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# BUILDING RELATIONSHIPS WITH FAMILIES FROM UNDERREPRESENTED COMMUNITIES DURING THE SPECIAL EDUCATION PROCESS

By Eleanor C. Bold, Abby Hodges, & Gloria E. Miller  
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Building a collaborative relationship with families from underrepresented communities during the special education process in the United States is a critical first step to effective service delivery. These relationships are becoming even more critical as our nation becomes increasingly diverse. Currently, more than 40 million people living in the United States were born in another country and nearly every country in the world is represented amongst U.S. immigrants (Pew Research Center, 2019). About 1 in 4 children under 18 years of age in the United States have at least one foreign-born parent (U.S. Census Bureau, 2010). This coincides with the fact that 10% of the roughly 50 million students in the U.S. who attend public schools are considered English language learners (ELLs), of whom 13% also receive special education services (McFarland et al., 2017).

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In this paper, the term “underrepresented communities” refers to persons who have been displaced or who have left their place of birth, historical homeland, or habitual residence voluntarily or forcibly to permanently relocate to another country (United Nations High Commissioner for Refugees [UNHCR], 2019). These underrepresented communities may include refugees, asylees and immigrants. In 2019, there were 25.9 million persons worldwide in such situations (UNHCR, 2019). Families and students who have migrated to the U.S. in many cases have experienced substantial loss and trauma, especially when a decision to migrate was dictated by coercion, violence, or the threat of violence (International Organization for Migration, 2018). It is important to recognize the kinship family structures within these communities mean that children often are living and being raised by close relatives or non-related adult guardians due to the loss or separation from parents (Gindling & Poggio, 2009). For this reason, we have chosen to use the term family in lieu of “parents” to represent all individuals in a child’s life that have an impact on their education. The fact that most families from these underrepresented communities have or will have children entering the U.S. education system makes it imperative that educators become more knowledgeable about the multiple intersecting identities, resiliency, and strengths reflected in culturally diverse home cultures as well as the systemic biases and acculturative barriers these families and students routinely face (APA, 2019; Annamma et al., 2013; Cosier & Pearson, 2016).

### **Legal Challenges**

School psychologists and other educational professionals are faced with unique legal and professional challenges to ensure families from underrepresented communities are engaged in their children’s education. Indeed, even before the COVID-19 pandemic, the inclusion of families in their child’s education has been a long-standing aspiration of U.S. education legislation (ESEA, 1965; ESSA, 2015; NCLB, 2002). Informed by research that points to the importance of partnering with families to enhance students’ achievement and life success, federal and state laws have clear and explicit mandates that all families, including those with limited English proficiency, are integrated as “full partners in their children’s education” (NCLB, 2002), and particularly when children are referred for more intensive or special education services (IDEA, 1997; IDEIA, 2004). Not only must parental adult guardians fully understand the proceedings of the IEP team meeting, they must be provided access to all critical documents translated into their primary language and given a full explanation of these documents (Sánchez, Parker, Akbayin, & McTigue, 2010). While a collaborative relationship is not



mentioned explicitly in these laws, it is implied by requirements that stress “regular, two-way communication” and a family’s “integral role in assisting with children’s learning” (Section 9101(32), ESEA; see U.S. DOE, 2004).

Although legislated mandates and research clearly specify that families must be included as full partners in their children’s education and given meaningful opportunities to engage as full members of special education decision-making teams, this presents unique challenges for school professionals when working with families from underrepresented communities whose children have suspected or documented developmental delays and disabilities. In many cases, the adult caretakers in these families have not been schooled in the U.S. and have limited exposure and understanding of general or special education or their role in these systems. This makes it particularly difficult for families to fully participate with special education teams in decisions related to evaluation, placement, and intervention. In addition, many families from underrepresented communities report biased or negative experiences within the American public education system (Fenton et al., 2017; Vanegas & Abdelrahim, 2016; Wang & Sheikh-Khalil, 2014). Thus, it is not surprising that the engagement of these families during special education process has been less than optimal (Weiss et al., 2018; Weiss & Stephen, 2011).

### **Purpose**

The purpose of this paper is to identify important issues educators perceive that can interfere with effective collaboration with families from underrepresented communities during the special education process. These ideas were generated, before the COVID-19 pandemic hit the U.S., during a practitioner conversation session led by the authors at last year’s National Association of School Psychologists Annual Conference in Baltimore, MD. Thirty practitioners were in attendance, a majority of whom are graduate

students or early career practitioners (70%) as well as long-time practitioners from across the country (30%). The session participants all were currently working in educational settings serving a range of ages (60% elementary, 30% middle school, 10% high school) and school populations across urban (55%) and rural (45%) districts either as a practicum placement, internship, or full-time practitioner. A majority of participants shared that the population they serve includes English-language learners, and about a third mentioned working with children of immigrant families. Participants gave permission for the authors to record and compile the ideas generated during this conversation using their quotes as examples. No specific demographic information was collected from participants due to the limited time frame for these conversations other than the contexts in which they work and their role in the field (i.e., graduate practicum student, intern, or licensed practitioner).

Participants were asked to respond and share responses to two opening questions that guided the conversation: 1) What does culturally and linguistically diverse mean? 2) What is going well and what could be improved upon at your present school when working with students and families from underrepresented communities during the special education process? An informal and independent thematic analysis conducted of the transcript from this session revealed reliable categories of challenges that we refer to here as cultural, communicative, and coordination ‘disconnects’.

### **Cultural Disconnects**

Ideas shared as cultural disconnects were reflected in comments such as, “I think [it would be helpful] being able to explain [special education] terms, and in a way that’s easier to understand...and I think that also makes them feel more comfortable and more willing to be engaged in the process”. These issues have long been shown to interfere with interpersonal



connections and to have a negative impact on one's sense of connection to a larger school community (Arias & Morillo-Campbell, 2008; Harry, 2008; Hartling & Sparks, 2008). When newcomer families are introduced to uniquely American practices, and American practitioners are working with cultural and ethnic backgrounds they know very little about, many of the societal practices we depend on to make connections (e.g., greetings, handshakes, eye contact,) may not suffice (Bankston & Zhou, 1988; Park et al., 2017; Short & Boyston, 2012). Moreover, common U.S. expectations regarding punctuality, attendance, and even seating arrangements should not be presumed to be understood (U.S. DOE, 2016, p. 44).

Many researchers have documented that families experience negative interactions with school staff. Families often report they are on the receiving end of microaggressions during these interactions (Allen et al., 2013; Burke et al., 2018; Fenton et al., 2017; Hurley et al., 2014). Microaggressions, defined as environmental cues and invalidating communications, may take the form of commenting on how well a family speaks English, or dismissing a family member's contributions during meetings. These

experiences reflect a continued preference for one dominant cultural norm within our schools that they often discourages familial involvement and perpetuates their perceptions of not being welcomed at the school (Burke et al., 2018; Colker, 2015; Fenton et al., 2017).

Another cultural disconnect mentioned by practitioners was the fact that, depending on prior experiences, or lack thereof, with special education, families often perceive special education as a complex process that is "difficult to navigate" and "hard to understand," making it difficult to engage. This is particularly apparent for families who have limited formal schooling or who are from countries where special education does not even exist. Too often educators expect families to have the background knowledge necessary to participate in educational decision making for their child with a disability, not recognizing the family may come from countries where special education rights are nonexistent (Emerson et al., 2012; Xu, 2017) or where disabilities are viewed as shameful (Azar & Badr, 2006). Moreover, despite best practices to approach these meetings from a strengths-based perspective, practitioners reported that IEP meetings often are overly focused on the

identification of deficits; they begin with one question about the child's strengths from the family's perspective "because [we're] legally mandated to", and the duration of meetings are focused on the child's needs. For families from countries where disabilities are often hidden, this can heighten feelings of guilt or shame (Emerson et al., 2012).

### **Communication/Comprehension Disconnects**

The second area of disconnect identified by attendees reflect common communication and comprehension issues that arise during the special education process. Comments such as, "I feel like the engagement of the family is perceived as kind of like a formality [in IEP meetings]" and "the school knows that they have the legal right to be a part of the IEP process and that they have input but that input isn't really solicited, and comprehension isn't really clarified". In sum, one practitioner shared, "it's just kind of like, we know you have to be here...but we're not really looking to collaborate or like engage with you beyond the formality".

Practitioner comments such as these suggest that information during meetings is often not fully comprehended by families. Indeed, many educators struggle with how to discuss disability, mental health and safety concerns, or recommendations for interventions to employ within the home setting (U.S. DOE, 2016; Trainor, 2010). Therefore, better communication between providers and families on critical topics such as etiology and treatment of disabilities, negotiating systems of care, and managing health and safety issues at home are essential (Beatson, 2013). Practitioners also mentioned that familial rights, options, and services are rarely explained in simple terms. Too often special education meetings are extremely structured, rushed, and "conducted more as a proceeding where legal boxes need to be checked-off". These concerns coincide with other work that has pointed to the extensive jargon often used during special

education team meetings or when procedural safeguards are reviewed with families (Kerry-Henkel et al., 2015; Mandic, 2012).

### **Coordination Disconnects**

The third and final area highlighted by participants as a critical barrier to effective collaboration with families from underrepresented communities concerned difficulties in coordination. Common lamentations were expressed about arbitrary restrictions set for meeting with families outside of the school day hours or outside of special education meetings. For example, when sharing assessment results in an IEP meeting with a family that does not primarily speak English, one person shared that "the documents weren't translated in time...and not a single person in there asked them if they were comfortable proceeding." Another practitioner shared, "there's so much focus on ... use of specific language because that's what I'm legally mandated to do, but not enough conversations happened with parents, prior to the meetings about, say, what is this meeting actually about? What are we going to talk about?" The lack of time to fully communicate the purpose and content of the meeting often was excused by the boundaries of a school day or by assuming families who are hard to get in touch aren't going to want to be at meetings. Practitioners often feel they cannot fit in such contact, "they work during the day and I can't call at one o'clock in the afternoon" but the school day is over by the time they're off work. Another coordination disconnect occurred around the strict timelines schools are expected to meet during the special education process that are not well understood by families. This can heighten frustration since families may not respond with the immediacy or urgency often expected by the schools, as families are not made aware of these rules (Miller et al., 2014).

Participants also had many concerns about the appropriate utilization of interpreters (spoken), translators (written), and the lack of cultural



navigation. Practitioners often want more than what an interpreter provides, “interpreters we expect... in that translation...some navigation of comprehension as well”. An interpreter responded to this practitioner by saying, “No, I’m saying exactly what they’re saying...my role is not to make sure that they understand, it is to give that translation back and forth. If you want that comprehension piece, someone else needs to be in the room”. The perceived differences in the role of a legally designated interpreter versus a cultural navigator, who can provide more contextual information and ensure comprehension, is apparent in this exchange. In many cases, interpreters assigned by the school are fluent in the native language of the family, but they rarely share other cultural or life experiences, and may even speak a different dialect within the same language. Thus, school interpreters are unable to recognize when a concept may not be well understood or interpreted differently in another culture, and also are not allowed to provide this type of interpretation. This is unfortunate since practitioners expect an interpreter to guarantee comprehension of elusive, unfamiliar terms (e.g., Autism, intervention, bullying). Considering the high stakes decision being made in IEP meetings, a lack of cultural navigation, which can address underlying connotations in a native language or culture, can lead to contentious and unproductive meetings. The importance of navigation, in addition to legally mandated interpretation, to bridge cultural gaps at these meetings is essential for families from underrepresented communities to ensure joint understanding of critical concepts (Arroyos et al., 2018).

### **Potential Solutions to Foster Greater Connections**

The participants at the session also were asked to share effective approaches they have employed to address these cultural, communication, and coordination disconnects. The ideas shared reflected many best practices

(Constantino, 2016; Park et al., 2017) captured in the U.S. Department of Education’s Newcomer Guide (U.S. DOE, 2016) and several prior NASP publications, including a position statement, “Students who are displaced persons, refugees, or asylum-seekers” (NASP, 2019) and several articles in *Communique* (see Garcia, 2018; Miller et al., 2014; Ruiz et al., 2011). Together, the solutions presented by participants reflect the three C’s addressed above. For cultural disconnects the group suggested taking time to check-in with families before, during and following any special education meetings, especially when a family may be experiencing such a meeting for the first time; ensuring more strengths-based approaches by carving out time to ask about the family’s perspective on their child’s needs and previous schooling experience; and creating family networks (face-to-face or on-line) to connect with other families in similar situations. For communication/comprehension disconnects, practitioners discussed guiding interpreters on how to clarify confusing terminology or concepts and to more frequently paraphrase and check-in to be sure team members are all on the same page; including a cultural navigator in the conversation to help clarify meaning; and finding ways to monitor and reduce jargon during meetings and when explaining special education rights and processes. For coordination disconnects, practitioners discussed asking families to identify a preferred method of communication and offer alternative technological approaches for communication (e.g., WhatsApp, classroom websites, etc.); obtain permission to hold meetings at preferred times outside the school day, or remotely, from building administrators through flexible scheduling (e.g., adjust hours one day); and hiring substitutes to increase school staff availability.

Few practitioners, however, stressed the importance of making the first step of a special education process the establishment of an interpersonal relationship. Even though all agreed building a relationship was essential



when collaborating with families from underrepresented communities, this rarely was considered as part of the formal special education process. Thus, during the remainder of the session, participants were introduced to one approach developed for this purpose, called a cultural sharing conversation (i.e., CSC). While a face-to-face CSC interaction may not be possible during the COVID-19 pandemic due to public health safety regulations, the authors believe this type of interpersonal exchange is of even greater importance and could easily be conducted via an internet call platform.

A CSC experience was required as part of a first-year school psychology practicum course at the authors' university. During a CSC families and school personnel reciprocally share and listen to each other's life stories and experiences. Conversational prompts are used to promote a free expression of opinions and an open exchange of personal insights that fall loosely within four phases: (a) introductions and life stories, (b) family stories, (c) schooling stories, and (d) future stories.

Initially, practitioners inquire about the newcomer family's story and journey to the United States (e.g., "I would be honored to know about your family's story and journey to the U.S. and your hopes and dreams for your children"). In turn, school personnel share anecdotes from their families. During the second phase, the focus is on learning more about cultural traditions or values, and discovering how these ideas are shared with children (e.g., "What things are most important to share with your children about your culture and customs?" and "What do you want your child/children to learn from you or others in the family?"). In turn, school personnel share what their family felt was important for them to learn (e.g., customs, values) and how they were imparted over time. During the third phase, the intent shifts to understanding the perceptions of prior school experiences (e.g. "How does going to school here match to other schooling you have experienced?" and "Has this has been anything like what you expected?"). School personnel share their impressions of schooling and issues they and their family faced. In the final phase, the family is thanked for what has been learned, different school and community resources are introduced, the importance of family-school collaboration in the U.S. is highlighted, and ideas are solicited about how schools might promote the engagement of families in the future (e.g., "What might help you and





your family feel more able or more confident about partnering with your child's school in the future?" or "Thinking back to when you first arrived, what things would have helped your child or your family to feel welcomed or to better understand what to expect from school?").

The first two authors then reflected on the personal impact of engaging in a CSC with a family whose harrowing immigration journey was catalyzed by the government's disdain that a family member had sought schooling outside of the country. As former prosperous business owners, the family had lost everything and spent many devastating years in refugee camps before they were reunited together in the United States. As new practitioners, the most important take-away from participation in a CSC was appreciation of the family's optimism, value of education, and strong belief in the American public education system, even in light of the traumatic experiences they had faced. Also apparent was how much the family wanted to learn ways to engage with their children's school in order to facilitate their children's educational success. As new practitioners, having a structure for an initial, relational conversation made the experience more comfortable since the CSC format provides ideas for where to start, as well as ideas of what to share and how to phrase inquiries. Overall, the authors feel the connections forged during this interpersonal exchange could help support and further facilitate future engagement with families from underrepresented families.

### Conclusion

An essential first step in effective special education service delivery is the development of a collaborative relationship with families that honors their worldviews, beliefs, and roles (Proctor, et al., 2016). This step is most critical when working together with families from underrepresented communities (U.S. DOE, 2016). One means to intentionally establish such a relationship with families of underrepresented communities is through a reciprocal cultural story

sharing conversation that creates mutual appreciation of past, current, and future expectations and hopes and dreams for a child (Miller, et al., 2018). The importance of spending time sharing stories to establish an interpersonal connection was emphasized as an alternative to meetings designed to give or to get information, and as an effective means to overcome common disconnects that can interfere with collaborative partnering between families and educators to promote positive child outcomes.

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# CONGRATULATIONS TO PRESIDENT FRANK WORRELL!

We have it on good authority that Division 16's esteemed colleague and friend, Dr. Frank Worrell, has been elected as APA's President-Elect. What an extraordinary and historic accomplishment!

On behalf of our Division 16 Executive Council, we send Frank our heartiest congratulations on this momentous occasion. We are so proud that he is part of our Division 16 family, and look forward to his leadership at the helm of the broader APA organization.

**Sincerely,**

Enedina Vazquez, President  
Sam Song, President-Elect  
Melissa Bray, Past President







# HELPING CHILDREN IN SCHOOLS IN THE AFTERMATH OF INTIMATE PARTNER HOMICIDE

By Quennie Dong, Byron Garcia, & Philip J. Lazarus  
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The violent death of a parent(s) by intimate partner homicide, and intimate partner homicide suicide (IPHS; i.e., in which the parent kills their spouse and then him or herself) will have multiple profound effects on a surviving child, who is left to deal with the emotional aftershocks as a secondary victim. Based on the authors' extensive review of the national and international literature, information regarding the experiences and consequences of losing a parent by such violent means does not appear in school psychology journals or in other journals specifically for school-based mental health practitioners. Consequently, school-based mental health professionals who attempt to consult the school psychology literature for information about the impact of losing a parent in such horrific circumstances and to devise strategies for planning interventions for these young victims will be left wanting. Therefore, the purpose of this article is to review the extant literature on the impact of intimate partner homicide, including IPHS, on children and youth and provide guidance on how school-based



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mental health professionals can deliver effective support in the aftermath utilizing an *ecological framework*.

### **Prevalence of Violent Parent Death(s)**

A systematic review of the global prevalence of intimate partner homicides indicates that one in seven homicides is committed by an intimate partner, with men outnumbering women as perpetrators (Stöckl et al, 2013). A conservative estimate is that 40% of the victims have children and that the average family has two children. As a consequence, it is estimated that over 55,000 children throughout the world are impacted by intimate partner homicide each year (Alisic, Krishna, Groot, & Frederick, 2015).

Although it is not clear how many children are affected by the death of an immediate family member, 1 in 20 children and adolescents in the United States experience the death of a parent before 18 years of age (Melhem, Porta, Shamseddeen, Payne & Brent, 2011). It is estimated that 2,000 to 3,000 children a year in the United States are affected by intimate partner homicides because the victims and/or perpetrator are their parents. Death by intimate partner homicide is as common as childhood leukemia (2,700 in 2001) or Sudden Infant Death Syndrome (3,000) in the number of children affected annually. Significantly, in approximately one-third of the instances of intimate partner homicide, the perpetrator then completes suicide within the next 24 hours. In other cases, the assailant is convicted and may spend many years incarcerated at which point a child is left with one parent dead and the other in prison (House of Ruth Maryland and Baltimore City Domestic Violence Fatality Review Team, 2009).

In the U.S., data collected from the Centers for Disease Control National Violent Death Reporting System (NVDRS) revealed that non-Hispanic Black women experienced the highest rates of homicide, with over half of all female homicides (55.3%) being intimate partner related (Petrosky et al., 2017). Additionally, significantly more Asian American women, specifically Southeast Asian women, are more often killed by an intimate partner in comparison than a non-intimate partner in cases of femicide (i.e., a gender-based murder of woman or girl by a man; Sabri, Campbell, & Dabby, 2016).

In an analysis of murder-suicides that took place in the first half of 2017 in the U.S., 82% (n=296) occurred in the home. Specifically, more murder-suicides were committed in the bedroom than in any other room (Violent Policy Center [VPC], 2018). A study by Lewandowski et al. (2004) found that more than two thirds of these children had been living in homes where previous violence was taking place. The authors also



found that children witnessed the homicide 35% of the time, and in 37% of the cases, children had found the victim's body. As a result, children who witness these murders experience a combination of trauma and loss (Alisic et al., 2015; Fridel & Fox, 2019; VPC, 2018). What is unique in IPHS is that following most tragedies that children experience, their parents are typically there to provide the necessary support and nurturance to help them cope in the aftermath. However, in the case of IPHS the parents are now deceased, and therefore unable to provide the care and comfort that these children need. Also, if a child witnessed the tragedy as it occurred or saw the scene where the murder/suicide took place, then now the last visual images these children have of their parents are as dead corpses who have been disfigured as a result of the IPHS. These images can easily get imprinted into long-term memory (unless repressed) in these traumatized children, can emerge into consciousness when not expected, and serve as triggers for PTSD.

Children are often harmed in these homicidal events. A third to one half of deaths attributed to familicide-suicide (i.e., multiple-victim homicide in which the perpetrator's spouse and one or more children are murdered, followed by the perpetrator's suicide) are deaths of children under the age of 18 and perpetrated by the father (Alderibigbe, 1997). A study identifying bereaved children due to intimate partner homicide in the Netherlands (N = 256) from 2003-2012 found that a large number of these children had been exposed to prior violence or neglect, and at least a third of the children witnessed the homicide or saw the crime scene. Moreover, immigrant children were overrepresented among children bereaved by intimate partner homicide compared to the general population (Alisic, Groot, Snetselaar, Stroeken, & van de Putte, 2017). An analysis of 536 homicides in the Netherlands, for the years 1953-2006, found most familicide perpetrators were men, were likely to be married, and likely to attempt suicide following the homicide (Liem & Koenraadt, 2008).

Intimate partner violence may render children as secondary victims, in which children can be witnesses to or killed in the event (i.e., familicide). A small sample of homicide-suicides in the U.S. (n = 32) revealed that most secondary victims were children of the perpetrator (Palermo et al., 1997). Another study examining outcomes of children in households that experience IPHS found that children were more likely to witness the IPHS than to be killed or not to be present, and the majority of children killed in IPHS events were biological children, rather than stepchildren, of the perpetrator (LeFevre-Sillito, & Salari, 2011). The authors also found that children were more at risk of IPHS if they lived in the southern or western regions of the U.S., where firearms are more accessible and less regulated.

### **The Impact of Violent Parental Death(s) on Children**

Surviving children of intimate partner homicide or IPHS 51IPof suffer emotional and social consequences. Lewandowski et al. (2004) found that these children may experience environmental changes, such as losing their home, neighborhood, and friends. A systematic literature review examining children's mental health and well-being after parental intimate partner homicide revealed, social, physical, academic, and psychological repercussions (Alisic et al., 2015).

*Social consequences* included attachment difficulties (e.g., behavioral and social problems associated with lack of appropriate caregiving during childhood), stigmatization, interpersonal conflicts with peers and with their family (e.g., distrust), sexual acting out, and altered perspectives related to the prospect of getting married and having children. Basically, these children were placed in an extraordinarily difficult situation of having to deal with a profound loss without having their parent(s) available to provide comfort in their time of greatest need (Gaensbauer et al., 1995).





*“... exposure to fatal domestic violence has also been linked to PTSD including persistent difficulties in life, instability, discord between family members, concerns with safety, intense and complicated grief reactions, intrusive and painful memories, anxiety, hyperactivity, concentration difficulties, and the risks for later becoming perpetrators of violence”*

*Physical consequences* included eating and feeding challenges, nausea, weight loss or weight gain, headaches and stomach aches, appetite changes and in a few instances—mutism (Alisic et al., 2015). In one report, a child even experienced a strong physical reaction, a high fever, in the acute phase following the trauma of IPHS (Rupa et al., 2014).

*Academic performance* also suffered and included poor grades, higher rates of drop-out, and placement in special education classrooms for emotional/learning difficulties. In one study, Malmquist (1986) found that 15 out of 16 children had a significant decline in school performance.

The researchers found that children experienced *psychological symptoms* associated with fears, intrusive memories, traumatic play, sleep problems, avoidance, self-destructive behaviors, hyperarousal, negative cognitions and moods, numbing, grief reactions, regression, dissociation, anxiety, depression, and aggressive behaviors.

Additionally, exposure to fatal domestic violence has also been linked to PTSD including persistent difficulties in life, instability, discord between family members, concerns with safety, intense and complicated grief reactions, intrusive and painful memories, anxiety, hyperactivity, concentration difficulties, and the risks for later becoming perpetrators of violence (Black, Harris-Hendriks, & Kaplan, 1992; Hardesty, Campbell,

McFarlane, & Lewandowski, 2008; Harris-Hendriks, Black, & Kaplan, 2002; Kaplan, Black, Hyman, & Knox, 2001). Children who witnessed the homicide had higher levels of PTSD symptomology, more persistent emotional and behavioral problems, and more difficulties going through the grieving process than children who did not witness the killing (Eth & Pynoos, 1994; Kaplan et al., 2001). Children under the age of 18 who were exposed to femicide were at greater risk for substance use disorders and self-harm behaviors. Young adults of 18 years and above were at higher risk for engaging in violent crime or being victims of domestic violence, suicide, and premature deaths from other causes (Burrell, Mehlum, & Qin, 2017; Lysell, Dahlin, Långström, Lichtenstein, & Runeson, 2016; Steeves, Parker, Laughon, Knopp, & Thompson, 2011).

### **Grief and Associated Cultural Considerations**

Stigma and religious prohibitions associated with homicide and suicide can cause the surviving child to experience grief that is significantly complicated and different from a child coping with the death of parent through other means, such as an accident or illness (Schreiber, Sands, & Jordan, 2017). Silence in the family caused by the social stigma of the murder, instructions to the family not to discuss the homicide before the trial and/or never given permission to discuss it, and adoptive/ guardian family members expression of dealing with the event (get over it" or "don't dwell in the past") can have a negative impact on the grieving process (Steeves & Parker, 2007). Consequently, intimate parental homicide or IPHS may not be disclosed to relevant school authorities (unless it is revealed by the media) which may undermine potential support by teachers and other school personnel and further the child's sense of isolation and alienation.

These children are also at risk of experiencing *prolonged grief* and *traumatic grief*. *Prolonged grief* refers to persistent and severe distress

(beyond six months after the loss) involving numbness, separation distress, disbelief regarding the death, and the belief that life is meaningless. *Traumatic grief* is a pathological combination of trauma and grief responses where the child is unable to accomplish the normal tasks of grieving and is simply overwhelmed (Brown & Goodman, 2005). When this occurs, the child or adolescent will require intensive therapy beyond the range of services provided by schools.

It is important for school personnel to understand that bereavement practices vary across cultures, religions, regions, and ethnic groups and such differences influence the mourning of the loss of a loved one. Historically supportive services may be inadequate to meet the needs of youth from ethnic minority backgrounds and families living in poverty unless traditions have been considered. Therefore, school personnel must engage in culturally informed practices working with children suffering from the loss of a loved one (Farmer, Burns, Phillips, Angold & Costello, 2003; Heath & Cole, 2011). Considerations such as cultural variations in response to the process of death and grieving are present in all communities. For example, in the aftermath of a maternal loss, South Asian American daughters took on the caretaker role and internalized characteristics of their mother, and engaged in coping practices such as meditation, humor and yoga. (Sharma, & Natrajan-Tyagi, 2018). Filipino Americans who practice Catholicism engage in rituals such as the Novena (i.e., devotional praying for nine successive days), burying personal belongings with the dead, and speaking to the deceased. Japanese and Vietnamese Americans practice diverse denominations of Buddhism with a belief in karma and reincarnation where the bereaved donate the deceased's clothes, maintain ancestral alters in the home, and abstain from showing emotions at the moment of death as it prevents the soul from being reborn (Braun, & Nichols, 1997).





Further, Latinx Americans hold cultural ties to strong religious and spiritual beliefs, such as the belief in the afterlife that may impact the grieving process. A qualitative study revealed that Mexican families maintained ongoing bonds with the deceased through dreams and storytelling (i.e., remembrance of one's last interaction with the deceased), experienced a sense of presence of the deceased (i.e., the presence took a benevolent form), and engaged in faith-based connections and mourning rituals (Doran & Hansen, 2006). Differences in bereavement among African Americans are also influenced by spiritual and religious beliefs, social class, and political context. Living in close-knit tribal communities, American Indian/Alaskan Natives may collectively engage in spiritual practices such as soul searching, meditation, and ancestry prayer to identify meaning in their loss

(Cacciatore, 2009; Dennis, 2014; Dennis & Washington, 2018). Therefore, educators can support bereaved students by seeking to learn about and understand cultural nuances unique to students and their families, their level of acculturation (i.e., understanding how a student's dominant culture impacts personal beliefs and expression of grief), and their diverse cultural practices and mourning rituals (Cohen & Mannarino, 2011).

### **Long-term Consequences**

There is an urgent need of support regarding children's mental health and psychosocial well-being after parental intimate partner homicide due to long-term effects throughout adulthood. Children who lose a parent often suffer from overwhelming grief resulting in lowered

competence in work, peer relations, career planning, and educational aspirations (Bergman, Axberg, & Hanson, 2017; Brent, Melhem, Masten, Porta, & Payne, 2012).

A qualitative study revealed that survivors affected by uxoricide (i.e., any spousal killing) were perpetrators or victims of intimate partner abuse in later relationships (Parker, Steeves, Anderson, & Moran, 2004). While some of the victims were forgiving of the parent who committed the murder, the authors argued that conflicted emotions of the homicide may have contributed to the victim's acceptance of violence and abuse in their later relationships.

Another qualitative study revealed victims searching for details about the homicide to find/make meaning of their lives in the face of the traumatic event, which included reopening the case, using religion as guidance, assigning a reason for what the father/mother did, and participating in counseling (Steeves & Parker, 2007). Other emerging themes included challenges with establishing and maintaining intimate relationships throughout their adult lives and engaging in forgiveness or reconciliation with the perpetrator (Steeves & Parker, 2007).

### **The Power of Protective Factors**

Alisic et al. (2015) identified specific protective and risk factors that influence the emotional well-being of a child or adolescent following intimate partner homicide. Some of the protective factors relate to the home and community environment, whereas others relate to the influence of schools, and some connect to multiple systems of support. These protective factors include: Did the child (a) receive early psychological assessment/intervention, (b) maintain possessions or pictures of the deceased, (c) have the opportunity to see the body of the victim(s), (d) go to or participate in the funeral, (e) receive a broad range of services, including practical and financial help, (f) have the chance to talk freely about the homicide, victim(s)

and perpetrator, (g) connect with supportive peers and adults, (h) use rituals that supported healing, (i) have their symptoms acknowledged by caregivers and receive follow-up mental health services, and (j) receive adequate social support. In contrast, risk factors specific to being the child victim following intimate partner homicide are inherent in the family and the community (e.g., siblings are split, frequent changes in caregivers, conflict between family of victim and family of perpetrator, and confrontation in the legal process). These risk factors are beyond the influence of the school.

As such, Lazarus, Suldo and Doll (in press) note that protective factors are not characteristics of the child, per se, but instead represent characteristics of the social and self-regulatory systems of child rearing. They further emphasize that schools are uniquely poised to recognize and manipulate such systemic variables. Consequently, rather than trying to mitigate risk factors beyond their control, school personnel should focus their energy on bolstering protective factors that can be influenced by the school and surround the child victim within a circle of support.

### **Strategies for School-Based Mental Health Professionals to Provide Support for Child Victims: An Ecological Perspective**

Understanding the complexity and dynamics of factors related to violent parental death can help educators and school-based mental health professionals shape interventions to meet the needs of caregivers and children simultaneously (Little & Kantor, 2002). Using an ecological framework offers a broad-based conceptualization that takes into consideration complex interactions among the individual, family, school, community, and society (Little & Kantor, 2002). Although it is not an exhaustive list, Table 1 provides an ecological perspective of various system-level factors that can provide support in the aftermath of parental death.



**Table 1:****Post-trauma Factors Associated with Child Outcomes and Corresponding Practices**

Ecological System	Post-Trauma Factors	Supportive Approaches
<b>Individual (Child)</b>	Age/developmental age Gender Ethnicity Coping strategies Social connectedness <ul style="list-style-type: none"> <li>• Rituals</li> <li>• Religion</li> <li>• Cognitive and social-emotional competence</li> </ul> Trauma Personality (e.g., resiliency)	Ensuring perceptions of safety and security to prevent or lessen psychological trauma Reaffirming physical and mental health of child Teaching child safety skills for threatening situations Providing early psychological assessment and interventions (Alisic et al., 2015) Increasing youth resilience and social connectedness (Center for the Study of Social Policy, 2013)
<b>Microsystems (Immediate Environment)</b>	Family characteristics <ul style="list-style-type: none"> <li>• Ethnicity/cultural background</li> <li>• Unstable living environment</li> <li>• Socioeconomic status</li> </ul> Farewell characteristics <ul style="list-style-type: none"> <li>• Contact with incarcerated parent</li> <li>• Opportunity to see deceased and/or participate in or go to funeral</li> </ul> Relocation (i.e., child moving, living with relatives, victim side, perpetrator side, or foster care) Changes to family dynamics (e.g., incarcerated parent, surviving parent, loss of siblings) Homicide characteristics <ul style="list-style-type: none"> <li>• Whether homicide, victim, perpetrator can be talked about freely</li> </ul> Crisis intervention characteristics <ul style="list-style-type: none"> <li>• When and what child is told about homicide</li> </ul>	Ensuring that family needs and wishes are of utmost priority With family consent, providing psychoeducation to teachers and caregivers on how to help a child cope with trauma Creating safe space in school, “open door policy” (Sulkowski & Lazarus, 2017) Using trauma-focused cognitive-behavioral therapy Providing play therapy for younger children Providing group grief work with older students Establishing a safe environment for the child to express feelings (Eth & Pynoos, 1994)
<b>Mesosystems (Connections)</b>	Family-school engagement School connectedness School policies & procedures Coordination with outside agencies (e.g., law enforcement, social services, mental health services)	Creating an alliance between schools and mental health providers outside of schools to establish a supportive environment (Eth & Pynoos, 1994) Mapping out community resources to support families struggling to adjust (Sulkowski & Lazarus, 2017) Creating a circle of school support that surrounds the child
<b>Exosystem (Indirect Environment)</b>	Caregivers’ own mental health, attachment, and responsiveness Confrontation in legal processes (e.g., having to give evidence in court) Extended family members loyalties (e.g., conflicting loyalties between victim’s and perpetrator’s families) Community environment Media	Protecting confidentiality and privacy of child related to media (Clements & Burgees, 2002) Providing resources associated with community services (e.g., women’s shelters, bereavement support groups for children and families)
<b>Macrosystems (Social &amp; Cultural Values)</b>	Cultural attitudes and norms Socioeconomic climate Sociopolitical factors Gun policies	Advocating for federal and state level support for trauma-informed care that addresses prevention, treatment, and recovery from trauma Advocating for lawmakers’ support for stricter firearm control laws—especially as it relates to perpetrators of domestic violence Teaching school staff about children’s grief and how to assist them in the tasks of mourning Providing professional development and ongoing training to ensure awareness of cultural diversity, equity, and nondiscriminatory practices (e.g., The National Center for School Crisis and Bereavement, 2020) Ensuring that policies protect the privacy and confidentiality of children

School-based mental health professionals who deliver resources through an ecological perspective are well equipped to provide support to vulnerable children by increasing protective factors (Gewirtz & Edleson, 2007). However, before providing interventions, school-based mental health professionals need to first meet with the caregivers to find out what the family wants and needs. After receiving the caregiver's consent, they can help provide comfort and safety to the bereaved student within the school environment. They can provide information to teachers that explains how bereavement, grief, and the understanding of death differs depending on the child's age and cognitive development (Brown, Jimerson, & Comerchero, 2015). A working alliance between teachers and school-based mental health professionals includes encouraging teachers' involvement that supports children's emotional needs following the traumatic death of a family member, such as modeling adaptive coping strategies, offering opportunities to memorialize the deceased, and sharing stories using bibliotherapy (Heath & Cole, 2011). Moreover, educators and school-based mental health professionals can provide critical support for grieving children by recognizing how trauma symptoms impact children's learning, referring children for mental health evaluations, fostering stress management skills (e.g., use of relaxation skills, affective modulation, and cognitive coping skills), understanding the family/caregiver's personal culture, supporting cultural values around mourning rituals and bereavement, respecting confidentiality, and maintaining open communication with caregivers, teachers, and other helping professionals (Cohen & Mannarino, 2011).

School-based mental health professionals should also create an alliance with mental health providers outside of schools while providing resources to families and communities during the bereavement process. Educators may also aid the child and caregivers by mapping out community resources, increasing opportunities

for support before and after school for families struggling to adjust to "new" normal routines, and adopting an "open door" policy for students in need of mental health support (Sulkowski & Lazarus, 2017). Other outside resources to consider when supporting child victims and families are local women's shelters that provide additional support to families involved with domestic violence. Shelter programs provide comprehensive services for victims of intimate partner violence and abuse, as well as intervention programs and community education and outreach (House of Ruth Maryland and Baltimore City Domestic Violence Fatality Review Team, 2009).

Furthermore, exosystemic approaches provide support to professionals to promote grief-sensitive practices. The National Alliance for Grieving Children (NAGC) is a network for nationwide communication and resources between professionals to support grieving children and families (National Center for School Crisis and Bereavement [NAGC], 2020). In addition, NAGC seeks to provide bereavement training to educators and school personnel. The Grief-Sensitive Schools Initiative (GSSI) aims to increase awareness surrounding grief, to share information and resources among school communities, to review relevant school policies and procedures, and to provide professional learning opportunities (NAGC, 2020).

Adopting an ecological approach can potentially help foster healthy development across multiple domains in a child's life. Supportive relationships from nurturing caregivers or adults can help buffer childhood distress. Creating teacher-child relationships, providing sensitivity and responsiveness to children's needs, and cultivating a safe and supportive environment are essential to the development of resilience (Sciaraffa, Zeanah, & Zeanah, 2018). How school personnel take proactive action in the aftermath of the trauma can help shape the immediate and long-term healing process for



victims and their families/caregivers (National Association of School Psychologists, 2003). Children in particular, will need the support of their teachers and caregivers to cope with their loss and to reach an ever-evolving constructive grief resolution that they can integrate into the fabric of their lives.

### Concluding Remarks

Children who are impacted by intimate partner homicide or IPHS are both the victim of a traumatic event and often the child of a murderer. Not only have they lost a loved one, but also the person(s) who would most likely comfort them as they attempt to cope with profound grief. School personnel, especially school-based mental health professionals, should be culturally sensitive to children's grief and provide a broad range of supports by utilizing an ecological framework and by bolstering protective factors. They can help a child heal in multiple domains (social, physical, academic, and psychological) and ease their burden as they navigate through the passages of life.

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**EARLY CAREER CORNER:**

# TRANSITIONING DURING THE COVID-19 PANDEMIC: EXPERIENCES OF NEW FACULTY AND PRACTITIONERS

By [Lisa S. Peterson](#), New Mexico State University

[S. Wynne Bosik](#), Littleton Public Schools

[MacKenzie Sidwell](#), New Mexico State University

In 2020, the COVID-19 pandemic quickly altered our way of life. By the end of April virtually all K-12 schools, colleges, and universities transitioned to providing online education to their students. This abrupt transition was a significant adjustment for all involved but was a unique challenge for those who were transitioning to a new career. In this article, three early career school psychologists share their experiences in both academia and the schools as they navigated their professional duties in these unprecedented times.

## Teaching and Mentoring at the University Level

*Lisa S. Peterson, PhD*

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After working first as an elementary schoolteacher, then as a practicing school psychologist, I finally made the leap to academia in fall of 2019. In that first semester, I quickly learned that some methods I previously used with undergraduates as an adjunct professor did not work for graduate students, and I spent the semester adjusting and reflecting. As a new training director, I learned how to apply my clinical skills to my new role as an advisor and mentor. By spring I felt a fair amount of confidence in my work; I was responding better to the needs in my classroom, and I had built good relationships with my advisees and students.

The transition to online learning, both at my university and at my students' practicum sites, came quickly in mid-March. I was initially in a panic. As a practicum instructor I was concerned about the quality of my students' training experiences before their internships. I read every piece of guidance that came out, and I communicated frequently with my students. When we came back together there was a plan in place to give my students independent learning opportunities. Other adjustments included moving some discussions online, so that our amount of time in synchronous meetings could be flexible based on their needs, and to adjust assignments based on their feasibility of completion. I kept office hours so they could discuss any concerns with me and increased my responsiveness to emails.

I learned two important things that semester. First, I learned that the transition to online teaching was not as daunting as I feared. I was already fairly comfortable with the technology needed, and anything that I did not know yet, such as recording and uploading mini-lectures, I was able to quickly pick up. I also learned that there is value in moving some content online in a way that I would not have known without this experience. By posting discussions and allowing time for reflective responses, I gained significantly more insight into my students' understanding of the material than I did when we were together in a classroom, where some students were often too nervous or self-conscious to speak up. The second, and possibly more important thing that I learned was that I could still be an effective advisor and mentor. Because I already had built relationships with my students before we transitioned online, they felt comfortable reaching out. I talked to them more frequently than I had when I was on campus, whether it was via Zoom, phone, or email. They shared with me their frustrations and anxieties about both the pandemic and how it affected their training and future. I value those relationships so much and will use these experiences to support my new students this coming year.





## **Providing School Psychology Services**

*S. Wynne Bosik, PsyD*

It can be hard as a novice school psychologist to develop a sense of how to prioritize one's responsibilities. As a first-year practitioner working in a public middle school, I found that managing my workload was no easy task and required constant self-reflection and adjustment to my processes and approaches. The switch to distance learning due to COVID-19 only served to amplify my insecurities about whether I was focusing my attention and energy in the "right" places.

Fortunately, during this time I was participating in a new practitioner supervision group. During one online session, I expressed with exasperation that I was doing double duty. On one hand, I felt a huge responsibility to check in with students and families to ensure that basic mental health needs were met. Stress levels and safety concerns were noticeably escalated. On the other hand, I had many legal and ethical responsibilities as a provider of special education services. The district expected that I continue to work toward IEP goals and objectives and keep diligent documentation of student progress. I found myself torn between providing immediate and essential mental health services in the face of a worldwide health crisis and continuing to implement social-emotional interventions to meet student-specific goals. My solution to trying to

prioritize both was to work overtime. I created and posted online lessons so students had opportunities to work on their goals between sessions and used virtual meetings to check in about more pressing mental health concerns and follow up on lessons as necessary. I felt like I was working twice as hard and half as effectively as I wanted to be.

After venting my frustrations, I received valuable feedback. I realized that mine and my students' mental health needed to be my main focus. While my special education responsibilities remained an integral part of my role, I acknowledged that students would not access lessons (social-emotional or academic) if they were not in a good place emotionally. I knew this, of course, but it was easy to forget as I became overwhelmed with the pressure of a new job compounded with the stresses of the pandemic and distance learning. Further, I recognized that I was not modeling self-care. I needed to be kinder to myself and appreciate that I was doing the best I could with the resources, knowledge, and experience I had. I have no doubt that these lessons would come to me as I continue to grow as a school psychologist, but I do think that working during COVID-19 and managing all that came with it sped things along. I will take what I learned into the coming school year and hope that others find something useful in the experience as well.

## **Applying and Interviewing for a New Position**

*MacKenzie Sidwell, PhD*

Similar to my colleague Lisa, the stress of transitioning online during my first year as a faculty member was unanticipated. As an early career academic, I was still in the weekly throes of preparation, feeling accomplished simply by staying a step ahead of my students, only now, my preparation had shifted to online instruction, in which I had no prior training. Additionally, as with many new faculty, I was coping with the baseline stress of being in a new town and thousands of miles away from family. Then, during the spring semester, I also re-entered the academic job market.

Being on the job market during the pandemic offered an additional layer of uncertainty, as well as guilt. Uncertainty, due to the rapid withdrawal of searches by other institutions and the financial state of my own institution as a pre-tenure faculty member. Guilt, due to my sensitivity to the perceived abandonment my students might feel caused by my departure during a global crisis. However, I found great support from my trusted colleagues and mentors across the field. Instead of succumbing to the uncertainty and guilt, I let the advice of my mentor guide my search, “let them tell you no.” As such, I cast my net wide, remained hopeful, and felt a sense of accomplishment and fortune when offered the opportunity at my new institution.

Many universities discontinued searches in the spring, and tightening budgets make the likelihood of future searches uncertain. Whether programs are able to conduct searches this coming academic year or in the near future, the negotiating process for new faculty has become even more vital than before. Universities will undoubtedly be expecting faculty, particularly junior faculty, to do more with less than our senior members had at their disposal when they began their careers. While salaries may have less flexibility, I have learned the importance of advocating for the supports I will need to be successful and make sure they are accurately reflected in the contract. Very little may be guaranteed post-COVID-19. I have learned developing a comprehensive contract with the university has particular importance now in order to jumpstart an academic career during uncertain times.

## **Conclusion**

As early career psychologists in transition, each of us learned valuable lessons during the pandemic. Whether we were adapting our teaching and mentorship, adjusting our practice, or negotiating a job search, we sought out support and gained valuable insight into how to navigate this new world. It is our hope that by reading this piece, others can learn from our experience as we work to support children and families during this time.







## **SASP STUDENT CORNER:**

# **PARENTING, WHILE IN GRADUATE SCHOOL**

**By Marcela Galicia, University of South Florida**

**Andrea Guarnieri, University of South Florida**

**Celina Esther La Forge, University of Arizona**

**Cydney V. Quinn, Duquesne University**

**& Miranda Zahn, University of Wisconsin, Madison**

Graduate students face many barriers when they begin their masters or doctoral degree, such as financial concerns or learning how to manage their limited time. Graduate students who are also parents face additional barriers (e.g., childcare, university accessibility, social supports). These additional barriers might be difficult for non-parent colleagues to understand. After interviewing three parents from school psychology graduate programs, we gained insight about their experiences into managing the dual roles of being a graduate student and a parent. Marcela Galicia—a graduate student at the University of South Florida, Celina Esther La Forge

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—a graduate student at the University of Arizona, and Andrea Guarnieri—a graduate student at the University of South Florida, shared their experiences as parents during graduate school. Their stories revealed a myriad of logistical (e.g., child-care expenses, maternity leave), time management, and parenting barriers. The information gleaned from these three women’s experiences can bring awareness to program directors, professors, and peers to better support student-parents.

## **Nuts and Bolts**

### **Health Insurance**

Health insurance remains a complicated issue for many graduate students. However, as an expecting mother, Marcela’s difficulties securing health insurance were exacerbated as a pregnant graduate student. The insurance through Marcela’s university did not include pregnancy-related medical expenses at the time, as her pregnancy was deemed a “pre-existing condition.” She spent hours on the phone with insurance companies and the Florida Office of Insurance Regulation to no avail; care related to her pregnancy was not going to be covered. Only after obtaining help from her university’s human resource office, she was provided with a clear route to getting her medical expenses covered. Without the help from individuals at her university who recognized the complexities of obtaining health insurance, she would not have been allowed to access quality prenatal health care.

### **Childcare**

In addition to the difficulties of health insurance, Celina, Marcela, and Andrea expressed their struggles in covering childcare-related expenses. Celina’s fortune in living near extended family as they were able to assist in childcare helped her navigate many parenting obstacles. For Marcela, childcare was the most stressful part of parenthood during the first two years. A family friend helped with childcare the first few months and then her child was enrolled in center-based childcare at the age of 8 months old. However, this care presented new obstacles as Marcela’s child became ill frequently. Childcare was a large expense at the time, so Marcela shared that paying a caretaker for the child to cover sick days was out of the question. Therefore, Marcella had to neglect her graduate student duties, such as class and practicum, in order to prioritize caring for her child. Similarly, for Andrea, a single mother with three children, childcare was a complex part of her day. She experienced difficulty scheduling childcare during the day and also coordinating the transport of her children to their various activities in the evenings. Luckily for her, the public schools in Florida offered affordable after-school care. Additionally, she heavily relied on babysitters and family members to provide support



in the evenings when she had night classes or needed time to write.

## Time Management

Student-parents experience logistical barriers beyond finances that may not be salient to non-parents. For all three contributors, clear communication and specific planning (e.g., group texts, shared and consistent calendars) became central to balancing childcare and graduate school. Celina highlighted the experience of time management and multitasking, while also being a parent. Adhering to deadlines is crucial for school psychologists in training and beyond. Therefore, for Celina, noting her school-related deadlines as well as her kids' deadlines helped her to stay focused and organized. Celina also shared that she had to practice flexibility with her studying habits to accommodate a chaotic schedule. It was difficult at times for her to schedule study periods, as she felt it often could detract from time spent with her children. For that reason, she often studied when her children were asleep. She also chose a workspace with a door that she could close to minimize distractions. Further, when she was away from home for practicum, classes, or meetings, she utilized study rooms at her university or local public library during breaks.

For Marcela, it was imperative that she learned how to efficiently maximize the 168 hours in the week. She learned early on during her pregnancy how important it was to plan out her time in advance. For example, Marcela found it helpful to schedule blocks of time to devote to her assistantship duties, class work, practicum responsibilities, and dissertation tasks, while continuing to attend her necessary prenatal visits. For example, she utilized early mornings, late evenings, and even while sitting in the waiting room before doctors' appointments to devote to her school-related tasks. After the birth of her daughter, Marcela created structured family routines so that the time spent with her daughter

was enjoyable and full of distraction-free positive interactions. With these clear boundaries, Marcela ensured that she had chunks of time to complete all of her required graduate student tasks.

Andrea shared that while she recognized that time is a fixed quantity, she found ways to improve the quality of her time by focusing on preventative planning. After noticing that her children's habits and behaviors had "unraveled" during her first year of graduate school, she adjusted her daily routines and expectations for her household during the second year. She and her family titled their schedule "a day well lived" and posted it in the kitchen. Their schedule delineated chores, homework schedules, music practice, morning and bedtime routines, and other household expectations. While they didn't always stick to their schedule, like many typical graduate students struggle to do, they tried to be explicit about their expectations for the day. Andrea stated it perfectly: *"I was avoiding having to build the airplane while flying it."* With these strategies in place, she was able to devote her limited free-time to doing something enjoyable with her children. In addition to creating schedules for her family, she developed the ability to pay closer attention her own daily rhythms, such as scheduling her work time around her moments of maximized productivity throughout the day. For example, Andrea recognized that she did her best writing in the mornings when she was most refreshed and clear-headed, whereas in the evenings she was not productive. By noting these behaviors, she effectively planned her day so she could still meet deadlines while also balancing the role of a full-time parent.

With the current international pandemic, our parents face an extra barrier – not only having to adjust to working and learning from home, but also now doing it with their children in proximity. They have developed "work hours" so that they could create a boundary between academic work



and their personal lives. However, as many of us have developed “work hours”, theirs look slightly different. Andrea shared that her hours consist of schoolwork, research, and assistantship tasks being completed between 4:00am and 8:00am and then 3:30pm and 7:30pm. When she is working during the hours that her daughter is awake, she indicated that she has had to “*accept that my daughter will not watch TV as it used to be reserved for short periods on the weekend.*” Our parents have had to find unique ways to stay connected (e.g., making a point to have lunch with their child, finding different times to work) all while keeping their children entertained, educated, and busy.

### **Sleep Deprivation**

Many graduate students struggle with sleep hygiene; however, for student-parents like the contributors to this piece, the lack of time for adequate sleep is particularly salient. Marcela

shared that prior to the birth of her child, she spent time researching the prenatal period and early stages of infancy. She quickly recognized the physical, cognitive and emotional difficulties she would face as a new parent that would impact her quality of sleep. For the first month of her child’s life, she noted only sleeping for 30 minutes every 2 hours, while still struggling to adapt to her daughter’s varied sleep schedule in the following months. To adjust to these changes, Marcela and her husband prioritized sleep training and utilized their local library resources to identify and implement strategies to promote positive sleep habits. Through implementing these changes, it became possible for Marcela and her husband to focus on themselves and productively work during the hours when their daughter was asleep.

For Andrea, the lack of sleep and constant demands felt overwhelming at times. However, she creatively decided to focus on what she



learned from these times and shared with us her remedy to this experience. She developed an exercise where she would ask herself: *“How are you feeling? What is it that you need?”* She would then write down the answers and reflect on her needs. She shared that when she attended to her internal dialogue, she was more aware of her needs and was able to be more present across all aspects of her life. For example, she avoided feeling guilty about taking care of her own needs by recognizing that in order for her family to be happy, she needed to promote that happiness within herself. She implemented strategies such as mindfulness and yoga to assist with this process.

### **University Accessibility**

In our daily routines as graduate students, most of us typically travel to campus, go to class, maybe complete a few assignments, and then travel home. While parents also have this experience, new mothers might add an extra component to their day on campus: pumping. Breastfeeding mothers have to find time during their busy schedules as well as a location on campus that will allow them to pump. For Marcela, there was a designated office in her building for lactating mothers. The proximity of this room was very helpful, considering the limited time she had in between classes and meetings.

### **Social Supports**

In addition to barriers that parents may face while completing graduate school, we asked our contributors “How in the world do you do it?” We wanted to know, how parents manage these complex expectations and pressures. In Andreas' words: *“With help. You depend on the proverbial village.”* All three contributors indicated that without the support of their communities and families, it would have been very challenging for them to balance their graduate school and parenting responsibilities.

### **Cohort Members & Friends**

Marcela felt supported by her cohort members during her pregnancy in multiple ways. For instance, some students in her cohort organized a surprise baby shower celebration prior to class one day. *“It was a complete surprise and one of the highlights of my graduate studies”* she shared with us. Marcela also indicated that she found specific peers that were always around to listen, express empathy, and share her excitement over the joys of her pregnancy. Marcela also found it important to make new friends in the community outside of classes. Since she moved to Tampa for graduate school, she did not have family or friends nearby who could provide physical support. While making new friends in a new town with a busy graduate student schedule was difficult, she found it necessary. For example, her new friends from her church community organized meals for her family during the first two weeks after the birth of her child, which was incredibly helpful given that her husband was working and she experienced a longer recovery due to complications during the birthing process.

When Celina started as a new doctoral student, she was assigned a graduate student mentor in the cohort above her. She found that this mentorship, along with the positive relationships she held with her cohort members, to be extremely beneficial and a key part of her support system. The mentorship provided a great sense of support, as it assisted her in navigating through the program requirements and coursework given her unique circumstances. Empathizing with fellow students in her program was valuable for her in getting through the demands of a graduate program.

### **Professors**

All three contributors to this piece shared how important it was to have positive relationships with their advisors and professors while navigating pregnancy and parenting. Each

shared that clear and open communication with faculty made their experience easier and it allowed for them to feel like valued members of the program, regardless of their differences in personal lives. For example, Marcela gave birth to her daughter two weeks prior to the end of the spring semester during her first year in the program. In order to lighten her load for the summer semester, she took a summer class in the spring semester. Her professors worked with her to allow her to submit assignments, take tests, and have access to modules earlier so that she could work ahead. Working ahead helped her after her daughter was born, because she had completed the majority of required assignments for her classes. Although she still had some final coursework to complete, she found it easy to catch up and complete these responsibilities. Furthermore, her responsibilities for her research assistantship were allowed to be completed at home. The flexibility from her professors was imperative to her success.

### **Self-Care**

On top of all the support from their social support systems, these parents recognized that they needed to prioritize self-care. For example, Andrea found ways to enjoy pleasurable things by employing two positive psychology techniques from one of her faculty advisors. First, she kept a gratitude journal and wrote three things she was grateful for that day. This technique helped her pay attention to the joys and privileges she might have otherwise overlooked. By regularly noting the people and moments in her life that emotionally fed her most, she savored them more by committing them as a positive memory as well as recognizing them as they occurred. Secondly, she reminded herself that balancing her coursework and parenting was constantly making her a better person. Meeting these multiple demands cultivated her strengths and added fulfillment to her life. Additionally, Andrea found that by advocating for her needs, she would be able to share her strengths and methods of

success during difficult times with future colleagues in similar positions.

Celina expressed that at times self-care felt impossible since there were tasks that were constantly needing to be done. However, while at times challenging, she shared that “*when finding time to exercise and get enough sleep, I am able to function with more clarity [and] have a calmer perspective.*” By creating this time for herself, she was able to increase mindful interactions with her children and partner, while also maintaining balance to avoid burn out.

### **What can we do for our graduate students who are parents?**

After learning of Celina, Andrea, and Marcela’s experiences as parents during graduate school, we as cohort members, friends, professors, and supervisors can have insight into what life is like for those incredible individuals who are simultaneously completing academic work and maintaining a healthy and positive family balance. Our hope in sharing their experiences and stories is that we can be mindful of our interactions and demands placed on parents in graduate school. We can find ways to support our colleagues by sharing their joys of parenthood or creating study groups at accessible times to them. Also, our hope is that programs can read these experiences and find ways to accommodate their students in schoolwork, provide private space for new mothers, or think about the way courses are structured that could better fit a full-time parent’s schedule. We thank our contributors for sharing their stories and we hope that this will start conversations with other parents in graduate school. Let’s take this time to learn more about others and how we can encourage communication about how parenthood can be integrated into the graduate curriculum.



# DIVISION 16'S LEGACY FUND: JOIN THE TEAM DONATING \$100

Background: Membership in Division 16 has declined over the years while some aspects of operations have continued to increase. The costs of promoting the mission statement and activities of the Division of School Psychology have also increased. At the same time, the NIH, NIMH, and other Federal agencies looking at child mental health continue to designate children as one of the top ten most underserved populations in our country. School psychology, which is truly the lifeline of public mental health for children and adolescents, has seen reductions in funding in constant dollars over the last decade, despite population growth in numbers and in need.

Solution: To ensure the survival of the APA Division of School Psychology, and its ability to advocate for children and for mental health and integrated services in the nations' schools, the Division Executive Committee (EC) has created a capital endowment Legacy fund.

Leadership: The EC also voted to establish a committee — the *Committee on Professional and Corporate Sponsorship of School Psychology* (CPCSSP) — to develop funds for use by the Division EC. Division past-president Cecil Reynolds, Ph.D. chairs the CPCSSP; commonly known as the Legacy Committee.

Stewardship: The inaugural members of the Legacy Committee have donated at least \$2,500 and serve in an advisory role (5-year term) with the goal of developing potential sources of funding opportunities. For example, Legacy Committee members are working to develop corporate giving and other charitable opportunities to support the Division. Some Legacy member profile pages can be found at: <https://apadivision16.org/committee-on-professional-and-corporate-sponsorship-of-school-psychology/> - at present the Legacy Committee has over \$40,000 in collected and pledged contributions. Legacy Committee members include, among others:

Cecil Reynolds, Ph.D. (chair)  
Thomas Kehle, Ph.D.  
R. Steve McCallum, Ph.D.  
Kevin McGrew, Ph.D.  
Sam Ortiz, Ph.D.  
Daniel Reschly, Ph.D.  
Frank Worrell, Ph.D.

Goal: At its midwinter meeting in January, the Division EC voted to initiate the 100 at 100 campaign. Specifically, the goal is for 100% of our members to donate \$100 by the Division's 75th anniversary in 2020. These monies will go to support the mission of the Division and things like the capital endowment as a permanent funding source for school psychology—and is only \$8.50 per month for one year from each supporter. If we can make it to a \$100.00 contribution from 100% of membership, the Division will have a viable permanent Legacy Fund to carry the mission of the Division into the future.

Division 16 supporters can make direct donations year-round at: <https://www.apa.org/division-donation/index.aspx>! **Checks should be made out to Division 16 and mailed to APA Division Services/750 First Street NE/Washington, DC 20002.** Tammy L. Hughes, Ph.D., ABPP serves as the Division liaison to the Legacy Committee, she can be contacted at [HughesT@duq.edu](mailto:HughesT@duq.edu).

Your gift is very much appreciated and may be tax deductible pursuant to IRC §170(c). A copy of our latest financial report may be obtained on our website at [www.apa.org](http://www.apa.org) or by writing to **the American Psychological Association, Attention: Chief Financial Officer, 750 First Street NE, Washington, D.C. 20002**. The American Psychological Association has been formed to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives. If you are a resident of one of these states, you may obtain financial information directly from the state agency: FLORIDA – A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE, 1-800-435-7352 (800- HELP-FLA) WITHIN THE STATE OR VISITING [www.800helpfla.com](http://www.800helpfla.com). REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Florida Registration (**CH11646**); GEORGIA - A full and fair description of the programs of the American Psychological Association and our financial statement summary is available upon request at the office and phone number indicated above; MARYLAND – For the cost of copies and postage, Office of the Secretary of State, State House, Annapolis, MD 21401; MISSISSIPPI – The official registration and financial information of the American Psychological Association may be obtained from the Mississippi Secretary of State's office by calling 1-888-236-6167. Registration by the Secretary of State does not imply endorsement; NEW JERSEY – INFORMATION FILED WITH THE ATTORNEY GENERAL CONCERNING THIS CHARITABLE SOLICITATION AND THE PERCENTAGE OF CONTRIBUTIONS RECEIVED BY THE CHARITY DURING THE LAST REPORTING PERIOD THAT WERE DEDICATED TO THE CHARITABLE PURPOSE MAY BE OBTAINED FROM THE ATTORNEY GENERAL OF THE STATE OF NEW JERSEY BY CALLING (973) 504-6215 AND IS AVAILABLE ON THE INTERNET AT <http://www.state.nj.us/lps/ca/charfrm.htm>. REGISTRATION WITH THE ATTORNEY GENERAL DOES NOT IMPLY ENDORSEMENT; NEW YORK – Office of the Attorney General, Department of Law, Charities Bureau, 120 Broadway, New York, NY 10271; NORTH CAROLINA – FINANCIAL INFORMATION ABOUT THIS ORGANIZATION AND A COPY OF ITS LICENSE ARE AVAILABLE FROM THE STATE SOLICITATION LICENSING BRANCH AT 1-888-830-4989. THE LICENSE IS NOT AN ENDORSEMENT BY THE STATE; PENNSYLVANIA – The official registration and financial information of the American Psychological Association may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement; VIRGINIA – Virginia State Office of Consumer Affairs, Department of Agricultural and Consumer Services, PO Box 1163, Richmond, VA 23218; WASHINGTON – Charities Division, Office of the Secretary of State, State of Washington, Olympia, WA 98504-0422, 1-800-332-4483; WISCONSIN – a financial statement of the American Psychological Association disclosing assets, liabilities, fund balances, revenue, and expenses for the preceding fiscal year will be provided upon request; WEST VIRGINIA – Residents may obtain a summary of the registration and financial documents from the Secretary of State, State Capitol, Charleston, WV 25305. Registration with any of these state agencies does not imply endorsement, approval or recommendation by any state.



# 2020 DIVISION 16 AWARD RECIPIENTS

We thank these members for their extensive contributions to the field!



Jack Bardon Award  
**Dr. Bill Pfohl**



Contributions to Practice Award  
**Dr. Carlen Henington**



Senior Scientist Award  
**Dr. Matthew Burns**



Outstanding Dissertation Award  
**Dr. Christa Copeland**



Lightner Witmer Award  
**Dr. Lindsay Fallon**



Lightner Witmer Award  
**Dr. David Klingbeil**



Tom Oakland Award  
**Dr. Amanda Nickerson**

## BECOME A DIVISION 16 AWARD WINNER IN 2021!

Division 16 will soon release its call for 2021 award applications and nominations—with accolades for all career levels and practice types. We encourage all eligible members to apply!

Available awards, eligibility criteria, past recipients, and application instructions may be found on the Division 16 website, [here](#). Be sure to renew your membership for next year as well to prevent a lapse in benefits (including award eligibility)!





**NOW AVAILABLE!**

## Digital “*superpowers*” to help you identify what they need to achieve even *more*.

*Wechsler Individual Achievement Test<sup>®</sup>, Fourth Edition (WIAT<sup>®</sup>-4), expands on the flexibility of the widely used achievement test, and is available on Q-interactive<sup>®</sup> and through the Digital Assessment Library for Schools!*



### This new edition of WIAT features:

#### **FIVE NEW SUBTESTS**

- Phonemic Proficiency
- Orthographic Fluency
- Decoding Fluency
- Sentence Writing Fluency
- **Orthographic Choice\***



#### **FIVE NEW COMPOSITE SCORES**

- **Orthographic Processing\*\***
- Phonological Processing
- Reading Fluency
- Writing Fluency
- Basic Reading



#### **SOME ADDITIONAL NEW ENHANCEMENTS**

- Automated scoring for Essay Composition
- Simplified Sentence Composition scoring
- Dyslexia Index Scores measures

**WIAT-4 goes beyond the “what” to uncover the “why”. Learn more at [PEARSONASSESSMENTS.COM/WIAT-4](https://www.pearsonassessments.com/wiat-4)**

\*Q-interactive only

\*\*Extended composite available on Q-interactive

### **STREAMLINE YOUR ASSESSMENTS THIS FALL!**

Great news! WIAT-4 is available on Q-interactive and is also part of the Digital Assessment Library for Schools. Not currently a member of the Digital Assessment Library?

#### **DO YOU WANT TO**

- Improve diagnostic assessment outcomes for students while reducing costs?
- Level out your assessment costs from year to year and simplify purchasing?
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#### **NOW AVAILABLE TO DISTRICTS OF ALL SIZES!**

See how the Digital Assessment Library can revolutionize the way you administer assessments! Learn more at [PearsonAssessments.com/DigitalForSchools](https://www.pearsonassessments.com/DigitalForSchools).





# SEEKING NEW EDITORIAL BOARD MEMBERS FOR *THE SCHOOL PSYCHOLOGIST*



*The School Psychologist* is the official APA Division 16 newsletter, published three times year. The primary purpose of the newsletter is to provide a vehicle for rapid dissemination of news and recent advances in practice, policy, and research in the field of school psychology. As incoming editor for 2021, Dr. Celeste Malone is inviting interested colleagues to apply to contribute as members of the Editorial Board.

We are seeking to expand the Editorial Board to ensure fair representation of faculty, scholars, and practitioners of diverse racial and ethnic minoritized backgrounds. We also invite individuals with various scholarly or methodological expertise. In particular, we believe the efforts to increase the diversity of the Editorial Board will aid in reviewing submissions not only to identify bias but also to promote opportunities for cultural responsiveness and socially just practices.

Members of the Editorial Board serve at least one annual term. They provide reviews of manuscripts, make recommendations regarding potential publication, and help to encourage submissions in their areas of expertise. Members of the Editorial Board will:

- a. complete timely reviews (within 14 days),
- b. receive guidance in preparing constructive reviews that will inform authors and editors
- c. contribute ideas for further development of TSP

Across a given year, it is anticipated that members of the Editorial Board will contribute reviews and recommendations for at least two (2) manuscripts per year.

**For interested colleagues, please email a copy of a current curriculum vitae to Dr. Celeste Malone: [celeste.malone@howard.edu](mailto:celeste.malone@howard.edu) or Dr. Andy Pham: [avpham@fiu.edu](mailto:avpham@fiu.edu)**

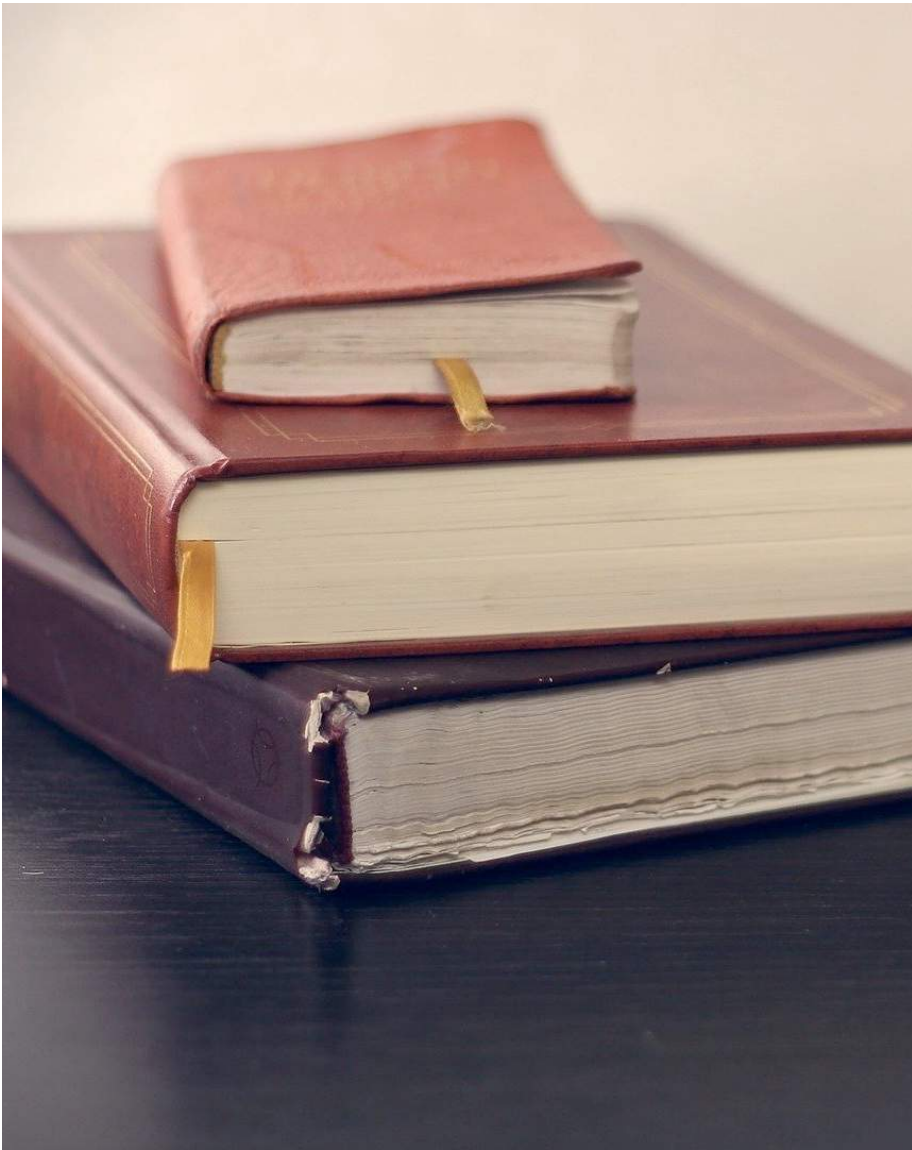
# DIVISION 16 EXECUTIVE COMMITTEE

Office	Term	Name	Contact Information
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Vice-President for Social, Ethical, and Ethnic Minority Affairs (VP-SEREMA)	2019-21	Prerna G. Arora	Teacher's College, Columbia University Email: <a href="mailto:arora23@tc.columbia.edu">arora23@tc.columbia.edu</a>
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Council Representative	2020-22	Lea A. Theodore	Adelphi University Email: <a href="mailto:ltheodore@adelphi.edu">ltheodore@adelphi.edu</a>



# AUTHOR'S INSTRUCTIONS & PUBLICATION SCHEDULE

Division 16 of the American Psychological Association publishes *The School Psychologist* as a service to the membership. Three PDF issues are published annually. The purpose of TSP is to provide a vehicle for the rapid dissemination of news and recent advances in practice, policy, and research in the field of school psychology.



Article submissions of 12 double-spaced manuscript pages are preferred. Content of submissions should have a strong applied theme. Empirical pieces conducted in school settings and that highlight practical treatment effects will be prioritized. Other empirical pieces should have a strong research-to-practice linkage. Non-empirical pieces will also be reviewed for possible publication, but are expected to have a strong applied element to them as well. Briefer (up to 5 pages) applied articles, test reviews, and book reviews will also be considered. All submissions should be double-spaced in Times New Roman 12-point font and e-mailed to the Editor. The manuscript should follow APA format and should identify organizational affiliations for all authors on the title page as well as provide contact information for the corresponding author. Authors submitting materials to *The School Psychologist* do so with the understanding that the copyright of published materials shall be assigned exclusively to APA Division 16.

For more information about submissions and/or advertising, please e-mail or write to:

**Andy Pham, PhD**

School of Education & Human Development

Florida International University, ZEB 360B

[avpham@fiu.edu](mailto:avpham@fiu.edu)

To be considered in an upcoming issue, please note the following deadlines:

**Spring Issue:** Approximate publication Date - February 15th; Submission Deadline - December 15th

**Summer Issue:** Approximate publication Date - June 15th; Submission Deadline - April 15th

**Fall Issue:** Approximate publication Date - October 15th; Submission Deadline - August 15th



