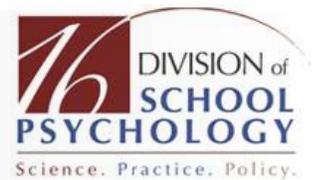


School Psychology: From Science to Practice to Policy



In this Issue of *FSPP*

VOLUME 8, ISSUE 3

Hello *FSPP* readers!

Thanks to the help of our board members, student members, local SASP chapters, as well as school psychologists, professors, and graduate students from around the country, we have been able to compile a great Fall 2015 Issue.

This issue begins with an update on the SASP Executive Board from President Cait Hynes. Next, we share graduate student Emily DeFouw's interview with a luminary in the field of school psychology, Dr. Melissa Pearrow. Additionally, we bring you original student research and writing in our Research Review and Diversity Mentor Program sections. Lastly, Ruhee Sutar provides information on how you can start a SASP Chapter at your university.

Enjoy!

Ashley Mayworm, Editor
Jacqueline Canonaco, Editor-Elect

The *FSPP* Editorial Board is currently accepting submissions for the Winter 2016 Special Topic Issue, and we would like to hear from you!

Based on SASP member survey responses, we are pleased to announce that this issue will focus on **School-Based Mental Health**. We encourage all readers to submit their original work on the topic of school mental health, in any of the following formats: **Book Reviews, Policy Pieces, Lessons from the Field, Research Papers, and Chapter Spotlights**.

The submission deadline is: **December 20th, 2015**.

From the Board

Letter from SASP President, *Cait Hynes*

Luminaries in the Field

An interview conducted by SASP member Emily DeFouw with *Dr. Melissa M. Pearrow, University of Massachusetts- Boston*

Research Review

Encephalitis in School-Age Children: Implications for Psychologists – *By Kendall Bowles*

SASP Chapter Spotlight

How to Start a SASP Chapter
By Ruhee Sutar

Diversity Mentor Spotlight

Changing the Face of School Psychology in South East Asia: The Need for Services- *By Chathuri Ranmali Illapperuma*

Membership Applications

SASP and Division 16 Application

Message From the Board

Cait Hynes, *SASP President*

Greetings SASP Members!



As yet another academic year is now in full swing and the current board enters into their final months of service, I'd like to take a moment to reflect on the year thus far. I have been fortunate to serve over the past few years in a number of different positions on the board and through my involvement have seen our organization change and grow. This past year has been filled with great success for SASP. We were able to offer leadership opportunities and direct involvement in SASP on an unprecedented scale through the introduction of the ad hoc committees focused on a variety of long-term and short-term initiatives. SASP leadership has also had a voice in the growing Early Career Professional committee that has formed within Division 16, ensuring that today's students have their changing needs met as they leave school and enter into the field. Our members have continued to impress us with their contributions to *From Science to Practice to Policy*, submissions for the Student Research Forum that took place at the APA Convention, and applications for our annual Diversity Scholarship. Division 16 was particularly impressed with the quality of submissions for both the SRF as well as the Diversity Scholarship and has expressed their continued interest in supporting students in any way they can. It is the continued efforts and commitments of student members that allow SASP to do the work it does, so I thank each and every one of you for all of the ways you've helped us to better serve you!

In keeping with the theme of service and involvement, I encourage all of you to consider applying for the SASP Executive Board in the future. The board offers a wide variety of positions that appeal to different interests and skill sets and gives students an opportunity to build their own leadership skills while having an active part in shaping the experience of their fellow students across the county. For those interested, please contact President-Elect Aaron Haddock at ahaddock@education.ucsb.edu.

Cait Hynes, *2015 SASP President*

The purpose of *School Psychology: From Science to Practice to Policy (FSPP)* is two fold and includes disseminating student scholarship pertaining to the study and practice of school psychology and circulating news relevant to the Student Affiliates of School Psychology (SASP). SASP is a student-led organization appended to Division 16: School Psychology, of the American Psychological Association (APA). *FSPP* is prepared by Editor, Ashley Mayworm (ashley.mayworm@gmail.com), and by Editor Elect, Jacqueline Canonaco, (Jacqueline.Canonaco@gmail.com). The content and views expressed in this publication do not necessarily reflect or infer the positions of SASP, Division 16 of APA, or of APA itself. For more information about SASP or *FSTP* please visit <http://www.apadivisions.org/division-16/students/index.aspx>.

Luminaries in the Field

An Interview with Dr. Melissa M. Pearrow

University of Massachusetts - Boston

Written By: Emily DeFouw



Melissa M. Pearrow is a professor at the University of Massachusetts Boston and the program director for the Ed.S. school psychology program. She obtained

her specialist degree at the University of Central Arkansas. After working as a school psychologist for ten years, she completed doctoral training at Northeastern University and completed training in hospital, community, and school-based settings. Melissa currently serves on the National Association of School Psychologists (NASP) Ethics Committee and the Massachusetts Safe and Supportive Schools Commission. She is the past president of the Massachusetts School Psychologists Association. Recently, Melissa was selected by NASP as a recipient of the 2014 Government and Professional Relations (GPR) Outstanding Advocate Award for her work to help increase access to school mental health services, resulting in positive changes for families, students, and schools. Her academic work has focused on issues of urban education, prevention program implementation, and youth empowerment programs.

How did you become interested in school psychology?

I began my career as a special education teacher in Arkansas. I was curious about what the thresholds were for children to receive special education, which is how I learned about school psychology.

What are your current and past research interests? How have they changed over the course of your time in the field?

For the last twenty years, my research interests have focused on system-level change. My past research interests focused on youth empowerment, particularly with high-risk urban and gang-affiliated youth. It was a powerful experience to learn how an urban community perceived this youth and what gaps there are for these kids. This research helped foster the research that I am now doing with the Boston Public Schools and Children's Hospital around creating a Comprehensive Behavior Health Model addressing it from a systems-level perspective.

What is Comprehensive Behavioral Health Model (CBHM)?

The Comprehensive Behavior Health Model is creating school communities that support and promote social-emotional development for all students. Each school has their own

unique way of implementing CBHM with the top-down support structure from the district. This year CBHM is being implemented in 40 schools, which is a third of the Boston Public Schools. A major part of CBHM is screening and targeting at-risk behaviors to identify a child's ability to be successful in school. This year, our plan is to screen 20,000 students.

How did you become interested in CBHM and working with the Boston Public Schools (BPS)?

In 2011, UMass Boston helped to create CBHM with the BPS school psychology staff. Around this time, the NASP domains of practice were released. The school psychology staff questioned how they were spending their time wondering if they were successfully completing the domains of practice in their work. The staff wanted to expand their roles in their schools, so there was an outreach to training programs, in particular our training program [UMass Boston] and Children's Hospital, since they were doing a lot of the service deliveries for the students in the community. This partnership with BPS required looking at how to expand school psychologist roles, which meant training and capacity. UMass faculty and other faculty in the community created trainings for the BPS psychologists, as well as content consultation around "what does this look like." "what does it mean in an urban district," and "how do we account for all of these factors that support kids in schools as we address these inequities in schools."

Why is CBHM important to the field of school psychology?

It's important for many reasons. What has been consistently driving CBHM is the commitment to students having the most effective learning environment. CBHM requires that the staff have the skills, training, and capacity to see positive student outcomes. There has been a great deal of time required to train staff and community partners, but CBHM is a more effective practice. In non-CBHM schools, school psychologists are spending more than 90% of their time in IEP meetings. While in the CBHM schools, school psychologist are facilitating interventions, supervision, and consultation. CBHM schools are also seeing students respond to these supports and an increase in academic performance.

Many graduates from the UMass Boston school psychology program are leading this entire process. Practicum and internship placement students are also working in Boston CBHM schools. We knew that if the school psychologists were going to shift their capacity, we needed to shift the focus of our practicum. We have always wanted to train and prepare our students in the BPS district to be effective in their roles because we wanted students to become familiar with the issues in a large, urban district. Having our students being trained in all domains of practice and system-level change in an urban district is just dreamy for us [UMass-Boston]. In 2013, we documented that over 10,000 hours of our student time was in the BPS district, with 6 interns and numerous practicum students completing 100 to 150

hours a week. It was a lot of time and capacity that we put into the BPS district to increase service delivery. Since then, other training programs, such as MSBP, William James, Northeastern, and Tufts, are sending their students into BPS and becoming partners.

What has been the most rewarding aspect of your partnership with BPS?

The most rewarding aspect is having students being trained in the Boston Public Schools, specifically in a district that is shifting.

Having the students be a part of this shift is preparing students to not only understand and learn how to screen academics, but also behaviors. Students are learning how to link, organize, and manage data teams. Seeing our students acquire these skills that needed to prepare them for their careers is very rewarding.

What are some of your hopes for the future of school psychology as a field?

My hope for the field is that we train our graduates and to be behavioral health leaders in their schools. Academics are an element of how students perform and their functioning. Principals are academic leaders. I would like to see school psychologists move into a behavior leadership role because we tend to be some of the most trained people in the building. Stepping into this leadership role means being able to think about systems-level factors and strategies to enhance the working of the entire school.

What advice would you give to current school psychology students?

My advice to current school psychology students is to take risks and try things that scare you. Learn how to advocate and do policy, so you can make the changes that happen at a systems-level allowing for a more sustainable focus.

Research Review: Encephalitis in School-Age Children: Implications for Psychologists

Kendall Bowles
Texas Woman's University

Encephalitis is an infection-caused inflammation in the central nervous system (CNS) resulting from a virus or bacteria that can have dire neuropsychological consequences (Carter, Aldridge, Page, & Parker, 2009; Krivitsky, 2008). The infection usually occurs either prenatally or just after birth, although it can occur at any age. Often an encephalitis-causing virus enters the CNS through the blood or through the neural pathways (e.g., rabies; Howes, 2013). After the virus travels through the blood-brain barrier, it goes into neural cells, causes cells to stop functioning, and brain swelling occurs, which can lead to brain damage (Carter et al., 2009).

Symptomatology and Etiology

When a child develops encephalitis, the usual presentation consists of mild symptoms of the flu or no symptoms at all ("Encephalitis," 2014). More severe cases include fever, headache, vomiting, and fatigue (Carter et al., 2009; Hynd & Willis, 1988; Krivitsky, 2008). In infants, the symptomatology includes bulging fontanelles, vomiting, stiff body, consistent crying, and poor feeding. "Classic encephalitis" also presents with behavioral or personality changes, neck stiffness, ocular sensitivity to light, lethargy, seizures, amnestic states, and flaccid paralysis ("Encephalitis,"

2014; Howes, 2013). Additionally, seizures are common in two types of encephalitis: Rasmussen's encephalitis and herpes simplex encephalitis.

Encephalitis may be caused by bacteria, fungi, and autoimmune disorders; however, most cases stem from viruses (Howes, 2013). One type of encephalitis, herpes simplex encephalitis, is caused by the herpes simplex virus (Carter et al., 2009; "Encephalitis," 2014). Enteroviruses, like polio, can also cause encephalitis. Additionally, arboviruses caused by ticks and mosquitoes can result in encephalitis. West Nile encephalitis has even been transferred by blood transfusion and organ transplant. Encephalitis can also be acquired in utero if the mother has a disease (e.g., rubella or herpes simplex; Carter et al., 2009; Krivitsky, 2008; Palumbo, Davidson, Peloquin, & Gigliotti, 1995). Postnatally, it can affect children through infections like measles, mumps, and rubella. Unfortunately but rarely, it can also be contracted through vaccines, such as for the chicken pox or measles ("Encephalitis," 2014; Hynd & Willis, 1988; Krivitsky, 2008).

There are two types of encephalitis:

primary and secondary. Primary encephalitis is caused by an infection in the brain while secondary encephalitis occurs as a result of a previous infection or vaccine ("Encephalitis," 2014; Krivitsky, 2008). Rabies and other animal or insect diseases have also been known to cause encephalitis. Interestingly, many encephalitis cases have no known cause (Hokkanen & Launes, 2000; Krivitsky, 2008). One study parsed out various encephalitis etiologies (Weil & Levin, 1995). Approximately 30% of encephalitis cases are caused by measles, mumps, or rubella, herpes viruses cause about 24%, respiratory viruses cause roughly 18%, microplasmal pneumonia causes 13%, enteroviruses cause 9%, vaccines cause about 1%, and the remaining causes are unknown.

Epidemiology

Disappointingly, there is wide-spread data on prevalence rates of encephalitis, as there is no standardization to reporting (Krivitsky, 2008). One source reports encephalitis occurs in the United States 1 per 200,000 (Howes, 2013). There have been reports of 150 to 3,000 arboviral encephalitis cases per year. One specific type of arboviral encephalitis, West Nile encephalitis, was not present in the United States before 1999 (Howes, 2013; Sadek et al., 2010). Currently, it has been discovered in 46 states. Herpes simplex encephalitis has been reported to be 0.2 per 100,000. This type can occur through contact in adults or through vaginal delivery by an infected mother. Primary encephalitis has been reported to affect 10.5 to 18.4 per 100,000. Overall, the mortality rate is around

5%. However, in certain types the mortality rate is as high as 20%. If untreated, herpes simplex encephalitis has a mortality rate of 50 to 75%.

Predisposing Risks

Typically, the immune system suppresses any threat of virus or bacteria; however, those with immune systems that are weakened by drugs or illness are at a higher risk of contracting encephalitis (Carter et al., 2009; "Encephalitis," 2014). While encephalitis is considered sporadic, it can occur in spurts dedicated to specific areas (e.g., Japanese B encephalitis; Hokkanen & Launes, 2000; Krivitsky, 2008). Individuals at polar ends of age are at highest risk ("Encephalitis," 2014; Howes, 2013). St. Louis encephalitis and West Nile encephalitis are more common and more severe in patients older than 60 years. However, herpes simplex encephalitis is most common in young and middle-aged adults ("Encephalitis," 2014). Additionally, those living in areas highly concentrated with ticks and mosquitoes are at a greater risk to be exposed to arboviruses which can lead to encephalitis, especially in the warmer months.

Common Neuropsychological Sequelae and Corresponding Interventions

In a survey gathered by Dowell, Easton, and Solomon (2000), the majority of respondents felt like they could not return to normal after recovering from encephalitis. A large portion now met special education eligibility (44%). Other research shows that

after moderate to severe encephalitis, a gradual return to school has been shown to be the most constructive academically and emotionally (Encephalitis in Childhood [EIC], 2013). Most parents of children recovering from encephalitis noticed a difficulty in learning new material, as well as difficulty searching for the correct word. About half noticed deficits in thinking ahead and planning. Approximately one-third of discharged encephalitis patients have enduring neuropsychological problems (Krivitsky, 2008). Language deficits, gross motor difficulties, and palsy resulting from damaged cranial nerves can have a lasting impact on a patient (Adler & Toor, 1984; Krivitsky, 2008). Children with a history of encephalitis are more likely to experience behavioral, psychiatric, and oppositional problems (Fellick et al., 2001; Hokkanen & Launes, 2000; Krivitsky, 2008). This information is important for psychologists to know because Individuals with encephalitis who receive late treatment have long-term cognitive deficits (Howes, 2013).

Treatments for encephalitis is determined by type. Herpes simplex encephalitis, as well as other viral types, is often treated with antiviral medication (Krivitsky, 2008). Steroids have also proved to treat encephalitis. Anticonvulsants are frequently prescribed to prevent further seizure activity. In an inpatient rehabilitation program, those with encephalitis made slow but definite gains in cognition and motor skills in one study (Moorthi, Schneider, and Dombovy, 1999). For children with hearing loss, early rehabilitation is crucial to retain normal speech and

language (Koonen et al., 2003). Because of the few number of cases in research, little can be generalized about the recovery process of encephalitis.

For a child with encephalitis at school, considerations of special needs should be made in regards to assessment and interventions (Miller, 2013). Modifications to testing materials or standardized instruction may be necessary to gain qualitative information. Section 504 of the Federal Rehabilitation Act of 1973 allows students with medical needs to receive accommodations (Baron & Rey-Casserly, 2013). Some children may not be able to return to their general education curriculum after encephalitis (EIC, 2013). If the school's special education committee determines a student with or recovering from encephalitis needs accommodations in order to be successful, a 504 plan is put into place, which can include assistive technology, transportation, and/or adjustments in classroom placement. In addition, special education services can be provided by the school's IEP team in an effort to close the gap between expected and current levels of performance. Furthermore, poor attendance can be expected for students with encephalitis. However, thanks to the increased usage of technology in schools, schools can utilize classroom-specific social networks and homebound services to keep students up to speed with instruction and homework.

Intelligence

Intellectual disability following encephalitis

is not common (Fellick et al., 2001). However, it is more prone when encephalitis was contracted in infancy or toddlerhood, with mental age remaining at the age of onset (Ebaugh, 2007). Deficits in intelligence may first present as academic underachievement or specific learning disabilities in young school children. Systematic instruction has been a proven method of administering instruction for retention (Baron & Rey-Casserly, 2013). The use of prompting and reinforcing has been shown to be beneficial in teaching math, reading, and social skills. Cognitive changes should be monitored for any significant increase or decrease (The Encephalitis Society [TES], 2015).

Memory

Memory is the most commonly reported neuropsychological deficit in those with encephalitis (Kapur et al., 1994; Pewter, Williams, Haslam, & Kay, 2007). Both short- and long-term memory can be affected (Dowell, Easton, and Solomon, 2000; TES, 2015). One study found that memory was impaired the most in those with herpes simplex encephalitis when compared to other forms (Hokkanen & Launes, 2000). All participants of a small study of children with encephalitis had deficits in encoding new memories (Pewter et al., 2007). Children with memory deficits will need repetition of instruction (TES, 2015). Consider allowing the use of multiple choice to check for understanding instead of free recall methods. Teaching in a multisensory way as well as giving short directives should be considered (Krivitsky, 2008).

Executive Functions

The largest reported deficit in cognition in two studies of individuals with encephalitis was in the areas of concentration and attention (Dowell, Easton, and Solomon, 2000; Pewter et al., 2007). Similarly, organization and planning are generally decreased (TES, 2015). This can present as an increase in impulsivity and distractedness. The use of a planner or organizer may prove helpful when returning to school (Krivitsky, 2008; TES, 2015). Teachers should give short directives and limit distractions in the classroom as much as possible.

Social-Emotional Functioning

Frustration and anger are common reactions to post-encephalitic rehabilitation (Dowell, Easton, and Solomon, 2000). The most common emotional changes are depression, phobias, and obsessive-compulsive behaviors (Pewter et al., 2007). Relatedly, insomnia has been frequently reported in children following encephalitis (Ebaugh, 2007). Children with herpes simplex encephalitis are more prone to personality and behavior changes (Krivitsky, 2008). An increase in verbosity and emotional outbreaks can occur (Ebaugh, 2007). Additionally, poor boundaries can occur that lead to overaffectionate advances. Psychotherapy should be considered to learn coping strategies for how to manage with the changes that encephalitis brings ("Encephalitis," 2014). Furthermore, as mood disorder and personality changes can

occur, receiving counseling from the school counselor, social worker, or psychologist can be beneficial.

Sensory and Motor

In one study of individuals with encephalitis, about half noticed decreases in balance, light or sound sensitivity, and coordination (Dowell, Easton, and Solomon, 2000). At school, gross and fine motor functioning should be assessed by an occupational or physical therapist (Krivitsky, 2008). Occupational and physical therapy should be considered to improve mobility, balance, and everyday skills ("Encephalitis," 2014). Students may have difficulty taking notes or be limited in their participation of class activities. A copy of each class' notes should be considered, as well as wheelchair compliant school buildings may be necessary. Speech therapy may also be needed if muscle control was lost in this area.

Conclusion

Though encephalitis is considered a low-incidence disorder, the chance that a psychologist will come into contact with a child with encephalitis is high. While encephalitis are terrible diseases to acquire, with current knowledge of medicine and therapy, children can still lead relatively normal lives. Knowledge of the warning signs and quick intervention is necessary to limit the damage encephalitis can cause.

References

- Adler, S. P., & Toor, S. (1984). Central nervous system infections. In J. M. Pollock & E. C. Meyer (Eds.), *Neurologic emergencies in infancy and childhood* (pp. 237-256). New York, NY: Harper & Row.
- Baron, I. S. & Rey-Casserly, C. (Eds.). (2013). *Pediatric neuropsychology: Medical advances and lifespan outcomes*. New York, NY: Oxford University Press.
- Carter, R., Aldridge, S., Page, M., & Parker, S. (2009). *The human brain book*. New York, NY: DK Publishing.
- Dowell, E., Easton, A., & Solomon, T. (2000). The consequences of encephalitis. *The Encephalitis Society*. Retrieved from <http://www.encephalitis.info/images/iPdf/Research2/CONSEQUENCES1.pdf>
- Ebaugh, F. G. (2007). Neuropsychiatric sequelae of acute epidemic encephalitis in children. *Journal of Attention Disorders*, 11(3), 336-338. Doi: 10.1177/1087054707305340
- Encephalitis*. (2014, May 15). Retrieved from <http://www.mayoclinic.org/diseases-conditions/encephalitis/basics/definition/con-20021917>
- Encephalitis in Childhood. (2013). *My child is at school*. Retrieved from <http://www.encephalitis-in-childhood.org/school>
- Fellick, J. M., Sills, J. A., Marzouk, O., Hart, C. A., Cooke, R. W., & Thomson, A. P. (2001). Neurodevelopmental outcome in meningococcal disease: A case-control study. *Archives of Disease in Childhood*, 85, 6-11.
- Hokkanen, L., & Launes, J. (2000). Cognitive

- outcome in acute sporadic encephalitis. *Neuropsychology Review*, 10, 151-167.
- Howes, D. S. (2013, March 13). *Encephalitis*. Retrieved from <http://emedicine.medscape.com/article/791896>
- Hynd, G. W., & Willis, W. G. (Eds.). (1988). *Pediatric neuropsychology*. Boston, MA: Allyn and Bacon.
- Kapur, N., Barker, S., Burrows, E. H., Ellison, D., Brice, J., Illis, L.S., . . . Loates, M. (1994). Herpes simplex encephalitis: Long term magnetic resonance imaging and neuropsychological profile. *Journal of Neurology, Neurosurgery, and Psychiatry*, 57, 1334-1342.
- Krivitsky, L. S. (2008). Encephalitis and meningitis. In C. L. Castillo (Ed.), *Children with complex medical issues in schools* (pp. 159-183). New York, NY: Springer.
- Miller, D. C. (2013). *Essentials of school neuropsychological assessment* (2nd ed.). A. S. Kaufman & N. L. Kaufman (Eds.). Hoboken, NJ: Wiley.
- Moorthi, S. Schneider, W. N., & Dombovy, M. L. (1999). Rehabilitation outcomes in encephalitis: A retrospective study 1990-1997. *Brain Injury*, 13, 139-146.
- Palumbo, D. R., Davidson, P. W., Peloquin, L. J., & Gigliotti, F. (1995). Neuropsychological aspects of pediatric infectious diseases. In M. C. Roberts (Ed.), *Handbook of pediatric psychology* (2nd ed., pp. 342-361). New York, NY: Guilford Press.
- Pewter, S. M., Williams, W. H., Haslam, C., Kay, J. M. (2007). Neuropsychological and psychiatric profiles in acute encephalitis in adults. *Neuropsychological Rehabilitation*, 17(4/5), 478-505. Doi: 10.1080/09602010701202238
- Sadek, J. R., Pergam, S. A., Harrington, J. A., Echevarria, L. A., Davis, L. E., Goade, D., . . . Haaland, K. Y. (2010). Persistent neuropsychological impairment associated with West Nile virus infection. *Journal of Clinical and Experimental Neuropsychology*, 32(1), 81-87. doi: 10.1080/13803390902881918
- The Encephalitis Society. (2015, July 10). *Encephalitis: The impact on education*. Retrieved from http://www.encephalitis.info/files/9714/1397/0685/Teacher_Resource_2014.pdf
- Weil, M., & Levin, M. (1995). Infections of the nervous system. In J. Menkes (Ed.), *Textbook of child neurology* (pp. 379-509). Baltimore, MD: Williams and Wilkins.

Author Biography:

Kendall Bowles, M.S., is a fifth year doctoral candidate in the School Psychology program at Texas Woman's University. She is currently completing her internship at the Illinois School Psychology Internship Consortium. She holds a master's degree in Applied Cognition and Neuroscience from the University of Texas-Dallas, and a bachelor's degree in psychology from Harding University. Her research interests include autism intervention and applying neuropsychology to the school setting.

Chapter Spotlight: How to Start a SASP Chapter

By Ruhee Sutar

The Student Affiliates in School Psychology (SASP) is an organization formed under the auspices of the Division 16 Executive Committee. Currently, it is the only student affiliation of its kind within this discipline. This organization is designed to keep graduate students apprised of issues pertaining to school psychology as well as participating in activities that will further strengthen the discipline in the future. Local SASP Chapters at individual institutions are key to supporting graduate students and furthering the goals of SASP.

Presently, there are approximately 45 local SASP chapters active around the country that are affiliated with Division 16 SASP. Each of these individual chapters operates independently, with its own executive board, chapter goals, and activities. These chapters provide support for students in their programs by holding professional development workshops, providing social events for students and faculty, and advocating for students by serving as a liaison between students and faculty. Additionally, members of SASP chapters can submit proposals to SASP's Research Forum at APA and to SASP's newsletter, *From Science to Practice*.

Building a SASP chapter at your institution begins with designating a student representative and faculty member to serve as your chapter's connection to the national board and to Division 16. The next step is to fill out an initial Chapter Membership Application on the SASP Webpage and email it to the SASP Membership Chair. Once your application has been approved, the Membership Chair will work with your student representative to develop a charter, establish an executive board, and plan for initial activities.



If you are interested in starting a SASP Chapter at your institution and are looking for more information, reach out to the 2015 SASP Membership Chair, Ruhee Sutar, at rsutar@fordham.edu.

Diversity Mentor Program

Changing the Face of School Psychology in South East Asia: The Need for Services

Chathuri Ranmali Illapperuma, Mississippi State University



Chathuri Ranmali Illapperuma is a native from Colombo, Sri Lanka. She graduated summa cum laude with a Bachelor's in Psychology and a minor in English from the Missouri

University of Science and Technology in Rolla Missouri in Fall 2014. Chathuri is now a first year Ph.D. student in School Psychology at Mississippi State University. Apart from her professional goals to practice as a school psychologist, she also hopes to hold a role as an academic, and engage in research concerning bullying, violence, aggression, special needs and learning, and she aims to improve the diversity of School Psychology in South Asia. She sees the need for the initiation and improvement of school psychology in South Asia. Though it will be a challenging task to achieve, she believes that school psychologists will be able to offer quality and culturally competent services to children, parents and teachers in South Asia. Chathuri is one of SASP's **2015 Diversity Scholarship Award recipients.**

Changing the Face of School Psychology in South East Asia: The Need for Services

My roots are ingrained in Sri Lankan soil; perhaps one could refer my country to a 'land of multiculturalism'. In essence, Colombo, where I come from, is more of its sort, blessed with an assortment of diverse locals alone to begin with. This is my home and my first teacher whose lessons I will use, as I embark on a journey to improve the face of education for the betterment of children.

Achieving a summa cum laude for my Bachelor in Psychology with a minor in English, from the Missouri University of Science and Technology, in Rolla USA, was one of my greatest achievements for the year 2014. I completed my degree through the American National College (ANC, Education) in Colombo whilst engaging in much voluntary work pertaining to children and education. Through the years that passed, the lessons learned coupled with the experiences I gained immensely cultivated my knowledge, aiding my decision of specializing in the field of school psychology.

The year 2015 dawned with the achievement of another milestone; being accepted into graduate school at the Mississippi State University to pursue my Doctoral studies in

School Psychology became a reality. I strongly believe that this opportunity has taken me one step closer to my objectives.

Some of the short term goals I aim to achieve upon graduation are to practice as a school psychologist, assume roles in academia and administration in the tertiary education sector, as well develop research relating to bullying, violence and aggression, special needs and learning. I trust that the exposure I will receive as a result will facilitate my long term goal to diversify the field of school psychology in South Asian.

South Asia is a broad geographic area and a hub of multiculturalism. I believe that some of the countries in South Asia demonstrate a great need for school psychologists to cater to their existing and increasing diverse population. All children in this region are bound by various prejudices, stereotypes and cultural norms unique to their nativity. Fulfilling this necessity, with culturally competent individuals is very crucial to the mental health status and the education of the children in South Asia. It is due to this requirement that I intend to diversify the field of school psychology in South Asia. These countries need individuals blessed with cross cultural education and an understanding of social equality to offer quality and culturally relevant services to the children, parents and teachers. This is the reason as to why I intend of diversifying the field and I plan to begin work in Sri Lanka.

Student Affiliates in School Psychology (SASP)

**School Psychology:
From Science to Practice to Policy**

CALL FOR SUBMISSIONS

Manuscript submissions are now being accepted for the Winter 2015 and beyond issues of *School Psychology: From Science to Practice to Policy* (FSPP), the quarterly publication of the American Psychological Association Division 16's Student Affiliates in School Psychology (SASP). FSPP includes 8 sections for which manuscripts are accepted: *Scholarship, Research Reviews, Lessons From the Field, Forum, Chapter Spotlight, Commentary, Perspectives, and Book Reviews*. **SASP will be awarding a \$250 cash prize for the most outstanding student research manuscript accepted for publication in any 2015 issue of FSPP.**

Please review the Manuscript Submission Guidelines at: www.apa.org/divisions/div16/sasp for more information about each of these sections.

Please submit all manuscripts and/or questions to Ashley Mayworm, Editor, via email at ashley.mayworm@gmail.com.

Special Topic: School-Based Mental Health

Winter 2015 ISSUE SUBMISSION

DEADLINE: December 20th, 2015



APA Division 16
MEMBERSHIP APPLICATION

Please print or type:

Last Name First Name MI

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ e-mail: _____

APA Membership Number (if applicable): _____

Please sign me up for the Division 16 listserv: ____ Yes ____ No

Please choose your Division 16 membership status:

____ Member \$45.00

____ Fellow \$45.00

____ Professional Affiliate \$55.00

____ Life Status, no fee (Division 16 members, 65 years of age or older and have been a member of APA for at least 25 years)

____ Life Status (with School Psychology Quarterly) \$30.00

____ Student Affiliate in School Psychology (SASP member) \$20.00 (complete below) I attest that I am a graduate student in school psychology

Student signature: _____

Institution: _____

Program (circle): Specialist Doctoral; Expected Year of Graduation ____

Please complete and mail this application with your check payable to APA Division 16 to:

Attn: Division 16 Membership

APA Division Services Office

750 First Street, NE

Washington, DC 20002-4242

Division 16 provides one year of free membership to new members, including SASP members, who have not previously been Division 16 members. Please indicate if you are a new Division 16 member on your application form

____ I am a new member to Division 16

You can also submit your division membership application online at:

<http://www.apa.org/about/division/join.aspx>



Division 16 membership activities, benefits, and services include:

- Engaging in the national and international conversation on school psychology. Division 16 is active in advocating for the interests of school psychologists on issues both within the broader field of psychology as well as with constituent school psychology organizations.
- Receiving cutting edge publications such as *School Psychology Quarterly*, the Division's APA journal and the high quality peer-reviewed newsletter *The School Psychologist*.
- Networking with colleagues and leaders in the field who share your interest in School Psychology.
- Contributing to the Science for Policy and Practice in School Psychology during Division 16 programming at the APA annual convention via round table discussions, symposia, poster sessions, workshops and the superlative Division 16 Hospitality Suite and Social Hour.
- Joining the Division 16 listserv to keep up to date with current trends, professional opportunities, and the on-going dialogue on school psychology matters.
- Recognizing outstanding achievements. Division 16 honors Students (e.g., APF-Paul Henkin travel awards, minority scholarships, AGS outstanding scholarship awards), Early Career Scholars (e.g., Lightner Witmer Award), and substantial contributors to the field (e.g., Fellow, Senior Scientist, Jack Bardon Distinguished Service Award, Lifetime Achievement Award).
- Becoming involved in Division 16 governance. There are many opportunities to join committees and run for executive office in the Division.

Additional benefits for student (SASP) members include:

- Links to national and international leadership in school psychology and psychology as a whole.
- Student activities at national conferences (e.g., SASP Student Research Forum at the APA Convention)
- Resources and financial supports (e.g., Division 16/SASP Diversity Scholarships and the Student Research Forum Travel Awards).
- Information on current topics pertaining to school psychology and forums to build connections with other school psychology professionals (e.g., SASP listserv, Facebook page, and website).
- Opportunities to get involved in activities that will further strengthen this discipline in the future. Opportunities to disseminate research and to share ideas through the SASP publication, *School Psychology: From Science to Practice to Policy (FSPP)*.
- Connections to a national network of local SASP chapters as well as guidance in building a local SASP chapter at your institution.
- Mentoring opportunities (e.g., SASP's Diversity Mentoring Program) that create relationships between students and professionals in the field.
- Opportunities to become involved in SASP governance.