



The School Psychologist

AMERICAN PSYCHOLOGICAL ASSOCIATION



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Teacher Consultation as a Means to Enhance Implementation of a Social Skills Program

**Susan Han, Vicki Harris, and Tom Catron
Vanderbilt University**

Even at early ages, children from socio-economically disadvantaged backgrounds are at increased risk of developing serious emotional and behavioral problems (Raadal, Milgrom, Cauce, & Mancini, 1994; Tolan & Henry, 1996). Unfortunately, in many instances, these children's problems are not recognized or addressed until the problems have become difficult to treat or have had a significant negative impact on their learning. In addition to the direct impact on the child and his/her family, mental health problems can have a serious impact on the school system, interfering not only with the child's own academic development but that of his/her classmates as well (Knitzer, Steinberg, & Fleisch, 1991). For example, interactions between teachers and students with conduct difficulties often center around non-constructive attempts at control and negative reprimands. This results in both less time being spent on academic instruction for all students (e.g., Shores et al., 1993; Wehby, Dodge, Valente, & Conduct Problems Prevention Research Group, 1993), and the classroom becoming an aversive environment for students and teachers alike (Gunter, Denny, Jack, Shores, & Nelson, 1993). Therefore, it is imperative that early intervention/prevention services, aimed at reducing the risk of low SES children developing severe emotional and behavioral problems, be provided in the schools.



The Behavioral Enrichment Skills Training (BEST)/Reaching Educators, Children & Parents (RECAP) Programs

In response to the crucial necessity for early intervention, psychosocial programs have increasingly been based within schools and have involved teachers as implementation agents. Recognizing the need to better train teachers in this role,

we have developed a school-based prevention program that focuses on teacher skills in behavior management and mental health issues that affect student learning. The Behavioral Enrichment Skills Training (BEST) program is aimed at increasing preschool children's prosocial skills and reducing their impulsive and aggressive behaviors. To this end, the program provides intensive teacher consultation to guide teachers in administering the classroom social skills curriculum throughout the academic year. More importantly, the program provides teachers with a conceptual framework for addressing behavior problems in the classroom. The program also involves parents in separate group meetings to discuss ways in which they can support and reinforce their children's development and use of prosocial skills. To date, the BEST program has been implemented in 10 pre-kindergarten classrooms serving low-income neighborhoods in Nashville, Tennessee.

The BEST program is based on the RECAP (Reaching Educators, Children, and Parents) program (Harris, Weiss, & Catron, 1997; Weiss, 1998), a school-based cognitive-behavioral social skills train-

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PRESIDENT'S MESSAGE

The State of the Division

Steven G. Little, Hofstra University

I always thought it rather odd that a recently elected President of the United States would stand before a joint session of congress after barely a month in office and talk about the state of the nation. I sit here at my computer, a couple of weeks before taking over as President of Division 16 and am faced with essentially the same task. The advantage I have is that I have served as President-Elect for the past year and have been fortunate to work with outgoing President Jack Cummings. I also served as editor of *The School Psychologist* for 6 years which kept me abreast of the issues facing the Division. My disadvantage is that I lack a speech writer or staff to prepare this for me. What I will do is what I promised when I ran for President, my best.

When I was editor of *The School Psychologist* I was fortunate to work with a number of incredibly talented and dedicated school psychologists who preceded Jack as President. I received four columns a year from Randy Kamphaus in 1995, Jan Hughes in 1996, Jim Paavola in 1997, Deborah Tharinger in 1998, Beth Doll in 1999, and Rick Short in 2000. Their content ranged from the mundane (such as this) to the very important. What they all had in common was an attempt to communicate to Division members those issues faced by the executive committee. The one thing I have noticed is that those issues have not changed much in the past 6 years. We are still dealing with many of the same issues that faced the Division in 1995, and my guess is that they were very similar in 1985 and 1975 too.

In my statement when I ran for President I commented that when I accepted my first job as a school psychologist back in 1979 I held a master's degree in psychology, with no specialization, and NO experience working in the schools. What I had were a couple of assessment classes and a general knowledge of child development. Thank God that things have changed so that someone as naïve and poorly trained as I was can no longer become certified to practice in the schools. School psychology has made tremendous strides in the past 20 years in the education and credentialing of psychologists in the schools, but we are still faced with many challenges both within school psychology (i.e., NASP-APA level of training issues) and within psychology as a whole (i.e., relationship with other practice

areas, particularly clinical psychology).

NASP and APA have had a long, but sometimes fractious, relationship. I, and I am sure most Division 16 members, also belong to NASP. NASP has played a tremendous role in the development of school psychology. Unfortunately, we are currently at a critical juncture in our relationship with NASP. The recent revisions of the NASP credentialing standards and practice guidelines are attempting to change, on a nationwide basis, the nondoctoral school psychology credential to a license that enables independent practice in all settings. In addition, NASP suggests limiting entry into school psychology practice to individuals who graduate from NASP approved programs and obtain NASP endorsed credentials. This could exclude individuals who graduated from APA accredited doctoral training programs in school psychology and hold a license to practice.

While the Division may have taken the lead in its dealings with NASP in the past, these recent changes in NASP standards have awakened the sleeping giant, APA. The leadership of APA has become much more involved in discussions with NASP than at any time in the past. This has included meetings and written communication between the presidents of each respective organization. The Division has been kept in the loop, but APA's ultimate action will be decided by the APA Board of Directors. We do need to advise and be a part of the process however. To that end, we are fortunate to have a school psychologist (Ron Palomares) in a major leadership position in the Practice Directorate. Ron has worked tirelessly with Jack, me, and the rest of the Executive Committee (EC) to keep us informed and solicit our advice. I plan on working closely with Ron throughout the next year to make sure our interests are best served. Please let me, or any other member of the EC, know your thoughts on this matter. We represent you and we can do that best when we know what you are thinking.

Regardless of the direction of the APA – NASP interaction, the Division 16 leadership must continue to work with the NASP leadership and we must maintain a good relationship if we are going to continue to develop as a profession. Recognizing that, it must be pointed out that we do not always have



Steve G. Little

“What I will do is what I promised when I ran for President, my best.”

CONTINUED FROM THE COVER

Teacher Consultation as a Means to Enhance Implementation of a Social Skills Program

ing program for the treatment of co-occurring internalizing and externalizing problems. The RECAP program was derived from the research literature regarding the treatment of non-comorbid internalizing and externalizing problems, and has demonstrated significant treatment effects in a controlled outcome evaluation with fourth-grade children, their parents, and their teachers (Weiss, Catron, Harris, & Han, 2000; Weiss, Harris, Catron, & Han, 2001). In order to administer the program to pre-kindergarten children, the classroom curriculum from RECAP was adapted to make the materials and activities developmentally appropriate for this younger population. Classroom materials available through *Second Step: A Violence-Prevention Curriculum for Preschool-Kindergarten (Ages 4-6)* (Committee for Children, 1991), whose parallel program for second- and third-grade children has shown positive effects in a controlled outcome study (Grossman et al., 1997), were also utilized. Although the BEST program integrates classroom curricula from both of these programs, its intervention activities reflect RECAP's core principles of focusing on students' positive behavior, conveying clear and developmentally appropriate expectations, and providing clear and consistent consequences for children's behavior. Moreover, the program provides a common language for children, parents, and teachers to talk about and practice prosocial skills. This paper will focus on the RECAP-based teacher consultation model, which is designed to enhance the quality of program implementation.

Teacher Consultation Model

In BEST/RECAP, teachers are supported in their efforts to teach children (a) to identify and practice appropriate social skills (called "friendly skills"); (b) to identify and label their own and others' feelings; (c) to understand others' perspectives and respond appropriately to others; (d) to use adaptive coping strategies to calm down and manage their emotions; (e) to stop and think about the consequences of their behavior choices; and (f) to use friendly skills to resolve conflicts with peers. Classroom lessons (each lasting 15 to 20 minutes) are taught by the teacher 3 to 4 times per week; and program concepts, language, and skills are reinforced daily by the teacher using positive reinforcement, modeling, mediation of problem-solving steps, and discussion of behavioral and affective consequences of behavior choices.

The consultant provides site-based instruction

on the RECAP program through weekly group meetings with the teachers. During this time, the consultant introduces and discusses upcoming program lessons that the teacher will present to the class throughout the week; discussions focus on ways in which the teacher could adapt the lessons and activities to meet the particular needs of the students. Also covered are various topics from the RECAP teacher manual, such as positive reinforcement, classroom management, self-esteem, feelings, and parent-school communication. In line with the goals that most teachers have for their classrooms, consultants support teachers in their efforts to (a) establish effective classroom expectations and structure; (b) recognize, focus on, and reinforce students' positive behavior; (c) use consistent, fair, and effective discipline that reduces negative behavior while at the same time promotes students' self-esteem; (d) use adaptive communication skills; and (e) more generally, support children in their use of prosocial skills (e.g., by modeling and guiding children's use of problem-solving steps in naturally occurring situations). The consultant also provides a mental health perspective to help teachers better understand possible reasons for children's misbehavior, such as a lack of skills to handle problems adaptively, a desire for adult and/or peer attention, traumatic experiences, and/or teacher behaviors that reinforce the misbehavior. With this common ground, teachers and consultants are better able to explore and implement different options for handling students' misbehavior.

The consultant also spends one day per week in each classroom for observation and individual consultation, allowing the consultant to: (1) observe the teacher's and students' interactions and their responses to the intervention program, (2) positively reinforce and model the program's principles, and (3) provide the teacher with timely feedback on incremental successes of his/her implementation efforts. Some teachers are initially hesitant about having another adult in their classroom, as they are uncertain of how the other person will support or interfere with their extant classroom management system. Thus, the consultant's skills in establishing clear expectations and boundaries for his/her role in the classroom, with ample room to allow for the teacher's input, are critical in establishing a positive and trusting working relationship with the teacher. We have found that a consultant is more likely to be successful when s/he clearly states her/his objectives, and outlines what role s/he will play in the classroom (and/or school) and what the teacher can

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expect from her/him. To aid in this step, we have sometimes used informal "contracts" or written agreements that detail each party's expectations and goals.

Consultation is aimed at enhancing the quality of program implementation by capitalizing on the teacher's strengths. Hence, an important aspect of the consultant's role is to identify and support the effective components of the teacher's classroom behavior management system. This may involve modeling effective use of positive reinforcement, pointing out students' positive behavior, identifying and validating teacher-implemented strategies that work successfully, and problem-solving with the teacher when a strategy does not work as intended.

Starting with the teacher's goals that underlie his/her behavior management interventions, the consultant and teacher together analyze the outcome and effectiveness of specific strategies that the teacher has implemented. This practice of evaluating when a specific intervention works or does not work helps teachers to sharpen their skills in monitoring the outcomes of their behavior management strategies and recognizing successful strategies, as well as identifying barriers to achieving their classroom objectives. Helping teachers to identify barriers and recognize the incremental gains that they have made with their students is an important process in RECAP-based consultation, for these serve as powerful reinforcers for teachers to continue with the program in their classroom.

The consultant's added perspective in helping teachers to identify these successes is beneficial and the opportunity to discuss reasons why a particular intervention has not worked as intended is invaluable practice for teachers to maintain a problem-solving stance within the RECAP framework, even in the face of occasional failures. Oftentimes the consultant helps to positively reframe a problem to explore the teacher's feasible options from the RECAP model's perspective. Ultimately, the aim of consultation is to enhance the quality of program implementation by supporting teachers through modeling, coaching, and providing ongoing feedback regarding lesson presentation, children's responses to the lessons, and discussion of strategies to further reinforce concepts and skills.

Although the RECAP program's reliance on the classroom teacher to administer the intervention program to students is not unique, our experience in program implementation suggests that providing consultative support for the classroom teacher's efforts to administer the RECAP program and its

social skills curriculum is crucial to maintaining treatment adherence and fidelity to the program's core principles. In order for teachers to correctly implement the program, they need to fully understand the fundamental philosophy of RECAP and feel comfortable in tailoring the program to the particular needs of their students—without compromising its core principles. This cannot be accomplished without engaging the teacher as an active and creative participant and partner in the program's implementation.

A key strength of the RECAP program that facilitates teachers' engagement is that RECAP is grounded in a conceptual framework that guides teachers' and consultants' problem-solving approach to everyday problems encountered in the classroom. As noted above, the principles of RECAP can be crystallized into three main objectives that guide intervention efforts: (a) a focus on strengths and positive behavior; (b) clear and developmentally appropriate expectations; and (c) clear and consistent rewards and consequences for children's behavior. This foundation is especially important as the teacher and consultant work together to tailor the curriculum and fine-tune the classroom rewards system to meet the needs of the students and to match the teacher's instruction style. The flexibility afforded in trying out different strategies to address classroom issues is balanced by the overarching goals of the RECAP framework. Thus, teachers are free to customize their interventions, as long as the intervention focuses on students' positive behavior, integrates clear and developmentally appropriate expectations, and provides for clear and appropriate consequences. Through this process of tailoring interventions within the program's framework, teachers begin to assume more responsibility and ownership of the program in their classroom. This, in turn, increases the likelihood that teachers will more consistently use the RECAP principles and skills with their students to resolve behavior management issues and interpersonal conflicts among students. Consequently, students will benefit from increased opportunities to use RECAP skills in real situations. Cumulatively, the teacher's consistent use of RECAP in the classroom creates a cohesive environment of prosocial expectations and norms for the whole class, and a common set of RECAP skills and language to resolve problems.

The intensity of consultation provided to teachers is necessary to support the teacher's efforts to incorporate the program's language, concepts, and skills into the daily life of the classroom. Teachers

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have often told us that it is not helpful to receive a new program kit without adequate on-site consultation to guide them in the implementation of the program and to discuss special issues to customize a program for the particular needs of their classroom and individual students. Hence, the RECAP program provides on-site consultation to enhance treatment implementation, by ensuring that teachers fully understand and feel comfortable with the program's principles, so that they are able to successfully integrate its concepts and skills into their classroom routine. We have found that the consultant's involvement, as measured by time in the classroom and active participation and interaction with students, is invaluable and integral to ensuring proper implementation of the intervention program by the teachers.

By providing intensive on-site consultation to teachers, the RECAP program trains teachers in an empirically grounded framework for addressing children's maladaptive behavior in the school setting. Given that many children with emotional and behavioral problems neither receive needed mental health services nor are identified for special education services within the school system, collaboration between mental health professionals and educators is ideal for (a) meeting the socio-emotional needs of students while also promoting their social and academic opportunities and (b) helping teachers better understand their students' misbehavior so that they can identify and use effective methods for minimizing classroom disruptions, as well as, foster a productive learning environment that promotes prosocial goals.

Conclusion

This programmatic approach to equipping teachers with the skills to more effectively address students' emotional and behavioral problems also serves the need for prevention and early intervention. Even relatively minor forms of misbehavior in the classroom, such as inappropriate attention-seeking behavior or verbal conflicts among students, can interfere with the academic functioning of the classroom, as well as potentially escalate into more serious problems involving physical aggression. Thus, it is essential for educators and mental health professionals to converge in their common objective of helping children to acquire the skills they need to resolve problems adaptively in the classroom, school, and community.

References

- Committee for Children. (1991). *Second Step: A violence prevention curriculum, Preschool-Kindergarten*. Seattle, WA: Author.
- Grossman, D. C., Neckerman, H. J., Koepsell, T. D., Liu, P., Asher, K. N., Beland, K., Frey, K., & Rivara, F. P. (1997). Effectiveness of a violence prevention curriculum among children in elementary school: A randomized controlled trial. *Journal of the American Medical Association*, *277*, 1605-1611.
- Gunter, P. L., Denny, R. K., Jack, S. L., Shores, R. E., & Nelson, C. M. (1993). Aversive stimuli in academic interactions between students with serious emotional disturbance and their teachers. *Behavioral Disorders*, *19*, 265-274.
- Harris, V., Weiss, B., & Catron, T. (1997, February). *Vanderbilt school-based RECAP program: A structured, school-based, mental health intervention for fourth graders, their parents, and their teachers*. Paper presented at the 10th Annual Research Conference, A System of Care for Children's Mental Health Expanding the Research Base Tampa, Florida.
- Kritzer, J., Steinberg, Z., & Fleisch, B. (1991). Schools, children's mental health, and the advocacy challenge. *Journal of Clinical Child Psychology*, *20*, 102-111.
- Raadal, M., Milgrom, P., Cauce, A. M., & Mancini, L. (1994). Behavior problems in 5- to 11-year-old children from low-income families. *Journal of the American Academy of Child and Adolescent Psychiatry*, *33*, 1017-1025.
- Shores, R. E., Jack, S. L., Gunter, P. L., Ellis, D. N., DeBriere, T. J., & Wehby, J. H. (1993). Classroom interactions of children with behavior disorders. *Journal of Emotional and Behavioral Disorders*, *1*, 27-39.
- Tolan, P. H., & Henry, D. (1996). Patterns of psychopathology among urban-poor children. *Journal of Consulting and Clinical Psychology*, *64*, 1094-1099.
- Wehby, J. H., Dodge, K. A., Valente, E., & Conduct Problems Prevention Research Group. (1993). School behavior of first grade children identified as at-risk for development of conduct problems. *Behavioral Disorders*, *19*, 67-78.
- Weiss, B. (1998). *RECAP manuals*. Unpublished manuscript.
- Weiss, B., Catron, T., Harris, V., & Han, S. (2000, October). *Effectiveness of an intervention program for children with comorbid internalizing and externalizing problems*. Paper presented at the Kansas Conference in Clinical Child Psychology, University of Kansas, Lawrence, KS.
- Weiss, B., Harris, V., Catron, T., & Han, S. S. (2001). *Efficacy of the RECAP intervention program for children with concurrent internalizing and externalizing problems*. Manuscript submitted for publication.

Comments, thoughts, and opinions regarding this article for the Commentary Section of The School Psychologist should be e-mailed to: LReddy2271@aol.com.

In Memoriam Marie Skodak Crissey (1910-2000)

Thomas K. Fagan, University of Memphis

Go to your bookshelf and page through the books on developmental psychology or intelligence for references with the name Skodak. Chances are that one or more references appear including Skodak (1938, 1939, 1967), or Skodak and Skeels (1945, 1949). Marie Skodak's research on children of adoption, while studying at the historically renowned Iowa Child Welfare Research Station (Cravens, 1993; French, 1988; Hilgard, 1987), has been often cited as evidence for the effects of adoption and child-care on development (McCandless, 1967) and intelligence (Stoddard, 1944). However, in her *Journal of School Psychology* autobiography, she makes little mention of these research studies (Crissey, 1983a). More coverage of those years in her career appears in other accounts (Crissey, 1988, 1996) where she summarizes that research, stating:

The findings indicated that IQ was not constant over a lifetime, that it was closely related to environmental stimulation and educational opportunity, that extreme changes for individuals could occur as a result of life experiences, and that a child's mental development was more dependent on his home stimulation than on his parental genetic endowment. The Iowa studies, and others that followed, constituted the theoretical underpinning for changes in adoption practices, as well as for the development of Headstart and Homestart programs and some aspects of special education (p. 62).

Although this research launched her career, she is better known in school psychology for her work in psychological services administration and her contributions to APA's Division of School Psychology. Boyd McCandless, Division 7 (developmental) president in 1954-1955, and Division 16 president in 1967-1968 had also attended the University of Iowa and was a close friend of Marie until his death in 1975.



Marie Skodak Crissey (R) and husband, Orlo Crissey during banquet at the 1983 NASP convention in Detroit.

Marie Skodak Crissey was born on January 10, 1910 in Lorain, Ohio and died on December 5, 2000 at age 90. At the time of her death she resided at the Alterra Assisted Living Facility in Flint, MI. Her parents came to the United States from Hungary in the early 1900s and had been educated as teachers in their homeland. Marie attended schools in Lorain before entering college, and followed a standard pre-college curriculum in a high school with no psychology or adjustment courses or a counselor.

Initially interested in chemistry, her interests turned to psychology and she received her B.S. Ed. in 1931 and M. A. in clinical psychology in 1931 at The Ohio State University. In her autobiographical accounts (Crissey, 1983a, 1992, 1996) she explains how her flexible scheduling at Ohio State allowed her to combine requirements for an undergraduate teaching degree and graduate clinical psychology degree to prepare for school psychological services and receive her degrees in June and August of the same year. At Ohio State she was mentored by Henry Goddard (formerly with Vineland Training School) and Francis Maxfield (formerly with Witmer's clinic at U. Pennsylvania). Marie's father had a knowledge of several East and Central European languages. Marie's competence in the Hungarian language facilitated her travel and study in Hungary on an International Exchange Fellowship in 1931 when jobs in the U.S. were hard to find. She returned to a summer job at Rome New York State School in 1932.

She was awarded an assistantship to continue graduate work at Ohio State, but conditions there encouraged her to take a testing position at the Iowa Child Welfare Research Station, a state institu-

In Memoriam Marie Skodak Crissey (1910-2000)

“...a very likeable and friendly person who was a scrupulous worker.”

tion, in the summer of 1933. With a heavy caseload of testing, and paid but \$30 per month, she and three other women examiners were known as the "brain testers" (Crissey, 1988). The testing was encouraged by problems in the state's adoption experiences where some adopted children turned out to be retarded when they reached school age. Similar motivations had spurred Arnold Gesell in Connecticut to develop his developmental tests. Marie returned to Ohio State for another year but again chose to further her work in Iowa in 1934. Initially influenced by hereditarian positions on development (e.g., Goddard's mentoring), her point of view changed to an environmental position, especially on mental retardation, during her work at Iowa and the Research Station. Her research at the Iowa Station encouraged her to continue graduate work at the University of Iowa where she received her Ph.D. in developmental psychology in 1938.

Marie served as Assistant Director of the Flint (Michigan) Guidance Center from 1938 to 1942 and Director from 1942 to 1946. The Center was privately funded and was part of the movement to offer mental hygiene assistance to children and families. Following this experience, she worked in private practice (one of only two persons and the only woman in Michigan to do so at that time) for a few years providing evaluation and consultation services to schools, parents, agencies, and physicians. She also taught part-time for the University of Michigan. Following a brief stint as a part-time employee for the Dearborn Schools, she became Director of the Division of Psychological Services there from 1948 until her retirement in 1969. The purpose of the Dearborn unit was "to serve children and staff with diagnostic psychological evaluations and with remedial and counseling help emphasizing prevention of more serious maladjustments or disturbances" (Crissey, 1996, p. 64). She continued her private practice as a consulting psychologist in Flint throughout her career in Dearborn. In her APA directory entries she identified her subspecializations as intelligence and measurement of intelligence, administration of school psychological services, mental retardation, special education of the mentally deficient, infancy, and assessment.

Marie became an APA member in 1938 and was a fellow of Divisions 7 (developmental), 12 (clinical), 13 (consulting), 16 (school), 17 (counseling), and 33 (mental retardation and developmental disabilities). She was president of the APA Divisions of Consulting Psychology and Mental Retardation. Her presidential address for the latter Division was pub-

lished in the *American Psychologist* (Crissey, 1975). Although never an elected officer of the Division of School Psychology, she served as a Member-At-Large to the Division Executive Committee 1960-1961, and as Division Representative to APA Council from 1966 to 1969.

She was among those who attended the Thayer Conference in 1954 and during the first division pre-convention institute in 1956 Marie was a session chair on the topic of interpretation and implementation of the conference findings on the school psychologist's roles and functions (Newland, 1956). Hagin (1993, personal communication, September 6, 2001) recalls attending the first institute as a participant and how Skodak took notes for distribution to others on her little manual typewriter. Hagin described Skodak as a very likeable and friendly person who was a scrupulous worker. Marie also attended the 1951 Conference on Counseling Psychology held at Northwestern University, and the 1958 Conference on Graduate Education in Psychology in Miami, Florida.

Marie was also very active with the American Board of Professional Psychology, succeeding Mary Alice White on the ABPP board in 1969 (for a ten year period), and both were granted the ABPP in school psychology in that year. Marie Skodak Crissey was the third recipient of the Division 16 Distinguished Service Award in 1972. In 1968 Marie received the Joseph P. Kennedy International Award which she shared with Harold Skeels at an impressive ceremony in Chicago.

Marie Skodak was married to Orlo Crissey, an industrial psychologist who died in 1993 (Carlson, 1996). They married following the death of Orlo's wife of 38 years in 1966. Marie was not previously married and had no children. The pattern of graduate study, career service, and late-in-life marriage was not unusual for career women psychologists of her era, and she acknowledged occasions of obvious discrimination against women in her employment (Crissey, 1988, 1992). Marie first met Orlo at the University of Iowa (Carlson, 1996, Crissey, 1996) and later worked with him in her first job at the Flint Child Guidance Center. In her correspondence with me (Crissey, personal correspondence April 18, 1983), she wrote:

In 1938 the Guidance Center received a grant from the Rackham Fund for a demonstration in intensive personnel and career guidance in high school. The Guidance Center staff was expanded to include two specialized counselors who worked in the research-designated high school exclusively, and

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In Memoriam Marie Skodak Crissey (1910-2000)

the Director (Orlo Crissey) and I (assistant director) divided our time and salary between the Guidance Center and the High School project.

Orlo later became the first full-time psychologist with the General Motors Corporation, and Marie became a school psychologist in Dearborn. For much of their retirement years the Crisseys lived on a farm in Swartz Creek, MI and traveled widely.

Her personal accounts (Crissey, 1983a, 1988, 1996) provide interesting descriptions of what training and practice were like more than 50 years ago. Like others of her era, Marie was drawn toward a career in school psychology from a background in education and research psychology. Her career began as a child development researcher, then extended into school psychology and special services administration, and a separate career in private practice as a consulting psychologist.

I met Marie and Orlo Crissey during a banquet at the 1983 NASP Convention in Detroit. I had been corresponding with her about historical developments in school psychology and invited her and Orlo to attend the convention banquet. It was a delightful evening of conversation with a woman who knew about school psychology practice of a time before I was born.

References

- Carlson, H. C. (1996). Orlo Lee Crissey (1904-1993). *American Psychologist*, *51*, 649.
- Cravens, H. (1993). *Before Head Start: The Iowa Station and America's children*. Chapel Hill, NC: University of North Carolina Press.
- Crissey, M. S. (1975). Mental retardation: Past, present, and future. *American Psychologist*, *30*, 800-808.
- Crissey, M. S. (1983a). School psychology: Reminiscences of earlier times. *Journal of School Psychology*, *21*, 163-177.
- Crissey, M. S. (1988). Marie Skodak Crissey. In A. N. O'Connell & N. F. Russo (Eds.), *Models of achievement: Reflections of eminent women in psychology, Volume 2* (pp. 69-84). Hillsdale, NJ: Erlbaum.
- Crissey, M. S. (1992). A career review. *Professional Psychology: Research and Practice*, *23*, 11-13.
- Crissey, M. S. (1996). Marie Skodak Crissey. In D. Thompson & J. D. Hogan, (Eds.), *A history of developmental psychology in autobiography* (pp. 46-70). Boulder, CO: Westview Press.
- French, J. L. (1988). Grandmothers I wish I knew: Contributions of women to the history of school psychology. *Professional School Psychology*, *3*, 51-68.
- Hagin, R. A. (1993). Contributions of women in school psychology: The Thayer Report and thereafter. *Journal of School Psychology*, *31*, 123-141.
- Hilgard, E. R. (1987). *Psychology in America: A historical survey*. New York: Harcourt Brace Jovanovich.
- McCandless, B. R. (1967). *Children: Behavior and development*. New York: Holt, Rinehart and Winston.
- Newland, T. E. (1956, June). Professional Institute Committee. *Newsletter (Division 16)*, *10*(4), 9.
- Skodak, M. (1938). The mental development of adopted children whose true mothers are feeble-minded. *Child Development*, *9*, 303-308.
- Skodak, M. (1939). Children in foster homes: A study of mental development. *University of Iowa Studies in Child Welfare*, *16*(1).
- Skodak, M. (1967). Adult status of individuals who experienced early intervention. In B. W. Richards (Ed.), *Proceedings of the First Congress of the International Association for the Scientific Study of Mental Deficiency* (pp. 11-18). Surrey, England: Jackson Publishing Co.
- Skodak, M., & Skeels, H. M. (1945). A follow-up study of children in adoptive homes. *Journal of Genetic Psychology*, *66*, 21-58.
- Skodak, M., & Skeels, H. M. (1949). A final follow-up study of one hundred adopted children. *Journal of Genetic Psychology*, *75*, 85-125.
- Stoddard, G. D. (1944). *The meaning of intelligence*. New York: Macmillan.

The Causes and Consequences of Peer Rejection in Childhood

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Abstract

This paper examines the profile of peer-rejected children, a heterogeneous group of individuals who have few friends and are actively disliked by peers. Researchers estimate that between 10% and 20% of children are isolated by their peer group. These children may display high levels of aversive or aggressive behavior, poor conduct, extreme or hostile social withdrawal, and/or low self-control. Other rejected children exhibit withdrawal, introversion, and interpersonal incompetence without the concurrent behavior difficulties. Varying causes and consequences of peer rejection are considered in light of evidence that social rejection in childhood seems to be correlated with persisting indicators of maladjustment, such as impaired academic performance, social skills deficits, behavior problems, criminality, and emotional disorders. Interventions to remediate the maladaptive behaviors and social attributions of peer-rejected children are also discussed.

Among the most significant developmental goals of childhood is peer acceptance. Positive interactions with peers provide opportunities for socialization and promote children's sense of self-worth and belonging. Research indicates, however, that significant numbers of children remain friendless. This social rejection has been correlated with other indicators of maladjustment, such as impaired academic performance, behavior problems, and emotional disorders. Psychologists have therefore become increasingly concerned with the detection and treatment of children who have few friends and are disliked by their peers.

Investigation of the problem depends on accurate identification of the personality and behavioral characteristics of peer-rejected children. It is important to clarify the distinction between *peer-rejected* and *peer-neglected* children. According to French and Waas (1985a), rejected children "have few friends and are actively disliked by others" while neglected children "have few friends, but are not disliked by their peers" (p. 246). Neglected children are simply ignored. In essence, rejected children tend to be isolated by the peer group, while neglected children appear to be isolated from their peers (Morris, Messer, & Gross, 1995).

Prevalence

Cillessen, van IJzendoorn, van Lieshout, and Hartup (1992) estimate that between 10 and 20% of children are "not liked" by their peers (p. 893). Waas (1987) estimated that 13% of children are categorized as rejected, while Pettit, Clawson, Dodge, and Bates (1996) similarly found that 12% of both kindergarten and first grade samples fit this category. Research on the prevalence of peer-rejection, however, is complicated by the fact that these children comprise a heterogeneous group. According to Waas (1987), the largest subgroup of rejected children includes those who "manifest high levels of aversive behavior" (p. 383). French and Waas (1985a) also report that the majority of rejected children display "aversive and domineering" behavior toward peers (p. 251). Other rejected children exhibit poor conduct toward authority figures, extreme or hostile social withdrawal, self-control difficulties, or "seriously disturbed behavior" (p. 251). Another subgroup may include children who demonstrate relatively appropriate behavior, but who experience deficits such as low IQ, physical disabilities, or low attractiveness.

French (1988) emphasizes the heterogeneity of peer-rejected boys. In his research, two distinct clusters of rejected boys emerged. About 50% of rejected boys exhibited an aggressive behavior profile. Boys in this group displayed high levels of aggression, behavior problems, anxiety, and withdrawal compared to peers. Teachers also rated them as "lacking in self-control, exhibiting deficits in work concentration and academic motivation, and displaying increased hostile isolation" (p. 981). These children's scores on measures of aggression and total disability corresponded to a normative percentile ranking between 89 and 99. Cillessen et al. (1992) add that these boys are typically "impulsive, disruptive, dishonest, hypersensitive, and non-cooperative" (p. 902).

Boys in the second cluster exhibited withdrawal without the concurrent behavior difficulties (French, 1988). These children exhibited high self-control, social withdrawal, and introversion. According to French, this subgroup of rejected children also appears low in "ego resiliency," a construct which incorporates "the ability to get along with oth-

"...significant numbers of children remain friendless."

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ers, personal competence, and cooperativeness' (p. 983). Children with this profile experience difficulty adapting to stress, and appear inhibited, anxious, and reserved. In addition, these children display inappropriate affect and behavioral mannerisms, indicating that their difficulties in peer relationships may result from social incompetence more than lack of control or high aggression.

Silva (1993) proposes that differences in self-perceptions and attributions of social situations influence the varying behavioral profile of peer-rejected children. Silva categorized rejected children into two distinct groups – externalizing and internalizing – and then compared their self-perceptions to those of popular status children. Results indicated that rejected-internalizing subjects reported lower self-perceptions than the other groups. These children were more likely to withdraw if they attributed rejection to internal, stable, and negative causes, such as their own personal weaknesses. In contrast, rejected-externalizing subjects were more likely to act aggressively if they attributed rejection to external causes, such as hostility from peers.

Additionally, Boivin, Poulin, and Vitaro (1994) found that aggressive-rejected children recognized their inappropriate behavior, but did not perceive themselves as less accepted by their peers. This suggests that they are unaware of or unwilling to admit their low popularity, which may moderate their vulnerability to withdrawal and internalizing problems.

Earlier research on peer rejection typically focused on boys or on combined male and female samples without assessing sex differences. Considering sex differences in the nature of social interactions and friendships during childhood, exploration of the profiles of peer-rejected girls seems appropriate. French (1990) investigated the characteristics of peer-rejected girls and found heterogeneity within this population as well. Again, two clusters of girls emerged, with one more deviant than the other. The larger group consisted of girls low in self-control and high in peer-rated aggression, social withdrawal, and overall behavior problems. The more troubled group demonstrated even higher levels of withdrawal, anxiety, hostile isolation, and academic disability. In contrast to findings for peer-rejected boys, aggression scores did not differentiate the two groups. Rather, varying levels of internalizing disorders seemed to discriminate the two subgroups of peer-rejected girls.

Identification and Assessment

Peer-rejected children are frequently identified through peer sociometric measures. Researchers ask children to specify classmates with whom they most (positive) and least (negative) like to interact (French & Waas, 1985b). Children are then classified into categories such as popular (high positive, low negative), neglected (low positive, low negative), rejected (low positive, high negative), controversial (high positive, high negative), or average (no extreme on positive or negative). Researchers may also utilize a 5-point Likert-type scale that assesses preferences for classmates (French & Waas, 1985a). Children complete a scale ranging from a smiling face to a frowning face to indicate the extent to which they like to play with a particular child. Both peer sociometric nominations and rating scales consistently emerge as the most accurate indicators of rejected status.

Teacher ratings have also been investigated as a method of identifying children who experience problems with peer relations. Here, the *School Behavior Checklist* (Miller, 1977) is frequently employed. This scale yields scores for a child's need for achievement, hostile isolation (holding grudges, refusing to speak if angry, lacking friends), aggression, anxiety (withdrawal and manifest anxiety), extraversion, and academic disability. French and Waas (1985b) assessed teachers' ability to identify children who experience peer rejection. While significant correlations between teacher ratings and peer sociometric nominations emerged, teachers reported a substantial number of false negatives and false positives. Teachers were successful in recognizing students with the most severe peer relationship difficulties, but they often failed to identify a number of moderately rejected children. Further, they misclassified a number of non-rejected children. Results also indicated that teachers detected peer rejection in children exhibiting more academic and behavior difficulties. Thus, it appears that teachers may not recognize the more subtle indicators of certain students' peer social status.

Child self-reports and parent rating scales, such as the Child Behavior Checklist (Achenbach & Edelbrock, 1983), are useful in assessing a child's involvement in activities, social competence, school performance, and internalizing and externalizing behavior problems. In addition, direct observation of the child may enhance identification of peer relationship difficulties. French (1988) recommends the observation of children during peer interactions at

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school to examine displays of positive, negative, and neutral behaviors. Here, positive behaviors included help-giving, sharing, smiling, cooperation, compliance with peer requests, or complementing. Negative behaviors included rejection of peers' ideas, refusal to participate, teasing, arguing, physical or verbal aggression, or denial of privilege. Neutral behaviors included parallel play or conversation. French additionally coded isolate behavior, such as solitary play or onlooker activity. In cases of peer rejection, children typically demonstrate a higher frequency of negative and isolate behaviors.

Etiology and Developmental Course

Compared to neglected, popular, and average children, peer-rejected children typically experience the most concurrent problems. First, rejected children appear to exhibit deficits in social skills. Cillessen et al. (1992) tested rejected children's knowledge of interpersonal problem-solving skills by showing them pictures of different social dilemmas. Children were then instructed to generate as many different solutions to the problems as possible. Responses were scored based on the number of unique solutions and the effectiveness of each solution. According to the authors, both moderately and severely rejected children generated extreme problem-solving norms, either prosocial or antisocial. Peers may therefore view rejected children as "goody-goodies" or "sour apples."

Toner and Munro (1996) studied the peer social attributions of rejected preadolescents. Hypothetical social interactions were presented to assess causal internality, stability, and perceived control. Results indicated that rejected children were more likely than their peers to demonstrate a maladaptive explanatory style. These children tended to deny credit for acceptance, attribute rejection to persistent factors, and perceive lower control of events. Rejected children were more likely to attribute peer acceptance to unstable, external factors and peer rejection to internal, stable factors. However, it is debatable whether the observed social skills deficits are causes or consequences of peer-rejected status. For example, rejected children's failure in social situations might reduce their perceived self-competence. This promotes a learned helplessness that exacerbates social maladjustment and isolation. These findings suggest that rejected children exhibit an explanatory style that maintains or increases expectancies for future peer rejection.

Ratings by peers, parents, and teachers indicate that rejected children show an increased incidence

of behavior and personality disorders. French and Waas (1985a) reported that on both teacher and parent rating scales, rejected children were found to exhibit more behavior problems than neglected, popular, or average children. Hyperactivity, antisocial behavior, and academic difficulties seem to be largely associated with peer-rejected status. The authors also found that rejected children exhibit comparatively high levels of aggression, task inappropriate behavior, and solitary play.

Several studies have examined the relation between peer rejection and internalizing problems. French and Waas (1985a) found that rejected children displayed higher levels of anxiety compared to their peers. This elevated anxiety may indicate early symptoms of internalizing disorders. Boivin et al. (1994) compared the depression profile of rejected, neglected, and average children. As predicted, both aggressive and non-aggressive rejected children expressed stronger feelings of depression, as well as more loneliness and social dissatisfaction than the normative group. Peers also rated them as getting their feelings hurt easily and as being unusually sad. Withdrawn children viewed themselves as less competent and less accepted by their peers.

Boivin et al. (1994) suggest that the reported feelings of depression in withdrawn-rejected children may reflect an underlying dimension of "dispositional inhibition and insecurity" (p. 493). The authors propose that early temperamental (i.e., arousal threshold), socialization (i.e., parenting style), and relational (i.e., insecure attachment) factors may cause behavioral inhibition, which leads to social withdrawal and peer rejection. Rejection and withdrawal interact to form a self-perpetuating cycle of distress and increasing social isolation. Pettit et al. (1996) examined the influence of child temperament, parenting, and family ecology on peer-rejected status. Rejected children were more likely to come from low socioeconomic backgrounds and from families with harsh, restrictive discipline styles. In addition, these children's families reported higher levels of life stress. Children with this profile were more aggressive and less socially and academically skilled than their peers. Pettit et al. therefore concluded that economic disadvantage might provide a risk factor for peer rejection in early childhood.

Longitudinal research indicates that peer-rejected children often continue to encounter rejection by peers over time. This places them at an increased risk for development of adjustment difficulties and clinical disorders during adolescence and adulthood. These include delinquency, suicide, and mental

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health disorders (French & Waas, 1985b). In a 12-year longitudinal study, Bagwell, Newcomb, and Bukowski (1998) explored the relationship between preadolescent peer rejection and adult adjustment. Individuals who were friendless in fifth grade were more likely to demonstrate psychological difficulties into adulthood. Bagwell et al. concluded that greater rejection by peers in fifth grade was associated with "lower school performance, vocational competence, aspiration level, and less participation in social activities" (p.150).

Waas (1987) reported that rejected children tend to have higher scores on the Hostile-Isolation subscale of the *School Behavior Checklist*. This finding seems particularly troubling as research indicates that children who exhibit both aggression and withdrawal are at an especially high risk for later pathology. Parker and Asher (1987) evaluated three indexes of problematic peer relationships (acceptance, aggressiveness, and shyness/withdrawal) as predictors of three developmental outcomes (dropping out of school, criminality, and psychopathology). The authors found a relation between poor peer adjustment in childhood and increased prevalence of later school drop out and criminality. Low peer acceptance and high aggressiveness serve as strong predictors of these later difficulties, while shyness/withdrawal did not necessarily lead to later maladjustment.

It should be noted, however, that only some rejected children continue to be rejected by peers from year to year. Research implicates the role of aggressive behavior as a mediating factor in the maintenance of peer rejection. Waas (1987) found that a greater percentage of rejected children were aggressive in a third-grade sample than in a fifth-grade sample. Since aggression tends to decrease with age, a developmental shift in the causes of rejection emerges, with aggression playing a more influential role in early childhood. Therefore, as a child ages, peers may view continued aggression as increasingly deviant, prompting greater peer rejection. Children who do not display this aversive behavior style may experience improvements in peer social status.

Cillessen et al. (1992) discuss the differential stability of social rejection over time for subgroups of rejected children. According to the authors, only 40% to 50% of rejected children remain so from year to year, and only 30% to 35% remain rejected over longer periods. Subjects in the sample were assessed on measures of aggression, shyness, perceived self-regard, social problem solving, and size

of mutual liking network on two occasions, one year apart. Results indicated that the aggressive-rejected children remained rejected over time more frequently than other subgroups. This may be due to the fact that their aggressive and disruptive behavior persisted. These children were increasingly likely to receive negative treatment from other children, and were less likely to encounter opportunities for engaging in cooperative exchanges and intimate interactions with peers. One can expect that these children will continue to have few friends, or that their available companions may consist of primarily other "unskilled, rejected, and antisocial children" (p. 903).

Whether other sociometrically categorized children, such as neglected children, maintain their problematic place among peers is less certain. Little evidence suggests that neglected children face serious risk for later adjustment and behavior disorders. Although these children have few friends or enemies, they appear to be well accepted by peers and are not actively disliked (French & Waas, 1985b). Compared to rejected children, neglected children consistently obtain less deviant ratings by peers. In fact, French and Waas (1985a) report that neglected children are often indistinguishable from children of average status on many behavioral dimensions. Neglected children are characterized as shy, and tend to engage in more solitary play than average or popular children, but their peer status is more likely to improve over time (French & Waas, 1985a).

Interventions

Evidence of high levels of aggressive behavior and social skills deficits suggest that rejected children might profit from social skills training. Many rejected children could benefit from interventions that focus on building appropriate social behaviors, such as group-entry behavior or conversation skills. Toner and Munro (1996) propose that interventions first focus on reattribution training for rejected children. These children display a maladaptive explanatory style for social success and failure, increasing their vulnerability to a learned helplessness that can undermine other remedial efforts. Retraining should target the child's perceived low self-efficacy and tendency to ascribe acceptance to external factors. Once this has been accomplished, social skills interventions could emphasize the impact of making appropriate responses in social interactions.

Morris et al. (1995) utilized a peer-pairing approach with neglected children. This technique might prove equally useful with rejected popula-

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tions. The isolated child is paired with a more popular child for a joint-task activity that requires social interaction, such as a board game or puzzle. The implementation of this procedure resulted in dramatic improvements in peer status and social interactions for neglected children. Results indicated that more than four times as many treatment group children demonstrated increases in social status as compared to controls. Further, five times more treatment than control children demonstrated increases in prosocial interactions. For example, these children reported more invitations to play with more popular peers. This is likely due to the fact that the more popular child enjoyed the social interaction, increasing the likelihood of future positive social interactions. Similar results seem possible with rejected children. Pairing with peers may facilitate the modeling of appropriate social behavior, and provide opportunities for social reinforcement. Success in social interactions with more popular peers could therefore promote changes in the rejected child's sense of self-efficacy.

A large portion of rejected children display elevated levels of aversive or aggressive behavior. Waas (1987) proposes the use of intervention procedures that directly target inappropriate aggression, such as contingency management or self-monitoring. French (1988) cautions that these intervention programs may prove only moderately effective in alleviating peer relationship difficulties for the more aggressive rejected children. For instance, non-aggressive rejected boys experience more internalizing behaviors that may be modified through skills training programs. In contrast, antisocial and aggressive behavior is often difficult to treat, and may therefore be less amenable to remediation.

Research indicates that teachers could play a vital role in improving the status of peer-rejected children. Rejected children tend to be the targets of more negative and corrective teacher feedback than their classmates. White and Kistner (1992) examined the influence of teacher feedback on young children's perceptions of peers. Kindergarten, first, and second grade children viewed a tape of a child exhibiting behaviors typical of peer-rejected children. A teacher's voice then responded to the child's behavior in one of several ways. Neutral statements were those non-contingent on the child's behavior, such as assignment instructions. Positive feedback consisted of statements in relation to only appropriate behavior. Corrective statements included requests to stop an inappropriate behavior or requests for more appropriate behaviors. Derogatory

statements were similar to corrective statements, but content or tone indicated teacher irritation, criticism, or negative evaluation of the child. In the last condition, the teacher employed a combination of positive and corrective feedback by responding to both appropriate and inappropriate behaviors.

Results indicated that teacher feedback had a directional and additive effect on classmates' social perceptions of the disruptive child. Corrective statements had little impact on peer perceptions, while derogatory feedback resulted in much lower preference and judgment scores and more negative behavioral descriptors for the target child. This may be due to the fact that young children tend to rely on adult input in impression formation and attributions of positive or negative qualities toward their peers. Interestingly, 43% of the children watching the target child recalled reprimands even when they did not occur, implying children's automatic evaluations of misbehavior. Directing teacher attention to a child's inappropriate behavior may simply facilitate the rejection of a child who is already susceptible to negative peer perceptions (White & Kistner, 1992). One method of remediation may be through training teachers to incorporate positive feedback for appropriate behaviors with corrective, rather than derogatory, statements for inappropriate behaviors.

Implications for Future Research and Practice

Childhood friendships provide opportunities for validation of self-worth, exploration of personal strengths, and development of social skills. Friendships additionally "promote self-esteem" and "provide a setting for intimate disclosure, emotional support, and mutual understanding" (Bagwell et al., 1998, p. 151). Children who are rejected by peers have limited exposure to these supportive features. As a consequence, they develop and maintain maladaptive social perceptions and interaction styles that place them at greater risk for development of an array of disorders.

Because the formation of children's peer relations occurs largely in the school, school psychologists are in an ideal position to identify peer-rejected children and develop appropriate interventions. It appears that peer sociometric ratings most accurately indicate which children are likely to be rejected. Teacher ratings, parent ratings, child self-report measures, and direct observations can then provide additional evidence of peer-rejected status. Once rejected children are identified, relevant skills training, peer-pairing, or aggression control interventions

The Commentary Section

In our first issue of *The School Psychologist* (TSP; Volume 55, Number 1), we announced a new addition for the newsletter, The Commentary Section. This section functions similar to that of the *American Psychologist* and presents members' thoughts and critiques of articles published in TSP or other journals, current events, or discussions sent on the various school psychology listserver. It is our hope that this new section will serve as a platform for thoughtful scholarly debate and discussion. Below is one critique of a recent TSP article.

Volume 55, Number 4 (Fall, 2001): "Beyond the academic rhetoric of 'g': Intelligence testing guidelines for practitioners" by James B. Hale and Catherine A. Fiorello.

I read with interest the Hale and Fiorello piece "Beyond the academic rhetoric of 'g': Intelligence testing guidelines for practitioners." The piece was interesting and informative, and I found myself appreciating many of their points. I can think of no higher praise than to say I will include the article in the readings for my next assessment class.

However, there is one point on which my understanding of the literature does not agree with Hale and Fiorello's. That point is the degree to which "fairness," and in particular, the degree to which items assess crystallized abilities, affects the IQs of minority test takers. This is a point about which there is abundant data—and the data contradict the hypothesis that culture loading affects the IQs of native English speaking minorities (see reviews by Jensen 1980, 1998, and the normative data from cognitive test batteries). Simply put, estimates of crystallized cognitive ability are similar to (and often higher than) estimates of cognitive ability using culture-reduced (e.g., fluid) measures of intelligence. For example, nonverbal matrices yield differences between American whites (Euro-Americans) and blacks (African-Americans) that are equal to or greater than Wechsler VIQ differences; likewise, the between-group differences for PIQ are similar to those for VIQ. When IQ differences are equated for SES differences, they get smaller—but by no means vanish. Furthermore, it is not clear that equating for SES is appropriate, because child/parent SES is related to parental IQ (see Herrnstein & Murray, 1994); therefore, "controlling" for SES confounds biogenetic, social, and learning influences on intelligence. I note that recent work by Jack Naglieri offers some contradictory perspectives on this conclusion, but at this point, the bulk of the data is clearly not congruent with the notion that social- and school-related learning can account for the between-group differences found on verbal, nonver-

bal, and mixed measures of intelligence.

Not to put too fine a point on this, but my own work with deaf children (90% of whom are raised by two hearing parents, and therefore lack consistent exposure to high quality language due to their hearing loss) provides a strong test case for the environmental/learning hypothesis. Deaf children have extremely low achievement levels; the average reading level of deaf high school graduates is below the fifth grade, and most have severe academic deficits in all areas (and consequently poor trajectories in post-school outcomes). Their IQs exactly mirror the prediction that learning opportunity influences crystallized ability measures—but not fluid ability measures. A meta-analysis (Braden, 1994) shows their VIQ mean is 85.55, and their PIQ mean is 99.95, using norms developed from normal-hearing participants. No such gap between fluid/culture-reduced measures and crystallized/culture-loaded measures exists within English-speaking minority groups in the US. Clearly, learning opportunity can affect IQs—but it clearly does not account for the lower IQs (verbal, nonverbal, and mixed) found among native English speaking minorities in the US.

We fail our students when we resurrect a false, but socially acceptable, explanation for an uncomfortable phenomenon. We must be candid and frank in noting that, despite what students may have been led to believe by the media or their undergraduate texts, IQ differences between majority and minority groups are real—and they are not due solely to differences in social or scholastic opportunities (see the Fall 2000 SPQ issue guest edited by Frisby & Braden for more information). In doing so, we are not admiring the problem—we are denying it.

Again, I hope my comments do not undermine nor detract from the many other excellent points provided by Hale and Fiorello. I appreciate their scholarship, and hope that my comments will add to (rather than detract from) their fine work.

Sincerely, Jeff Braden

Comments, thoughts, and opinions regarding this article for the Commentary Section of The School Psychologist should be e-mailed to: L.Reddy2271@aol.com.

“We fail our students when we resurrect a false, but socially acceptable, explanation for an uncomfortable phenomenon.”

Play-Based Interventions Are Needed Now More Than Ever

Athena A. Drewes
The Astor Home for Children

The terror and resulting trauma of the terrorist attacks on September 11th have affected all of us regardless of age or where we live. The long-term effects of these events remain to be seen. In the United States, and especially in New York, professionals are navigating through uncharted waters in knowing how to deal with the emotional aftermath of terrorist attacks and perhaps ongoing threats and acts of violence. It is likely, in the near future, numerous studies, published workbooks, and texts will emerge. The closest we have had to deal with events like this have been periodic violent acts of school violence by individual students, or isolated, major, violent acts like at Columbine or in Oklahoma City. We are just beginning to put in place plans and programs for preventing school violence. However, school psychologists, as well as mental health professionals in all settings, need tools and skills now to deal with trauma, the aftermath of post-traumatic stress-like symptoms and children's reactions to death and the loss of relatives and family friends.

Many of us have been scrambling for the best ways to deal with the effects of trauma on the children and to be able to give parents help in understanding and handling their child's reactions. Play-based interventions offer skills and techniques for working with children at this time, and in general with emotional issues. Yet, graduate programs in school psychology often do not offer courses specifically in play therapy, or its various theories, applications and techniques.

School practitioners (e.g., School Social Workers, School Psychologists, Guidance Counselors, and Child Associates) traditionally have been told that they do not offer or practice "therapy" in the schools. Administrators consider it going beyond the scope of practice of the school practitioner and even beyond the role of the school. Yet, they offer counseling that often crosses the line into a therapeutic relationship. Frequently, alternative terms are used such as "play counseling," "counseling with toys," or "developmental play" to get around any potential negative reactions or objections. Yet a change in name does not change the healing properties associated with play and the need for graduate programs to include at least one course in under-

standing how to use the skills of play therapy. Once the school practitioner offers an appropriate explanation of what play therapy is, its rationale, how it helps improve developmental functioning, and the benefits of play therapy, there is usually less resistance to the name. The hundreds of play therapy interventions and techniques (e.g., Kaduson & Schaefer, 1997; Kottman & Schaefer, 1993) offer the school practitioner a myriad of tools in working with children. Children impacted on by the World Trade Center disaster or any number of other events in their life require assistance, whether we call it "counseling" or "therapy in the school" in coping with their reactions, the loss of a parent or relative, or the stress of a parent having lost their job and company. They need to be treated as much as the other children referred for a variety of behavioral problems.

Many preschool and school age children do not have the ability to express their feelings or identify issues concerning them. Prior to adolescence, cognitive abilities have not matured. Play and activity provide a means for children to express ideas, feelings, and experiences they are not able to translate into words. The use of toys and play materials in the school practitioner's office makes it an inviting place and a comfortable one, conveying the notion that talking is not always required or expected. The child quickly comes to learn that the school practitioner is there to focus on the child and understand the child's communication through play in a nonjudgmental way. "Since play is the language of the child, play provides a medium for building the essential relationship between practitioner and child. The practitioner is able to enter into the child's emotional world as it is freely revealed and acted upon by the child" (Landreth, 1983, p. 202). Through the use of play and play therapy (skills), children can alleviate abnormal behavior and facilitate normal development (Schaefer, 1993).

Play therapy is based on the premise that play is a naturally occurring event in children. Because children under 10 have a less-developed ability to express themselves verbally, they are more accustomed to using toys and play to communicate (Kottman, 1995). Play can help overcome resistance, build competence, enhance self-expression, problem

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Play-Based Interventions Are Needed Now More Than Ever

solving, role taking, and creativity, and provide an opportunity for abreaction, catharsis, attachment formation, and alleviation of fears (Schaefer, 1993). In addition, play and use of play therapy techniques can help increase a child's self-esteem and resiliency.

"Play is perhaps the most developmentally appropriate and powerful medium for young children to build adult-child relationships, develop cause-effect thinking critical to impulse control, process stressful experiences, and learn social skills (Chaloner, 2001). A review of outcome studies on play therapy reveals ample evidence that play therapy is an effective treatment for a variety of childhood social-emotional disorders (Ray, 1998). Child therapists have been using this medium successfully for over 70 years (Landreth, 1991). However, play therapy should not be confused with the concept of using toys to help a child feel comfortable so they can eventually talk about emotional issues. Rather it is through the child's symbolic play and the therapist's communications that the healing process begins. The school practitioner learns from and responds to the child's communications through play, rather than the other way around (as in counseling). By the school practitioner's reflective and empathic responses and comments on thematic and striking features of the child's play, the child may then gradually alter his or her play over time. The alteration will often involve a greater range of play and themes, perhaps demonstrating greater mastery, pleasure, and control over their distress, rather than their feeling that distress is controlling them (Billingsley, 1999). Children affected by the World Trade Center disaster have been exposed to horrific images both directly and through television coverage. Many of us have seen young children build a tower out of blocks, crash a plane or object into it, and pretend people are falling out of it. Other children use the metaphor of the resulting rubble, through the use of play-doh and clay, or in sandtrays, to deal with their images of people buried in the rubble. Mountains, volcanoes, and mounds are created and drawn to represent concerns around death and loss. Words could not begin to communicate these children's concerns over loss, death, and safety. Play therapy allows the safe distance of toys to play out through metaphor and symbolism these concerns.

Most children may not need long-term counseling to aid in their trauma reactions, as they are showing normal reactions to an abnormal, violent, event. However, many may need short-term contact

to be able to play out and eliminate the horrific images, nightmares and worries they have. Using play therapy techniques with an empathic school practitioner will help them to help feel safe, and begin to process any loss. The children most impacted will be the ones who directly witnessed events, lost a family member or relatives, or have had other unresolved traumas and losses in their recent past (e.g., death of friend or relative, suffered abuse or major hospitalization, etc.).

Cohen et al. (1999) have shown that the use of filial therapy, in non-directive toddler play therapy, has been an effective treatment with attachment-disordered toddlers and mothers. Guerney (1964) has been training parents to use aspects of the child-centered play therapy model with their children. Significant results show improved child behavior, parental acceptance, and parental behavior. Filial therapy can be effective now in helping parents (once able to distance themselves from their immediate grief, loss or shock of the terrorist attacks) to work with their children in facilitating their play and learning how to understand the play communication and appropriately respond to it.

It is critical at this time that parents talk with their children about these events, to find out what they think and feel. Parents need to be encouraged to take their children's lead on when, what and how much to say. They should not feel they have all the answers to their questions. However, it is important for parents to reassure the children that they are safe with them and in their home, and that steps are being taken to make things safer. It is critical to limit children's exposure to media coverage in order to decrease the traumatic power of the images shown and the new reports of potential threats (i.e., Anthrax). By helping parents resume a normal pattern of activity at home as soon as possible, keeping routines and rituals, the children will feel more secure. It is also important that parents understand that regressive behaviors will follow experiencing trauma (e.g., anxiety, sadness, dependency, fearfulness, difficulty concentrating, decreased academic performance, sleep problems, startle reactions, increased impulsivity or aggression), but they are usually short-term (days or weeks) and tend to resolve with reassurance, patience and nurturing. The parents' reactions will influence the child's reactions, as they will sense the emotional intensity around them and mirror those emotional responses.

The Primary Mental Health Project (PMHP), a school-based Pre-K-3 intervention program, uses trained and supervised laypersons ("special friends"

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Play-Based Interventions Are Needed Now More Than Ever

or "child associates") to provide regular, 20-minute individual child-centered play therapy sessions as key to the intervention process (Wohl & Hightower, 2001). This type of program can allow for children not classified or eligible for school counseling services to receive short-term services to deal with the trauma of the recent events.

In summary, there are many reasons why the school system is the ideal setting to be an ongoing co-provider of early intervention and preventive services, as well as being a therapeutic milieu: (1) This type of setting easily can act as an extension into elementary school for children entering the milieu of a therapeutic nursery or special education preschool (Zigler & Lang, 1991); (2) More children, and their families, can be reached than through outside services; (3) Familiarity exists with the school practitioner and an environment that they are in daily, which also facilitates scheduling flexibility. The benefits of having play therapy skills and techniques are that the school practitioner learns how to be flexible in working with a variety of emotional disorders, is able to utilize play materials to work with children who are especially non-verbal or resistant, can make the environment inviting and comfortable, and can combine play therapy techniques with skill building in working with groups of children to address a variety of issues (e.g., poor social skills, anger management, death of a loved one, sexual abuse, parental divorce or alcoholism, mental illness etc.).

Given the challenges we face ahead with an uncertain future, it is essential that graduate programs offer courses that help expand the school practitioner's ability to reach the many children and families eligible for counseling services. Furthermore, it is prudent for the school practitioner to have as many ways of working with children as possible. The school practitioner needs to be prepared in having flexible and creative means of working with children through play, especially when faced with a child's lack of verbal skills or the emotional need to show rather than speak the issues locked inside them.

References

- Billingsley, R. (1999). How can play psychotherapy help children? <http://netcore.ca/rbilling/48acts.htm>.
- Chaloner, W. B. (2001). Counselors coaching teachers to use play therapy in classrooms The play and language to succeed (PALS) early, school-based intervention for behaviorally at-risk children. In A. A. Drewes, L. J. Carey, & C. E. Schaefer (Eds.), *School-based Play Therapy* (pp. 368-390). New York: Wiley.
- Cohen, N. J., Muir, E., Lojkasek, M., Muir, R., Parker, C., Barwick, M., & Brown, M. (1999). Watch, wait, and wonder: Testing the effectiveness of a new approach to mother-infant psychotherapy. *Infant Mental Health Journal*, 20, 429-451.
- Drewes, A. A. (2001). The possibilities and challenges in using play therapy in schools. In A. A. Drewes, L. J. Carey, & C. E. Schaefer (Eds.), *School-Based Play Therapy* (pp. 41-61). New York: Wiley.
- Fagan, T. K. (2000). Practicing school psychology. *American Psychologist*, 55, 754-757.
- Guerney, B. (1964). Filial Therapy: Description and rationale. *Journal of Consulting Psychology*, 28, 304-310.
- Kaduson, H. G., & Schaefer, C. E. (Eds.) (1997). *101 favorite play therapy techniques*. Northvale, NJ: Aronson.
- Kantrowitz, B. (1997, Spring/Summer). Off to a good start: Your child. *Newsweek* [Special edition] 7-9.
- Kottman, T. (1995). *Partners in play: An Adlerian approach to play therapy*. Alexandria, VA: American Counseling Association.
- Kottman, T., & Schaefer, C. (Eds.) (1993). *Play therapy in action: A casebook for practitioners*. Northvale, NJ: Aronson.
- Landreth, G. L. (1983). Play therapy in elementary school settings. In C. E. Schaefer & K. J. O'Connor (Eds.), *Handbook of play therapy* (pp. 200-212). New York: Wiley.
- Landreth, G. L. (1991). *Play therapy: The art of the relationship*. Muncie, IN: Accelerated Development.
- Ray, D. (1998, October). *What the research shows about play therapy*. Paper presented at the International Play Therapy Conference, Phoenix, AZ.
- Schaefer, C. E. (1993). *The therapeutic powers of play*. Northvale, NJ: Aronson.
- Wohl, N., & Hightower, A. D. (2001). Primary Mental Health Project: A school-based prevention program. In A. A. Drewes, L. J. Carey, & C. E. Schaefer (Eds.), *School-based play therapy* (pp. 277-296). New York: Wiley.
- Wright, J. D., & Devine, J. A. (1993). Housing dynamics of the homeless: Implications for a count. *American Journal of Orthopsychiatry*, 65, 320-329.
- Zelman, A. (Ed.) (1996). *Early intervention with high-risk children*. New York: Aronson.
- Zigler, E., & Lang, M. (1991). *Child care choices: Balancing the needs of children, families, and society*. New York: Free Press.

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A Common Conceptual Framework for Post-doctoral Training: Continuing the Conversation on Re-specialization

Mifrando S. Obach, Rhode Island College

These are pivotal times for the field of school psychology. Although there are approximately 21,000 school psychologists serving children in schools (Dwyer & Bernstein, 1998), demographic trends show the "graying" of the profession. In 1995, almost one-fourth of practicing school psychologists were older than 50 years of age (Curtis, Hunley, Walker, & Baker, 1999), and the median age rose to 47 in 1997 (Reschly, 2000).

Within public policy, there is a growing convergence in the agenda of education and health care reforms; namely, that both initiatives perceive the school as an integral component of a larger network of service delivery (Reeder, Maccow, Shaw, Swerdlik, Horton, & Foster, 1997; Short & Talley, 1997). In the area of health care reform, for example, the Health Security Act of 1994 formally recognized the school setting as an important gateway for public health and primary care initiatives. Medicaid reimbursements for psychological services in schools have been expanded. More recently, the Individuals with Disabilities Education Act of 1997 stipulated that provision of related services in schools such as psychological services and social work services must be determined by the identified needs of the child and not the child's disability classification. Consequently, local educational agencies (LEA) are more willing to expand the school psychologist's role beyond gatekeeping duties to include primary and secondary prevention and care. The anticipated retirement of the current practitioners and the gradual expansion of school psychological roles are going to intensify the growing shortage of school psychologists.

School-based and school-linked health centers were likewise established to address the mental health needs of students, and there are now more than 1,000 school-based or school-linked health centers (Adelman & Taylor, 1998). One of the obstacles these centers face is the shortage of psychologists trained to work specifically in schools even though the supply of clinical and counseling psychologists is exceeding demand (Flaherty & Weist, 1999).

At the State Departments of Education (DOE), alternative certification procedures are being considered for psychologists and other mental health

professionals who have no experience in school settings, but who wish to obtain a student support services certificate (e.g., school psychologist, school counselor, or school social worker). Increasingly, LEAs are requesting emergency certification in school psychology for psychologists they hire even when these psychologists have neither the specialized training nor the experience in school-based practice. The U. S. Department of Education reported that more than 5% of school psychologists employed in public schools in 1999 were not fully certified (Reschly, 2000).

The school psychology program here at Rhode Island College has received an increasing number of requests from the state DOE, school systems, and individual psychologists to review the professional credentials of individuals for school psychological practice. These individuals have received either a Ph.D. or a Psy.D. in clinical psychology and are seeking to obtain state DOE certification in school psychology. Our current practice is to review an individual's credentials on a case-by-case basis, and to recommend an individualized training program using the education and training guidelines adopted by the American Psychological Association (APA) and the National Association of School Psychologists (NASP) for entry-level school psychology practice. We believe, however, that the time is ripe for the discipline of school psychology to begin articulating a common conceptual framework for a respecialization program in school psychology. This article is a small contribution to such an undertaking.

Ideas for a Conceptual Framework

Our experience the past five years developing individualized training programs for psychologists seeking state DOE certification led us to propose the following ideas for consideration:

A. Consider candidate's level of professional training

We think that it is beneficial at this early stage to conceptualize re-specialization training specifically for candidates who have met the requirements for a doctoral degree in the practice of psychology and satisfactorily completed an internship in his/her respective field. Those who have received degrees in

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other areas of psychology and mental health could be tracked through the entry-level school psychology training program.

When reviewing current training models in psychological practice, the divergent focus in training clinical, counseling, and school psychologists is apparent. Yet there appears to be a growing consensus about the core curriculum for professional psychological practice. For example, the National Council of Schools and Programs of Professional Psychology (NCSPP) addressed this developing convergence at its 1994 and 1995 conferences (Peterson, Peterson, Abrams, & Stricker, 1997). They identified six core competencies expected of graduates of professional psychology programs: relationship, assessment, intervention, research and evaluation, consultation and education, and management and supervision. These core competencies represent key related clusters of the social circumstances, needs, and demands of psychological practice and provide the framework for professional training. When graduates of doctoral programs in clinical and counseling psychology seek specific training in school-based practice to function as school psychologists, the training experiences need to augment their already acquired competencies.

B. Anchor training in school-based practice

School psychological practice views the school as an important context for the physical and psychological development of children and youth. School psychologists are trained to identify the developmental needs of school-age children and to understand their educational environments so that their needs are met. They are equipped to recognize effective curricular and instructional processes, and they understand how these processes facilitate the cognitive, emotional, social, and behavioral performance of children and youth in schools. They are familiar with student diversity in learning and barriers to learning. It is in recognition of this expertise that the Council of Representatives of the APA re-approved school psychology as a specialty in professional psychology in 1998 (Lambert, 2000).

In view of this, the training guidelines need to clearly articulate the importance of practicum and internship experiences in a public school setting. Moreover, the focus of psychological service delivery in an elementary school, a middle school, and a high school are likely to be different. Thus, it is equally important that the school-based training encompass kindergarten through twelfth grade (K-12) levels.

C. Use nationally recognized credentialing

standards

The Nationally Certified School Psychologist (NCSP) credential was specifically designed to create a nationally recognized standard for credentialing school psychological practice at the specialist level. We are proposing that the guidelines for re-specialization consider incorporating the NCSP credential. At the minimum, the guidelines could include:

1. Didactic and practice components focusing on professional issues in school psychology, developmental and learning process, psychoeducational assessment, special education law, and school system structure, organization, and climate.

2. Direct service components through successful completion of a 600 clock-hour internship in school psychology in a school setting and under the supervision of a credentialed school psychologist.

3. Achieving a passing score on the National School Psychology Examination administered by the Educational Testing Service (ETS) by the end of internship.

4. Exhibiting competency in the application of problem-solving assessment and intervention design through the satisfactory completion of an actual school-based case study that results in measurable changes regarding the learning, developmental, and psychosocial needs of children and youth.

D. Supervision by experienced mentors

Crespi and Feldman (2001) raised the issue of selecting a field supervisor who is capable of extending the postdoctoral candidate's breadth and depth of skills. We could not agree more. We believe that a field-based supervisor for a psychologist seeking a second specialty in school psychology should minimally meet the following requirements:

1. A doctorate in school psychology from a nationally accredited training program;
2. Holds a current credential as a school psychologist from the state DOE (or appropriate certification board);
3. A minimum of five (5) years experience as a school psychologist in a public school setting;
4. And holds a current license as a psychologist.

Conclusion

The start of a new century provides an opportunity for a professional discipline to take stock of its progress, standing on the shoulders of those who laid the foundation for the profession. As school psychologists, we practice our craft firmly rooted in our concern for children's development in the context of schooling and in our expertise to deliver psychologi-

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cal services in school settings. We articulated the entry-level criteria for effective school psychological practice to protect the integrity of this practice. Yet the ageing of current practitioners, changes in public policy, and the consequent effect of increasing demands for psychologists with school-based expertise are current socially situated pressures that may demand a re-articulation of our training framework so that we can better serve the changing needs of the larger society where we are situated.

This conversation on re-specialization is one response to these current pressures. We believe that school psychology training programs have a responsibility to the public to develop education and training models for preparing psychologists who wish to acquire a specialty in school psychology. We regard Division 16, possibly in collaboration with Trainers of School Psychologists (TSP), as the appropriate body to take the lead in articulating a common training framework for psychologists seeking this specialty. We consider the ideas proposed in this article as seeds for conversation, and hope they spur other trainers to continue the conversation on re-specialization. Do you think a common conceptual framework for a re-specialization program in school psychology is necessary? How would you conceptualize a training framework for psychologists who seek a specialty in school psychology?

References

- Adelman, H., & Taylor, T. (1998). Mental health in schools: Moving forward. *School Psychology Review, 27*, 175-190.
- Curtis, M., Hunley, S., Walker, K., & Baker, A. (1999). Demographic characteristics and professional practice in school psychology. *School Psychology Review, 28*, 104-116.
- Crespi, T., & Feldman, J. (2001). The post-doctoral re-specialization experience: Lessons from the field. *The School Psychologist, 55*(3), 65, 68-70.
- Dwyer, K., & Bernstein, R. (1998). Mental health in schools: Linking islands of hope in a sea of despair. *School Psychology Review, 27*, 277-286.
- Flaherty, L., & Weist, M. (1999). School-based mental health services: The Baltimore models. *Psychology in the Schools, 36*, 379-389.
- Lambert, N. (2000). School psychology – more than the sum of its parts: Legends on journeys through time. *School Psychology Review, 29*, 120-137.
- Peterson, R., Peterson, D., Abrams, J., & Stricker, G. (1997). The National Council of Schools and Programs of Professional Psychology educational model. *Professional Psychology: Research and Practice, 28*, 373-386.
- Reeder, G., Maccow, G., Shaw, S., Swerdlik, M., Horton, C., & Foster, P. (1997). School psychologists and full-service schools: Partnerships with medical, mental health, and social services. *School Psychology Review, 26*, 603-621.
- Reschly, D. (2000). The present and future status of school psychology in the United States. *School Psychology Review, 29*, 507-522.
- Short, R., & Talley, R. (1997). Rethinking psychology and the schools. *American Psychologist, 52*, 234-240.

Comments, thoughts, and opinions regarding this article for the Commentary Section of The School Psychologist should be e-mailed to: LReddy2271@aol.com.

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The Causes and Consequences of Peer Rejection in Childhood

could be implemented.

Longitudinal studies of peer-rejected children are needed to better clarify the social, emotional, and behavioral consequences of early peer relationship deficiencies. More specifically, future research should explore sex differences in the development of later pathology and social adjustment, as gender often impacts the frequency and course of difficulties such as drug use, depression, delinquency, criminality, and psychiatric disorders. Once the problem of peer rejection is more clearly recognized, appropriate and effective interventions can be developed.

References

- Achenbach, T. M., & Edelbrock, C. S. (1983). *Manual for the Child Behavior Checklist and Revised Child Behavior Profile*. Burlington, VT: University of Vermont, Child Psychiatry.

- Bagwell, C. L., Newcomb, A. F., & Bukowski, W. M. (1998). Preadolescent friendship and peer rejection as predictors of adult attachment. *Child Development, 69*, 140-153.
- Boivin, M., Poulin, F., & Vitaro, F. (1994). Depressed mood and peer rejection in childhood. *Development and Psychopathology, 6*, 483-498.
- Ciillessen, A. H. N., van IJzendoorn, H. W., van Lieshout, C. F. M., & Hartup, W. W. (1992). Heterogeneity among peer-rejected boys: Subtypes and Stabilities. *Child Development, 63*, 893-905.
- French, D. C. (1988). Heterogeneity of peer-rejected boys: Aggressive and nonaggressive subtypes. *Child Development, 59*, 976-985.
- French, D. C. (1990). Heterogeneity of peer-rejected girls. *Child Development, 61*, 2028-2031.
- French, D. C., & Waas, G. A. (1985a). Behavior problems of peer-neglected and peer-rejected elementary-age children: Parent and teacher perspectives. *Child Development, 56*, 246-252.
- French, D. C., & Waas, G. A. (1985b). Teachers' ability to identify peer-rejected children: A comparison of sociometrics and teacher ratings. *Journal of School Psychology, 23*, 347-353.
- Miller, L. C. (1977). *School Behavior Checklist*. Los Angeles: Western Psychological Corporation.

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Call for Nominations for Division 16 Awards

The Division of School Psychology of the American Psychological Association requests nominations for the following Division Awards, to be presented at the August, 2002 meeting of the American Psychological Association. Please see the announcements below for information about eligibility criteria and submission deadlines. The Chairs of the respective award nominations committees are also found below.

Call for Nominations: Senior Scientist Award

The Division of School Psychology (Division 16) of the American Psychological Association requests nominations for the Senior Scientist Award. This award is presented to school psychologists who throughout their careers have demonstrated exceptional programs of scholarship that merit special recognition. This is not an award necessarily for the amount of writing done by a scholar, but rather for a sustained program of outstanding theoretical and research activity. Nominees must be: (a) either 20 years past the granting of their doctoral degree or at least 50 years old by December 31, 2002, and (b) a Fellow, Member, or Associate of Division 16. The award recipient will be asked to prepare an address for the Division to be presented at the subsequent APA annual convention, submit a manuscript based on that address to *School Psychology Quarterly* (the Division 16 journal), and serve on a committee to select subsequent award winners. Anyone, including a candidate him or herself, may nominate a school psychologist for the award. Five sets of materials should be submitted for each nominee, including a vita, 3-5 supporting letters, and five major papers or publications. Send all nomination materials by April 1, 2002 to the chair:

Dr. Cecil R. Reynolds
101 Reynolds Court
Bastrop, TX 78602

Call for Nominations: Lightner Witmer Award

The Division of School Psychology (Division 16) of the American Psychological Association requests nominations for the Lightner Witmer Award. This award is presented to school psychologists who have demonstrated exceptional scholarship early in their careers. Continuing scholarship, rather than a thesis or dissertation alone, is the primary consideration in making the award. Nominees must be: (a) within seven years of receiving their educational specialist or doctoral degree as of September 1, 2002, and (b) a Fellow, Member, Associate, or Student Affiliate of Division 16. A person does not need to have a doctoral degree to be eligible. The award recipient will be asked to prepare an address for the Division to be presented at the subsequent APA annual convention, submit a manuscript based on that address to *School Psychology Quarterly* (the Division 16 journal), and serve on a committee to select subsequent award winners. Anyone, including a candidate him or herself, may nominate a school psychologist for the award. Five sets of materials should be submitted for each nominee, including a vita, 3-5 letters of support, reprints, and other evidence of scholarship. Send all nomination materials by April 1, 2002 to the chair:

Dr. Dawn P. Flanagan
St. John's University
Department of Psychology
8000 Utopia Parkway
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w (718) 990-1550
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Call for Nominations: Jack Bar don Distinguished Service Award

The Division of School Psychology (Division 16) of the American Psychological Association requests nominations for the Jack Bardon Distinguished Service Award. This award is presented to mature school psychologists who throughout their careers have demonstrated

exceptional programs of service that merit special recognition. This award is given for accomplishments relating to: (a) major leadership in the administration of psychological services in the schools, (b) major contributions in the formulation and implementation of policy leading to psychologically and socially sound training and practice in school psychology, (c) sustained direction and/or participation in research that has contributed to more effective practice in school psychology, and/or (d) the inauguration or development or training programs for new school psychologists or for the systematic development of in-service training for psychologists engaged in the practice of school psychology. The award recipient will be asked to prepare an address for the Division to be presented at the subsequent APA annual convention, submit a manuscript based on that address to *School Psychology Quarterly* (the Division 16 journal), and serve on a committee to select subsequent award winners. Anyone, including a candidate him or herself, may nominate a school psychologist for the award. Two sets of materials should be submitted for each nominee, including a vita, supporting letters (minimum of three), and other appropriate supporting documentation. Send all nomination materials by April 1, 2002 to the chair:

Ronda C. Talley, PhD, MPH
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Call for Nominations: Outstanding Dissertation in School Psychology Award

The Division of School Psychology (Division 16) of the American Psychological Association requests nominations for the Outstanding Dissertation in School Psychology Award. This award is

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TEST REVIEW

Wechsler Individual Achievement Test – Second Edition (WIAT-II)

Esther Stavrou
Ferkauf Graduate School of Psychology
Yeshiva University, Bronx, NY

The Wechsler Individual Achievement Test–Second Edition (WIAT-II; The Psychological Corporation, 2001) is a comprehensive individually administered measure of academic achievement. The WIAT-II is a revision of the Wechsler Individual Achievement Test (WIAT; The Psychological Corporation, 1992). In addition to being updated, the age range of the norms was extended from 5 through 19 years to 4 years through adulthood, making it appropriate for use with preschoolers, school-aged children, adolescents, and adults. Norms are available for two and four-year college students in a separate supplement. Expanded skills analysis was introduced to assist in error analysis and help guide instruction. In addition, the WIAT-II shares tasks with the Process Assessment of the Learner– Test Battery for Reading and Writing (PAL-RW; Berninger, 2001) which is intended for diagnosing reading and writing disabilities. A unique feature of the original WIAT was that it shared a standardization sample with the WISC-III. While no longer co-normed with the WISC-III, links were established by administering the appropriate Wechsler Intelligence Scale to a subset ($n=1,069$) of the WIAT-II standardization sample.

The WIAT-II consists of nine subtests that measure reading, mathematics, written language, and oral language. The authors cite a considerable amount of recent research that was used to guide the modification of the original subtests and the addition of a new test (Pseudoword Decoding). The Word Reading (previously Basic Reading), Numerical Operations, Math Reasoning, Spelling, and Written Expression subtests have been modified and expanded. Significant modifications have been made to the Reading Comprehension, Listening Comprehension, and Oral Expression subtests. In addition to content changes, administration and scoring changes have been made to allow for greater analysis of performance. For instance, Reading Comprehension now includes scoring for reading rate as well as accuracy. The content of the WIAT-II was based on information derived from focus group discussions, recommendations from an expert advisory

panel, surveys of achievement test users and review of state standards and curricula. The WIAT-II was developed in conjunction with the PAL-RW (Berninger, 2001) which is intended to identify "the underlying reading or writing process skills that contribute to reading or writing deficits." According to the authors, the PAL-RW, used with the WIAT-II provides for a comprehensive evaluation of an individual in the area of need.

The WIAT-II was standardized on a national sample of individuals in Grades PreK-12, aged 4-19 years during the 1999-2000 and 2000-2001 school years. Separate normative information for the college and adult sample is reported in a supplement that was not yet available at the time of this review. Stratification variables included grade, age, sex, race/ethnicity, geographic region, and parent education level. The stratification was based on 1998 census figures. Norms are provided by age and grade with separate Fall, Winter, and Spring tables for Grades PreK-8 and yearly tables after Grade 8. The grade-based standardization sample included 3,600 participants in Grades Pre-K to 12, with 2,171 of these individuals also included in the age-based sample (ages 4 years, 0 months to 19 years, 11 months). Special education children are also included in the sample. The norms are fairly representative of the U.S. population, though there is a slight over-representation of minorities with higher levels of education and corresponding under-representation of those with lower levels of education. Native Americans and Eskimos are included in the "other" racial/ethnic category and constitute less than 1% (.70 to .89) of the school-aged standardization sample. While this approximates the national representation (.96%), those using the test with Native Americans or Eskimos may want to use caution in interpreting the test results for members of a group that makes up such a small percentage of the sample. The authors provide the user with a wide variety of scores including standard scores, normal curve equivalents, percentiles, etc. While age and grade equivalents are also supplied, the authors appropriately discourage the reader from their use.

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Wechsler Individual Achievement Test – Second Edition (WIA T-II)

Split-half, test-retest, and inter-scoring reliability data presented in the manual reflect excellent internal consistency and stability as well as agreement between raters. Internal consistency was addressed through split-half procedures for all the WIAT-II subtests except Written Expression and Oral Expression; these subtests were evaluated using test-retest methods only due to the nature of their scoring. Reliability estimates are provided for each grade level for Fall and Spring. Average internal consistency reliability coefficients ranged from .80 (Listening Comprehension) to .97 (Word Reading and Pseudoword Decoding) for the subtests. As expected, the reliabilities for the composite scores were higher (.89 for Oral Language to .98 for the Reading and Total scores). Stability was examined through a study of 297 examinees (ages 6-19) retested after an interval of 7 to 45 days. The difference in scores between the first and second testing ranged from 1 to 4 standard score points. For the subtests, the lowest average stability coefficient was for Written Expression (.85). Composite stability coefficients ranged from an average of .92 (Oral Language) to .98 (Total).

Stability data for children below age six are not provided. Subtests more subjectively scored, (i.e., Reading Comprehension, Written Expression, and Oral Expression) were evaluated for inter-scoring agreement. Inter-scoring reliability coefficients ranged from .94 to .98.

Content validity was addressed through expert judgments and empirical item analysis. The subtests were designed with curriculum objectives derived from the domains specified in the Individuals with Disabilities Act Amendments of 1997. Next, the items were reviewed for coverage and relevance by a panel of experts. Item-total correlations were inspected for each subtest for every age. Item difficulties were also examined in order to correct item order and to examine individual items for bias.

With regard to construct-related validity, the inter-correlations of the subtests reflect the appropriate relationships between subtests and their respective domains. In addition, correlations of the WIAT-II subtests with Wechsler FSIQ generally ranged from .30 to .78 but tended to be lower for young children administered the WPPSI-R.

Evidence for criterion-related validity is presented through correlations with other individually administered achievement tests, group administered tests, the Academic Competence Evaluation Scales (ACES) and school grades. Correlations with the WIAT range from .66 to .86 for the composites, with as expected, slightly lower mean scores on the

WIAT-II. Of interest is that the average score for Oral Expression on the WIAT-II was 10 points lower than the WIAT for the same sample. This may address previous criticisms often heard from many teachers that the WIAT Oral Expression score appeared inflated. Correlations with the WRAT-3, DAS, PPVT-3 as well as group administered achievement tests were moderately high though the samples tended to be small. The correlations with school grades were also acceptable except for a low correlation (.16) between Oral Expression and English grade. It appears that even though the difficulty level of this subtest seems to have been increased, performance on this subtest still reflects little relationship to what teachers expect in school.

The WIAT-II is a comprehensive test of academic achievement. The manual is clear, thorough and well-organized. Overall, the psychometric properties of the WIAT-II are excellent and the procedures and samples used for the technical studies are well defined. The availability of norms for 4-year-olds is a great advantage over most other achievement tests. Care was also taken to address some of the previous concerns regarding the difficulty level of some of the original WIAT subtests. In addition, a great deal of attention was given to making available to the user greater opportunities for within subtest analysis of scores. However, while the WIAT-II provides a breadth of quantitative and qualitative information not available to the users of most other achievement tests, it is more complicated and less user-friendly than its predecessor. For example, starting and stopping points as well as reverse and discontinue rules vary by subtest. The fact that Written Expression can be scored holistically or analytically seems like a useful feature, but the guidelines, which are inconveniently placed in a separate booklet, are somewhat complicated. A computer scoring assistant is, however, available to facilitate scoring. The approximately 90 minutes it takes to administer the entire battery to a school age child is a bit prohibitive as is the 1 to 2 hours required for an individual in grade 7 or up. Aside from these practical issues, the WIAT-II is a psychometrically sound, thoughtfully constructed measure of academic achievement that can be used for a wide age range.

References

- Berninger, V. (2001). *Process Assessment of the Learner-Test Battery for Reading and Writing*. San Antonio, TX: The Psychological Corporation.
- The Psychological Corporation (1992). *Wechsler Individual Achievement Test*. San Antonio, TX: The Psychological Corporation.
- The Psychological Corporation (2001). *Wechsler Individual Achievement Test-Second Edition*. San Antonio, TX: The Psychological Corporation.

SOFTWARE REVIEW

The Dominic Interactive

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Overview

The Dominic Interactive (Valla, 2000) is a self-administered, computerized, DSM-IV-based (American Psychiatric Association, 1994) screening instrument for use with children ages 6 to 11. The child is presented 91 cartoon-scenarios through visual and auditory channels in which a cartoon character, "Dominic," is depicted in various daily life situations such as at school, home, and with friends. The child then hears and sees a question asking if he/she experiences a similar emotion to Dominic such as "Do you worry about getting lost, like Dominic?" The child is asked to click on "yes" or "no" to indicate whether or not he/she feels similarly to Dominic. The average administration time is 10 to 15 minutes. The purpose of the Dominic Interactive is to screen for seven mental health problems and to identify a child's strengths and competencies. These problems include internalizing and externalizing mental health problems as well as attention deficit/hyperactivity. The instrument approximates DSM-IV diagnoses by encompassing 63 symptoms out of 64 DSM-IV criteria included in six of the seven diagnoses (the seventh diagnosis, Specific Phobias, is more loosely based on the DSM-IV criteria).

The internalizing mental health problems include separation anxiety (8 items), specific phobias (9 items), generalized anxiety (15 items), and depression (20 items). Examples of items examining separation anxiety include the child refuses to go to school, sleeps with parents, and is afraid of being kidnapped. Examples of items examining specific phobias include the child's fears of bugs, thunderstorms, and heights. Examples of items examining generalized anxiety include the child's worries, fears, and nightmares. Examples of items examining depression include the child's loss of temper, inability to enjoy him/herself, and feelings of worthlessness. The externalizing mental health problems include opposition/defiance (9 items) and conduct problems (14 items). Examples of items examining opposition/defiance include a child's tendency towards anger, resentfulness, and blaming others. Examples of items examining conduct problem include a child's tendency towards bullying others, stealing, and starting fights.

The Attention-Deficit/Hyperactivity Scale includes inattention (9 items), hyperactivity (6 items), and impulsivity (4 items). Examples of items measuring inattention include the child loses things, is easily distracted, and finds it hard to get organized. Examples of items examining hyperactivity include the child fidgets in seat, talks too much, and is often "on the go." Examples of items examining impulsivity include the child disturbs other children and finds it hard to wait his/her turn.

The child's strengths and competencies are measured with 10 items. This scale (i.e., Strengths and Competencies Scale) examines the safety of the child's home, the quality of his/her social experiences and peer relations, friendship formation, academic and social competence, and positive coping attitudes.

Once the child has responded to all 91 items, the responses are saved and computer scored. The program yields results pertaining to the child's "tendency towards" the seven most frequent mental health problems including internalizing problems (i.e., Separation Anxiety, Specific Phobias, Generalized Anxiety, and Depression) and externalizing problems (i.e., Opposition, Conduct problems, and Attention-Deficit/Hyperactivity with its sub-categories of Hyperactivity, Impulsivity, and Attention-Deficit) as well as strengths and competencies.

The results page yields 11 bars that include the tendencies toward the seven mental health disorders, Strengths and Competencies Scale, sub-totals for Internalizing and Externalizing mental health problems, and the overall number of symptoms. The bars reflect the obtained score and the total possible score. Additionally, colored dots next to the "Tendencies" bar reflect the degree of the problem. For example, a red dot indicates that it is likely that there is a problem, a yellow dot indicates that there may be a problem, and a green dot indicates that there is no problem. In addition, an alert will signal a potential suicide risk.

The Dominic Interactive is based on the earlier versions Dominic (Valla, 1984), a 26-item screening instrument developed in 1981 and Dominic-R (Valla, Bergeron, St. Georges, & Gaudet, 1997). The DSM-IV criteria for each of the mental health problems were

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SOFTWARE REVIEW The Dominic Interactive

used to develop the Dominic Interactive. The primary purpose of the Dominic Interactive is to provide professionals with a quick screening instrument to identify frequently occurring mental health problems of primary school children. The authors attempted to elicit the child's thoughts and feelings by providing the child a means to communicate regarding sensitive topics.

No formal training is required to use the Dominic Interactive screening program. However, the ability to establish a good relationship with the child is necessary. In addition, only professionals should interpret the results. The Dominic Interactive includes a CD-ROM that holds the program and a floppy diskette to save the results. Both are required to run the program. The program is available for use with both PC and Mac systems.

Multiple versions of the Dominic Interactive are available. Each version contains male and female stimuli. This instrument is available with stimuli representing three different ethnic groups; Dominic (Caucasian), Terry (African-American), and Gabi (Latino). Dominic Interactive is also available in English, French, Spanish, and TexMex. German and Japanese versions are currently in development as is an adolescent version.

Cut-off Points

The cut-off points were based on statistical results (means and standard deviations) of a general population sample, DSM-IV cut-off points, and clinical considerations of outpatient clinic children. The sample included 290 children between the ages of 6 and 11 from an urban Montreal area. The specific cut-off points for the presence of each of the seven disorders can be found in the manual.

Reliability

Data on the reliability of the Dominic Interactive is currently being gathered and reliability information specific to the Dominic and Dominic-R questionnaire is available at this time. Preliminary reliability evidence suggests that test-reliability is influenced by age, with older children being more reliable than younger children. Intraclass correlation coefficients (ICCs) for students older than age eight are moderately high; however, ICCs for the younger children are lower (e.g., at age six, in a sample of 290 students between ages six and eleven, ICC = .60). The author of the Dominic Interactive reports in the manual reliability data for the Dominic and the Dominic-R and postulated that the reliability of the computer-based Dominic Interactive would be

even higher given the combined effect of visual and auditory stimuli. The ICCs between test and re-test ranged from .71 to .81 for disorder symptoms scales in a sample of 340 children. Internal consistency for Internalizing and Externalizing Scales was .89 for both scales.

Validity

The Dominic Interactive makes use of computerized pictures to assess the mental health of children. As it is a fairly unique instrument using a computerized picture format to assess mental health of children, validity evidence is still being gathered. A validation study in schools and outpatient clinics of the Montreal urban area with a sample size of 600 children will be available in 2002. Only preliminary validity evidence exists thus far. It is difficult to compare the Dominic Interactive with other methods of picture-based standardized assessment in that other similar formats have traditionally been used to assess other constructs (i.e., cognition) rather than mental health functioning. Validity evidence discussed is based on the original questionnaire and is primarily in the form of clinical referral and clinical judgment. Comparisons of the Dominic, Dominic-R, and Dominic Interactive support the pictorial format. Intraclass coefficients (ICCs) obtained using the Dominic-R (.71 to .81) and the Dominic Interactive (.59 and .80) compare favorably with those obtained with the Dominic (.59 to .74) and with the Diagnostic Interview Schedule for Children-Version 2 (DISC-R; .35 to .73) (Schwab-Stone, Fallon, Briggs, & Crowther, 1994).

Criterion validity between DSM-III-R (American Psychiatric Association, 1987) diagnoses based on clinical judgment and Dominic-based diagnoses yielded kappa's that ranged from .64 to .88. Additional validity evidence exists in a study by Valla, Begeron, and Smolla (2000), in which they described the establishment of diagnostic cut-off points in a large (N = 1,575) representative sample of Quebec children 6 to 11 years of age. The overall prevalence estimate of these mental health disorders was 15.8%.

Summary of Instrument Review**Strengths**

Overall, the Dominic Interactive provides professionals with a brief, child-friendly, screening instrument for frequently occurring mental health disorders. The computer program is interesting and video game-like which may sustain a child's atten-

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SOFTWARE REVIEW The Dominic Interactive

tion and result in a more accurate assessment of mental health status. The format provides a child who experiences difficulty communicating him/herself with the ability to express thoughts and feelings in a safe, private forum, increasing the possibility of sharing important information. Multiple versions of the Dominic Interactive (i.e., gender and race) are available to increase sensitivity to diversity. In addition, an adolescent version of the instrument is in development. This instrument allows practitioners to view the items endorsed by the child after the child completes the self-administration, which provides information on specific issues. Cut-off points for disorders are research-based, increasing their validity. The Dominic Interactive was developed based on DSM-IV criteria, which provides a sound foundation for the items. Additionally, the DSM-IV is commonly used for diagnosis of mental health disorders.

Limitations

Although the Dominic Interactive has made a strong contribution to the field of diagnosing mental health disorders in children, several limitations exist. The language used in the program may be difficult for all children to understand. For example, phrases such as "lost interest in playing," "worthless," "guilty," "weapon," "fidget," and "skip school" may be difficult for some, if not most, young children to understand. Some pictured scenarios may also be troubling to young children. For example, there are fires, car accidents, and a child being taken from his/her parent. While the instrument is brief by some standards, it may be difficult for children at the lower end of the age range to sustain attention for 91 questions. The results page does not provide any information regarding children who are simply responding in the socially desirable manner or in a random manner (i.e., all yes or no, or alternating

responses). Reliability and validity evidence are preliminary at this time and should be revisited when updated. Although the criteria are based on the DSM-IV, frequency, duration, and age of onset are not accounted for by the instrument. Additionally, situational factors present on the date of the assessment may impact upon the child's responses. Therefore, it is critical to combine these data with multiple sources of information.

Recommendation

Overall, based on available data the Dominic Interactive is a creative and useful instrument to screen mental health functioning of young children. The novel approach should be well-received by both practitioners and children. Further research, which is in progress, is necessary to provide additional psychometric properties of the instrument.

References

- American Psychiatric Association (1987). *Diagnostic and Statistical Manual of Mental Disorders, Third Edition Revised (DSM-III-R)*. Washington, DC: American Psychiatric Association.
- American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*. Washington, DC: American Psychiatric Association.
- Schwab-Stone, M., Fallon, T., Briggs, M., & Crowther, B. (1994). Reliability of Diagnostic Reporting for Children Aged 6-11 Years: A Test-Retest Study of the Diagnostic Interview Schedule for Children-Revised. *American Journal of Psychiatry, 151*, 1048-1054.
- Valla, J. P. (1984). A quick screening instrument to assess the mental health of children 7 to 11 years old. Communication to the Joint Annual Meeting of the American and Canadian Academies of Child Psychiatry, Toronto.
- Valla, J. P. (2000). *The Dominic Interactive: Instruction manual for the Dominic Interactive*. DIMAT, Inc.
- Valla, J. P., Bergeron, L., St. Georges, M., & Gaudet, N. (1997). Reliability of the Dominic-R: A young child mental health questionnaire combining visual and auditory stimuli. *The Journal of Child Psychology and Psychiatry and Allied Disciplines, 38*, 717-724.
- Valla, J. P., Bergeron, L., & Smolla, N. (2000). The Dominic-R: A pictorial interview for 6- to 11-year old children. *Journal of the American Academy of Child and Adolescent Psychiatry, 39*, 85-93.

Call for Nominations for Division 16 Awards

presented to a school psychologist who has completed a doctoral dissertation which merits special recognition and which has the potential to contribute to the science and practice of school psychology. Nominees must: (a) have successfully defended the dissertation between January 1, 2001 and December 31, 2001 and (b) be a Member or Student Affiliate of Division 16 at the time of receipt of the award (August, 2002). The award recipient will be asked to serve on a committee to select subsequent award winners, give an award presentation based on the dissertation at the subsequent APA annual convention, and submit a manuscript to

School Psychology Quarterly (the Division 16 journal). Anyone, including a candidate her or himself, may nominate a school psychologist for the award. Four copies of the nominee's vita and letters of support from at least two members of the dissertation itself should be submitted for each candidate, along with a copy of the dissertation. Send all nomination materials by April 1, 2002 to the chair:

Dr. Frank C. Worrell
227 CEDAR Building
University Park, PA 16802
Phone: 868-628-3530
fcw3@psu.edu

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The State of the Division

mutually compatible agendas. Division 16 is comprised of primarily doctoral level school psychologists. The majority of NASP's membership is at the non-doctoral level. I believe we need to work closely with NASP and continue to support them in most respects. However, there are curriculum differences between doctoral and subdoctoral training programs in areas such as biological basis of behavior, cross-cultural psychology, psychotherapeutic interventions, program development, supervision, and consultation (Reschly & Wilson, 1997) that distinguish graduates of programs at the two levels. NASP does not fully recognize that fact and Division 16 must continue to be the advocate of doctoral school psychology. I am a forceful advocate for the interests of all of school psychology while defending the rights in licensing and credentialing that all of us who hold the doctoral degree worked so hard to attain.

In addition to my work with Division 16, I have been fortunate to serve on the executive board of the Council of Directors of School Psychology Programs (CDSPP) for the past 4 years. In that capacity I have developed the strong conviction that we, as school psychologists, are the best trained of all of the practice areas. Unfortunately, we are also the smallest of the three areas and lack the representation of the other areas within APA, state licensing boards, and the health care industry. It is important that we stand up for the parity of school psychology within all of these domains while working collaboratively with natural allies such as child clinical and pediatric psychology to work for the benefit of children, youth, and families.

In order to best accomplish our objectives there is no doubt that we need to increase our membership. I believe the best way to begin is to strengthen our student base. The student affiliate organization (SASP) has made tremendous strides over the past few years in recruiting students to the Division and getting them involved in Division activities. This group needs to be supported and nurtured because today's SASP leaders are tomorrow's leaders of Division 16. We cannot focus solely on students however. We must expand our base among practicing school psychologists. If your colleagues and friends do not belong to the Division, please ask them why and what it will take to get them to join. Then let me or Colette Ingraham, our Vice-President for membership, know what they said. NASP may be a larger organization within school psychology, but APA is the largest organization of psychologists in the world. It is Division 16 that represents the interests of school psychology within that context and

we need to have a stronger voice.

I challenge every member to talk to at least one doctoral level colleague who is not a Division 16 member and ask them why. Then send me their name, address, and comments. Together we can grow. I also plan on proposing a task force at the upcoming mid-winter meeting of the executive committee. That task force will be charged with polling the Division membership to determine your specific needs, to prioritize those needs, and to formulate clear achievable objectives to meet those needs. When you receive your survey, please respond.

A final area I would like to address is the need for the Division to be as expansive as possible in our interactions within school psychology and psychology as a whole. For this reason I have invited the presidents of all major school psychology constituencies to attend the mid-winter meeting of the EC and join in our discussions. While all will not be able to attend, the presidents of NASP, CDSPP, and ISPA have indicated that they will be present. I am particularly excited that Peg Dawson, the ISPA President, will be in attendance. School psychology is not limited to the United States and Canada, it is a worldwide profession. The Division needs to be more involved in developing international connections and shaping international issues. A main goal of my presidency is to give us a more international focus. Hopefully, I will succeed.

I think I have made it through my first column. In future columns, I will report back to you on issues facing the Division and school psychology including updating you on issues discussed in this column. I also hope to be able to reply to specific comments by the membership. Again, please let me know your concerns. I will do my best in being responsive to your needs. Now if I could just borrow one of George Bush's speech writers to help me prepare my address at the convention in Chicago. I guess my wife will have to do.

**Don't forget to send information
for the People and Places section
of TSP to Angeleque Akin-Little
at: psyaza@hofstra.edu**

Student Affiliates in School Psychology (SASP)

SASP Update and News

A Proposed Collaboration Between School Psychology Programs and Local School Systems for Comprehensive Mental Health Delivery

**Gena N. Earhardt, SASP President-Elect
Indiana State University**

One of the primary responsibilities of a school psychologist is to encourage healthy mental development for students in a school system. Addressing wellness promotion, especially by being resourceful in crisis prevention and intervention, is essential for effective service delivery (Ysselydyke, Dawson, Lehr, Reschly, Reynolds, & Telzrow, 1997). A valuable commodity to a community is a school psychologist who possesses knowledge in designing and implementing mental health initiatives that promote interpersonal skills, problem-solving abilities, and emotional security for children and adolescents. For a psychologist to serve the school community, understanding the progression of program implementation is necessary for programmatic success.

In devising a mental health initiative, it is paramount to create a foundation for positive discipline, academic success, mental health, and emotional wellness through a caring school environment (Dwyer & Osher, 2000). The establishment of a school-wide foundation consists of building partnerships with community agencies, families, and school personnel. It also consists of the adoption of evidence-supported programs and curriculums. Effective planning emphasizes: a supportive school community; the teaching of appropriate behaviors and social problem-solving skills; the implementing of positive behavior support systems; and providing appropriate academic instruction (Dwyer & Osher, 2000). The results of such prevention planning would minimize unacceptable behaviors and reinforce healthy mental development.

In addition to building a foundation that provides support to all students, it is also necessary to

create early intervention services for students who are at risk for academic and behavioral difficulties. These students continue to experience problems despite prevention activities. Identifying signals and warnings is essential in reaching children and adolescents who are prone to violent behaviors or emotional difficulties. According to Dwyer and Osher (2000), these warning signs consist of:

- Social withdrawal.
- Excessive feelings of isolation or being alone.
- Excessive feelings of rejection.
- Being a victim of violence.
- Feelings of being picked on and persecuted.
- Low school interest and poor academic performance.
- Expression of violence in writing and drawings.
- Uncontrolled anger.
- Patterns of impulsive and chronic hitting, intimidating, and bullying behaviors.
- History of discipline problems.
- History of violent and aggressive behavior.
- Intolerance for differences and prejudicial attitudes.
- Drug use and alcohol use.
- Affiliation with gangs.
- Inappropriate access to, possession of, and use of firearms.
- Serious threats of violence (also an imminent warning sign).

The next level of program design consists of providing comprehensive, intensive, and culturally-appropriate, child and family-focused services (Dwyer & Osher, 2000). At this level, students may have significant disorders and impairments that

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Student Affiliates in School Psychology (SASP)

involve special education services, mental health agencies, families, alternative programs and schools. Establishing special support teams that assist in coordinating intensive interventions for students and their families would facilitate communication in service delivery and ensure appropriation of services. Examples of such services include case management, psychiatric care, day treatment, self-help and support groups, therapeutic foster care, family-based counseling, and individual counseling.

To implement such programs requires financial support. Responding to tragedies that have exacerbated students' feelings of safety and security, the U.S. Departments of Education, Health and Human Services, and Justice have provided funding for the design and implementation of programs and curricula that promote social skills, family strengthening, and emotional resilience. The Safe Schools/Healthy Students Initiative is designed to enhance the collaborative efforts of educational, mental health, social service, law enforcement, and juvenile justice system services.

According to the Safe & Drug Free Schools Program's (1999) Annual Report on School Safety, 54 partnerships from across the nation received grants from this initiative. In April 2000, another 23 partnerships in 18 states received funding. Based on these reports, the number of programs receiving funding is increasing. As of June 2001, there are 52 doctoral-level school psychology programs, and 139 total graduate school psychology programs in the United States (National Association of School Psychologists [NASP], 2001). Although it is unknown how many of the governmental funded programs are a collaborative effort with school psychology graduate programs and local school communities, there are more school psychology training programs than intervention programs the Safe Schools/Healthy Students Initiative is funding. An effort of this sort would prove to be a rather feasible option for training purposes and for accessibility to mental health services. Not only could a joint venture serve as a training forum for future school psychologists, but children

and adolescents would also benefit from receiving mental health service delivery – especially services that exceed beyond assessment and recommendations for intervention.

While many programs are currently receiving funding

from a variety of sources and are providing an array of services to local schools, the challenge would be for students to enhance leadership skills in assisting with the organization of a comprehensive service delivery by partaking in the grant writing process, collaborating with a multi-disciplinary team, and devising interventions for prevention, early intervention, and intensive intervention. Graduate training programs that offer unique opportunities for students to acquire such knowledge and skills in comprehensive mental health delivery to local schools may improve the accessibility of services to children and adolescents. While a commitment of this magnitude would require a significant amount of effort, the benefits sowed by such work would be insurmountable. It would promote healthy mental and emotional development, decrease school violence, and strengthen interpersonal relationships—an ideal certainly worth achieving.

Check out **SASP's web page** at:
www.saspweb.org



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References:

Dwyer, K., & Osher, D. (2000). *Safeguarding our children: An action guide*. Washington, D.C.: U.S. Departments of Education and Justice, American Institutes for Research.

National Association of School Psychologists (2001, June 30) *NASP-approved graduate programs in school psychology*. Retrieved November 2001 from <http://www.nasponline.org/pdf/Addressed-ApprovedPrograms62001.pdf>.
 Safe & Drug Free Schools Program (1999) *Annual report on school safety*. Retrieved November 2001 from <http://www.ed.gov/offices/OESE/SDFS/publications.html>.
 U.S. Department of Education. (2001). *Safe schools/health students initiative: Program announcement*. (No. 1810-0621). Washington, D.C.: Author.
 Ysseldyke, J., Dawson, P., Lehr, C., Reschly, D., Reynolds, M., & Telzrow, C. (1997). *School psychology: A blueprint for training and practice II*. Bethesda, MD: National Association of School Psychologists.

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The Causes and Consequences of Peer Rejection in Childhood

Morris, T. L., Messer, S. C., & Gross, A. M. (1995). Enhancement of the social interaction and status of neglected children: A peer-pairing approach. *Journal of Clinical Child Psychology*, *24*, 11-20.
 Parker, J. G., & Asher, S. R. (1987). Peer relations and later personal adjustment: Are low-accepted children at risk? *Psychological Bulletin*, *102*, 357-389.
 Pettit, G. S., Clawson, M. A., Dodge, K. A., & Bates, J. E. (1996). Stability and change in peer-rejected status: The role of child behavior, parenting, and family ecology. *Merrill-Palmer Quarterly*, *42*, 267-294.
 Silva, M. B. (1993). Subgroups of peer-rejected children: Differences in self-perceptions, attributions, and responses to rejection. *Dissertation Abstracts International*, *54*, 2224.

Toner, M. A., & Munro, D. (1996). Peer-social attributions and self-efficacy of peer-rejected preadolescents. *Merrill-Palmer Quarterly*, *42*, 339-357.
 Waas, G. A. (1987). Aggressive rejected children: Implications for school psychologists. *Journal of School Psychology*, *25*, 383-388.
 White, K. J., & Kistner, J. (1992). The influence of teacher feedback on young children's peer preferences and perceptions. *Developmental Psychology*, *28*, 933-940.

Comments, thoughts, and opinions regarding this article for the Commentary Section of The School Psychologist should be e-mailed to: LReddy2271@aol.com.

Paul Henkin Student Travel Award

Division 16 of the American Psychological Association is pleased to announce the establishment of the Paul Henkin Student Travel Award. Dr. Paul Henkin was a school psychologist in California who believed in the value of professional development through participation at professional conferences. This year, his generosity has provided up to \$500 to support a graduate student member of Division 16 to attend the 2002 APA annual convention in Chicago. The funds can be used to pay for convention registration, lodging and transportation costs, but can't be used for food, drink, supplies, or other expenses incurred while attending the APA convention. The award is not renewable. The Paul Henkin award is intended for students who do not have funding to attend APA. Employees of APA and persons receiving reimbursements from other APA sources to attend the convention are ineligible for the Award. Interested candidates are invited to send four sets of the application materials: application form below, a letter of recommendation, a 500 word essay, and a vitae or resume to: Division 16 Paul Henkin Award Committee, c/o Dr. Colette Ingraham, Department of Counseling and School Psychology, College of Education, San Diego State University, San Diego, CA

92182-1179. All application materials (4 copies) must be received by May 15, 2002.

The award committee will consider the candidate's demonstrated potential to make an outstanding contribution to the field of school psychology, accomplishments and research, communication skills, community involvement, commitment to working in public schools as an agent of change, and evidence of knowledge of the demands of the field of school psychology and the value of continuing professional development.

Paul Henkin Award Application (Include 4 copies of parts I-IV)

Part I: Personal Data (see form below)

Part II: References

Submit one letter of reference from a professor or someone who has knowledge of your work in the schools.

Part III: Essay

Part III: Essay

Attach a 500-word essay that describes the nature of your activities at the APA conference (e.g., presenting, leadership roles, seeking advanced training) and how you plan to integrate your conference participation with the responsibilities that you will be assuming as a future school psychologist.

Part IV: Other Information

Submit a resume or vitae of your academic, professional, and extracurricular experiences and achievements.

I certify that the information submitted in this application is true and accurate. I agree to the stated guidelines of the application and I will abide by the decision of the Division 16 Paul Henkin Award Committee.

 Print Name

 Signature

 Date

1. Name: _____
 Last First Middle
 2. Address: _____
 Street City/State Zip
 3. Current School Psychology Program: _____
 College/University GPA
 4. Year of Study: _____
 1st yr. _____
 2nd yr. _____
 3rd yr. _____
 4th yr. _____
 5th yr. _____
 other _____ (specify)
 5. Intended date of graduation: _____
 6. Division 16 Student Affiliate Membership number _____

The Publications Committee of AP A Division 16 (School Psychology) is pleased to announce the newest productions of **The Conversation Series.**

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JOB OPPORTUNITIES

Assistant Professor in School Psychology (two tenure track lines anticipated, Fall 2002). These positions are for teaching, research, and supervision of students in the School's Psy.D. and M.A. Programs in School Psychology in Teaneck, NJ. Requirements include an earned doctorate in school psychology from a NASP-approved and/or APA - accredited school psychology program, and evidence of, or potential for, research and scholarly achievement commensurate with the rank of assistant professor. Experience as a practicing school psychologist and ability to contribute to the Ph.D. Program in Clinical Psychology (NJ- and/or NY-licensed or license-eligible) are also desired. The School of Psychology is located on the Teaneck-Hackensack Campus of Fairleigh Dickinson University in northern New Jersey, near New York City. In addition to offering undergraduate and graduate (master's and doctoral) programs in New Jersey, the School offers an undergraduate and a graduate (M.A.) program in clinical psychology at the University's branch campus in Tel Aviv, Israel. Screening of applications will begin immediately and continue until both positions are filled. To apply for either of these positions, forward a cover letter, curriculum vitae, and the names, addresses and phone numbers of three references to: Dr. Ron Dumont, Director, School Psychology Programs (T-WH1-01), Fairleigh Dickinson University, 1000 River Road, Teaneck, NJ 07666. Fairleigh Dickinson University is an Equal Opportunity / Affirmative Action Employer committed to a diversified workforce M / F / D / V.

The Department of Psychology at Syracuse University invites applications for a tenure-track Assistant or Associate Professor position to join a collaborative research and training theme focusing on the Psychology of Children at Home and School (PCHS). Depending on credentials, the candidate will be affiliated with the School and/or Clinical Psychology programs (both APA accredited). We are seeking a scholar with a strong scientist-practitioner philosophy and program of research related to pediatric issues in school and/or family settings (e.g., factors that promote adjustment to chronic

illness, family or school-based interventions for behavioral and/or academic problems, community-based interventions to promote effective parenting, prevention and treatment of childhood disorders). The candidate will be expected to advise and teach graduate and undergraduate students in school psychology, pediatric psychology, and child development, direct student theses and dissertations, provide clinical supervision in area hospitals, clinics, or schools, and serve on departmental committees. Record of or potential to obtain external funding is desired. Applicants should submit a letter of application describing their research and teaching interests, a curriculum vitae, representative reprints/preprints, and three letters of reference to Brian K. Martens, Ph.D., Search Committee Chair, Department of Psychology, Syracuse University, 430 Huntington Hall, Syracuse, NY 13244-2340 (ph: 315-443-3835; email: bkmarten@psych.syr.edu). Applications will be reviewed beginning January 5, 2002 and will continue until the position is filled. Syracuse University is an equal-opportunity, affirmative-action institution and does not discriminate on the basis of race, creed, color, sex, national origin, religion, marital status, age, disability, sexual orientation, status as a disabled veteran, or a veteran of the Vietnam Era. The Psychology Department is committed to enhancing the diversity of its faculty and especially encourages applications from women, members of minority groups, and individuals with disabilities.

Georgia State University, Atlanta, Georgia, School Psychology Program Director-Associate Professor. The individual chosen for this position will have a vita clearly indicative of an earned doctorate in School Psychology--preferably from an APA accredited program. Primary selection criteria include teaching experience within a school psychology program, an active research interest, attainment of Associate Professor status, and evidence of leadership in the profession. Additional positive characteristics include work experience as a school psychologist, active participation in regional and national professional associations, and eligibility for certification/ licensure in GA as a school psychologist. Supervision and coordination of various accreditation activities (NASP, APA, NCATE, and PSC) would be expected. The individual must be pre-

pared to accept responsibilities as a researcher and teacher, provide administrative and supervisory oversight of the school psychology program, and advise students. The individual will also be expected to encourage and supervise student research at the post-masters and doctoral level. Ethnic minority, women and disabled applicants are especially encouraged to apply. Georgia State University is an equal education opportunity institution and an equal opportunity/affirmative action employer. Correspondence should be sent to CPS Department - Associate Professor - School Psychology Program Director Search Committee, c/o Mimi Morgan, Dean's Office, College of Education, Georgia State University, University Plaza, Atlanta, GA 30303-3083. Inquiries should be addressed to Dr. Joel Meyers at jpmeyers@gsu.edu

REQUEST FOR PROPOSALS

American Psychological Association Cemrrat Grants FY2002 for Ethnic Minority Recruitment, Retention and Training

The American Psychological Association's Public Interest Directorate has been allocated \$100,000 in Fiscal Year (FY) 2002 to continue implementation of the Five Year Plan as recommended by the APA Commission on Ethnic Minority Recruitment, Retention and Training in Psychology (CEMRRAT). As in previous years, these funds will be used primarily to fund small grants. Eligible applicants for these grants are state psychological associations, APA divisions, departments/schools of psychology, APA boards and committees, other entities of organized psychology, and individuals. These small grants are intended to serve as "seed funds" to energize, empower, and support interested individuals, organizations, and educational institutions committed to enhancing ethnic minority recruitment, retention and training in psychology.

Emphasis will be placed on the funding of innovative start-up initiatives rather than the maintenance of on-going projects. It is anticipated that approximately three or four proposals will be funded under each of the five priority areas (see below). Applicants must be APA members at the time funds are awarded. So long as proposals are determined to be consistent with the

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identified funding priorities and the CEMRRAT Five Year Plan, they will be funded on a first-come-first-served basis.

It is hoped that those activities that receive funding will serve as demonstration models. Consequently, annual progress reports will be expected to be submitted annually by December 1, and a final report must be submitted upon completion of the funded activity.

The established funding priorities for FY2002 are:

Training/Professional Development - Linguistic Minorities - For activities that promote development of training programs (and associated professional development of faculty) that improve services to linguistic minorities. Examples of such activities include: a) collecting, publishing and disseminating model programs that focus on training for services with linguistic minority populations, b) designing, documenting, and evaluating mental health services, research and professional psychology training programs focused on linguistic minorities, and c) establishing practicum or mental health services research training in settings serving linguistic minorities. (Approximately \$10,000 is available.)

Training/Science - Math and Science Research and Training - For activities that serve to identify, demonstrate, document, or disseminate math, science, and research education and training procedures and strategies (including distance learning) that result in increased achievement and retention of students of color - especially in scientific psychology areas. (Approximately \$14,000 is available.)

Faculty/Professional Development - For activities that serve to promote increased levels of multicultural competence in teaching, practice, and research among a program's/department's psychology faculty. Individual professional development will be considered only if applicant presents evidence of limited institutional support or resources for such activities. (Approximately \$10,000 is available.)

Student Undergraduate/Graduate: Grants to Departments for Innovative Programs - For activities for undergraduate and graduate departments and professional schools related to developing innovative strategies for recruitment, retention and graduation of ethnic minority students in psychology. Applications that bear upon undergraduates and their matriculation to graduate programs in

psychology are especially welcome. (Approximately \$12,000 is available.)

Ethnic Minority Leadership Development - For activities that promote leadership skills and opportunities among ethnic minority psychologists. These funds are targeted to APA governance groups, divisions and their respective sections, and other organized entities of psychology that wish to undertake such leadership training and development activities. Applicants will be expected to provide matching funds equal to the amount requested. (Approximately \$12,000 is available.)

There is no standard application form. The application (no more than five pages) should describe: (a) problem to be addressed and what is to be done (goals and activities), (b) how these goals are to be accomplished (procedures), (c) expected outcomes or findings, (d) a justified budget for the funding amount requested, and (e) rationales as to how the proposed effort is consistent with the CEMRRAT funding priorities and the provisions of the CEMRRAT Five Year Plan. [NOTE: In general, CEMRRAT funds may not be used to support travel, unless such travel is strongly justified and integral to project objectives.] Applications will not be accepted prior to January 1, 2002.

Questions should be directed to Adisa Ajamu in the Office of Ethnic Minority Affairs (OEMA) at the APA address or by phone (202/336-6070) or email (aajamu@apa.org).

CALLS FOR NOMINATIONS

The Society for General Psychological American Psychological Association

The Society for General Psychology, Division One of the American Psychological Association, announces its Year 2002 awards competition. The William James Book Award is for a recent book that serves to integrate material across psychological subfields or to provide coherence to the diverse subject matter of psychology. Other award programs include the competition to deliver the Year 2002 Arthur W. Staats Lecture for Unifying Psychology, the Ernest R. Hilgard Award for a Career Contribution to General Psychology, and the George A. Miller Award for an Outstanding Recent Article in General Psychology. The awardees will receive a certificate and a cash prize of \$1000 for

each Award. For each of these awards, the focus is on the quality of the contribution and the linkages made between the diverse fields of psychological theory and research. The Society for General Psychology encourages the integration of knowledge across the subfields of psychology and the incorporation of contributions from other disciplines. The Society is looking for creative syntheses, the building of novel conceptual approaches, and a reach for new, integrated wholes. A match between the goals of the Society and the nominated work or person will be an important evaluation criterion. The Staats Award has a unification theme, recognizing significant contributions of any kind that go beyond mere efforts at coherence and serve to develop psychology as a unified science. The Staats Lecture will deal with how the awardee's work serves to unify psychology.

There are no restrictions on nominees, and self-nominations as well as nominations by others are encouraged for these awards. For the Hilgard Award and the Staats Award, nominators are asked to submit the candidate's vitae along with a detailed statement indicating why the nominee is a worthy candidate for the award and supporting letters from others who endorse the nomination. For the Miller Award, nominations should include: vitae of the author(s), four copies of the article being considered (which can be of any length but must be in print and have a post-1996 publication date), and a statement detailing the strength of the candidate article as an outstanding contribution to General Psychology. Nominations for the William James Award should include three copies of the book (dated post-1996 and available in print); the vitae of the author(s) and a one-page statement that explains the strengths of the submission as an integrative work and how it meets criteria established by the Society. Text books, analytic reviews, biographies, and examples of applications are generally discouraged. Winners will be announced at the Fall convention of the American Psychological Association the year of submission. Winners will be expected to give an invited address at the subsequent APA convention and also to provide a copy of the award address for inclusion in the newsletter of the Society.

All nominations and supporting materials for each award must be

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CONTINUED FROM PAGE 35

received on or before April 15, 2002. Nominations and materials for all awards and requests for further information should be directed to General Psychology Awards, c/o Lynn Hasher, Department of Psychology, University of Toronto, Toronto, ON M5S 3G3 Canada. Phone: 416-978-7620; Fax: 416-978-4811; E-mail: hasher@psych.utoronto.ca

2002 Committee on Women in Psychology (CWP) Leadership Awards

The APA Committee on Women in Psychology (CWP) invites nominations for its eighteenth annual Leadership Awards. These awards serve to actively demonstrate CWP's commitment to ensure that women receive equity both within psychology and as consumers of psychological services, and that issues pertaining to women are kept at the forefront of psychological research, education, training, and practice.

Nominees will be identified as "emerging" or "distinguished" leaders in one or more areas of influence: service provision, scholarship, public interest, and service in psychology. Emerging leaders are psychologists who have received their doctorate within the past 15 years, have made a substantial contribution to women in psychology and show promise of an extensive, influential career. Distinguished leaders are psychologists who have worked for 15 years or more after receiving their doctorate. They should have a longstanding influence on women's issues and status and should be recognized leaders in their area of expertise.

All nominations must include a brief statement of support for the nominee (500-word maximum), a current vita (6 copies), and three letters of reference (6 copies of each letter). Reference letters should address the nominees' leadership activities, contributions, and scope of

influence that advance knowledge for and about women, foster understanding of women's lives, and improve the status of women and underrepresented populations of women in psychology and society.

Current CWP members, members of APA's Board of Directors, individuals who have announced candidacy for APA President, and APA staff are not eligible. CWP members cannot make nominations. Award recipients, selected by CWP in March, will be announced at the APA Convention in August 2002.

Nominations and supporting materials must be received by Thursday, February 1, 2002. Send nominations materials to: Leslie Cameron, Women's Programs Office, American Psychological Association, 750 First St., N.E., Washington, DC 20002-4242.

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