas A&M has been designated as a Signature program of the University and has been awarded considerable resources to maintain its status as one of the premier programs in the country. The Signature program emphasizes diversity issues related to the practice of psychology, addressing achievement and mental health disparities among minority populations, and work with Hispanic children and families. Preference will be given to applicants whose research interest and expertise are consistent with these foci. The individual selected for the position will demonstrate experience in research and potential for external funding. The School Psychology Program prepares graduates to make original contributions to the literature in school psychology, to provide leadership in the delivery of psychological services to children and families, in school and community settings, as well as to prepare future researchers for academic positions. The School Psychology Program is in the Department of Educational Psychology, with other graduate programs in Counseling Psychology (APA accredited), Special and Bilingual Education, and Educational Psychology Foundations (epsy.tamu.edu). The Department and University provide a stimulating and supportive environment for research, teaching, and programmatic funding with a strong value on collaborative and interdisciplinary approaches in research and practice. Bryan/College Station is a diverse community of 150,000 that offers a variety of cultural and recreational opportunities, and is convenient to major metropolitan areas. Salary is competitive and commensurate with experience. Cover letter, reprints, and three letters of reference should be sent to Cynthia A. Riccio, Chair, Search Committee; TAMU MS 4225; Department of Educational Psychology, Texas A&M University, College Station, TX 77843-4225. The review process will begin November 1, 2006; applications will be accepted until the position is filled. Affirmative Action/Equal Opportunity Employer.

TX*/Assistant Professor – School Psychology: The Department of Psychology and Philosophy at Sam Houston State University announces a tenure-track position, assistant professor, in School Psychology to begin August 2007. Requirements: Ph.D. from an APA-accredited or NASP-approved program by time of employment; eligibility for TX psychologist and specialist in school psychology licensure; and evidence of, or potential for, research productivity. Area of research specialization open, but we are especially interested in candidates with expertise or interest in consultation, prevention, and intervention for children/adolescents. Experience as a school psychologist preferred and year of internship will be considered. Duties include graduate and undergraduate teaching, supervision of field-based experiences and practica, and advising/mentoring students. Multicultural perspective is desirable, and individuals from traditionally underrepresented groups and those interested in serving bilingual or culturally-diverse population are encouraged to apply. Review of materials begins November 15, 2006, and continues until position is filled. Send letter of inquiry, vita, transcripts, three letters of recommendation, and representative publications/manuscripts to Christopher Wilson, PhD, Department of Psychology and Philosophy, Box 2447, Sam Houston State University, Huntsville, TX 77341. Sam Houston State University is an EEO/AAP employer.

POLICY CONCERNING ADVERTISING APPEARING IN THE NASP COMMUNIQUÉ

The published advertisement of any product, event or service by the National Association of School Psychologists (NASP) is neither an endorsement of the advertiser nor of the products, events or services advertised. NASP is not responsible for any claims made in an advertisement. Advertisers may not, without prior consent, incorporate in a subsequent advertisement or promotional material the fact that a product, event or service has been advertised by NASP.

NASP provides publications for and on behalf of the membership to advance the profession of school psychology and to enhance the welfare of children and families. NASP therefore will accept advertising based upon legal, social, professional and ethical considerations. Promotion of products, events or services must be directly relevant to school psychology practice and training; must be consistent with the ethical principles and practice guidelines of the Association; and must be consistent in tone, content and appearance with the Association's goals and relevant publications. The Association reserves the right to reject any advertising that is not in keeping with this policy or which is submitted for the purpose of airing either side of controversial professional or social issues, including promotion of candidates for election.

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\$1.25 per word for electronically submitted Employment Notices. \$2.00 per word for electronically submitted commercial announcements. No mail, e-mail or faxes. Minimum order is 50 words. Advertisers are invoiced after publication with proof of publication. No frequency or agency discounts apply. To submit an employment notice, go to www.nasponline.org/publications/cqadorders.html. For commercial announcements go to www.nasponline.org/publications/cqclassifieds.html. For other display advertising rates and information, contact: Linda Morgan, NASP, 4340 East West Highway, Suite 402, Bethesda, MD 20814; Phone: (301) 657-0270 ext. 218; FAX: (301) 657-0275; TTY: (301) 657-4155; e-mail: lmorgan@naspweb.org.

Deadlines, Advertising

All insertion orders and artwork for display ads are due at the NASP office by the dates listed in the NASP rate card. For a copy of the current Rate Card, go to www.nasponline.org/publications/ratecard.html. All copy for paid announcements and employment notices must be submitted online as noted in Classified Rates above, by the dates posted in our rate card.

Online Postings

As of fall 2003, paid employment notices will appear in *Communiqué* only and will no longer be posted on the NASP website. Employment ads are accepted for the months that *Communiqué* is published only. Additional advertising opportunities are available on the NASP Career Center at www.naspcareercenter.org.

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