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THE SCHOOL PSYCHOLOGIST

Vol. 68, No. 3

Published by Division 16 of the American Psychological Association

FEATURE ARTICLE

Violence against educators: The missing link in the national school safety discussion

Despite good efforts by APA and the National Education Association, there is little available information specific to violence directed against educators.

By [Linda A. Reddy, PhD](#)

It continues to be an honor to serve as the president of Div. 16 during 2014. During these past few months I have had many communications with school psychology members and other APA divisions and professionals in allied fields (educational psychology, education, special education, and measurement). Engaging in interdisciplinary collaboration continues to be an important mechanism to communicate the needs of school systems, enhance the scientific rigor of school psychology, and forge innovations in practice and policy worldwide.

During the past few months we continue to be reminded of the significant school and community mental health and safety issues our country is plagued with. Based on the national media, traumatic violent events at schools and universities are occurring on an almost monthly basis.

The political debate (rhetoric) on gun control and access to effective mental health services and interventions continues to intensify in our country. In my opinion, some modest policy changes are emerging; however, these policy changes remain *insufficient* for school systems. This past April, I was encouraged to see federal research appropriations released by the National Institute of Justice, specifically two landmark (historically large) research competitions (i.e., Investigator Initiative Research: The Comprehensive School Safety Initiative (\$15 million) and Developing Knowledge About What Works to Make School Safe (\$47 million). Both research competitions include strong school and university partnerships (multidisciplinary collaborations) with an emphasis on rigorous research design and evaluation of new policies, assessments, and interventions. These appropriations are very important and offer many opportunities for school psychology to advance innovative school system assessment and intervention models with school partners and open new lines of research that can further help solve this national problem.

One important area that is missing from the school safety agenda is the prevalence and impact of violence against educators on schools. As a member of the former APA Task Force on Violence Against Teachers 1, we found that this area is significantly understudied and has reached an epidemic level for kindergarten through 12th grade (K-12) teachers and paraprofessionals.

The National Center for Educational Statistics (NCES, 1997-2001) reported that 1.3 million nonfatal crimes (including 473,000 violent crimes) were committed against teachers in the U.S. (Kondrasuk et al., 2005). The NCES data indicated that teachers

are three times more likely to be victims of violence than are students. The Indicators of School Crime and Safety Report found that in one year (2007-2008), 7 percent of teachers nationally had been threatened and/or assaulted by students (Dinkes, Cataldi, Lin-Kelly, & Synder, 2008). The APA Task Force, in collaboration with the National Education Association, surveyed over 2,000 teachers and found that 80 percent of them reported at least one form of victimization in the workplace (44 percent physically attacked) in the past year (Espelage et al., 2013; McMahon et al., 2014). The costs associated with teacher victimization includes lost wages, early exiting of the profession, increased workmen's compensation due to psychological distress, trauma, and/or injury, lost instructional time, and negative student behavioral and academic outcomes (Espelage et al., 2013; Reddy et al., 2014). Lack of school safety and disruptive student behavior in some schools and communities is a key factor in teachers' decision to leave the profession or not enter it in the first place (Satcher, 2001). Results of teacher attrition include profound negative effects on student learning and behavior (Cornell, Gregory, Fan, & Sheras, 2008). In sum, the consequences of school safety affect not only students, teachers, and administrators, but society as a whole particularly when the violence is extreme as in the cases of school shootings. These shocking instances of violence are beyond tragic and have untold costs, emotionally and financially for society (Kauffman, 2005).

The APA Task Force conducted the first comprehensive review of research on violence against teachers and found only 21 studies (nine in the U.S. and 12 outside of the U.S.) published from 1988 to 2013 (Reddy et al., 2014). Teacher victimization information was collected through closed-ended questionnaires, surveys, single items or scales and semi-structured interviews. Most studies had low return rates. Despite these limitations, this small collection of studies reported consistent findings in the types of violence teachers' experience. Across these studies, verbal aggression is the most common form of violence against teachers. In addition, special education teachers experience more violence than do general education teachers. Violence against teachers is perpetrated not only by students, but also by others (e.g., administrators, other teachers, and parents). Particularly alarming is the fact that when teachers experience victimization in school, they experience emotional and physical symptoms, burnout, anxiety, depression, and lower levels of efficacy. These findings have tremendous implications for the abilities of teachers to function effectively in classrooms, for student achievement, and for the retention and recruitment of teachers.

The extant literature also provides insight into why students direct violence toward teachers and findings from these studies also highlight contextual predictors of violence. Students indicate that they victimize teachers for several reasons, including perceptions of being treated unfairly or unreasonably by the teacher, disagreements, being punished, or having been provoked. Educators, themselves, also report that they have been assaulted because of their gender, religion, ethnicity, or physical appearance. Teachers are more likely to experience violence when: there is a negative school climate; school structures are disorganized; few social supports exist; and when schools are located in areas with high residential crowding. Violence against educators occurs less often in schools with clear rules, disciplinary policies, and when positive

relationships exist among students and between students and teachers. Educators who experience violence in schools may not report these incidents for many reasons (e.g., Dzuka & Dalbert, 2007; Tu"rku"m, 2011). Some educators may feel that there are not enough supports in place while others may not have an accessible mechanism for reporting these incidents. Others may feel school administrators and colleagues would not address their concerns.

Despite these findings, there remains a dearth of information specific to violence directed against educators, and such systematic collection and documentation efforts are sorely needed. The APA Task Force executive summary report included recommendations for such research and data acquisition (Espelage et al., 2013):

- Development and validation of a comprehensive teacher school safety assessment that informs local school decisions.
- Establish a national registry of incidents of violence against teachers that includes demographic information but not teacher or student names.
- Conduct additional research to understand the magnitude and possible causes of violence towards other adults in the schools setting (e.g., educational support staff).
- Conduct treatment-outcome efficacy studies to identify best practices for primary, secondary, and tertiary preventions.

School psychologists can play a significant role in improving conditions related to school violence through their expertise in research, assessment, curriculum development, prevention science, multicultural competencies, and stress management. However, there must be a research agenda that focuses on an accurate assessment of the types and contexts of violence teachers' experience and how these experiences relate to important community, school, classroom, and student variables. While numerous measures exist to study violence against students, measures do not currently exist to assess violence directed at educators. This represents a significant gap in school-based measures to promote school safety as well as positive teacher and student outcomes. In sum, violence against educators warrants significant research attention to help improve school capacity and safety.

In conclusion, it is an honor to serve as Div. 16 president and participate in interdisciplinary collaborative task forces to promote schools. Read more about the [APA Task Force](#).

As always, I welcome hearing from you and learning about other important topics and activities you believe warrant further consideration by the division. I also look forward to seeing you at the 2014 APA Convention in Washington D.C. Please check out the [Div. 16 convention programming](#) (PDF, 84KB) that includes outstanding presentations and many opportunities to meet and discuss the important work for the field (social hour, Div. 16 business meeting, etc.).

Also, please visit our excellent website to get the latest news and updates on the division. Thank you for being a Div. 16 member and contributing to the school psychology community worldwide.

1 The APA Task Force included scholars and practitioners in education, educational psychology, clinical community psychology, counseling psychology, school psychology and special education. Also, the Task Force included representatives from the National Education Association and National Alliance of Black School Educators.

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IN THIS ISSUE

Dialectical behavior therapy and school psychology: Training and practices

Despite its utility in practice, school psychology training programs in dialectical behavior therapy vary widely.

By [Nora Gerardi](#) and [Mark D. Terjesen, PhD](#)

Dialectical behavior therapy (DBT) is an evidence-based practice initially developed by Marsha Linehan for the treatment of Borderline Personality Disorder (BPD; Groves, Backers, van den Bosch, & Miller, 2012). DBT is a cognitive-behavioral treatment (CBT) approach with two key characteristics: a behavioral, problem-solving focus blended with acceptance-based strategies, and an emphasis on dialectical processes. DBT emphasizes balancing behavioral change, problem-solving, and emotional regulation with validation, mindfulness, and acceptance of patients (Linehan, 1993). Expansions of the therapy have been successfully made in adults, including those identified as having binge eating disorder and bipolar disorder (Telch, Agras, & Linehan, 2001; Van Dijk, Jeffery, & Katz, 2012). Recently, DBT has been expanded to treat adolescent populations (DBT-A), and has been found efficacious with adolescents experiencing BPD symptomatology, suicidal ideations, depression, and aggressive and impulsive behaviors (Groves et al. 2012; Neece, Berk, & Combs-Ronto, 2013). DBT is particularly indicated for adolescents with BPD symptomatology because, unlike CBT which focuses on constant change, DBT incorporates acceptance strategies such that clients feel better understood. This dialectic of balancing change with acceptance underlies the proven efficacy of DBT (Linehan, 1993). Additionally, DBT targets behaviors that are particularly harmful to the child or adolescent, such as suicidal and non-suicidal self-injurious behaviors (Groves et al., 2012). Further, DBT has also been expanded to residential programs, psychiatric emergency rooms, and intensive outpatient programs (Wolpaw, Porter, Hermanos, 2000; Sneed, Balestri, & Belfi, 2003; Ritschel, Cheavens, & Nelson, 2012).

While DBT has been applied across numerous settings, there is little data on the practice of DBT in a school setting despite evidence that it is effective with adolescents (Groves et al., 2012). Adolescents present with a range of emotional and behavioral difficulties, including eating disorders, depression, and aggressive and impulsive disorders (Groves et al., 2012). The skills with which school psychologists deliver psychotherapy in response to these varying psychopathologies depends largely on their graduate training. Further, the focus and depth of graduate training in psychological interventions may enhance their ability to serve specific populations or presenting problems. It stands to reason that graduates from programs that have a focus on DBT training may be more skilled in working with specific adolescent populations as a function of their formal training. The focus of the present study was to examine the use of DBT within schools and the knowledge of and exposure to DBT training in graduate programs among school psychologists.

Method

The leadership of 46 state school psychology associations and 180 directors of school psychology training programs were contacted and requested to share a link to an online survey with practicing school psychology alumni and colleagues. Demographic characteristics of the practicing school psychologists are presented in Table 1.

Participants were presented with a summarized definition of DBT to base their agreement or disagreement with a series of statements regarding their training, knowledge, and use of DBT. Participants ranked their agreement with these statements on a five point Likert scale (1 indicated 'disagree,' 5 indicated 'agree').

Data collection for the study started in the fall of 2013 and was completed in January 2014. Institutional IRB approval was obtained for the distribution and collection of the surveys online. Two hundred and forty six school psychologists responded to the request; 77 were excluded from analyses because they indicated not being currently practicing school psychologists.

Table 1
Participant Characteristics (N = 187)

Characteristic	<i>n</i>	%
Gender		
Male	37	19.8
Female	150	80.2
Degree		
Master's/Specialist	119	63.6
PhD	30	16.0
PsyD	36	36
EdD/DeD	2	1.1
Primary Theoretical Orientation		
CBT	132	70.6
Psychodynamic	6	3.2
DBT	3	1.6
REBT	10	5.3
Humanistic	7	3.7
Systems/Family Therapy	14	7.5

Results

In terms of training, 80.5 percent of respondents reported that they did not receive formal training in DBT in their graduate training coursework and 75.9 percent did not receive formal training during graduate training fieldwork. A surprisingly high number of school psychologists (26.6 percent) reported that they provide DBT in schools. However, 84.8 percent indicated that they do not feel confident in their ability to implement high-quality DBT as a result of their graduate training. Most school psychologists (74.7 percent) reported working with children or adolescents who would benefit from DBT and 76.4 percent believe that school psychologists should be trained in DBT. While 85.9 percent would be interested in learning more about the practice of DBT, only about half (50.6 percent) of school psychologists believe they have the resources to learn more. Responses to the DBT statements are provided in Table 2.

Table 2
DBT Agreement Statement Responses by Practicing School Psychologists

Statement	<i>M</i>	<i>SD</i>	Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Agree (5)
I am familiar with DBT.	3.25	1.38	18.2%	14.4%	8.0%	42.8%	16.6%
I received training in the implementation of DBT during my graduate training coursework.	1.70	1.29	64.7%	15.8%	7.1%	10.3%	2.2%
I received training in the implementation of DBT in my graduate training fieldwork.	1.62	1.11	68.1%	15.1%	6.5%	7.6%	2.7%
Because of my training in graduate school/fieldwork, I feel confident in my skills to implement high quality DBT.	1.85	0.94	64.3%	20.5%	8.6%	5.4%	1.1%
Presently in a typical work week, I frequently implement DBT or components of DBT.	2.24	1.40	47.3%	12.0%	14.1%	22.3%	4.3%
School psychologists should be trained in DBT.	4.16	0.85	.5%	1.6%	21.4%	34.2%	42.2%
I work with children or adolescents who would benefit from DBT.	4.02	1.06	4.3%	3.8%	17.2%	34.9%	39.8%
I would participate in a continuing education training that focused on the use of DBT in school settings.	4.26	0.99	2.7%	2.7%	14.5%	26.3%	53.8%
If I wanted to learn more about DBT, I would have the resources to do so.	3.39	1.15	5.9%	18.3%	25.3%	32.3%	18.3%

Discussion

As the science of DBT continues to develop, perhaps a greater focus on training in DBT may be warranted as well as an examination as to how to ensure that high-quality DBT is being done within the schools. Furthermore, given the effectiveness of DBT-A with adolescents experiencing BPD symptomatology and suicidal ideation and the large number of children and adolescents that school psychologists work with who might benefit from DBT, there appears to be a need for increased use of high-quality DBT in the schools. School-based DBT has the potential to provide effective and preventive intervention for adolescents at risk for developing serious psychopathology or even suicide. Given the indicated lack of resources, enhanced continuing education courses that provide training on the implementation of DBT should be made available to school psychologists already practicing. The primary focus, however, must be on increasing effective training of school psychologists in DBT such that they are prepared to implement high-quality DBT within the school setting.

Limitations to this study include the overall sample size and representativeness of the respondents. While responses were collected from 187 practicing school psychologists of varying training types and levels across the country, the degree to which this is a representative sample of practicing school psychologists is not clear. Similarly, a true level of response rate is unclear as the number of people to whom the survey was forwarded by the leadership of state school psychology programs and training directors, if at all, is unknown. As such, the sample may reflect school psychologists who are interested in DBT. Therefore, conclusions from this study are limited to the sample.

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IN THIS ISSUE

Div. 16 election results

Welcome to Div. 16's 2015 officers.

Congratulations to our new officers for 2015. They are:

Lea Theodore – President-elect

Amy Briesch – Vice President Membership

Michelle Athanasiou – Vice President Professional Affairs

IN THIS ISSUE

Examining the correspondence between a direct and an indirect measure of executive functions: Implications for school-based assessment

Multiple measures of what seems to be the same construct may not be.

By [D. Jake Follmer](#) and [Candice R. Stefanou](#)

In recent years, there has been increasing interest in executive functions as they relate to learning, behavioral, and emotional control. Seen as increasingly important in our understanding of adaptive mechanisms of learning, the incorporation of executive functioning has demonstrated utility and value in shaping assessment practices, informing assessment decisions, and tailoring interventions (Meltzer, Pollica, & Barzillai, 2007). Described by Garner (2009, p. 406) as a set of “goal-directed neurocognitive processes that allow for the control and coordination of cognition and behavior,” the impact and involvement of executive functions in regulating behavior is extensive. Executive functions are described as having particular influence in setting goals, executing well-planned, organized behavior, maintaining cognitive flexibility, and inhibiting responses that are inappropriate or maladaptive (Garner, 2009; McAuley, Chen, Goos, Schachar, & Crosbie, 2010), all of which have significant impact on success in school settings.

There are two dominant ways to assess executive functions in schools today – direct measures and indirect measures. Two of the more widely used measures of executive functions are the Delis-Kaplan Executive Function System (D-KEFS; Delis, Kaplan, & Kramer, 2001a) and the Behavior Rating Inventory of Executive Function (BRIEF; Gioia, Isquith, Guy, & Kenworthy, 2004). The D-KEFS reflects an individualized task-based or direct assessment of executive functions, whereas the BRIEF-SR reflects a rating scale or indirect assessment of self-reported executive functioning. In school-based assessments, where adherence to regulations with regard to timely assessment is crucial, indirect methods, such as rating scales, are often used as a means of determining relative dysfunction especially with regard to behavioral, emotional, and executive functioning. In some instances, where specific information with regard to cognitive or attentional functioning is desired, the practitioner makes the decision to use a more time intensive, direct measure, such as the D-KEFS.

There are competing viewpoints on the appropriateness of direct and indirect assessment methods of executive functions. Barkley (2012), for instance, recommends the use of indirect formats, comprising rating scales of executive functioning, noting that they can be widely used and are able to more accurately predict executive dysfunction or impairment. Despite research examining assessments of executive functions from either a direct or indirect format, little research exists in the extant literature evaluating the correspondence between these types of assessments. Such research could provide insight into the types of information each assessment provides. The current study

examined the correspondence between a direct and an indirect measure of executive functions (Anderson, V., Anderson, P., Northam, Jacobs, & Mikiewicz, 2002; Vriezen & Pigott, 2002).

Method

Participants

The sample of convenience consisted of 30 participants from two liberal arts colleges and one high school in the North-central Pennsylvania area with a chronological age ranging from 18 years, 0 months to 18 years, 11 months. Of the sample obtained, eight participants were male and 22 were female. With regard to ethnicity classification, the sample was composed primarily of White/Caucasian individuals ($n = 25$), with three individuals being classified as African-American and one participant being classified as Asian. Institutional Review Board (IRB) approval was obtained from each institution in which data were collected.

Instruments

Delis-Kaplan Executive Function System (D-KEFS; Delis, Kaplan, & Kramer, 2001a). The Delis-Kaplan Executive Function System (D-KEFS) was utilized as a direct measure of executive functions. Consisting of nine stand-alone tests, the D-KEFS reflects the first comprehensive assessment of executive functions constructed in a task-based or direct measurement format. The D-KEFS utilizes scaled scores. With regard to score interpretation, the higher the scaled score obtained for the selected tests or conditions administered, the better the performance on the specific executive function task measured (Delis et al., 2001a). The following D-KEFS tests were administered to all participants: the Verbal Fluency Test, the Design Fluency Test, the Color-Word Interference Test, and the Tower Test. Evidence supporting the validity of the D-KEFS has been noted in the technical manual as well as in other studies (Baldo, Shimamura, Delis, Kramer, & Kaplan, 2001; Baron, 2004; Homack, Lee, & Riccio, 2005; as cited in Delis et al., 2001b).

Table 1

Executive Functions Measured By the D-KEFS and BRIEF-SR

Executive Functions	D-KEFS Measures	BRIEF-SR Measures
Inhibition: ability to stop, modulate behavior, and demonstrate control of one's impulses (Best & Miller, 2010; Guy et al., 2004a)	Color-Word Interference Test; Verbal Fluency Test; Design Fluency Test; Tower Test	Inhibit Clinical Scale; Behavioral Regulation Index (BRI)
Cognitive Flexibility: ability to shift freely/switch between mental sets, tasks, or rules (Best & Miller, 2010; Guy et al., 2004a)	Color-Word Interference Test; Verbal Fluency Test; Design Fluency Test; Tower Test	Shift Clinical Scale; Cognitive Shift Clinical Subscale; Behavioral Regulation Index (BRI)
Planning Ability: ability to utilize goals, instruction, and feedback to regulate behavior; effectively begin and manage future-oriented tasks (Best & Miller, 2010; Guy et al., 2004a)	Tower Test	Plan/Organize Clinical Scale; Metacognition Index (MI)
Monitor: ability to monitor and assess performance (Best & Miller, 2010; Guy et al., 2004a)	Tower Test; Color-Word Interference Test	Monitor Clinical Scale; Metacognition Index (MI)

Behavior Rating Inventory of Executive Function (BRIEF); Gioia, Isquith, Guy, & Kenworthy, 2004; Guy, Isquith, & Gioia, 2004) . The Behavior Rating Inventory of Executive Function – Self-Report Version (BRIEF-SR) was administered as an indirect measure of executive functions. The BRIEF-SR consists of 80 items constructed on a 3-point scale that assess executive functioning as rated by the participant. With regard to score interpretation, higher *T*-scores indicate greater degrees of executive dysfunction, while lower *T*-scores indicate acceptable executive functioning. The BRIEF-SR clinical scales, subscales and indices utilized for all participants included: the Inhibit Clinical Scale, the Shift Clinical Scale, the Plan/Organize Clinical Scale, the Monitor Clinical Scale, the Cognitive Shift Clinical Subscale, the Behavioral Regulation Index (BRI), the Metacognition Index (MI), and the Global Executive Composite (GEC). Evidence supporting the validity of the BRIEF-SR has been noted in the technical manual as well as in other studies (Gioia et al., 2004; Guy et al., 2004; McAuley et al., 2010).

Procedure

Scales, subscales, and indices on the BRIEF-SR purporting to measure inhibition, cognitive flexibility, planning/organizing ability, and monitoring ability as well as summary measures of executive functions were selected along with direct measures on the D-KEFS purporting to measure the same executive functions (Baldo, Shimamura, Delis, Kramer, & Kaplan, 2001; Baron, 2004; Delis et al., 2001a; Gioia et al., 2004; Homack, Lee, & Riccio, 2005).

For example, tests included from the D-KEFS purporting to measure inhibition and inhibitory functioning (e.g., Color-Word Interference Test; Design Fluency Test) were correlated with the scale from the BRIEF-SR also purporting to measure inhibition and the index including inhibition (e.g., Inhibit; Behavioral Regulation Index). As another example, the test included from the D-KEFS purporting to measure planning ability (i.e., Tower Test) was correlated with the scale from the BRIEF-SR also purporting to measure planning ability as well as the index including planning ability (e.g., Plan/Organize; Metacognition Index). Summary measures of executive functions, comprising a measure of behavioral regulation, metacognition, and global executive functioning, were included in the analyses based on the measures including the selected executive functions within each index.

Participants were administered both assessments of executive functioning utilizing a counterbalanced administration procedure to control for potential priming effects of either instrument. Participants were placed into two groups in an alternating fashion based upon the coding of assessment forms. In the first group (Group A), participants were administered the D-KEFS first and the BRIEF-SR second; in the second group (Group B), participants were administered the BRIEF-SR first and the D-KEFS second.

Analyses

Pearson product-moment correlation coefficients were computed between scaled scores obtained from the selected D-KEFS (Delis et al., 2001a) tests and the scale and index *T*-scores obtained from the BRIEF-SR (Guy et al., 2004). Negative correlation

coefficients were expected between the selected tests, scales, and indices of the two measures based upon differences in the scoring scales between the measures.

Results

Separate analyses taking into account order of administration were conducted. No significant differences were obtained in the Pearson correlation coefficients obtained between administration groups, indicating no significant effects due to order of administration.

It was expected that significant negative correlations would be obtained between the D-KEFS Design Fluency Test and the BRIEF-SR Inhibit Scale, Shift Scale, Cognitive Shift Subscale, Behavioral Regulation Index (BRI), and Global Executive Composite (GEC). The BRIEF-SR Shift Scale ($r = -.37$; $p < .05$; $r^2 = .14$), Cognitive Shift Subscale ($r = -.35$; $p < .05$; $r^2 = .12$), BRI ($r = -.38$; $p < .05$; $r^2 = .14$), and GEC ($r = -.32$; $p < .05$; $r^2 = .10$) were significantly correlated with the D-KEFS Design Fluency Test: Filled Dots Condition. The BRIEF-SR Shift Scale ($r = -.32$; $p < .05$; $r^2 = .10$) and BRI ($r = -.35$; $p < .05$; $r^2 = .12$) were significantly correlated with the D-KEFS Design Fluency Test: Total Correct Condition.

It was expected that significant negative correlations would be obtained between the D-KEFS Color-Word Interference Test and the BRIEF-SR Inhibit Scale, Shift Scale, Monitor Scale, Cognitive Shift Subscale, Behavioral Regulation Index (BRI), Metacognition Index (MI) and the Global Executive Composite (GEC). The BRIEF-SR MI ($r = -.33$; $p < .05$; $r^2 = .11$) and GEC ($r = -.31$; $p < .05$; $r^2 = .10$) were significantly correlated with the D-KEFS Color-Word Interference Test: Color Naming Condition. The BRIEF-SR Monitor Scale ($r = -.39$; $p < .05$; $r^2 = .15$), Cognitive Shift Subscale ($r = -.33$; $p < .05$; $r^2 = .11$), MI ($r = -.41$; $p < .05$; $r^2 = .17$), and GEC ($r = -.39$; $p < .05$; $r^2 = .15$) were significantly correlated with the D-KEFS Color-Word Interference Test: Word Reading Condition. The BRIEF-SR Inhibit Scale ($r = -.37$, $p < .05$; $r^2 = .14$), Monitor Scale ($r = -.39$; $p < .05$; $r^2 = .15$), BRI ($r = -.39$, $p < .05$; $r^2 = .15$), MI ($r = -.35$; $p < .05$; $r^2 = .13$) and GEC ($r = -.42$, $p < .01$; $r^2 = .18$) were significantly correlated with the D-KEFS Color-Word Interference Test: Inhibition/Switching Condition.

It was also expected that significant negative correlations would be obtained between the D-KEFS Tower Test and the BRIEF-SR Inhibit Scale, Shift Scale, Plan/Organize Scale, Monitor Scale, Cognitive Shift Subscale, Metacognition Index (MI), and Global Executive Composite (GEC). The BRIEF-SR Shift Scale ($r = -.34$; $p < .05$; $r^2 = .12$) and Cognitive Shift Subscale ($r = -.32$; $p < .05$; $r^2 = .10$) were significantly correlated with the D-KEFS Tower Test: Move Accuracy Ratio.

Finally, significant negative correlations were expected between the D-KEFS Verbal Fluency Test and the BRIEF-SR Inhibit Scale, Shift Scale, Monitor Scale, Cognitive Shift Subscale, Behavioral Regulation Index (BRI), and Global Executive Composite (GEC). No significant correlations were found.

Discussion

Overall, the results indicated low correlations between the D-KEFS and the BRIEF-SR. Significant negative correlations were obtained between several D-KEFS tests and BRIEF-SR scales and indices, providing some evidence of similar measurement of executive functions (e.g., cognitive flexibility) between the BRIEF-SR and the D-KEFS. However, there were also considerable non-significant findings. An analysis of shared variance between the correlation coefficients obtained reveals little overlap between the measures, with shared variances ranging from 10 percent to 18 percent among significant correlations.

The findings suggest that direct and indirect measures of executive functions may provide unique information based upon the specific type of measure utilized. Perhaps there is a difference in the way executive dysfunction manifests itself in the everyday work of the classroom – whose description might be most accessible by those who work with the child with the dysfunction – from the way dysfunction might manifest itself in the formal tasks that tap the underlying processes of executive functions. For instance, a lack of agreement among the instruments in measuring inhibition may stem from differences in the manifestation of the ability to inhibit *behavioral impulses* that contribute to behavioral regulation, compared with the ability to inhibit *cognitive processes* that contribute to efficient cognitive processing (Delis et al., 2001a; Guy et al., 2004).

Because direct and indirect measures of executive functions appear to provide different estimates in several areas, as shown by this study and others focused on clinical samples (Anderson et al., 2002; Vriezen & Pigott, 2002), and because there are some who feel that rating scales more accurately predict executive dysfunction (Barkley, 2012), practitioners might be well-advised to consider exactly what information is provided by the two measures. The indirect measure might help to provide insight into how disruptive a child's inability to engage and utilize a given executive function is in the environment; the direct measure might provide insight into what cognitive processes are particularly affected so that interventions can be developed that more accurately address the child's needs. Thus, the important question might not be one of congruence; instead, it might be one of complementarity.

Several limitations with implications for generalizability are noted. Data were obtained from thirty participants, resulting in a limited sample size from which to derive correlational data and conclusions. Further, restricting the sample to those individuals eighteen years of age introduces the possibility that the sample obtained reflected one that is truncated and more homogenous. A larger and more age-heterogeneous sample size might have yielded more support for generalizability of findings. The difference in measurement format between the assessments is also an important consideration in evaluating the complementarity of the information provided by the measures.

These results highlight both the complexity and the dimensionality of measuring executive functions as well as the need to consider the specific information obtained

from each type of instrument. It may be that the information provided by rating scales emphasizes a pragmatic assessment of executive functions, whereas the information provided by direct measures emphasizes cognitive processing and related neuropsychological information. The issue then might be to consider that the two types of data provide unique information that helps with educational programming and intervention monitoring. The practitioner's awareness and knowledge of the specific types of information an instrument provides, as well as a corresponding understanding of the educational implications that stem from such information, is instrumental in tailoring instructional and intervention practices.

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People and places: Summer 2014

Div. 16 is well-represented on APA Boards and Committees. The following attended the consolidated meetings: **Abi Harris, Cathy Fiorello, Frank Worrell, Tammy Hughes, Kathy Minke, Amanda Clinton, Christine Malecki, Yadira Sanchez and Linda Reddy.**

Cecil R. Reynolds, PhD, will receive two awards at the upcoming Annual APA Convention, including the Samuel Messick Award from Div. 5 (Evaluation, Measurement, and Assessment) for Distinguished Contributions to Measurement Science and the Distinguished Contributions to Clinical Assessment Award from Div. 12 (Clinical Psychology). Each award will be accompanied by an invited address.

Congratulations are in order for past Div. 16 president and current ISPA president-elect, **Shane Jimerson**, PhD, on his recognition as Div. 52's 2014 Outstanding International Psychologist for outstanding experience as an international psychologist indicating exceptional work promoting, teaching, researching and practicing in the field of international psychology. Shane will receive the award at the 2014 APA Convention, in Washington, D.C., on Saturday, Aug. 9 at the Div. 52 Hospitality Suite at 3 p.m.

The University of South Dakota's School psychology program is excited to have Dr. **Sarah Wollersheim Shervey**, PhD, join our department. Sarah is a graduate of Pennsylvania State University. Welcome Sarah.

The program is also pleased to announce the promotion and tenure of program coordinator **Nicholas Benson**, PhD. Congratulations Nick.

Ronald S. Palomares, PhD, (Texas Woman's University [TWU]) has been named a 2014 Outstanding Alumnus by the College of Education and Human Development at Texas A&M University. Prior to joining the TWU school psychology faculty in 2013, Palomares spent 13 years on the APA Practice Directorate's staff as an assistant executive director.

The Child, Family, and School Psychology program at the University of Denver (DU) is happy to announce the addition of **Maria 'Ana' Candelaria**, PhD, as a new clinical faculty member. Ana received her PhD in school psychology from the Child, Family, and School Psychology program at the University of Denver in 2012. She has been a school psychologist in Denver Public Schools for six years and is a nationally certified school psychologist. As a doctoral student, Ana was the facilitator of the DU Volunteers in Partnership Seminar. Prior to studying school psychology, Ana was an Early Childhood Education Teacher at the Fisher Early Learning Center.

The University of Tennessee – Knoxville is pleased to announce that **Merilee McCurdy**, PhD, is joining the school psychology program and will serve as the program's director. Merilee has been with the University of Nebraska – Lincoln's school psychology

program since 2001 and has directed the program for the past four years. Merilee's research is focused on understanding the writing assessment process and on developing and evaluating the effectiveness of applied interventions to assist students with writing concerns.

In recognition of outstanding career achievements and demonstrated leadership potential, **Brenda J. Huber**, PhD, ABPP, was selected to participate in Year Seven of the APA Leadership Institute for Women in Psychology. Brenda is the director of the Illinois State University School Psychology Internship Consortium, which is hosted on the campus of Illinois State University and co-sponsored by Loyola University Chicago, Northern Illinois University and The Chicago School of Professional Psychology. She is also the director of the Psychological Services Center at Illinois State University.

The Illinois State University school psychology program is also pleased to announce that **Steven Landau**, PhD, was recently named associate editor of *Psychology in the Schools* .

Bill Erchul, PhD, who has been at North Carolina State University for 30 years (including 20 years as school psychology program director), is now a research professor in the Sanford School of Social and Family Dynamics at Arizona State University (ASU). He looks forward to working with old and new colleagues at ASU, including Ann Schulte, Steve Elliott and Carol Connor.

Temple University is pleased to announce the addition of **Nathanial von der Embse**, PhD, to their school psychology program faculty. Nathanial received his PhD from Michigan State University, and his research examines the intersection of education policy and school mental health. His research program consists of three lines of inquiry including: (1) an examination of teacher stress and student anxiety in response to high-stakes exams, (2) the development and validation of internalizing behavior and socio-emotional wellness assessments and (3) the utilization of physiological outcome data (e.g., heart rate variability) to evaluate treatment effectiveness and assessment utility. The faculty at Temple University are excited to have him aboard.

The faculty and students at Northeastern University's school psychology program were thrilled to learn that their new school psychology PhD program received seven years of accreditation from the APA. Program faculty members include Amy Briesch, Jessica Hoffman, Lou Kruger, Chieh Li, Karin Lifter, Manny Mason and Rob Volpe.

The 2014 APA Convention: An early career focus

By Prerna Arora, University of Maryland; Amanda Sullivan, University of Minnesota; Jennifer Cooper, The Ohio State University; and Jacqueline Brown, University of California, Santa Barbara

With the vast amount of professional, research, and networking opportunities available, attending conferences, such as APA's Annual Convention, can be considered overwhelming, particularly for the early career psychologist (ECP). This year's APA Convention offers numerous opportunities for the ECP to explore unique areas of interest and meet peers via a variety of formats, from poster sessions to symposia to social hours.

Div. 16's Early Career Workgroup is adding to this list by providing programming directed specifically to ECPs in school psychology. This year, the workgroup will be piloting a new informal "conversation hour" format in two sessions. These interactive sessions are designed to allow for ongoing exchanges between panelists and participants. The first will provide an informal dialogue on challenges and strategies relevant to ECPs efforts to secure federal research funding from the [Institution of Education Sciences](#) (IES). Panelists include funded scholars in school psychology, as well as IES Research Scientist and Program Officer, [Jacquelyn A. Buckley](#), PhD, NCSP. In a second session, panelists will discuss issues related to preparing for and pursuing licensure. Panelists include licensed psychologists employed in academic and private practice settings. Details about these sessions will soon be disseminated through the division email list and website.

In addition to the ECP-focused programming developed by Div. 16's Early Career Workgroup, a number of other sessions geared toward ECPs may be of interest. Please be sure to check the [online convention guide](#) for any changes:

Thursday, Aug. 7 , 2014

From First Year to Early Career: An Integrative Approach to Navigating
Predoctoral Internship
12 p.m.-12:50 p.m.

Psychologists on the Hill: Perspectives on Policy Making and Advice for ECPs
12 p.m.-12:50 p.m.

Friday, Aug. 8 , 2014

Developing a Research Agenda: Strategies for Success in Academe
8 a.m -9:50 a.m.

Money Matters – Loan Repayment and Application Strategies for ECPs
1 p.m.-1:50 p.m.

Early Career Opportunities in APA Divisions – Get Engaged
2 p.m.-2:50 p.m.

Family and Parenting Challenges for ECPs in Academic Settings
3 p.m.-3:50 p.m.

Saturday, Aug. 9, 2014

Sell Yourself: Practical Tips for Negotiating the Salary You Deserve
12 p.m.-1:50 p.m.

As you make your way to some of the programs noted above, consider the following few brief tips on how to make the most out of your convention experience. (Refer to [Harris and Sullivan \(2013\)](#) for more detailed recommendations.)

- Attend sessions relevant to your research and professional interests and talk to the presenters after the session about possible opportunities for future collaboration. Going to poster presentations is also an easy way to engage in these networking opportunities.
- Attend programming related to ECPs (highlighted in this article).
- Attend relevant organized social events such as the Div. 16 social hour (Aug. 9, 4 - 4:50 p.m.) or the APA Committee on ECP's social hour (Aug. 8, 5 – 5:50 p.m.). Other informal gatherings such as organized breakfasts and receptions are also great networking opportunities.
- Ask your mentors and/or more advanced colleagues to introduce you to other professionals with whom they have collaborated. This is great for research collaboration, as well as future job and funding opportunities.

We hope that you enjoy the APA Convention and the ECP-targeted programming. Please contact [Prerna Arora](#) should you have any questions or suggestions for future activities geared toward ECPs.

STUDENT CORNER

When compassion runs dry: Recognizing and managing burnout

Given the stressful situations graduate students will encounter in their internships and field placements, they should be aware of the cost of burnout and how to prevent it.

By [Caitlin V. Hynes](#) and [David O. L. Cheng](#)

As budding school psychologists, most graduate students are energized by the prospect of working with students in their field placements. While working with students can be very rewarding, encounters with students facing difficulties in their own lives can have a deep emotional impact. This, combined with additional institutional pressures, may lead some graduate students to experience burnout or compassion fatigue. Burnout results when an individual feels overwhelmed by work and is characterized by negative attitudes and lowered levels of commitment. Compassion fatigue is a gradual lessening of compassion that can result from repeated exposure to traumatized clients or an intense emotional experience with a single traumatized client. Both can lead to feelings of hopelessness and depression, as well as physical complaints such as headaches, gastrointestinal disorders, muscle tension, susceptibility to colds and the flu, and sleep disturbances (Rothschild, 2006).

While all clinicians may experience burnout or compassion fatigue at some point, several factors may place graduate students at an increased risk. Graduate students have not yet had experience setting emotional boundaries when working with clients and do not have practice balancing the needs of clients with additional demands such as working with parents, teachers, and administration. Furthermore, students completing field placements may be simultaneously balancing coursework, research, or other program requirements, leaving them with fewer resources to devote to their field placement than would a full-time professional.

Given that burnout and compassion fatigue have the potential to adversely impact professional performance, as well as personal lives, it is important for graduate students to be aware of strategies to prevent these phenomena and enhance coping skills.

- *Practice self-care* : In preparing for a profession that is centered on caring for others, it can be easy to forget to take care of yourself. Self-care can take many different forms, but basics include getting adequate sleep, meals, and exercise, as well as setting aside time to engage in pleasurable activities and maintain social connections. While there are requirements that must be met during internship or field placements, many graduate students struggle to acknowledge their individual limits- not every intern will feel comfortable putting in the same number of extra hours and a case that may be triggering a stressful reaction for one intern may not elicit the same reaction from another.

- *Utilize your supervisor* : The literature identifies good supervision as a protective factor against adverse reactions such as compassion fatigue and burnout (Huebner, Gilligan, & Cobb, 2002). Supervisors can help graduate students process challenging cases and help find a balance between meeting institutional demands and respecting an intern's limits.
- *Advocate for trauma trainings and self-care*: Ensure that your placement offers trauma-specific training and advocate for elements of burnout prevention to be infused in your program's curriculum, as these are negatively correlated with burnout and may help to better equip us to handle the accumulation of stress (Craig & Sprang, 2010; Newell, & MacNeil, 2010).
- *Seek personal counseling* : Sometimes the effects of burnout or compassion fatigue may be too much for graduate students to manage on their own. Many training programs encourage their students to participate in personal counseling or therapy.

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BOOK REVIEWS

Book review: “Tier 3 of the RTI model: Problem solving through a case study approach”

There is more than one way to work within the RTI model.

By Erin Lewis

Hunley, S., & McNamara, K. (2010). *Tier 3 of the RTI model: Problem solving through a case study approach*. Thousand Oaks, CA: Corwin Press. doi: <http://dx.doi.org/10.4135/978145221902>

Tier 3 of the RTI Model: Problem Solving Through a Case Study Approach was written with the intention of addressing the main components of Response to Intervention (RTI) including problem identification and analysis, progress monitoring, research-based interventions, and evaluation of supports. Tools for assessments and tracking progress are provided as well as demonstration of how school psychologists can collaborate with other members of the RTI team. In general, the thesis of the authors was achieved.

This book is broken down into sections focusing on each of the targeted topics: Problem Identification, Problem Analysis, Single-Case Designs, Interventions and Evaluation of Interventions. Discussions are detailed and case studies provide overall working examples of the process. Problem identification addressed identification and goal setting of academic and behavioral problems at each of the three tiers. Also included in this section are suggestions on data-collection through baseline measurement and progress monitoring. An overview of functions of behaviors and functional behavioral analysis in relation to the process of problem identification is provided..

Problem Analysis explores the topic of generating hypotheses through primary and secondary hypotheses development. General information about several single case designs was also addressed. Those discussed included ABAB single-case design, multi-elements design, changing-criterion design and multiple-baseline design. The importance of linking the hypotheses with the intervention is addressed through the intervention section, as is intervention integrity. Sources for researched-based interventions are briefly discussed though the inclusion of a few academic and mental health websites. Characteristics of effective academic and behavioral interventions are discussed more at length. Instruction on the visual and statistical analyses are provided in depth. It is discussed that intervention integrity, magnitude of change, and GAS (Goal-Attainment Scale) should be consistently used for evaluation of the effectiveness of an intervention.

The authors were able to provide a very comprehensive and detailed description of the problem solving approach with specific case examples for their methods. The information presented can provide a very comprehensive background of problem solving for school psychology graduate students. The research-based information that is provided could prove vital for a developing school psychologist in training , but may

prove limited for practitioners in the field. This book could be utilized as a refresher for a practicing school psychologist, but much of the information will have been covered through standard graduate training, making the book most valuable as a graduate level text.

Also addressed in the book was the inclusion of a Tier 3a and Tier 3b level within the standard 3 Tier RTI model. The idea is that the third tier of the Response to Intervention model can be separated into two sections. Tier 3a is described in the book as a standard version with intensive intervention and development of hypotheses for the student's performance concerns. Tier 3b is introduced as a level used for determining if a disability is present. As described through the text, Tier 1, 2 and 3a interventions are to be evaluated and determination made as to whether interventions were delivered with integrity and whether the interventions were effective at the Tier 3b level. Tier 3b evaluates whether all conditions are met before considering eligibility for special education. This is a different approach to the 3 Tier model and from an instructional perspective is appropriate, although difficulties with "buy-in" by intervention teams, may pose challenges for practitioners .

In summary, *Tier 3 of the RTI Model – Problem Solving Through a Case Study Approach* is a very comprehensive, research-based and informative textbook. This book should be considered as an important resource for school psychology graduate programs and as a strong reference for practicing school psychologists and educators involved with the response to intervention model. This book would benefit from additional, relevant information for a practicing school psychologist. Currently, the usefulness is somewhat limited to those beginning their journey as a school psychologist in training.

BOOK REVIEWS

Book review: “Counseling students in levels 2 and 3: A PBIS/RTI guide”

Counseling in schools differs from counseling in private settings.

By [Krystal Cook](#)

Shepard, J.M., Shahidullah, J.D., Carlson, J.S. (2013). *Counseling students in levels 2 and 3: A PBIS/RTI guide*. Thousand Oaks, CA: Corwin Press.

Clinicians looking for a practical guide to provide counseling to students in the schools can use this text as a handy resource for intervention tools. *Counseling Students in Levels 2 and 3* is a book aimed at providing counseling intervention strategies and resources for mental health professionals within the framework of Positive Behavioral Intervention and Supports (PBIS) and Response to Intervention (RTI). A strength of this text is that it can be applicable to multiple audiences. Although the author's target audience is school mental health professionals, the authors formatted the material similar to that of a textbook for students and trainees; incorporating discussion questions after each chapter as well as case studies. The book also provides a resource section with sample forms to utilize in interventions (e.g. daily behavior rating form for teachers). The authors purport that the guide can be useful to school administrators, special education directors, and others interested in mental health service delivery in the schools.

The book is divided into two major parts. Part I examines how to incorporate school-based counseling into PBIS and RTI models. Part II is dedicated to special topics related to counseling in the schools, such as therapists' roles in the schools, variables that may create barriers to service delivery, and program development. In more detail, Part I consists of eight chapters. In the initial chapters, the authors review the framework of how mental health services are integrated into the school system. There is a review of systems-level mental health service delivery policies (e.g. IDEA, FAPE, and other school mental health legislation) and models reflecting the collaborative approaches to school mental health problems; for example, PBIS and RTI. Due to the obvious need for mental health services in the school as detailed by the authors, they further explain that counseling is one of the “least difficult” school-based interventions for students. Hence, the premise of the text is to provide clear and effective strategies for implementing counseling as an intervention tool with students. Chapter 3 begins the discussion of implementation and practice. The book provides evidenced-based, integrative approaches to counseling, stemming from a systems and cognitive behavioral perspective. The text also reviews solution-focused techniques. The authors provide guidelines for engaging in counseling with different populations, specifically those with a disability. Alternative approaches to school counseling, including group and play therapies, are also discussed.

The latter half of Part I is what makes the book distinct, yet consistent with expectations for guides utilized in the field: clear information regarding evidenced-based strategies to assist in assessment, planning, intervention, and monitoring. Chapter 7 provides the reader with information, models, and steps for data-based decision making processes for assessment. The visual aids assist the reader in replicating procedures for identifying target behaviors, conducting functional assessments, and developing individualized goals. Throughout the book, the authors help the reader to engage in critical thinking for applying its recommended intervention techniques. For example, there is a section focused on considerations for properly defining target behaviors, emphasizing the act of properly defining behaviors as a critical step for data collection and problem solving. The authors further provide guidance in developing intervention plans through listing examples and “non-example[s]” of differing concepts and strategies. Part I is concluded by a chapter dedicated to case studies. The case studies are based on individual fictional students, their background information, followed by the procedures utilized to develop an intervention plan using the RTI problem-solving process model promoted throughout the text, and the provision of responsive counseling across time. Examples of completed data collection forms and decision trees to illustrate how to test the efficacy of interventions are also provided.

Part II is devoted to special topics in school-based counseling. Emphasis is placed on strategies for building personal and professional development skills. This section further considers the complexity in working in difficult service areas, in addition to other important topics when engaging in school-based counseling (e.g. social skills programs and vocational counseling). The resource section at the end of the book provides sample forms (and web links to print the forms) for data collection and assessment to give teachers, monitor personal growth, and resources for practitioners, parents, and students.

As discussed above, this book can be a valuable tool for many practitioners regardless of one's field and level of experience. As with any responsible author, these authors write about the level of competency one should have before engaging in school-based counseling. *Counseling* helps the reader to consider limitations to engaging in this type of service delivery in the schools. A practitioner with strong clinical skills, but minimal school experience, for example, can utilize this text to understand the difference between counseling in schools and other settings. Counseling in the school setting is brief, to avoid encroaching on instructional time, and not as in depth as “therapy.” Not all students will generalize the skills learned in counseling outside of the schools, especially without the help of school and family systems. In other settings, such as private practice, engaging and collaborating with the parent is practically unavoidable, whereas one may have more barriers with consistent collaboration with parents while in the school setting due to many variables (e.g. parent's work schedule during school hours). On the other hand, the authors wrote this book as a guide to professionals who may be developing their clinical training in the area of school-based mental health and for veteran school mental health practitioners looking for alternative methods of interventions as more become engaged with service-delivery at tier 2 and tier 3 levels of RTI.

If one were to call attention to any shortcomings of this text, it would be the brevity of discussion regarding counseling diverse populations. One paragraph was dedicated to this topic, in addition to case studies indicating demographic information, such as gender and ethnicity. Although there is detailed information regarding diversity in disabilities and its impact on treatment planning, there was minimal discussion about race, ethnicity, socio-economic status, gender, gender identity, and sexual orientation. Overall, this book is a valuable resource for school-based mental health practitioners and makes the case for counseling as an efficacious intervention tool.

BOOK REVIEWS

Book review: “Educating young children with autism spectrum disorders”

This book on autism spectrum disorder is useful to professionals and parents

By [Angela Mann](#)

Barton, E. E., & Harn, B. (2014). *Educating young children with autism spectrum disorders*. Thousand Oaks, CA: Corwin Press.

As the authors of this book point out, early intervention particularly impacts young children diagnosed with autism spectrum disorders (ASDs), yet few comprehensive resources currently exist to support professionals working with this population. The perspectives of a former early special education teacher and board certified behavior analyst, as well as a professor in school psychology and special education specializing in early intervention combine in *Educating Young Children with Autism Spectrum Disorders*. The authors provide practitioners with a practical review of the latest in evidence-based practice, strategies for collaboration among various team members, and a general knowledge base among readers regarding appropriate assessment strategies to improve the critical shortage of practitioners equipped to conduct such assessments.

The authors place a special emphasis on early screening and assessment, devoting nearly the first half of the book to the topic. Key early red flags, including delays in joint attention, delayed or no vocal or motor imitation skills, a lack of pretend play, and little interest in peers, are discussed in a manner that covers the breadth of variability in presentations of ASD symptomology, especially in very young children. The reader is not only given an abundance of practical screening tools, information, and sample scripts for practitioners regarding how to talk with parents about concerns related to their child's behaviors, but also a flow chart for the comprehensive evaluation process that should ensue following a positive screen for ASD. Educational eligibility, including Part C, is discussed with great detail in a manner that would be easily digestible for parents and those who are not in the education professions. Unfortunately, the medical criteria discussed in these portions of the text utilize DSM-IV-TR (American Psychiatric Association, 2000) and will need to be updated as research regarding the use of the DSM-V (American Psychiatric Association, 2013) comes to light.

The book introduces best practices in instructional design and a review of evidence-based practices for working with young children diagnosed with ASDs. Of note, the authors discuss the use of several specialized curricula designed to promote school readiness including tools commonly used by behavior analysts, but, perhaps, not otherwise well-known to educational professionals. This seems essential for keeping young children with ASDs in inclusive settings where they might better benefit from good social and language models and an increased capacity for generalization of skills, given the more typical environment. The authors round out their discussion of evidence-

based practices for building communication and social skills by discussing the essential components of effective consultation.

Overall, Barton and Harn accomplish their goal of educating the reader in screening, assessing, designing instruction, and implementing evidence-based practices essential to early intervention in youth with ASDs. This book is not only parent friendly, but includes vignettes, learning activities, and lists of resources that may make this text especially relevant to college-based professional preparation in fields such as education and psychology.

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