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School Psychologist Involvement in Transition Services

Timothy P. Ulmer
Seminole County Public Schools

“School psychologists primarily work with students who receive special education services. These students are vulnerable to a turbulent transition to adulthood because they often leave high school without adequate life skills.”

Effective July 1, 2005, the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA) will replace IDEA 1997. IDEIA 2004 is intended to further improve the current methods used by public schools to meet the educational needs of children with disabilities. All school-age children will be impacted by IDEIA 2004. With regard to postsecondary transition services, IDEIA 2004 includes changes in the definitions and Individualized Education Program (IEP) requirements. In the words of IDEIA 2004:

Transition services means a coordinated set of activities for a child with a disability that: (A) is designed within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation; (B) is based on the individual child's needs, taking into account the child's strengths, preferences, and interests; and (C) includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and when appropriate, acquisition of daily living skills and functional vocational evaluation.

Given this recent legislation, it is likely that secondary school IEP and transition teams will rely on the assessment data of school psychologists to develop measurable postsecondary goals related to training, education, and employment. Because legal requirements arguably have the greatest influence on school psychology roles (Reschly, 2000), it is necessary and prudent that school psychology professionals (i.e., school psychology trainers, practicing school psychologists, and school psychology graduate students) familiarize themselves with the topic of postsecondary transition services.

School psychologists primarily work with students who receive special education services. These students are vulnerable to a turbulent

transition to adulthood because they often leave high school without adequate life skills (Blackorby & Wagner, 1996; Phelps & Hanley-Maxwell, 1997; SRI, 1997). Halpern (1993) associated the “purposeless unengagement” that many of these youth display with the quality of their high school program, the nature and quality of the transition services that are provided to them and their family, available opportunities in the community, family background, and personal characteristics of the transitioning student (e.g., motivation, social and academic skills, work experience, etc.). In response to the dismal postsecondary outcomes for the majority of students with disabilities, educational activities have been refocused to help students be successful in their educational programs and to help them develop skills for lifelong success.

Developing and providing effective transition services for students with disabilities is a complex task requiring the skills of a variety of professionals. Special education and vocational rehabilitation are the two major agencies involved in transition services for secondary students receiving special education. Consequently, secondary special education teachers and vocational rehabilitation counselors often play major roles in organizing and implementing transition services. However, because no one professional or agency can be expected to provide all of the services required for a successful transition program, multidisciplinary transition teams are needed to encourage the involvement of school and community-based professionals in the transition process. According to deFur (1999), school-based service providers (e.g., school psychologists, speech and language therapists, occupational therapists, social workers, school counselors, vocational evaluators, etc.) bring many competencies identified as critical to effective transition planning.

Postsecondary transition service is a somewhat neglected area in the school psychology literature. Previous efforts to examine the role of school psychologists in transition planning suggested that school psychologists are interested, but relatively uninvolved in transition activities (Lillenstein, 2002; Staab, 1996). These studies suggested that the participation of school psychologists in transition

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School Psychologist Involvement in Transition Services

planning involves primarily assessment activities. This is not surprising given the proclivity of school psychologists to provide testing services as part of their emblematic special education gatekeeping functions.

Ulmer (2004) investigated the relationships between several variables (i.e., best practices in transition services, job site characteristics, training, and attitudes of school psychologists toward transition services) and the involvement of school psychologists in postsecondary transition services. Transition services were classified under four categories of typical school psychologist functioning at the secondary level: assessment, consultation, direct service, and program planning and evaluation. Because Ulmer used structural equation modeling to test two hypothesized models on the involvement of school psychologists in transition services, direct and indirect effects of these variables were evaluated. Ulmer found training and attitude variables to be the strongest predictors of school psychologist involvement in postsecondary transition services for students with disabilities. Moreover, transition best practices were found to have a significant indirect effect on transition involvement via the training variable. The following sections are intended to highlight several avenues for school psychology professionals to increase their contributions to the postsecondary transition process. Furthermore, this information might benefit public education personnel (i.e., school-based administrators, special education directors, and department of education staff) in their efforts to re-evaluate the role of school psychologists on multidisciplinary transition teams at the secondary level.

Practice Considerations

Research has demonstrated that school psychologists are not as involved as they would like to be in the transition of students from high school to adult life, and that the skills of school psychologists are enormously underutilized in the educational process intended to prepare students for life after high school (Lillenstein, 2002; Staab, 1996). Most in the field of education would agree that school psychologists are highly skilled professionals who can contribute in many ways to the social and academic development of children and adolescents. Furthermore, most of the individuals associated with the postsecondary transition process for students with disabilities (e.g.,

special education teachers, special education directors, vocational rehabilitation counselors, community mental health providers, parents, students, etc.) would benefit from the skills and services that school psychologists can offer.

School psychologists are not leaving graduate programs fully equipped to serve students in transition. Hence, most have acquired their training in postsecondary transition services through inservices and workshops (Lillenstein, 2002; Staab, 1996). Levinson and Murphy (1999) argued that school psychologists make a valuable contribution to the transition planning process by simply providing cognitive assessment data. Despite nearly 50 years of efforts by professionals in school psychology to broaden the role of school psychologists, the evidence suggests that school psychologists still spend approximately 50% to 55% of their time in psychoeducational assessment activities (Reschly, 2000). However, if school psychologists are not well versed in career development principles and applications, they may be incapable of presenting transition-focused assessment results to students and families who are attempting to choose a career path. It is possible that other professionals (e.g., school counselors, transition specialists, special education teachers, etc.) may apply a career development perspective to the assessment data and help make these results meaningful for students and families. On the other hand, if school psychologists became more conversant on the subject of career development and transition, assessment information would reflect a stronger emphasis on postsecondary goals and objectives.

Changing the attitudes of school psychologists toward transition services represents another means to increase the level of involvement of school psychologists in transition services. Fagan and Wise (2000) described how the attitudes of school psychologists are shaped by various factors associated with school psychology training programs (e.g., philosophical position, research interests of faculty, type of graduate degrees offered, location, etc.). If school psychology training programs allowed their students to train with future special education teachers, all would benefit mutually from this collaborative endeavor. APA Division 16 and NASP can demonstrate a commitment to the involvement of school psychologists in transition services by encouraging training programs to provide classes that allow for

“...the skills of school psychologists are enormously underutilized in the educational process intended to prepare students for life after high school”



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“All disciplines at the secondary level, especially school psychology, should think beyond high school and provide services that will allow children and youth to assume productive and responsible adult roles.”

both future school psychologists and special educators to train collaboratively. For example, classes on transition services could be offered as a requirement within both graduate programs with shared responsibility from faculty representing both disciplines. Because Ulmer (2004) established that both attitudes of school psychologists and training are major contributors to the involvement of school psychologists in transition services, shared pre-service training and coursework would address both the attitudes and the acquired skills of school psychologists.

Lillenstein (2002) surveyed both secondary school psychologists and transition coordinators and found a significant difference between the actual and desired roles of school psychologists with regard to transition planning. According to Lillenstein, both transition coordinators and school psychologists expressed a desire for school psychologists to have a greater level of involvement in transition services. If educational decision makers (e.g., special education directors, superintendents, department of education staff, etc.) want school psychologists to be more involved in the transition process, then they need to demonstrate a commitment to improving the skills of school psychologists in the areas of assessment, consultation, direct service, and program planning and evaluation as they pertain to transition services. As stated previously, Ulmer (2004) found that the training of school psychologists is the strongest predictor of their involvement in transition services. The more training that school psychologists receive on career development theory and applications, transition assessment, the philosophical foundation for transition services, and the legislation that supports transition services, the more likely they are to be involved in transition services.

Another avenue for increasing the involvement of school psychologists in transition services is to ensure that secondary schools possess high quality transition programs. This implication is supported by the indirect relationship between transition best practices and transition involvement, in which training serves as the mediating variable (Ulmer, 2004). High quality transition programs stress strong interagency and interdisciplinary collaboration, utilize a functional curriculum, involve students in the general education arena as much as possible, and use person-centered practices as a means to provide a transition program that is consistent with a student's strengths, preferences, interests, and

needs (Greene & Kochhar-Bryant, 2003).

Furthermore, professionals involved with high quality transition programs are constantly refining their skills and evaluating their efforts in terms of the progress achieved by secondary students in transition. Collaboration is such an obvious feature of high quality transition programs and school psychologists need to maintain high transition-related skill levels to be effective collaborators in the postsecondary transition process.

Conclusions

All disciplines at the secondary level, especially school psychology, should think beyond high school and provide services that will allow children and youth to assume productive and responsible adult roles. IDEIA 2004 requires public schools to utilize educational practices that promote suitable postsecondary outcomes. Because school psychology traditionally has been strongly influenced by trends in special education (Hohenshil, 1984), it makes intuitive sense that school psychology professional organizations (i.e., APA Division 16 and NASP), school psychology trainers, and practicing school psychologists support the development of school psychology practice relevant to postsecondary transitions.

School psychologists aspire to be more involved in transition services (Lillenstein, 2002; Staab, 1996), and if practicing secondary school psychologists are to have their aspirations met, they will need training and direction (Ulmer, 2004). In November 2002, APA Division 16 and NASP organized the Future of School Psychology Invitational Conference. At this conference, critical outcomes were identified for children, families, and schools (Harris, et al., 2004). Several of these outcomes have obvious postsecondary transition implications (i.e., improving the social functioning of children, enhancing family-school partnerships and parental involvement in schools, effective education and instruction for all learners), and these should be considered given the transition provisions in IDEIA 2004.

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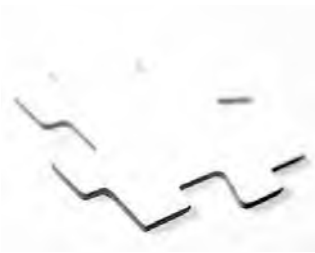
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PRACTICE
FORUM

“A new role was created for school psychologists in the district that combined the positions of school psychologist and school social worker.”

The Predoctoral Internship for School Psychologists in the Greeley-Evans Public Schools

R. Brett Nelson, Greeley-Evans Public Schools, University of Northern Colorado, Robyn Hess, University of Northern Colorado, & Michael Hoover, Greeley-Evans Public Schools, University of Northern Colorado

There is a need for school psychology internships designed specifically for school psychology students completing doctoral studies. Furthermore, doctoral students in school psychology have been frustrated in finding internships in schools that are intervention focused and ecologically responsive, rather than ones that reinforce traditional models of assessment for placement of students into special education programs (Miller, 2003). This article briefly describes the Predoctoral Internship in School Psychology in the Greeley-Evans Schools, specifically designed for school psychologists, that officially started in the Fall of 2002.

Integrated Psychological Services

The Greeley-Evans Schools has close to 18,000 students and is located in a town of approximately 100,000 people. Fifty miles from Denver and 45 miles from Estes Park and the Rocky Mountains, Greeley continues to grow and expand from an original agricultural base to a community predominated by technology, medicine and education. The University of Northern Colorado (UNC) has roughly 13,000 students with prominent educational graduate programs. The Greeley-Evans schools are culturally diverse with a 45% Hispanic base. The school population continues to grow with the recent construction of a high school, three elementary schools, and two K-12 charter schools.

The Predoctoral Internship in School Psychology in the Greeley-Evans Schools is an extension of the integrated psychological services model of mental health practiced there (Nelson, et al., in press). Thirteen years ago, school psychologists, school social workers, counselors, district and building level administrators, and special and regular education teachers formed a mental health task force with the goal of better meeting the social/emotional needs of all district students and staff. At that time, school psychologists and social workers were itinerant, serving up to six schools, and operating in a traditional assessment role directed toward placement of students into special

education. A new role was created for school psychologists in the district that combined the positions of school psychologist and school social worker. Each school in the district was to have a full-time school psychologist who was capable of providing a variety of services in addition to assessment. The full-time school psychologist replaced the itinerant model, and was designated to respond to the unique needs of individual building systems. Thus, psychological services would be integrated consistent with prevailing mental health models of prevention and intervention (Tuma, 1989), and allowing for the provision of a full range of services for all staff and students. The major functions of the school psychologist included prevention coordinator in the building, intervention specialist (e.g., counseling, behavioral interventions, prereferral team member, crisis response, etc.) and leader for the special education building team. The University of Northern Colorado assisted in providing additional training for staff, with release time and tuition support from the superintendent.

At present, there are 34 school psychologists in the district, with a full-time person in each of the 29 building sites, an administrative supervisor, and specialists as part of day treatment programs and preschool. Continuing education is provided at monthly meetings for all district school psychologists from a variety of personnel, including the local mental health center, UNC, private practitioners, Colorado Health Sciences Center, Colorado State University, and other district school psychologists. These monthly meetings also serve as a vehicle for discussion about logistical problems with full-time placement in the schools. This allows for adjustments to be made as mental health services evolve. Ten of the doctoral-level school psychologists are affiliate faculty members in the UNC's APA-approved Counseling Psychology and School Psychology programs, actively pursuing research and promulgating their findings at state and national level conferences. Emotional support takes place through monthly geographically located pods and feeder schools for small groups that enable new

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The Predoctoral Internship for School Psychologists in the Greeley-Evans Public Schools

and old school psychologists to share frustrations and successes. New school psychologists are placed with a tenured professional for a year-long mentoring arrangement. All of these mechanisms for support and feedback are a part of the internship program. In addition, leave time is granted for attendance at state and national conferences.

Data collected over the years on implementation of the model have provided positive support for its continuance and evolution (Nelson, et al., in press). Time on task surveys completed by participating school psychologists at different times have indicated considerable increases in the amount of time spent on the activities of intervention and administration (team leadership), with dramatic decreases in time spent on special education assessment activities. Consumer support was indicated by large-scale surveys at various points in time. Consumers felt school psychologists in the integrated services model were better able to meet the affective needs of students, provided more comprehensive and consistent services, and were more of an integral part of the building staff. Numbers of students identified on IEP's for serious emotional disturbance reduced initially, and maintained, even with a 30% enrollment increase. Thus, the predoctoral internship provides training for school psychologists in a school-based model of services that focuses on the mental health needs of all students, integrates psychological services along several lines, and is supported by stakeholders.

Predoectoral Internship in Professional Psychology

The Greeley-Evans Predoectoral Internship in Professional Psychology is a reflection of the integrated services model, which emphasizes problem solving and interventions to meet the mental health needs of students and staff in the district. At present, there are three permanent sites for predoctoral interns, with more possible in the future. University Schools, a P-12 charter school, serves as one site, with 750 students and a full-time doctoral school psychologist on site providing supervision. University Schools was formerly the University of Northern Colorado Laboratory School, a training site for teachers and innovative practice. University Schools still prides itself on its close relationship with UNC in terms of teacher training and research reflecting best educational practice. Thus, there are many pilot studies being conducted relative to instructional and social/emotional development innovation collaboratively with UNC personnel. Also on staff are two full-time guidance counselors who are actively involved in the pre-referral intervention team, co-facilitate counseling groups, and provide support through participation in the special education process. University Schools also houses the district's center-based deaf and hard of hearing program (DHHP), providing services for up to 40 Hearing Impaired students who need more extensive services and the culture of deafness provided by a center-based program. School psychology predoctoral interns participate in all aspects of

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The Predoctoral Internship for School Psychologists in the Greeley-Evans Public Schools

“Interns who complete the internship are eligible to sit for the licensing exam in the state of Colorado as well as other states.”

University Schools, including their Advisor/Advisee Mentoring Program and various program evaluations.

Another permanent site is the K-12 charter facility Frontier Academy with 650 students, a Core Knowledge school. The Core Knowledge curriculum reflects a strong emphasis on important subject matter believed to be crucial for a successful, well rounded and comprehensive education. As with University Schools, predoctoral interns are afforded a full range of experiences that only a K-12 continuum can provide. A doctoral school psychologist is assigned full-time to Frontier Academy and provides supervision, as well as a full-time guidance counselor. The third site is unique to our district, as a predoctoral intern is housed at two schools, one elementary school and one middle school. Both schools have full-time doctoral school psychologists who provide a full range of services, but also act as team leaders for specialized assessment teams. The elementary school psychologist heads the district Autism Team, while the middle school psychologist heads the district Traumatic Brain Injury (TBI) Team. Thus, the intern at this site not only experiences the full range of school-based services provided by all school psychologists in the district, but are also exposed to more intensive work with the Autism and TBI teams. Although predoctoral interns are assigned predominately to these sites and progress in terms of independence and experiences relative to their training and expectations spelled out in the internship training manual, they are also able to spend time in the district's day treatment and residential treatment programs for students with serious emotional disturbance. The Littler Center and the Collaborative Education Program are designed to provide for the full continuum of services relative to a comprehensive mental health model.

Additionally, interns meet monthly with the UNC internship group for 2 hours facilitated by Robyn Hess, Ph.D., the internship coordinator. Some of the interns in the group are completing internships in other districts, and have experiences to share with the group. Additionally, other professionals from the community do presentations of interest, as well as interns themselves on dissertations and research explorations. Predoctoral interns also meet monthly with intern supervisors for professional development related to topics of interest, such as district crisis intervention, prevention programs, response to intervention

models, etc.

Consistent with various licensing bodies, the internship lasts for 10 months and a minimum of 1500 hours. Presently the internship is not accredited by APA, however, the requirements of the internship are consistent with APA guidelines as well as those of APPIC. The internship plans to seek accreditation in the future. Interns who complete the internship are eligible to sit for the licensing exam in the state of Colorado as well as other states. Predoctoral interns in the Greeley-Evans Public Schools are respected as school psychologists in training, and thus take on increasing responsibility and independence as they are able. They receive the requisite supervision and more as they are paired with an on-site, licensed doctoral level school psychologist full-time. They also receive supervision and guidance from other school-based school psychologists in the district. Interested applicants are encouraged to apply by contacting the internship director, Mike Hoover, Ed.D., at (970) 348-6245, 1025 9th Ave, Greeley, CO 80631, or by e-mail, mihoover@greeleyschools.org.

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TEST REVIEW

Critical Review of the Bayley Scales of Infant Development - Second Edition: Implications for Assessing Young Children with Developmental Delays

Vincent C. Alfonso, Graduate School of Education, Fordham University, Paul M. Russo, Milestone School for Child Development, Dominick A. Fortugno, Graduate School of Education, Fordham University, & Damon E. Rader, Crossroads School for Child Development

The purpose of this review is to provide practitioners with practical knowledge regarding the validity and utility of the Bayley Scales of Infant Development – Second Edition (BSID-II; Bayley, 1993) with young children with developmental delays. Past reviews (e.g., Alfonso & Flanagan, 1999; Bell & Allen, 2000; Black & Matula, 2000; Bradley-Johnson, 2001; Nellis & Gridley, 1994) have described this instrument's strengths and limitations from a myriad of viewpoints, ranging from its overall efficiency as an assessment tool to its various psychometric properties including reliability and validity. This article offers a more comprehensive understanding of the BSID-II for young children with developmental delays. To this end, the authors provide: (1) a brief description of the structure and framework of the BSID-II, (2) a review of the psychometric properties, (3) new validity data, (4) a summary of strengths and limitations, and (5) recommendations for use with this population.

Brief History and General Description

In 1993, the long awaited revision of the Bayley Scales of Infant Development (BSID; Bayley, 1969) was released at a time when early intervention programs were flourishing. The new Bayley Scales were designed to provide practitioners with a tool to measure various developmental abilities and assess the acquisition of developmental milestones. In order to obtain a variety of information on the acquisition of developmental milestones, the BSID-II was constructed to measure cognitive functioning (via its Mental Scale), motor skills (via its Motor Scale), and behavior (via its Behavior Rating Scale) at the time of assessment. The Mental Scale assesses cognitive development and yields a normalized standard score, the Mental Development Index (MDI). The Motor Scale assesses gross and fine motor development and yields a normalized

standard score, the Psychomotor Development Index (PDI; Bayley, 1993).

The Infant Behavior Record—which was part of the original BSID— was revised and renamed the Behavior Rating Scale (BRS). This scale enables the examiner to quantify his or her judgments about the child's behavior during the assessment. Items on the BRS are grouped to reflect appropriate behaviors for specific age levels and are scored on a 5-point Likert scale. The BRS produces a Total Score, and scores for different factors depending on the age of the child. The BRS may be used to determine whether the performance of the child during assessment is congruent with the child's typical levels of intellect and behavior.



“The BRS produces a Total Score, and scores for different factors depending on the age of the child.”

Test Materials

The BSID-II contains a large number of materials organized into a rather cumbersome test kit. The BSID-II contains an extensive amount of attractive and stimulating materials (Alfonso & Flanagan, 1999). Due to the variation among the materials and item types (e.g., language, visual, visual-motor) it is generally not difficult to maintain a child's focus and attention during assessment. Although the test kit is organized with specific locations and labels for test materials (Black & Matula, 2000), it is often difficult to return the materials to their correct locations during test administration. Black and Matula report the quality of some of the materials is questionable. For example, the puzzle pieces often split apart, the doll

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disassembles easily, the administration shield is sharp, and the object tray is unstable.

Administration and Scoring Procedures

The administration time depends greatly on the age and ability of the child and the experience of the



examiner. A single manual contains the technical and developmental information, as well as administrative procedures for each item. As suggested in Nellis and Gridley's (1994) review, a separate manual for administrative procedures would be helpful in allowing for greater ease in test administration. Although the examiner should be proficient in using the BSID-II without relying on the manual, its use as a quick

reference guide assures accurate, standardized administration. Multiple items with detailed directions are listed on each page of the administration section, along with descriptions of correct and incorrect responses. Nellis and Gridley (1994) have recommended that fewer items should be described per page. It may be beneficial for examiners to construct separate index cards for each of the items, highlighting standardized instructions and required test materials. Furthermore, it may be helpful to use two examiners to ensure effective and accurate administration.

The BSID-II features a major structural improvement over its predecessor; that is, circumscribed item sets. The item sets have starting and stopping points based on the child's chronological age, thereby enhancing the test's administration efficiency. Although the examiner is granted flexibility in the order of administering items during the assessment, the manual suggests following a given sequence that reflects the developmental progression of skills. Item sets are chosen based on the chronological age of the child rounded to the nearest whole month (less than 15 days, round down; 16 or more days, round up). For the Mental Scale, the basal level is 5 or more credited items and the ceiling is 3 or more no-credit items within an item set. For the Motor Scale, the basal is 4 or more credited items and the ceiling is 2 or more no-credit items within an item set. In the event that the basal is not met at the starting item set for a particular child, the examiner should continue administration at the start of the previous item set. Integrating aspects of scoring related to the

use of item sets, basals, and ceilings may be problematic for examiners (Nellis & Gridley, 1994). For example, the manual strongly suggests item sets should be chosen on the basis of the child's chronological age; however, flexibility in item order also is permitted. Therefore, clinical judgment is required on the part of the examiner to administer the test in a way that captures the child's optimal level of performance, and still adheres to standardized procedures.

Mayes (1997) warns of potential scoring problems due to inadequate test floors and ceilings. Since the instrument was standardized on typically developing children, the reliability of scores obtained for children with developmental delays may be compromised by problems inherent in the scoring system. In Mayes's study, children were administered the entire BSID-II, testing downward until the child passed all items and upward until they failed all items. The results revealed inflated test scores for children with developmental delays beginning at the child's chronological age. Results also indicated that the higher the starting item set, the higher the obtained score. Consistent with Mayes's findings, other discussions have focused on the use of age-specific item sets (Gauthier, Bauer, Messinger, & Closius, 1999; Glenn, Cunningham, & Dayus, 2001; Matula, Gyurke, & Aylward, 1997; Ross & Lawson, 1997; Washington, Scott, Johnson, Wendel, & Hay, 1998). In sum, it appears the item set at which the examiner begins testing can influence scores among normally developing children (Gauthier et al.), prematurely born children (Ross & Lawson), and children with delayed or atypical development (Glenn et al.; Mayes; Washington et al.).

Psychometric Properties/Technical Characteristics

Standardization

The standardization sample of the BSID-II consisted of 1,700 infants and preschoolers between the ages of 1 and 42 months. One hundred infants and/or preschoolers were included in each of the 17 age groups with 50 males and 50 females forming each group. Age-based norm tables were arranged into monthly intervals through 6 months of age, 2-month intervals from 8 to 12 months of age, 3-month intervals from 15 through 30 months of age, and 6-month intervals from 36 and 42 months of age (Bayley, 1993). More groups were sampled between the 1 through 12-month age range than in the 13

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through 42-month age range due to relatively more rapid development at younger ages (Bell & Allen, 2000). The standardization sample was stratified according to the 1988 update of the U.S. census by race/ethnicity, parent education, and geographic region. Flanagan and Alfonso (1995) rated the overall standardization characteristics of the BSID-II as "Good" compared to other early childhood measures because interpretations of performance relative to same-age peers could be made with confidence based on the BSID-II test norms.

Reliability

Internal consistency. The internal consistency of all scales on the BSID-II was estimated with coefficients alpha. Reliabilities for the Mental Scale range from a low of .78 at 10 months to a high of .93 at 27 months, with a median reliability of .88. When compared to other cognitive tests used with preschoolers, Flanagan and Alfonso (1995) rated the internal consistency of the Mental Scale as "Adequate." Reliability estimates for the Motor Scale range from .81 at 21 and 36 months to .91 at 4 months, with a median of .84. The total score of the BRS has reported reliabilities ranging from .82 at 2 months to .92 at 42 months. Therefore, the lowest coefficients are at the youngest age levels on the BRS, the highest age levels on the Motor Scale, and the lower age ranges on the Mental Scale. As a result, when evaluating the cognitive functioning of very young children (e.g., 1-10 months) with this instrument, test scores should be interpreted with caution.

Test-retest reliability. A study of 175 children from the standardization sample was used to obtain test-retest stability coefficients for the Mental, Motor, and Behavior Rating Scales. Intervals between testing ranged from 1 to 16 days, with a median interval of 4 days. The stability coefficients were .87 for the Mental Scale and .78 for the Motor Scale. Flanagan and Alfonso (1995) rated the test-retest reliability of the Mental Scale as "Inadequate" primarily because the test-retest sample was not representative of the U.S. population. The age range of the test-retest sample, the test-retest interval, and the test-retest reliability coefficient ($r = .91$) were all rated as "Good." Test-retest reliabilities ranged from .48 to .90 for the factors and total score of the BRS across the age span of the test. Total score reliabilities on the BRS were the highest, and of the factors, Motor Quality was the most reliable.

Inter-scoring agreement. A sample of 51 children (ages 2 to 30 months) was used to investigate inter-scoring agreement for the BSID-II (Bayley, 1993). Raters observed test administration procedures and scored the child's test performance separately from the examiner. Inter-scoring reliability coefficients were .96 for the Mental Scale and .75 for the Motor Scale. Inter-scoring agreement for the BRS factors ranged from .57 to .83. The percentage of agreement of classification based on the examiners' and raters' ratings on the BRS ranged from approximately 88% to 95%. A recent study conducted by Chandlee, Heathfield, Salganik, Damokosh, and Radcliffe (2002) found that 23% of a sample of items from the Mental Scale on the BSID-II produced inter-rater reliability coefficients below 90%, which questions the consistency of administration and scoring procedures of the BSID-II. The reader is referred to Chandlee et al. for an in-depth review of the recommended guidelines for 14 items that were involved in inconsistent scoring.

Validity

The BSID-II was evaluated based the most recent *Standards for Educational and Psychological Testing* (i.e., *Standards*, American Educational Research Association [AERA], American Psychological Association [APA], and National Council on Measurement in Education [NCME], 1999). The framework proposed in the *Standards* suggests that evidence for validity can be classified according to five major areas: test content, response processes, internal structure, relations to other variables, and consequences of testing. The validity evidence for the BSID-II is discussed next.

Evidence based on test content. According to the *Standards*, evidence supporting the test content of an instrument "refers to the themes, wording, and format of its items and tasks, as well as guidelines for procedures regarding administration and scoring" (p. 11). Reviewers (e.g., Bell & Allen, 2000; Black & Matula, 2000; Nellis & Gridley, 1994) have praised the content of the BSID-II, which was established through a multi-step process whereby experts identified the ability domains relevant to developmental assessment (see Bayley, 1993 for details). Although the BSID-II is not based on any specific theory of human development, the multi-step process of test development appears to have made the tasks of the BSID-II accurate reflections of various aspects of young children's development

“The framework proposed in the *Standards* suggests that evidence for validity can be classified according to five major areas: test content, response processes, internal structure, relations to other variables, and consequences of testing.”

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“...the child’s responses to items including laughing, walking away, or becoming frustrated with the test materials may be indicative of difficulties with the test rather than the child’s possible developmental delay.”

that are relatively free from racial/ethnic and gender bias.

Some reviewers, however, have raised concerns regarding administration and scoring of the BSID-II. First, the use of a single manual that includes multiple appendices and instructions for test items on each page of the administration section creates difficulty for examiners when conducting the assessment (Nellis & Gridley, 1994). Second, in terms of administration, flexibility granted to the examiner may actually be a hindrance, as the manual strongly suggests following standardized procedures. Third, since the BSID-II was standardized on typically developing children, potential scoring problems, especially related to the accuracy of using item sets, have led to conflicting findings depending on the population being evaluated (Gauthier et al., 1999; Mayes, 1997; Ross & Lawson, 1997; Washington et al., 1998). Fourth, there is a large quantity of test materials in an oversized test kit required to administer the instrument. Finally, the organization of the protocols for the Mental and Motor Scales can be problematic for examiners.

Evidence based on response processes.

Supporting evidence for this aspect of validity does not pertain to the BSID-II as with instruments for older populations since many of the children evaluated with this instrument may not have acquired the level of verbal communication needed to explain how they are approaching or solving certain tasks. However, the child’s responses to items including laughing, walking away, or becoming frustrated with the test materials may be indicative of difficulties with the test rather than the child’s possible developmental delay. The BSID-II manual provides details regarding item stimuli, item requirements, and item response modalities that are helpful to examiners and children. This information reflects some evidence of response processes because it makes clear what is expected of examiners and children.

Evidence based on internal structure.

According to the Standards, evidence based on internal structure indicates the “relationships among test items and test components that conform to the construct on which the proposed test score interpretations are based” (p.13). The BSID-II manual discusses a collection of studies whose results support its use as a valid measure for infant and early child cognitive and motor development.

Also, “the construct validity of the Mental and Motor Scales [of the BSID-II] was established by calculating each item’s correlation with the total score at each age the item was administered” (Bayley, 1993, p. 206). According to Bayley, results indicated low correlations between the MDI and PDI across age groups, and uncovered strong relationships between test items and their respective scales. The correlations, however, are not listed in the test manual. Nevertheless, Bayley concluded that research on the original BSID and the BSID-II supports the validity of the BSID-II in terms of the test’s factor design and item loadings for normally developing children and children at-risk for developmental disabilities across age.

Bayley (1993) cites data obtained through a series of factor analyses for three distinct age groups. Two factors were found to exist within the 1-5 month age group (i.e., Motor Quality and Attention/Arousal), and three factors were obtained within the 6-12 and 13-42 month age groups. These factors were labeled Emotional Regulation, Orientation/Engagement, and Motor Quality. In addition, experts comparing the BRS to the IBR and other child behavior rating scales determined that the BRS assesses relevant behavioral domains (Bayley, 1993).

Evidence based on relation to other variables.

External variables may include measures of some criterion that the test is expected to predict, as well as relationships to other tests hypothesized to measure the same constructs, and tests that measure related or different constructs (AERA, APA, NCME, 1999). The limited criterion-related validity evidence presented in the BSID-II manual consists of correlations of the BSID-II with other measures. Correlations reported include .62 between the MDIs and .63 between the PDIs of the BSID and BSID-II. These correlations illustrate the inadvisability of making too many generalizations about the BSID-II from the BSID (Nellis & Gridley, 1994).

Scores on the BSID-II correlated favorably with several comparable instruments, including the McCarthy Scales of Children’s Abilities (MSCA); Wechsler Preschool and Primary Scales of Intelligence-Revised (WPPSI-R); Differential Ability Scales (DAS); Preschool Language Scale-3 (PLS-3); and Denver Developmental Screening Test-II (Denver-II). For example, correlations between the Mental Scale and Motor Scale of the BSID-II with the WPPSI-R Full Scale IQ were .73 and .41, respectively

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and correlations between the Mental and Motor Scales of the BSID-II with the DAS General Conceptual Ability (GCA) were .49 and .24, respectively. In addition, there was 75% agreement between the Mental Scale and the Denver-II and 73% agreement between the Motor Scale and the Denver-II in classifying children in the normal range of cognitive and motor functioning, respectively. Although correlations cited in these studies are similar to those obtained in studies of the BSID (Bayley, 1969), conclusions from these correlational studies are limited by small sample sizes and limited evidence for children below the 30-month age level (Bell & Allen, 2000).

Validity evidence on the BRS is provided in the BSID-II manual, and several studies comparing the BRS to the MDI and PDI yielded low to moderate correlation coefficients (Bayley, 1993). These data indicate that the BRS "taps a unique source of variance from the Mental and Motor Scales" (p. 212). Also, two studies examining the utility of the BSID-II in differentiating significantly impaired from normally developing children revealed high levels of agreement between the rate of diagnosis for cognitive delay and the BRS total score. The BSID-II manual provides studies conducted with several clinical groups of children (e.g., exposed to drugs, with Down syndrome, asphyxiated at birth, with otitis media, and HIV seropositive) to provide preliminary support for the utility of the BSID-II in identifying children at risk for developmental delays. However, most of the clinical samples included fewer than 60 children. With the exception of two groups, all groups performed significantly below the mean on the Mental and Motor Scales.

We conducted a study comprised of 166 preschool children (69% males) who have attended a special education program in a privately owned preschool. Children were identified who received formal testing in cognitive and adaptive behavior functioning. The sample consisted primarily of African-American, Caucasian, and Latino children, and the average age was 28 months ($SD = 8.55$). The BSID-II was used to assess cognitive functioning and the Vineland Adaptive Behavior Scales (VABS; Sparrow, Balla, & Cicchetti, 1984) was used to assess adaptive behavior functioning.

The mean MDI on the BSID-II was 73.24 ($SD = 12.69$) and the mean Adaptive Behavior Composite (ABC) of the VABS was 78.42 ($SD = 9.66$). Among the other domains on the VABS the mean standard score for Communication was 77.36 ($SD = 9.91$); the

mean standard score for Daily Living Skills was 84.91 ($SD = 11.90$); the mean standard score for Socialization was 81.98 ($SD = 9.70$); and the mean standard score for Motor Skills was 86.98 ($SD = 13.19$). Since each of these scores is between 1 and 2 SD s below the normative mean for each instrument, these results support the use of both instruments in distinguishing participants in a clinical sample from the norm.

A correlation matrix of participants' scores on the BSID-II and VABS revealed a variety of significant relationships between the two measures. A significant, positive correlation was obtained between the MDI and the ABC of the VABS ($r = .59, p < .01$). In addition, the MDI correlated highly with each of the VABS domains. The strongest relationship was obtained between the MDI and the VABS Communication domain ($r = .60, p < .01$), followed by Socialization ($r = .47, p < .01$), then Daily Living Skills ($r = .45, p < .01$), and finally Motor Skills ($r = .35, p < .01$). Interestingly, highly similar results were reported by Raggio (1993) who compared the VABS with the BSID with a sample of 44 infants referred for evaluation of developmental delay.

The results of these analyses provide clear evidence supporting the use of the BSID-II as a reliable and valid measure capable of distinguishing participants with developmental disabilities. The mean MDI for the sample ($M = 73.24, SD = 12.69$) was between one and two standard deviations below the normative mean. Therefore, the BSID-II was able to identify moderate to severe cognitive impairment in a significant portion of the children who were diagnosed and referred for services at the preschool.

Evidence based on test consequences. The incorporation of the consequences of tests as validity evidence has raised considerable attention in recent years (AERA, APA, NCME, 1999). A fundamental purpose of test validation is to indicate whether specific benefits from testing, such as placement decisions, are likely to be realized and utilized based on the child's results. An array of studies offers evidence for the predictive validity of the BSID. Researchers have demonstrated a strong capacity on the part of the BSID to predict future outcomes on tests of related function, as well as the incidence of developmental delay in academic achievement (Bayley, 1993). Other studies have concluded that while specific subscales of the BSID may be useful in predicting future cognitive functioning, global scores may not be as accurate

“...the BSID-II was able to identify moderate to severe cognitive impairment in a significant portion of the children who were diagnosed and referred for services at the preschool.”

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**Critical Review of the Bayley Scales of Infant Development - Second Edition:
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“...the flexible nature of the BSID-II relies on the judgment of the practitioner in accordance with the test rules to determine a basal appropriate to the child's ability.”

(Flanagan & Alfonso, 1995). From a practitioner's viewpoint, however, the relationship between test scores from one intelligence test to another at a later time does not assist in planning instructional programs and interventions that will benefit the child being assessed.

The BSID-II is not alone, however, when it comes to demonstrating evidence of consequential validity. Few, if any test authors and test publishers, have provided evidence that the results of testing are used to prevent problems, alleviate existing problems, or assist in diagnostic and treatment decisions. In fact, there is much debate whether consequential validity should be included as validity evidence at all (Floyd, Shaver, & McGrew, 2003). Nevertheless, it appears that testing will be scrutinized as the call for outcome data and accountability continue. Subsequent revisions of the Bayley and other instruments will have to address the consequences associated with their use.

Implications for the Assessment of Young Children

Although the BSID-II has strengths, it is not without limitations. Problems in administrative procedures and interpretative analysis of scores have raised concerns that should be addressed in future revisions of the instrument ¹.

First, there are administrative and scoring concerns should be considered when assessing children with developmental delays. As reported by Mayes (1997) “the liberal BSID-II basal and ceiling rule increases the likelihood of obtaining a basal and ceiling in or near the item set at which the examiner starts testing (p.38).” Hence, the flexible nature of the BSID-II relies on the judgment of the practitioner in accordance with the test rules to determine a basal appropriate to the child's ability. This leads to the potential dilemma that a child may achieve the number of item successes necessary to qualify him or her for an item set above his or her actual level of functioning. Testing the limits to ensure that an accurate basal and ceiling have been established or met

is strongly recommended when assessing children with developmental delays.

Second, the limited range of standard scores when assessing children whose performance lies on the lower end of the normal curve is problematic. Since MDIs are restricted to a lower limit of 50, obvious quantitative difficulties arise in interpreting children with severe and profound cognitive impairments. The use of regression equations to extrapolate raw scores beyond this lower limit has met with limited success. While Robinson and Mervis (1996) have constructed extrapolated tables for MDI and PDI scores between 30 and 50, inaccuracies may still exist when converting the scores of children with high chronological ages and exceedingly low raw scores.

Third, Washington et al. (1998) present a series of case studies that illustrate the test's shortcomings in diagnosing children with cognitive and motor delays. In each case, a participant's strong functioning in a few cognitive areas was able to overshadow weaker performances in others. This divergence was not adequately captured by the

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single MDI, which overestimated each child's global cognitive ability. However, the use of an overall score to represent all factors of cognitive ability precludes any subdivision of analysis, and thus the issue raised is in fact one of appropriate interpretation, not test development or utility. In order to interpret results of the Mental Scale beyond the single MDI, an item-by-item analysis of an examinee's performance must be conducted. As Washington et al. illustrate, this practice is especially salient for cases in which an examinee displays severe impairments in a number of localized cognitive areas.

[Please contact the first author for references.]

Footnote

¹ The Bayley Scales of Infant and Toddler Development-Third Edition (Bayley-III) is due to be published in Fall 2005 (Aurelio Prifitera, personal communication, January 21, 2005) by the Psychological Corporation. According to the Annual Catalog of the Psychological Corporation (2005), the Bayley-III will consist of five subtests that can be used to evaluate the cognitive, motor, language, social-emotional, and adaptive functioning of children between 1 and 42 months. A sixth scale similar to the current BRS is included. Index scores and subtest scaled scores will be available and total testing time is estimated to be between 30 and 60 minutes depending on the age of the child. Derived scores to assist in test interpretation will include standard scores, percentiles, age equivalents, and cut scores. Scoring by hand or via PDA administration is available. Improvements include easier and user-friendlier test administration, extended floors and ceilings, improved clinical studies, new norms, simplified scoring rules, and more parent/caregiver involvement.



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Crisis in Children’s Mental Health Care: A well-kept secret

Karen Saywitz, UCLA & Laura Nabors, University of Cincinnati

“**G**rowing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them.”
(Report of the Surgeon General’s Conference on Children’s Mental Health, 2000)

“The costs to our country are staggering. Untreated mental health problems in children can lead to tragic consequences, including suicide, substance abuse, inability to live independently, incarceration, lack of vocational success, and health problems.”

These are the words of former U.S. Surgeon General, David Satcher, who concluded that our system of delivering children’s mental health care was in crisis and that a nationwide overhaul was necessary. Recently, President Bush appointed the New Freedom Commission on Mental Health to re-examine the issue. Preliminary reports referred to the situation as a public health crisis. In response, the American Psychological Association (APA) passed a resolution on children’s mental health and funded two task forces to outline the role Psychology should play as a leader in a national reform effort. Both task forces concluded that the public, the policy-makers, and many professionals remain unaware of the problem, recommending that increased awareness both inside and outside of Psychology be a top priority.

In short, 1 in 10 children or adolescents have a serious mental health problem, and another 10% have mild to moderate problems. However, less than half of children with mental health problems actually receive treatment or services. Even then, only one in five receive treatment from a professional specifically trained to work with children or teens. Moreover, there are grave disparities in identification

and prevention of mental health problems as well as in access to services for families of color, in poverty, or who have children with special needs. Reform is even more urgent now that research indicates many mental health disorders in children and adolescents are treatable and even preventable.

The costs to our country are staggering. Untreated mental health problems in children can lead to tragic consequences, including suicide, substance abuse, inability to live independently, incarceration, lack of vocational success, and health problems. Not only are families affected but also communities, schools, employers and the nation as a whole.

What is APA doing?

Eight APA Divisions have joined efforts in an Inter-divisional Task Force on Children’s Mental Health Care to promote the conceptualization and realization of a new national model for promoting, preserving and restoring our children’s mental health. This model calls for a comprehensive, sustainable, collaborative system. Components include:

- *Promotion* of healthy social and emotional development for all children.
- *Prevention* of mental health disorders in children.
- *Early screening and identification of indicators of mental health problems* in schools, daycare, health clinics, emergency rooms, and especially high risk settings such as juvenile justice and child welfare programs.
- *Early childhood intervention* grounded in emerging research highlighting the role of environmental factors in brain development.
- *Universal access to a comprehensive range of treatments and services* for children and families identified with mental health problems *coordinated* across agencies and service systems that are *culturally, linguistically, and developmentally sensitive, individualized, family centered, home-school- and-community based, and evidence-based.*
- *Sufficient funding and realignment of funding streams* to create an infrastructure that supports a comprehensive array of services.

**Inter-divisional
Task Force on
Children’s Mental
Health**

Participating Divisions:

- **Developmental Psychology**
- **Clinical Psychology**
- **School Psychology**
- **Child, Youth & Family Services**
- **Family Psychology**
- **Society for Community Research & Action**
- **Society for Pediatric Psychology**
- **Society of Clinical Child and Adolescent Psychology**

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Crisis in Children's Mental Health Care: A well-kept secret**What can you do?****Spread the Word... The system is broken and needs repair.**

- Educate others about the seriousness of mental health problems for children and the stigma that prevents families from seeking treatment.
- Inform others that children's mental health and social, emotional, and behavioral well-being are critical for "healthy" development.
- Improve awareness of the early signals of mental health problems and the fact that there are effective treatments available.
- Inform others about the shortage of mental health professionals trained to work with children, adolescents and their families using evidence-based treatments.

How? Here are resources to help ...

The Interdivisional Task Force on Children's Mental Health is developing materials to provide members with the background information necessary to spread the word. We are creating a website to centralize information on children's mental health to be accessed by both the lay public and professionals. We have completed a set of *Talking Points* you can use to advocate for reform found at <http://mirror.apa.org/ppo/issues/tftalkingpoints.html>. We created a *Fact Sheet on Early Signals of Possible Infant, Child, and Adolescent Mental Health Problems* to help educate colleagues in other disciplines.

We are organizing congressional briefings by experts and a national multidisciplinary summit to address child mental health policy.

Visit the website, per use the links, download fact sheets and talking points. Then....

- Educate colleagues, patients, parents, coaches, church, community and PTA members, school administrators, and school boards about this crisis in children's mental health services.
- Talk to a department head at a Psychology program near you. Let the chair know how important it is to train graduate students to work with children and families.
- Educate colleagues in other disciplines. Increase awareness of early warning signs, guideposts for referral, and effective treatments. Volunteer to train new providers – supervise someone who wants to learn. Give an inservice presentation.

- Donate time to help a child in a high-risk group who lacks access to quality mental health services.
- Write and visit your local congressperson. Contact state psychological associations or departments of mental health or write them a letter delineating these needs. Contact local mental health boards and advocate on behalf of children or families.
- Encourage pediatricians and nurses you know to take time for a "mental health check up" with the children and families they serve.
- Lobby managed care providers so that they will cover mental health services for all youth, and especially for children and adolescents who are likely to be underserved.
- Advocate for comprehensive mental health care plans for children, with supporting infrastructures.

To learn more

See the report of the *APA Working Group on Children's Mental Health*, 2001, at <http://www.apa.org/pi/cyf/dpnacmh.pdf>

See the report of the *Task Force on Psychology's Agenda for Child and Adolescent Mental Health*, 2004, http://www.apa.org/pi/cyf/child_adoles_mentalhealth_report

See the *Report of the U.S. Surgeon General's Conference on Children's Mental Health*, 2000, at <http://www.surgeongeneral.gov/topics/cmh/childreport.htm>.

See *Talking Points on Child and Adolescent Mental Health* <http://mirror.apa.org/ppo/issues/tftalkingpoints.html>

Inquiries about the Interdivisional Task Force on Child and Adolescent Mental Health can be directed to Karen Saywitz, Chair, at ksaywitz@ucla.edu.

Bringing these issues to the public will take effort, perseverance, and vigorous lobbying, but the crisis in children's mental health care cannot remain a well-kept secret. With two Presidential commissions recommending historic reforms and the science of Psychology at critical mass, psychologists are poised to make a meaningful difference in the lives of children and families nationwide. There is broad consensus that this is an ideal moment to for us to intensify our effort.

EXECUTIVE COMMITTEE ANNOUNCEMENTS

Irwin Abraham Hyman

The school psychology community mourns the loss of a great friend and advocate. On Monday, February 7, 2005, Irwin Abraham Hyman died after a several month illness. He was 69. He earned his EdD in school psychology at Rutgers in 1964 and was a member of the Temple U. faculty since 1968, where he served as director of the National Center for the Study of Corporal

Punishment and Alternatives. The family encourages contributions sent to: Award Fund in Memory of Dr. Irwin Hyman c/o the Director of Development, College of Education, RA 223, 1301 Cecil B. Moore Ave, Philadelphia, PA 19122. The Award Fund will assist school psychology graduate students to attend conventions and present papers.

Congressman Baird to Speak at APA Convention in Washington, DC

Congressman and psychologist Brian Baird will present his unique perspective on psychology and politics at the 2005 convention of the American Psychological Association (APA) in Washington, DC.



Congressman Brian Baird, Third Congressional District, State of Washington

Congressman Baird's talk is titled "The politics and science of psychology and the psychology and science of politics."

A clinical psychologist, Baird, 48, has a remarkable depth of knowledge on critical issues of national and international importance. He is an outspoken advocate for health care issues and has provided significant

leadership in combatting the plague of methamphetamine. Formerly, Baird practiced as a clinical psychologist in Washington State and Oregon. He taught at the university level and was

chairman of the Department of Psychology at Pacific Lutheran University in Tacoma, Washington. Baird has also worked in state and Veterans Administration psychiatric hospitals, community mental health clinics, substance abuse treatment programs, institutions for juvenile offenders, and head injury rehabilitation programs.

Baird has been a member of Congress since 1998, representing the Third Congressional District of the state of Washington. He currently serves as a Senior Democratic Whip and holds membership on the House Science, Budget, and Transportation and Infrastructure committees.

Congressman Baird's invitation to address the APA was made by Division 16, School Psychology. Psychologists from all divisions are encouraged to attend.

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american academy of school psychology

EXECUTIVE COMMITTEE ANNOUNCEMENTS

27th International School Psychology Association (ISPA) Colloquium

The Department of Psychology, University of Athens, Greece is proud to co-host with International School Psychology Association, the 27th ISPA Colloquium (13th - 17th July 2005), in collaboration with the Hellenic Psychological Society, the Association of Greek Psychologists, the Division of School Psychology of the Hellenic Psychological Society and the Greek Association of School Psychologists. The theme of the colloquium, **Promoting the well-being of children and youth: A challenge for the school, the family and the school psychologist**, is of great relevance to school psychology research and practice today. We hope that it will provide the opportunity for school psychologists to meet with colleagues from different countries and share their thoughts about common professional issues. The scientific program will consist of keynote presentations by distinguished academics and professionals, symposia, paper presentations, poster presentations and workshops. High quality workshops scheduled before and during the colloquium will address themes such as problem solving models, crisis intervention, emotional intelligence, learning disabilities and children's executive skills. A Master Thesis Award will be given for an M.A. Thesis in School Psychology completed within the last two years, in an effort to get graduate students involved in the scientific activities of the Colloquium. To that end a very low student registration fee is offered to students. The Colloquium will take place at a technically advanced Conference Center situated at Glyfada, a seaside suburb of Athens. A number of social activities and an extensive tour program will offer the participants the opportunity to enjoy Athens and nearby places as a tourist attraction to the full. A highlight of the Colloquium will be an exhibition of children's creative work from 21 different countries related to the Olympic spirit and ideals. The full version of the Second Announcement is available at the ISPA website www.ispaweb.org and more detailed information and on-line registration and submission appears at: www.erasmus.com. The deadline for early submission of proposals is March 15, 2005 and the final deadline for the submission of proposals is April 15, 2005. Early registration deadline with reduced fees is March 30, 2005. For more information on scientific matters, please contact the **Local Organizing Committee** at: ispa2005@psych.uoa.gr.

On behalf of the Local Organizing Committee Chairs,

Chryse (Sissy) Hatzichristou & Elias Besevegis

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2005 APF-Paul Henkin Student Travel Award

Division 16 of the American Psychological Association is pleased to announce the continuation of the APF-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. In past years, his generosity has provided up to \$500 to support a graduate student member of Division 16 to attend the APA annual convention. This generosity has been extended through a generous gift to the American Psychological Foundation (APF), which now manages the fund that supports this travel award. The funds can be used to pay for convention registration, lodging and transportation costs. Funds cannot be used for food, drink, supplies, or other expenses incurred while attending the APA convention. The award is not renewable. The APF-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.

The award committee will consider the applicant'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, and evidence of knowledge of the demands of the field of school psychology and the value of continuing professional development. Interested candidates are invited to send **four sets** of the following application materials: an application form (below), a letter of recommendation, a 500-word essay, and a vitae to: 2005 Division 16 APF-Paul Henkin Student Travel Award Committee, c/o Dr. Tanya L. Eckert, Syracuse University, Department of Psychology, 430 Huntington Hall, Syracuse, NY 13244. **All application materials (4 copies) must be received by April 15, 2005.** A recipient is recommended to the board of Trustees of the APF for final approval.

2005 APF-Paul Henkin Student Travel Award Application Form

1. Name: _____
Last
First
Middle
2. Address: _____
City
State
Zip
3. Home phone number: _____
4. E-mail address: _____
5. Current School Psychology Program: _____
6. Year of Study: _____ GPA: _____
7. Intended date of graduation: _____
8. Division 16 Student Affiliate Membership number: _____

Part II: References
 Submit one letter of reference from a professor or someone who has direct knowledge of your work.

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 of academic, professional, 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 2005 Division 16 Paul Henkin Award Committee.

Print Name	Signature	Date
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People & Places

- **Jerome M. Sattler** at San Diego State University is the recipient of the **2005 Gold Medal for Life Achievement in the Application of Psychology** from the American Psychological Foundation.

- **Achilles Bardos** of the University of Northern Colorado announces the publication of a new achievement test, the **Basic Achievement Skills Inventory (BASI™)**. The BASI is a series of individually and/or group self-administered tests that measure verbal and math skills. It is suitable for a variety of assessments in both regular and special education settings (IDEA, SLD). If you wish to receive a CD with a Powerpoint presentation for use in your assessment class, please send him an e-mail at abardos@comcast.net.

- **Bruce Bracken** and **Karen Howell** recently published a new clinical tool with Psychological Assessment Resources, the **Clinical Assessment of Depression (CAD)**. The CAD is appropriate for children, adolescents, and adults between the ages of 8 - 79 years.

Please send all submissions for People & Places to Aakinlittle@pacific.edu



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Free Bookmarks about Adolescents for Parents and Teachers from APA

Tips for Talking with Adolescents

Adolescents, despite their protests, need adults and want them to be part of their lives, recognizing that they can nurture, teach, guide, and protect them on the journey to adulthood.

Directing the courage and creativity of normal adolescents into healthy pursuits is part of what successfully counseling, teaching, or mentoring an adolescent is all about. The following tips may be helpful for having conversations with adolescents, as taking time to ask questions and listening without judgement to the answers can be quite effective.



Please contact Trena King at 202-336-6045 or via e-mail at TKing@APA.ORG to request free bookmarks for parents and teachers. English and Spanish versions are available.

Tips for Talking with Adolescents

Adapted from: American Psychological Association. (2002). *Developing Adolescents: A reference for professionals*. Washington, DC: Author

- **Engage adolescents with nonthreatening questions.** Choose one or two questions at a given time and ask questions that help them define their identities. For example, What do you like to do in your free time? What are you hopes for the future? Listen nonjudgementally and listen more than you speak. This enables the adolescents to realize that you value his or her opinions, and thus to trust you more. Forgatch, M., & Patterson, G. (1989).*
- **Ask open-ended questions, questions that require more than a yes or no response.** This helps the adolescent think thought ideas and opinions. Hill, C.E., & O'Brien, K.M. (1999).
- **Avoid “why” questions, as they tend to put people on the defensive.** Plutchick, R. (2000). Try to rephrase your questions to get at what the

adolescent is thinking rather than the reason for something the adolescent has said or done. For example, instead of asking, “You seemed to be really trying to get across a point when you did that. Can you tell me more about what you mean?”

- **Match the adolescent’s emotional state, unless it is hostile.** If the adolescent seems enthusiastic or sad, let your responses reflect his or her mood. Reflecting helps a person feel understood. Forgatch, M., Patterson, G. (1989).
- **Casualty model rational decision-making strategies.** Discuss how you once arrived at a decision. Explain, for example, how you defined a problem, generated options, anticipated positive and negative consequences, made the decision, and evaluated the outcome. Adolescents have relatively short attention spans, so be brief, and choose a topic relevant to adolescents. Keating, D.P. (1990).
- **Discuss ethical and moral problems that are in the news.** Encourage the adolescent to think through the issues out loud. Without changing his or her point of view, wonder aloud about how others might differ in their perspective on the issue and what might influence these differences. Santilli, N.R., & Hudson, L. M. (1992).

Yes... It’s Normal for Adolescents To...

From: American Psychological Association. (2002). *Developing adolescents: A reference for professionals*. Washington, DC: Author.

As adolescents develop their cognitive skills, some of their behaviors may be confusing to the adults who interact with them. These characteristics are normal, though, and should not be taken personally. Most adolescents still need guidance from adults to develop their potential for rational thinking and decision making. Stereotypes to the contrary, adolescents prefer to consult with their parents or other other trusted adults in making important decisions (Eccles, J.S., Midgley, C., Wigfield, A., et al., 1993).*

Yes... It’s Normal for Adolescents To...

- **Argue for the sake of arguing.** Adolescents often go off on tangents, seeming to argue sides of issues for no apparent reason; this can be highly frustrating to many adults (Walker & Taylor, 1991). Keep in mind that, for adolescents, exercising

CONTINUED FROM PAGE 80

Free Bookmarks about Adolescents for Parents and Teachers from APA

their new reasoning capabilities can be exhilarating, and they need the opportunity to experiment with these new skills.

- Jump to conclusions. Adolescents, even with their newfound capabilities for logical thinking, sometimes jump to starting conclusions (Jaffe, 1998). However, an adolescent may be taking a risk in staking out a position verbally, and what may seem brash may actually be bravado to cover his or her anxiety. Instead of correcting their reasoning, give adolescents the floor and simply listen. You build trust by being a good listener. Allow an adolescent to save face by not correcting or arguing with faulty logic at every turn. Try to find what is realistically positive in what is being said and reinforce that; you may someday find yourself enjoying the intellectual stimulation of the debates.
- Be self-centered (Jaffe, 1998). Adolescents can be very "me-centered." It takes time to learn to take others' perspectives into account; in fact this is a skill that can be learned.
- Constantly find fault in the adult's position (Bjorklund & Green, 1992). Adolescents' newfound ability to think critically encourages them to look for discrepancies, contradictions, or exceptions in what adults (in particular) say. Sometimes they will be most openly questioning or critical of adults with whom they feel especially safe. This can be quite a change to adjust to, particularly if you take it personally or the your idealized you in the past.
- Be overly dramatic (Jaffe, 1998). Everything seems to be a "big deal" to teens. For some adolescents, being overly dramatic or exaggerating their opinions and behaviors simply comes with the territory. Dramatic talk is usually best seen as a style of oration rather than an indicator of possible extreme action, unless and adolescent's history indicates otherwise.

*For full citations, please go to
www.apa.org/pi/pii/develop.pdf

For more information, please contact:

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Or visit our web site at: www.apa.org/pi/cyf/

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Acronyms that Work Together: SASP at UMCP!

Arlene Silva, Elise Harak, Sharon Huang, Tracey Potter, and April Simcox
2004-05 SASP-UMCP Executive Committee

Have students within your school psychology program considered creating a local SASP chapter? In the following article, one local SASP chapter shares their experiences as a group and describe the benefits of uniting!

Join the SASP Listserv Today!

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You will receive a confirmation message and general information regarding the listserv.

To post a message to the listserv, send it to the following address: SASP-D16@LISTS.APA.ORG

Celebrating the beginning of the fall semester with a large and happy group of fellow students, it was hard to imagine the graduate student experience without the University of Maryland, College Park's local SASP chapter. From social gatherings to professional development opportunities to increased student-faculty collaboration, SASP-UMCP has become an important resource for the students of our program.

This has not always been the case. During the current president's first year as a doctoral student, no formal student organization existed, leaving professional communications and student interaction across cohorts to chance. Realizing the positive impact a student organization could have within the program, then-fourth-year students Lauren Costas and Michelle Denny organized a planning committee responsible for developing the local chapter's constitution, mission statement, and events calendar. Elections for a SASP Executive Committee (EC) were held, and the new EC, led by Karen Nuijens, embarked on a highly effective year. Events and initiatives included a meeting of area graduate students at NASP Headquarters, a Crisis Workshop, celebration of School Psychology Week, program refinement through collaboration with faculty, involvement during student interview and orientation weeks, and of course, numerous happy hours and study breaks.

While it was easy to call these events successful based on attendance and student comments, measuring SASP's ability to enhance the graduate student experience at the University of Maryland has proven to be more difficult. In an attempt to further align SASP with student needs, the 2003-04 EC ended the year by surveying all current students regarding their favorite and most

difficult program aspects, including coursework, research and practicum experiences, and relationships among students and faculty.

Learning from the survey's results, the current EC is now committed to effectively communicating the findings to the program faculty, as well as planning events and initiatives tailored to student needs. For example, in response to a call for increased networking with program alumni, including sharing information about internships, SASP-UMCP has developed an alumni internship panel that will address our program in November. Responding to a call for additional training on crisis response, an advanced crisis workshop will be offered. To ensure that student input continues to be heard, SASP-UMCP will be hosting general student meetings each semester. Because students highly value information sharing, a resource library containing reference material, and study guides for the doctoral comprehensive and PRAXIS exams will be created. Finally, a SASP-UMCP web site, which will aid in communication, visibility and professional development efforts, has now been launched at <http://www.education.umd.edu/EDCP/programs/schoolpsychology/SASP/>.

The 2004-05 SASP-UMCP EC is eager to uphold the standards set during the inaugural year of SASP. We strongly believe that when we provide the opportunity for increased collaboration, skill development, outreach and camaraderie, our entire program benefits. Future school psychologists, unite! When you begin a local SASP chapter, you'll find you have nothing to lose.

Visit **SASP** on the web at:
www.sasp.addr.com

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APA DIVISION 16 SCHOOL PSYCHOLOGY MEMBERSHIP APPLICATION

Objectives

The ultimate goal of all Division activity is the enhancement of the status of children, youth, and adults as learners and productive citizens in schools, families, and communities.

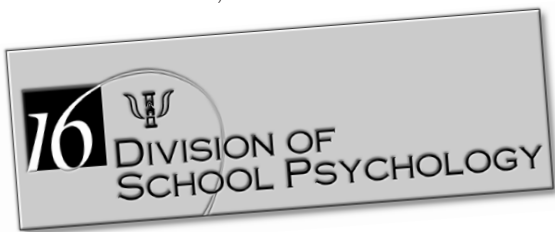
The objectives of the Division of School Psychology are:

a. to promote and maintain high standards of professional education and training within the specialty, and to expand appropriate scientific and scholarly knowledge and the pursuit of scientific affairs;

b. to increase effective and efficient conduct of professional affairs, including the practice of psychology within the schools, among other settings, and collaboration/cooperation with individuals, groups, and organizations in the shared realization of Division objectives;

c. to support the ethical and social responsibilities of specialty, to encourage opportunities for ethnic minority participation in the specialty, and to provide opportunities for professional fellowship; and

d. to encourage and affect publications, communications, and conferences regarding the activities, interests, and concerns within the specialty on a regional, national, and international basis.



MEMBERSHIP APPLICATION

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