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AMERICAN PSYCHOLOGICAL ASSOCIA TION

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The School Psychologist

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PRACTICE FORUM

STRATTERA REVIEW
Better or different?: A literature review of the use of Strattera for the treatment of attention-deficit hyperactivity disorder (ADHD).

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Abstract

This review describes the first 3 years of research on Strattera (atomoxetine), the newly-developed non-stimulant medication for the treatment of ADHD. The method of its action, its recommended dosage, and prescribing precautions are discussed. Studies comparing the medication to stimulants are limited but are described in detail. Conclusions advise that further research is necessary to support recommending Strattera as a first-line preferred treatment over less expensive stimulant medications like methylphenidate.

> "According to published reports, about 1.5 million children are treated with stimulant medications in the United States and the use of such medications has grown steadily from 1980 to 2000 among all age groups but particularly among preschool and secondary school populations"

Epidemiological studies indicate that attention-deficit hyperactivity disorder (ADHD) is a fairly common disorder. Approximately 3-7% of children in the United States meet the criteria to be diagnosed with ADHD (Barkley, 1998; Pastor & Reuben, 2002). These figures translate to the prevalence rate of at least one student with ADHD per classroom. These studies also indicate that the disorder is more common in males than females by ratios of 3:1 to 6:1 depending on the source of the sample population. The core characteristics of the disorder feature inattention, impulsivity, and overactivity which lead to a variety of problems for children in school settings including inconsistent seatwork, poor test performance, lack of organization and others (see DuPaul and Stoner, 2003, for a review of associated concerns).

Common Medication Treatments for ADHD

The most common treatment for ADHD has become psychotropic medications, most notably stimulants (Safer & Zito, 2000). Over 50% of children diagnosed with ADHD take medication to control its symptoms (Pastor & Reuben, 2002). According to published reports, about 1.5 million children are treated with stimulant medications (e.g. methylphenidate) in the United States and the use of such medications has grown steadily from 1980 to 2000 among all age groups but particularly among preschool and secondary school populations (Olfson, Marcus, Wiessman, & Jensen, 2002). Stimulants such as methylphenidate (Ritalin, Concerta, Metadate), dextroamphetamine (Dexedrine), and mixed amphetamine salts (Adderall) are commonly used to treat ADHD. Methylphenidate is by far the most widely employed, with roughly 80% of children treated with stimulants using this medication (Safer & Zito, 2000). Empirical investigations have established that about 75% of children treated with stimulant medications will respond positively (Rapport & Denney, 2000). These positive effects include enhancement of behavioral, academic, and social functioning (see DuPaul, Barkley, & Connor 1998, for a review). Although there is no definitive characteristic to separate those who will respond from those who will not, a lack of positive response to one of the stimulants does not rule out the possibility of successful treatment with another medication in this class (Elia & Rapoport, 1991).

Other medications have been used to treat ADHD for primarily two reasons: (1) The aforementioned fact that about 1 out of every 4 children will not respond positively to stimulants, and (2) Some children will be taken off stimulant medications due to side effects which most commonly include appetite reduction and insomnia, but may also include irritability, headaches, stomachaches, and rarely, exacerbation of motor and/or vocal tics (American Academy of Child and Adolescent Psychiatry [AACAP], 2002). Antidepressant medications, such as desipramine (Norpramine) and imipramine (Tofranil), have been shown to produce positive behavioral responses similar to stimulants in children with ADHD (Spencer, Biederman, & Wilens, 1998). Other antidepressant medications such as monoamine oxidase inhibitors (MAOIs) and buproprion (Wellbutrin) have also been utilized to reduce

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symptoms of ADHD (Rapoport, 1986; Casat, Pleasants, Schroeder, & Parler, 1989). Antihypertensive agents such as clonidine (Catapres) have been found to moderately improve some symptoms of ADHD (for a review of clonidine's effects, see Connor, Fletcher, & Swanson, 1999). The newest medication alternative for the treatment of ADHD is atomoxetine (Strattera), which became available in 2002.

Strattera's Method of Action

Strattera is the first nonstimulant drug approved by the United States Food and Drug Administration (FDA) for the treatment of ADHD, and the only agent approved by the FDA for the treatment of ADHD in adults (Christman, Fermo, & Markowitz, 2004). Unlike many stimulants which act primarily on dopamine (Julien, 2001), Strattera is a norepinephrine transport inhibitor that acts almost exclusively on the nonadrenergic pathway (Christman, et al., 2004). Its mechanism of action is thought to be through the highly specific presynaptic inhibition of norepinephrine (Bymaster, et al., 2002). Interestingly, the drug has some inhibitive properties on dopamine as well, but studies with rats show that all of its effects are limited to the prefrontal cortex. Conversely, methylphenidate increases dopamine availability in a variety of areas including the striatum and nucleus accumbens (Bymaster, et al., 2002). These researchers suggest that Strattera would not be associated with the drug abuse liabilities found with methylphenidate. Thus prudent decisions about whether to prescribe a stimulant such as methylphenidate or Strattera should consider the individual's background and/or potential for substance abuse. Some studies which have suggested greater abuse potential with stimulants have been limited to animal analogue models (Wee & Wolverton, 2004). In this investigation, rhesus monkeys were introduced to self-administration of cocaine and then injections were replaced with atomoxetine (Strattera), desipramine, or methylphenidate. The monkeys failed to continue self-administration in the Strattera and desipramine conditions but subjects given methylphenidate continued. In other words, methylphenidate's more robust ability to increase dopamine may create a greater desire to continue taking the medication to gain the psychological effects of elevated dopamine levels. In a practical sense, school psychologists, physicians, and others should be cognizant of the fact that methylphenidate may pose a greater abuse potential than Strattera.

Dosage and Precautions

Unlike older short-term acting stimulants which are administered two to three times per day, Strattera is typically administered once a day in the morning (Kelsey, et al., 2004). One study investigated the possibility of dividing the dosage between a.m. and p.m. and found no significant differences in efficacy. Studies have demonstrated that a dosage of 1.2 mg/kg/day to 1.3 mg/kg/day significantly reduces ADHD symptoms (Michelson, et al., 2001: Kelsey, et al., 2004). Further, Kelsey, et al. (2004) found that increasing the dosage to higher levels such as 1.8 mg/kg/day did not result in greater effectiveness.

While side effects of stimulants have been studied extensively (for a review, see Rapport & Moffitt, 2002), much less is known about the side effects of Strattera, due to its relatively recent development. The most common side effects of treatment with Strattera are decreased appetite, somnolence, and fatigue (Kelsey, et al., 2004). Like other nonadrenergic medications, Strattera has been associated with adverse effects on the cardiovascular system (Wernicke, et al., 2003). Wernicke, et al. (2003) found small but significant increases in pulse and diastolic blood pressure in children treated with Strattera. In this inquiry, the increases tended to occur early in therapy, stabilized, and returned to baseline upon drug discontinuation. There have been no large-scale studies conducted which support the notion that Strattera may cause or exacerbate tic disorders. Recently however, one report of a case study of four patients may lead to further speculation in this area (Lee, Lee, Lombroso, & King, 2004). This analysis concluded that the medication exacerbated tics in this small sample of patients who had previously developed tics while taking stimulant medications. Interestingly, the tics resolved or abated significantly when Strattera was discontinued. Further research is needed to establish the likelihood of Strattera medication therapy contributing to tic development.

Two significant precautions may affect the decision to prescribe Strattera. In an analysis of pooled data from several sites, Henderson and Hartman (2004) discovered that 33% of patients experienced extreme irritability, aggression, mania, or hypomania when treated with the drug. The key to discerning the likelihood of such effects occurring appears to lie in patient history. In the above experiment, 61% of the patients affected by the mood side effects had a positive family history

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for mood disorders and 80% had a personal history of mood symptoms. The decision to prescribe Strattera or stimulant medications should be based on prudent consideration of the child and his or her family's mood status and history.

Strattera is metabolized through the CYP2D6

pathway which is polymorphic to two phenotypes important in judging how the medications will be metabolized (Kratochvil, et al., 2002). About 90 to 95% of the U.S. population are rapid metabolizers of Strattera , whereas approximately 5 to 10% are slow metabolizers. Although, studies of slow metabolizers indicate no additional safety concerns in the short term, further studies may be warranted to see if long term therapy necessitates additional precaution (Michelson, et al., 2001). DNA sampling to determine a student's metabolic rate for Strattera is possible via the validated polynucleotide chain reaction method (Kratochvil, et al., 2002).

Investigations of Ef ficacy

There is little question that Strattera is effective in reducing symptoms of ADHD. Numerous studies employing placebo controlled, double-blind methodologies have established that the drug significantly reduces ADHD symptoms in the short term (Michelson, et al., 2002; Michelson & Busner, 2003; Kelsey et al., 2004). In addition to its targeting of ADHD symptoms, there is growing evidence that Strattera can improve psychosocial functioning and health-related quality of life (Perwein, et al., 2004). Because many more males than females are diagnosed with ADHD, research on the efficacy of medication treatments are often limited to samples which are primarily male. One previous investigation utilizing double-blind, placebo-controlled methodology, specifically targeted 291 school-age females with ADHD and found significant reduction of symptoms of ADHD on a variety of ADHD rating scales (Biederman, et al., 2002).

The long-term efficacy of Strattera in reducing ADHD symptoms and preventing relapses has begun to be explored. Michelson et al. (2004) found that children taking Strattera for 9 months continued to show reduction of ADHD symptoms when compared to children taking placebo. The conclusion of this investigation is that children who respond positively to the medication in the short term (show symptom reduction over an initial 12-week trial), are likely to continue to experience positive benefits from the medication over longer periods of time. Another investigation showed similar results among those who initially responded positively to Strattera. After 9 months, school-age children who took placebo were significantly more likely to show a worsening of symptoms when compared to children who took Strattera (52.6% vs. 29.7%) (Harpin, Prasad, Zhang, & Michelson, 2004).

Given widespread use, one would anticipate a plethora of investigations on direct comparisons of Strattera to stimulants such as methylphenidate (Ritalin) and others. Ironically, few investigations have occurred to date and results have been somewhat conflicting. Kratochvil et al. (2002) explored a comparison between Strattera and methylphenidate with 228 children and found no significant differences between the two groups on scores on rating scales. As Kratochvil, et al. (2002) openly acknowledge, this investigation was filled with a variety of methodological flaws. First of all, the study was an open-label trial indicating that both parents and investigators knew which medication was being provided. This concern is especially noteworthy given that the primary means of assessing efficacy was an investigator administered rating scale. These investigators also acknowledge that the administration of the methylphenidate trials were provided at dosage levels which previous research had shown to be less efficacious. Perhaps most pertinent was the lack of ratings of ADHD symptoms by the children's teachers in assessing efficacy of the two drugs (Kratochvil, et al., 2002). Spencer et al. (2002) reported similar findings of no significant differences between the two medications on rating scales. The above two studies did find that methylphenidate was associated with a significantly greater incidence of insomnia than Strattera. Further, an investigation by Sangal et al. (2004) produced very similar findings. Again, children taking Strattera had a significantly less amount of time in onset of sleep than did those children taking methylphenidate but these researchers once again

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found no significant difference between the medication's ability to improve ADHD symptoms.

Some recent investigations have found that methylphenidate has been significantly more successful than Strattera at reducing ADHD symptoms. Michelson (2004) reported improvement in symptoms with both medications when compared to baseline data. However, overall data indicated patients treated with methylphenidate had a significantly greater reduction of ADHD symptoms to those taking Strattera. Michelson indicated that since Strattera was not FDA appoved at the time of the investigation, it was not feasible to exclude patients who responded poorly or could not tolerate Strattera – a factor that could have skewed the results in favor of methylphenidate. In this study the data were further segregated into patients who had previously received a stimulant and those which were stimulant-naïve. Interestingly, the patients with prior stimulant use showed greater symptom improvement with methylphenidate than those in the Strattera group. Among those who were stimulant-naïve, there were no significant differences between positive response rates (Michelson, 2004). Finally, Kemner et al. (2004) studied 1300 youth aged 6 to 12 with documented ADHD who were randomly assigned to methylphenidate or Strattera. At 1-week, 2-week, and 3-week follow up assessments, children in the methylphenidate group showed significantly greater improvement when compared to the Strattera group. This interesting finding was partially overshadowed by the fact that the study featured an open-label design thus allowing participants and possibly their parents to know which medication they were taking. Further, the assessments used for original diagnosis and follow up monitoring were completed by physicians only. Whether or not teachers and/or parents would report similar results remains unknown.

With the conflicting available research findings, some have questioned the assertion that Strattera should be considered the medication of choice for treatment of ADHD (Velcea & Winsberg, 2004). As these authors report, their investigation on non-responders to stimulants found that Strattera was ineffective at alleviating symptoms of ADHD. As Velcea and Winsberg (2004) further contend, advocating a medication which costs about $90 per month (Strattera) over one that costs about $25 per month (methylphenidate) ought to be supported by more research. Others support this position as well, contending that the safety profile of the two medications are relatively similar, yet extensive head-to-head studies are severely lacking (Stein, 2004).

Summary

Since its initial marketing in 2002, Strattera has become a popular medication for the treatment of ADHD. Numerous studies have established its efficacy and relatively safe profile. Originally targeted as a safer, more efficacious alternative to stimulants, direct investigations between Strattera and stimulants are somewhat limited at this time and those which exist have conflicting results. The method by which Strattera works is quite different from the action of stimulants which may account for its possible advantage of lesser drug abuse potential liability. Studies of side effects indicate that Strattera shares some of those found with stimulants although possibly to a lesser degree. Other cardiovascular side effects have been more likely to occur on Strattera therapy. It appears that Strattera may be associated with less insomnia than methylphendidate. In the three plus years since the initial use of this medication, two themes for future research have emerged. Further large scale comparisons of Strattera to stimulants using scientifically sound methodology are necessary to justify the use of Strattera over less expensive stimulants and to explain the conflicting results obtained thus far. Further inquiry is necessary to determine if in fact Strattera has an improved side effect profile in comparison to stimulants or merely a different one.

"Further large scale comparisons of Strattera to stimulants using scientifically sound methodology are necessary to justify the use of Strattera over less expensive stimulants and to explain the conflicting results obtained thus far."

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PRACTICE FORUM

Fostering School and Community Connections Through School-Based Mentoring Programs

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Forty parents, students, and teachers died in conjunction with the school-shooting spree of the late 1990's (Connor, 2002). The spree of severe school violence has provided the impetus for two distinct approaches to increasing school safety. The first of those approaches is essentially political in nature, emphasizing public relations through the appearance of a punitive or "get tough" zero-tolerance approach to school violence. The second approach is more oriented toward the development of protective attachments between students and their schools, and will be referred to here as the attachment approach. The purpose of this paper is to: (a) examine the political approach, (b) discuss the attachment approach, and (c) look at student, parent, and teacher surveys that describe attitudes about an advisee/advisor program in a secondary school designed to foster strong attachment between students, their advisor and school.

"The spree of severe school violence has provided the impetus for two distinct approaches to increasing school safety."

The Political Approach

The political response to school safety issues is reminiscent of previous attempts to "get-tough" on juvenile crime (see Gendreau, 1996, for a discussion of juvenile crime response); namely, the remedy had to be quick, publicly visible, and punitive. It would appear that political leaders have moved in ways to let the public know they were indeed acting on the issue. For example, passage of legislation like Colorado's Safe Schools Act (2000) just a year after Columbine allowed state-level politicians to claim to the public that they had addressed school safety. Regrettably, such legislation failed to generate increased study of, and methods for, dealing with school violence. Instead, the legislation simply focused on enhancing and enforcing extant disciplinary procedures for dealing with everyday conduct problems. The end result was that many school districts adopted zero-tolerance policies relative to dangerous and threatening behaviors, appointed safety directors to oversee security personnel, and increased the visibility of such personnel. The first criticism of this approach is that it shows action on a systemic level but fails to address the individual risk factors that have been primarily associated with violent school behavior (i.e., student characteristics such as withdrawal, angry and violent communications, and conduct disorder activities, as well as the monitoring and amelioration of those behaviors; Connor, 2002; Dwyer, Osher & Warger, 1998). Moreover, when the systemic change is devoted to increasing the punitive response to school violence of any sort, then one is confronted with a paucity of empirical support for such methods. For instance, literature devoted to the establishment of safe-schools (see Fein, et al., 2002; O'Toole, 1999) is curiously devoid of empirical evidence in favor of adopting a more punitive school environment.

The second criticism of this approach is that it relies on the assumption that precipitating behaviors can be used to predict which students will become violent. Unfortunately, it is well known that our ability to predict who will perpetrate violence from existing psychological knowledge is limited at best (Monahan, 1981; Mulvey & Cauffman, 2001). Not only is violence generally poorly predicted by existing psychological knowledge, but the low base rate of school violence (over a 25 year period, only 41 individuals committed 37 incidents of targeted school-based attacks like Columbine; Vossekuil, Fein, Reddy, Borum, & Modzeleski, 2002) makes the prediction of such incidents even more tenuous.

Finally, relative to the political approach to school safety is the assumption that there exists a specific type of student who is going to become violent. In short, political approaches are all predicated upon the assumption that the school shooter has a profile, and therefore policies can be adopted to identify and deal with individuals meeting such a profile. Despite poorly justified claims to the contrary (Kellerman, 1999), there is no universally accepted school shooter profile. To quote one of the key findings in a joint report sponsored by the Secret Service and U.S. Department of

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Education (Fein, et al., 2002. p. 20), "there is no accurate or useful profile of students who engage in targeted school violence." Separate reports by the FBI (O'Toole, 1999) and the U.S. Department of Education (Dwyer, Osher, & Warger, 1998) reached similar conclusions. Given the lack of empirical support to justify an increase in school-safety through zero-tolerance policies, and staff, violence prediction schemes, and violent student profiling, it is important to consider alternative approaches to school safety as well.

The Attachment Appr oach

Rather than simply increasing school safety through visible public relations, some are now arguing for alternative approaches (Mulvey & Cauffman, 2001), such as fostering students' sense of belonging to their schools, the cultivation of positive school climates, the promotion of school completion (Marcus & Sanders-Reio, 2001), and the encouragement of strong relationships with significant adults at school (Pianta, 1999). According to the Secret Service and U.S. Department of Education Threat Assessment in Schools guide (Fein, et al., 2002) the "development of trusting relationships between each student and at least one adult at school" is one of the "major components and tasks for creating a safe/connected school climate" (p.13). The importance of such a relationship is that it offers perhaps the best chance to intervene in violent school behavior. Specifically, it is thought that when a caring adult, such as a teacher or counselor, becomes familiar with an individual student's behavior, the teacher or counselor will have an increased ability to detect the direct and more subtle warning signs or pleas for help that often occur prior to incidents of school violence (Fein, et al., 2002).

One of the appeals of the attachment approach is that the existence of a supportive relationship with a caring adult may not only help increase school safety, but also contribute to general student resilience. For instance, data cited by Marcus and Sanders-Reio (2001) indicated that attachment to teachers, as well as being connected to the school enterprises and peer networks, impacts academic motivation, discipline, and post-secondary outcomes. Such relationships need to be developed with regular classroom teachers, and integrated into the educational curriculum (Pianta, 1999). However, at the secondary level, time does not allow for focus on relationships with an emphasis on academic subject matter unless a structured time is built into the schedule. Instead of increased emphasis on discipline-based zero-tolerance policies to prevent school violence, advisement programs could be implemented to help students form attachments to their school like the ones described by Hirschi (1969). Such attachments would involve the students: (a) becoming concerned with the opinion of others, (b) committing to acceptable manners of behavior, (c) investing time and energy in school behaviors, and (d) accepting school principles. When compared to school safety policies advocated by more politically-oriented stakeholders, the development of attachments between

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students and their schools, and in particular, the fostering of close connections between individual students and at least one school-based adult, appear to be capable of interdicting school violence in addition to offering other benefits such as increased resiliency and improved academic performance for the student body in general. However, as with the political approach, little empirical evidence exists, relative to the attachment approach, in terms of reducing violent behavior in the schools. One approach to developing strong student-teacher connections and school attachment is discussed below. Despite the lack of research support for reducing violence, advisement programs hold promise for contributing to strong relationships with significant adults at school, and possibly, a reduction in violence as well as other secondary benefits. Advisement programs are also a logistical fit with secondary schools, allowing for the scheduling of time for connections with important adults.

Advisor/Advisee Programs: An Attachment Approach to School Safety

Advisor/Advisee programs (A/A programs) seek to promote appropriate developmental outcomes for children and adolescents through guidance and advocacy (Galassi, Gulledge, & Cox, 1998). In general, A/A programs consist of small groups of students who are assigned to meet with a designated adult advisor on a consistent basis. Some advisors design their advisee time around activities. Others seek to promote bonding between the advisor and advisee, as well as between advisees, through group processes and guidance. Activities might include setting short and long-term goals, developing listening skills, assisting with academic concerns, promoting interpersonal problem solving, and the presentation of various prevention curriculums (i.e., suicide prevention, promotion of positive mental health concepts, community group presentations, etc.). A/A research reviewed by Galassi, et al., (1998) suggests that A/A programs improve student-teacher relationships, increase sharing among students, reduce absences, encourage students to confide in an important adult, and provide a consistent liaison between home and school. Graham, Updegraff, Tomascik, and Mchale, (1997); Hagborg, (1995); and Maclaury and Gratz, (2002) all indicated that the positive relationship between advisor and advisee was pivotal in students' favorable or unfavorable opinion of A/A programs. The current study goes beyond other explorations of Advisor/Advisee effects, looking at both middle and high school students' perceptions of their advisement program, adding teacher and parent perceptions, and looking at other outcomes such as graduation rates and post-secondary participation.

Method Program Description

The University of Northern Colorado Laboratory School has historically been a training extension of the education flagship university in Colorado. The laboratory school, now a charter school, has been integrally involved in teacher training, innovative educational practice, and instructional research. It is home to a P-12 school with 625 students noted for small class size, highly trained faculty, and curricular flexibility. The majority of students come from families with college and professional backgrounds. The program at the laboratory school involves students meeting with an advisor four times a week for 30 minutes with a group of no more than 15 students. Middle school students have the same advisor for 3 years, and high school students for 4 years, unless conflict arises whereupon either advisor or advisee can ask administration for a change. New advisors are given in-service training each year before the beginning of the fall term and they are paired with an experienced mentor. A curriculum guide with suggested activities, goals of the program, and a flexible schedule is provided for each faculty advisor.

Scales Construction, Assessment, and Reliability

Three surveys were developed to investigate student, parent, and faculty perceptions of the A/A program at the laboratory school described above. The scales were constructed through collaboration between a senior laboratory school student who has participated in the A/A program and the first author. The items reflected goals of the A/A program, and were reviewed by administration and a representative group of faculty and students. The student survey was comprised of 10 items in a Likert-type format scored from 1 (Never) to 5 (Always), with higher scores indicating increasing student's perceptions of benefits from A/A participation. The smaller number of items for the student survey was in response to the student suggestion that more accurate responses would be obtained from a brief survey questionnaire. The fewer items may account for a lower coefficient alpha of .74. The survey was administered in spring during the advisement period to both middle and high school students. A total of 370 surveys (83%)

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were returned.

The faculty survey had 34 Likert-type items with a similar format. Coefficient alpha for the faculty survey was .91. Thirty-six faculty (90%) returned the survey. Finally, the parent survey contained 20 similar items ranging again from 1 to 5, with a coefficient alpha of .94. One-hundred twenty parents, or 35%, returned the surveys.

Results

The average student item response of 3.90 (SD = 1.03) indicates that overall, the students had more positive than negative perceptions of the A/A program. Relative to the Likert type scale, this indicates that students "Almost Always" had positive perceptions of the program. Examples of responses include "I understand the goals of the A/A program" with a mean of 4.00 (SD = 0.95), "The A/A program does not take time I would rather spend on other classes" with a mean of 3.95 (SD = 1.18), and "It is important for my advisor to monitor class schedules and graduation requirements" with a mean of 3.90 (SD = 1.08).

Relative to the concept of attachment, students responded positively to "I feel I have a significant bond with my advisor" with a mean of 3.76 (SD = 1.12), and "The A/A program encourages and promotes friendships among my peers" with a mean of 3.80 (SD = 1.05). When separating students who perceived a close bond with their advisor (335 students) versus a low bond (35 students), and employing ANOVA with the Welch statistic for asymptotically distributed Fs, high bond students reported at the .01 level that the A/A program had benefited them more socially than the low bond group. They also reported that their parents were more involved, and that they felt they had better met their personal academic goals than the low bond group.

The faculty mean was 3.74 (SD = 1.03), with high ratings relative to perceived social and attachment benefits, and lower ratings relative to administrative guidance required for the program, and faculty to faculty mentoring. Parent ratings were uniformly high with an averaged response rating of 4.06 (SD = .09), again indicating "Almost Always". A response bias may have occurred due to the lower return rate among parents, that is, those that took the time to complete the surveys may have felt more positively about the program. Examples of parental response included "I feel comfortable contacting my child/adolescent's advisor about academic concerns", with a mean of 4.58 (SD = 1.13); "I feel comfortable contacting my child/adolescent's advisor about social/emotional, personal or relational issues" with a mean of 4.36 (SD = 1.02); and "It is very important for students to have an important adult in the school like an advisor to foster a strong student-adult attachment" with a mean of 4.58 (SD = 1.11).

Possible Benefits of the Program

Other data related to school attachment includes graduation rates for regular and special education students, as well as the number of students who continued on to post-secondary education. The dropout rate for all students over the last three years was 3%. The laboratory school houses a center-based deaf education program, in addition to other disability students on IEP's, representing 12% of the total school population. Their combined rate of graduation over three years (for all students on IEPs) was 94%, considerably higher than national averages for special education students (U.S. Department of Education, 2002). In 2002, 90% of all graduating seniors attended a post-secondary institution with 59% attending a 4-year college. In 2001, 84% went on to a post-secondary institution with 68% going on to a 4-year college. Finally, in 2000, 86% continued on to post-secondary education with 64% attending a 4-year institution. A rival hypothesis related to this data would be that the student clientele were mostly from strong educational backgrounds and at least middle-class SES status. Nevertheless, the strong academic outcomes of the laboratory school remain consistent with the belief that the A/A program adds to the quality of student's academic performance.

Discussion

In the review of literature, the case was made for the use of advisee/advisor mentoring programs to foster student connections to schools as a means to increase school safety. Principal arguments used against other methods for combating school violence (i.e., the political or punitive approach) were grounded in the lack of data supporting a punitive approach, the inability to accurately predict school violence, and lastly the unjustified assumption that there is a "type" of person who engages in school violence.

An alternative approach, called the attachment

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approach, involves the development of emotional and personal connections or attachments to school and school personnel. Attachments to key school personnel facilitate monitoring of student activity and ongoing communication about student issues. Several authorities and government agencies including the U.S. Department of Education, The FBI, and the U.S. Secret Service have cited this approach as a key ingredient in the successful intervention of school violence. It was proposed by the authors of this paper that the development of advisee/advisor mentoring programs, in which each student is paired with an individual teacher, might serve as one possible mechanism to foster student attachment and connection to schools.

"…future research examining the direct link between advisor/advisee mentoring programs seem justified."

The data reported in the current study concerning student's perceptions of one advisor/advisee mentoring program indicated that students had a generally positive view of the program. Furthermore, they understood the purpose of the program, felt is was a valuable use of their time, and perceived it as helping them attain academic goals. The vast majority of students felt they had a significant bond with their advisor, and that the bond contributed to social benefits, greater parental involvement, and higher academic attainment. Thus, the program contributed overall to the development of positive relationships and a healthy school climate. Faculty and parents also had a positive perception of the program. The current positive findings relative to actively pursuing social bonds between students and significant adults at school are consistent with other recent research indicating increased student engagement for middle school students by promoting connections with significant adults (Anderson, Christenson, Sinclair, & Lehr, 2004).

The overall academic performance of the student body from which the A/A data were obtained is quite high, as the drop-out rate is consistently low and the majority of students matriculate to institutions of higher learning. While alternative explanations for high student academic performance exist, future research examining the direct link between advisor/advisee mentoring programs seem justified. Moreover, the evaluation of programs designed to increase school safety should consider students' attachment to school. Whereas the present data indicate the majority of students in the A/A program felt a strong bond with a significant adult in school, they do not provide empirical support relative to an outcome of reduced violence. Perhaps the best approach is a combination of the two, however, that remains to be seen.

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PRACTICE FORUM

Making Schools Safe for All Children: Let's Not Hit the Snooze Button Again

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The shootings in Red Lake, Minnesota, have again raised questions about how best to ensure school safety. School shootings are tragedies still rare enough to gain international media coverage. However, school violence and the fear of violence is a daily occurrence that impacts learning and teaching in all schools. In a recent survey (Centers for Disease Control and Prevention, 2002), 4% of students said that they had missed at least one day of school during the preceding 30 days because they felt unsafe either traveling to school or while at school, and 8.5% said that they had brought a weapon to school in the same time period. Another report (National Center for Educational Statistics, 2004) found that 20% of all public schools had experienced a serious violent crime in the 1999-2000 school year: 14% of elementary, 29% of middle, and 29% of secondary schools reported experiencing a murder, rape or other sexual battery, suicide, physical attack or fight with a weapon, or robbery in that school year. Less severe violence in schools, such as bullying, was not as well documented and often not considered by educators when evaluating the violence level at their school. Practicing school psychologists were found to perceive their schools as violent only if major violence had occurred; bullying and harassment were not considered sufficient to evaluate one's school as violent (Furlong, Babinski, Poland, Munoz, & Boles, 1996).

Bullying is the most prevalent type of school violence (Swearer & Doll, 2001). In the United States and internationally, the most common estimate is that approximately 20% of students have experienced regular victimization by peers (Olweus, 1997a; Skiba & Fontanini, 2001; Snell, MacKenzie, & Frey, 2002). However, other studies placed the rates much higher: 40 to 80% internationally (Juvonen & Graham, 2001) and 75% in the United States (Bulach, Penland, Williams, & Doss, 1999). Olweus (1997a; 1997b) argued that allowing bullying is a violation of students' basic democratic right to feel safe in school and be spared ongoing oppression and humiliation. Following is a discussion of how student, peer relationship, family, and school characteristics impact school safety.

The Student: Personal and Developmental Characteristics

Combining attachment theory and social psychology, Baker (1998) argued that children's attachment histories affect their social interactions, which in turn affect their adjustment to the demands of the school environment. Baker argued that commitment to the values of the school community is a prerequisite to learning. Educators assume children enter school with social competencies including valuing social exchange, trusting the intent of adults, an ability to understand social behavior patterns, and the developing skills of self-regulation, self-worth, self-acceptance and personal agency. She perceived violence-prone children as having failed to engage in the community life of school: "violence at school is a manifestation of poorness of fit between children's developmental capacities and the social context of the school" (p. 30). For instance, involvement in crime, violence, and victimization as well as selling drugs, having high disposable income, feeling distant from people in school, and feeling that people in one's neighborhood do not look out for one another all increase the likelihood that a student will bring a weapon to school (Kingery, Coggeshall, & Alford, 1998).

"…school violence and the fear of violence is a daily occurrence that impacts learning and teaching in all schools."

By the early elementary school years, aggression is a predictor of later aggression and antisocial behavior (Tolan, Guerra, & Kendall, 1995); however, less than 50% of aggressive primary children will become aggressive adolescents. Group norms regarding aggression become increasingly influential during the early elementary years. As early as third grade, highly aggressive children seek out a compatible peer group and are disenfranchised from socializing with other children by both children and adults (Astor, Pitner, & Duncan, 1996). Early aggressiveness interferes with academic gains, perpetuating academic failure. These cycles may be firmly established as early as kindergarten or first grade. Very little significant change in school attitude occurs after third grade (Pianta & Walsh, 1998).

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Peer Relationships and Social Roles: Experiences of Heaven and Hell

A major factor in a child's evaluation of school safety is interactions with peers. Bullying occurs when a child is the victim of ongoing negative actions on the part of one or more children; the victim has less physical or social power than the aggressor(s) (Center for the Study and Prevention of Violence, 2002; Olweus, 1997a). Olweus used the term "peer abuse" to define bullying; others prefer "peer harassment" (Juvonen & Graham, 2001). However, some bullying is not peer to peer, and instead is perpetrated by a student or group of students significantly older than the victim(s). Direct bullying is a relatively open physical or verbal attack such as hitting, kicking, pushing, choking, name calling, threatening, taunting, or slandering. Indirect bullying is more subtle and can be harder to detect; indirect bullying includes social isolation, intentional exclusion, making faces or obscene gestures, and manipulating friendship relationships. Bullying has been a prevalent safety threat across generations, nations, and economic levels. Starting in the later elementary school grades, bullying may have a sexual content (Snell et al., 2002); bullying has been called the "younger cousin of sexual harassment" (Crockett, 2002).

"…bullying has been called the "younger cousin of sexual harassment""

Swearer and Doll (2001) adopted an ecological model for evaluating bullying. Bullying is a reaction to complex, multisystemic community violence. They asserted that bullying is a constellation of behaviors which includes internalizing as well as externalizing disorders. From a social psychology perspective, the likelihood of aggression is increased when one observes aggression, receives aggression, or receives reinforcement for aggression (Craig, Pepler, & Atlas, 2000). Victimization may be seen as a process of forcing an individual out of a group when that individual is perceived to thwart the attainment of group goals (Bukowski & Sippola, 2001). Should a group's goals change, the victimized person may be perceived differently and the group mechanisms which support victimization would cease.

Although bullying should be understood as a social phenomenon (Craig et al., 2000), there are characteristics of bullies and victims. Bully and victim roles have been found to be stable in children from 8 years of age to age 16 (Sourander, Helstela, Helenius, & Piha, 2000). The bully-victim relationship has been delineated into six roles that have been found to exist in elementary and middle schools: bully (initiates bullying behaviors), reinforcer (offers encouragement but does not actively participate in bullying), assistant (assists and follows the bully), defender (actively tries to defend the victim), outsider (disengages or withdraws from bullying), and victim (target of systematic harassment) (Salmivalli, 2001; Sutton & Smith, 1999).

Bullies and Their Assistants

Bullies are more likely to be boys than girls, are often larger and stronger than their victims, have difficulty conforming to rules, are defiant and aggressive toward adults, and have a relatively positive view of themselves (Olweus, 1997a). They are often impulsive and exhibit a strong need to dominate others. They exhibit little empathy toward the victims of bullying. Most bullies are as popular as or slightly less popular than the average; they tend to have a small group of two to three peers who support and appear to like them. Reinforcers and assistants to bullies also have been referred to as passive bullies or henchmen; these students may be more anxious or insecure than leader bullies. Bullies often coerce victims into providing them with desired objects, such as money, cigarettes, or alcohol. Males identified as bullies during middle school are six times as likely as non-bullying boys to be convicted of a crime by age 24 and four times as likely to have been convicted of three or more crimes.

Victims

Victims are of two types: passive or submissive victims and provocative victims (or bully-victims). Passive victims are often physically weaker than their peers; have poor social skills and difficulty making friends; are cautious, sensitive, quiet, and shy; are anxious, insecure, and have poor self-esteem; and relate better to adults than peers. Passive victims often do not have a single good friend in their class (Olweus, 1997a; 1997b). They signal to others that they will not retaliate if attacked; further, without friends, they are unlikely to be defended by their peers. Perhaps due to their isolation, victims often express interest or joy when initially engaged by the bully (Wilton, Craig, & Pepler, 2000). Passive victims show higher levels of depression and poorer self-esteem as young adults. Olweus (1997a) found that external deviations (such as being overweight, disabled, or a member of the non-dominant culture) had minimal impact upon one's likelihood of victimization. Conversely,

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Sweeting and West (2001) found that the most unattractive and overweight children are more likely to be victims. Further, children with learning difficulties, chronic illnesses, and poor athletic ability were found to be at an increased probability of victimization. As bullying progresses to sexual harassment, students who do not conform to gender stereotypes are targets for harassment (Varjas et al, 2005). Victimization impacts school performance and attendance: 17% of American teenagers report that bullying interferes with academic performance, and 25% of students report not wanting to attend school, staying home, or skipping class due to sexual harassment (Snell et al., 2002).

Provocative victims, a much smaller group, can exhibit all or some of the passive victim characteristics but may also be hot tempered, hyperactive, irritating, disliked by adults as well as children, and will try to bully children younger than themselves. They are simultaneously anxious and aggressive (Olweus, 1997b). Provocative victims or bully-victims have the worst prognosis for developing adult pathologies (Crawford, 2002). The Columbine shooters, Klebold and Harris, were identified as bully-victims (Erickson, 2001); Weiss of Red Lake also fits this profile. In Finland, mainstreamed fifth-grade children identified as learning disabled were found to be significantly more likely to be bully-victims than their non-identified peers or children identified as learning disabled in self-contained classrooms (Kaukiainen et al, 2002). These children also scored lower on measures of social intelligence than their non-identified peers.

Peer Defenders

In Canada, peers were observed to intervene in bullying incidents 19% of the time (Hawkins, Pepler, & Craig, 2001). Although boys intervened more frequently than girls, they intervened at the same rate given their relative presence at bullying incidents. Children were more likely to intervene with same-sex bullies. When children intervened to stop bullying, they were about equally aggressive and non-aggressive in their interventions, with the majority of the interventions directed toward the bully. In 57% of the incidents, the intervention was effective in stopping the bullying.

All children bring innate and changing capabilities, support structures, and personal histories to the school environment. These individual characteristics interact with the environment in the creation of behavior and learning.

The Family: Fundamental Micr osystem

Edgar (1999) noted that the family is the "most basic institution for human learning" (p. 109). Family structure has diversified and become increasingly autonomous of legal, religious, and normative frameworks (Edgar). Bronfenbrenner (2000) credited this isolation largely to parents having less time for the role of parenting. Bronfenbrenner also noted that the stressors and inconsistencies in families that have disruptive effects on children's development often originate outside the family (1986; 1999). Physical separations and rapid sociocultural change have led to a breakdown in communication between generations (Bronfenbrenner, McClelland, Wethington, Moen, & Ceci, 1996; Bronfenbrenner & Morris, 1998).

Olweus (1997a) found that parenting style greatly contributed to children developing or not developing bullying behaviors. A negative emotional attitude toward the infant and toddler child by the primary caregiver, permissiveness for the child's aggressive behavior, and the use of power-assertive child-rearing methods such as physical punishment and violent emotional outbursts contribute to the development of a child's bullying personality. Curtner-Smith (2000) found that maternal modeling contributed to their son's bullying: mothers socially unskilled with adults and children were more likely to have sons who bullied. Further, these family relationships were marked by maternal anger, maternal depression, and a lack of fun family activities. Myron-Wilson (1999) found that ringleader bullies did not view their parents significantly differently than did assistants, defenders, or outsiders. However, bully assistants viewed their parents as low in warmth and high in neglect; victims reported that their parents were high on punitive parenting and victims' parents reported themselves as high on restrictive parenting. Myron-Wilson concluded that the relationship between parenting style and peer harassment status was more complex than had been previously theorized.

The School: Micr osystem Based on Coercion or Belonging

The public perception that schools are dangerous places has led politicians and educators to adopt a "get tough" police-dependent attitude toward offenses that would have once been managed by school authorities (Hyman & Perone, 1998b). Although prosecution sounds reasonable, schools may actually be contributing to school violence by sanctioning or ignoring practices that victimize children. Noguera (1995) stated, "Violence

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"Victimization impacts school performance and attendance: 17% of American teenagers report that bullying interferes with academic performance, and 25% of students report not wanting to attend school, staying home, or skipping class due to sexual harassment"

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in schools challenges the authority and power of school officials….Therefore, the issue of violence is seldom discussed in isolation from other control issues" (p. 197). He argued that this attitude has led to resource allocations for security-related services rather than educational programs and services. Mayer and Leone (1999) found a correlation of .54 between increased school security (i.e. metal detectors, locked doors, locker checks, security guards, staff watching halls) and subsequent increased school difficulty.

Morrison, Furlong, and Morrison (1994) argued that another problem with viewing school violence as a criminal justice problem was that school psychologists and other educators then did not define it as an educational issue. They advocated that school safety was more than the absence of violence, stating "a safe school would be one that guarantees the opportunity for development in the physical, social, and academic realms" (p.241). Based on self-determination theory, a school that provides students with opportunities to be meaningfully connected to others, to have developmental appropriate choices and self-direction, and perceive themselves as competent will be positive psychological environments (Baker, Dilly, Aupperlee, & Patil, 2003).

Pulling from the resiliency literature, Morrison et al. (1994) conceptualized school safety as a continuum of risks that vary as a child developed and was dependent upon his or her resiliency. These risks could be categorized into six groups: life threatening risks; risks of personal harm; risks of personal-social intimidation and menace; risks of individual isolation and rejection; risks related to opportunities and support; risks related to school success and productivity; and, risks related to personal and social self-determination.

Schools often hold pockets of violence (Astor, Meyer, & Pitner, 2001). Bullying is more likely to occur during less well supervised times such as breaks or recess and in less well supervised areas such as hallways, lunchrooms, playgrounds, and bathrooms. This is exacerbated when unsupervised activities between grade levels occur, teachers are indifferent or accepting of bullying, students are indifferent or accepting of bullying, and there is inconsistent enforcement of rules. In observations at elementary schools in Canada, bullying was almost twice as common on the playground as in the classroom (Craig et al., 2000). These violent subcontexts are spaces that adults and children do not define as within their responsibility to monitor or maintain. Teachers have been found to intervene in 4% of bullying incidents (Skiba & Fontanini, 2001). General education teachers were found to only identify 61% of peer nominated bullies (Leff, Kupersmidt, Patterson, & Power, 1999).

Drawing from developmental psychology, social psychology, and the sociology of education, Baker (1998) argued that the breakdown of school community leads to school violence. She defined community as "a shared contract that allows individuals to derive a sense of purpose and meaning within a behavior setting" (p. 30). Sergiovanni (1994), a founder of the "school community" concept, stated that community binds teachers and students "to something more significant than themselves: shared values and ideals" and provides them with a "unique and enduring sense of identity, belonging, and place" (p. xiii). Schools should become purposeful communities of mind, bound together by a shared ideology and coherent set of beliefs. This ideology should invade curriculum, classroom discipline, and school leadership. Schorr (1997) disagreed with creating isolated school communities. She argued the importance of strengthening community supports for school success and school support for community activities. Schools should be partners in community reform but they should not take sole responsibility for such changes. The more ways that parents and community members are offered to become partners with the school, the more effective the connections become.

> "Bullying is often a precursor to greater violence and school safety is intertwined with academic achievement. Because of this and because bullying is detrimental in itself, bullying is an educational issue that schools must address."

How do We Make Schools Safer?

A developmental-ecological perspective has much to offer in the prediction and prevention of antisocial behavior (Tolan et al., 1995) as well as in designing schools that promote optimal development (Baker et al., 2003). The effectiveness or ineffectiveness of an intervention should be analyzed from an epidemiological, developmental risk paradigm. Some within the profession have advocated for a public practice model of school psychology that addresses the multiple and intertwined facets of child, family, and community needs (Indy Group Schools Issue 2, 2002). The above literature review suggests many considerations for increasing school safety:

- Bullying is often a precursor to greater violence and school safety is intertwined with academic achievement (Morrison et al.). Because of this and because bullying is detrimental in itself (Olweus, 1997a: 1997b), bullying is an

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educational issue that schools must address.

- All children and adults play some role in bullying. Children and, especially, adults need to be trained in how to intervene in bullying instances so that more people can play the role of defender (Hawkins et al., 2001).
- As propensities for violence and school disengagement can be observed as early as kindergarten or first grade (Pianta & Walsh, 1998), primary and secondary interventions need to be heavily applied in preschools and elementary schools.
- Children need to be overtly taught acceptable school behaviors. Clarifying social expectations and providing students with a common language allows all children to forge stronger bonds within the school (Baker, 1998).
- Families play a role in bullying and need to be involved in promoting school safety (Curtner-Smith, 2000). Increasing family-school and community-school collaboration increases students' sense of belonging (Baker, 1998).
- Schools can make all students feel safer through examination of norm structures, providing connection or support to students, providing opportunities for skill application and service, and providing opportunities for mastery (Morrison et al., 1994).
- Classroom management that focuses on character development rather than behavior control is more likely to promote school affiliation (Baker, 1998).
- Bullying will not decrease significantly until tolerance for and utilization of diversity becomes a core value of the school system.
- Schools that make their physical facilities available to community organizations that then provide the services and supports needed in that community become more integrated into the communities in which they reside (Schorr, 1997).
- Caring and trusting staff relationships with students are more effective in reducing violence than is surveillance equipment and prosecution (Noguera, 1995).
- Many needs of children are ongoing and multifaceted, yet the structure of most schools provides little continuity from year to year nor organized collaboration with the other environments in which children function (Doll & Lyon, 1998). The school psychologist is in the position to remediate both of these problems; however, this may require the redirection of financial and human resources as well as role perceptions.
- Inducing system-wide change often requires questioning fundamental educational assumptions; one needs to consider power relationships when one seeks to initiate change in school practices (Baker, 1998).

Although anti-bullying curricula may be a part of the solution, curricula alone will not eliminate bullying. Astor et al. (1996) advocated that "Teachers, principals, and other school personnel must address issues of violence in ongoing, intimate, and complex ways that are frequently overlooked in curricular packages, programs, or auditorium events" (p. 336). They argued that in-house ecologically-driven mental health consultation offers

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the ability to provide teachers with group empowerment and organizational strategies. Further, mesosystem changes are often necessary, such as strengthening home-school relationships and increasing adult-supervised after-school activities. One such model that allows communities to assess and address their school safety needs and priorities is the Participatory Culture-Specific Intervention Model (Nastasi, Moore, & Varjas, 2004). As Kenneth Trump, president of National School Safety and Security Services said, "Red Lake could be a wakeup call but the real question is if we will just hit the snooze button and go back to sleep" (Sklaroff, Miron, Fields, & Marek, 2005).

> "Red Lake could be a wakeup call but the real question is if we will just hit the snooze button and go back to sleep"

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POLICY FORUM

Children on Death Row: Death Penalty Ruling Changes Juvenile Justice Landscape

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In late February of 2005, 72 juvenile offenders in 12 states sat on death row. Within mere weeks, though, this would change. On March 1st the United States Supreme Court, in Roper v. Simmons, No. 03-633, ruled that juvenile offenders could no longer be executed. In that moment, those 72 lives were irrevocably changed.

Does this Supreme Court Ruling suggest that the Eighth Amendment, which prohibits cruel and unusual punishment, will also have implications for life sentences for adolescents? Are juvenile murderers less culpable than adults convicted of murder? What will school psychologists working within correctional, juvenile justice, psychiatric, and public school settings do to assist dangerous, violent, and homicidal youth? Indeed, what will happen to the 72 children on death row? Will each receive new sentencing hearings?

Mere weeks after this ruling, on March 21st, in Red Lake, Minnesota, Jeff Weise opened fire in his school, resulting in tragic school-related deaths.

"On March 1st the United States Supreme Court, in Roper v. Simmons, No. 03-633, ruled that juvenile offenders could no longer be executed."

Notably, this shooting is but one in a series of shooting sprees. Truly, from Columbine, Colorado, to Red Lake, Minnesota, schools are struggling with homicidal behavior.

What should be done with kids who kill? While dangerous, homicidal behavior has increased among youth, it can be stated that many practitioners – and professors - lack key information. Indeed, how many juveniles are incarcerated? How many practitioners know – or knew – adolescents could be sent to death row? This article is intended to serve as a basic, introductory resource on these issues.

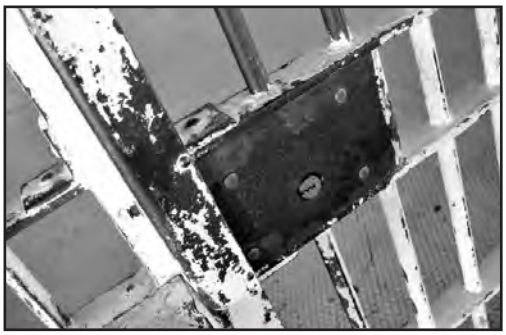
Landmark Decisions

The 2005 Supreme Court Ruling on adolescent homicide is truly a landmark decision in juvenile justice. Justice Anthony Kennedy wrote, "The age of 18 is the point where society draws the line for many purposes between childhood and adulthood…It is, we conclude, the age at which the line for death eligibility ought to rest."

The ruling changed our understanding of punishment for juvenile killers. As background, in 1989, in Stanford v. Kentucky, 492 U.S. 361, the court had upheld the execution of adolescents who committed capital crimes.

Without qualification, times have changed. And this ruling reflects those changes. In 2002, for instance, the court ruled, in Atkins v. Virginia, 536 U.S. 304, against execution of those with mental retardation.

Today, looking at critical research, the court



noted that retribution and deterrence – the purposes of the death penalty – are not applicable to youth as adolescents lack a fully developed personality. Further, the court noted that the United States is the sole country to officially sanction the death penalty for youth. In fact, the court noted that only 7 countries have executed youth, and all 7 have either abolished or eliminated the practice.

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Still, what will happen to these youth? What will be the trajectory of their development? Will attorneys now use international norms to impact sentencing? How will courts evaluate maturity and culpability? Will the United Nations "Rights of the Child" suggestion that juveniles not be incarcerated with adults change juvenile justice?

Background

Concern about adolescent homicide is not new. As early as 1,642 adolescents have been committed to death in the United States for extreme acts of violence (Lewis, et al. 1988). In fact, more than a decade has passed since Ewing (1990), noted that there were 30 juvenile killers on Death Row and more than two decades have passed since Solway, Richardson, Hays, and Elion (1981), in a critical discussion on adolescent murderers, noted that despite the fact that juvenile violence was a major problem, little research marked the field.

Overall, the literature on adolescent murderers is disappointingly incomplete in light of the increasing violence attributed to juveniles. Of the approximately 50 studies which have been published involving adolescent homicide specifically, as example, gaps on familial, educational, and psychological variables exist. Consider these highlights:

Looking back 30 years, Corder, Ball, Haizlip, Rollins, and Beaumont (1976) compared three groups of adolescent murderers: ten adolescents charged with parricide, ten adolescents charged with the murder of a relative other than a parent, and ten adolescents charged with the murder of a stranger. Looking at family variables, it was noted that adolescents who murdered parents demonstrated indications of parental physical abuse, parental sexual stimulation, over-attachment with the mother, and absent fathers. As a group, the 30 homicidal adolescents were seen as coming from homes marked by family disorganization, marital conflict, economic insecurity, and parental brutality. Of the total group, 19 of the 30 adolescents had one or both parents with alcoholism, repeated psychiatric hospitalizations, or criminal histories of incarceration. All six adolescents who murdered their fathers came from homes in which the fathers were alcoholic and abusive to both the adolescent and mother. The two adolescents who murdered their mothers possessed a history of sexually close relationships.

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Elsewhere, in a critical examination of background characteristics of 14 juveniles (extracted from a total of 37 possible youth) condemned to death during the 1980's, Lewis, et al. (1988) noted, in the area of sexual abuse, 5 of the 14 subjects had been sodomized by relatives. Regarding violence "between" parents, 9 of 14 had experienced such an occurrence. Moreover, of the remaining five cases, three involved other notable forms of violence including extreme violence with weapons by family members, and a case of extraordinary violence by a father who preferred hunting people to animals.

In the area of physical abuse, 13 of 14 subjects experienced physical abuse. This included being hit

"it is evident that delinquent youth are demonstrating a range of highly dangerous behaviors."

in the head with a hammer, whippings, being placed on a hot burner resulting in scars on the buttocks, attacks with a board over the head, beatings with bullwhips, as well as more traditional floggings. Four cases involved parental alcoholism. Two cases included psychiatric hospitalizations for a parent. Parental medication was noted in three cases.

Cornell, Benedek, and Benedek (1987) studied 72 adolescents charged with murder in Michigan. Of special interest, the sample was compared with 35 adolescents charged with nonviolent larceny offenses. The homicidal sample constituted a sample charged with first or second degree murder but not manslaughter from the years 1977 through 1985.

Extrapolating from the data, victims were divided into three groups: family member, familiar person, or stranger. The sample included multiple homicide cases. Three of the 6 cases involved the murder of at least one family member. Three involved murder of strangers. Of the 72 homicides, 21% involved a family murder, 47% the murder of a friend or acquaintance, and 32% the murder of a stranger. Family members were most often killed by a gun, familiar individuals were most often murdered with a knife, and strangers were most often killed without any weapon.

The vast proportion of adolescents in both groups possessed prior criminal histories: 57% of the homicide sample and 80% of the comparison group had been arrested previously. Taking the contrasting perspective, 43% of the homicidal group had never been arrested compared to 20% of the comparison group who had no arrests. Also, only 28% of the homicide group versus 49% of the comparison group was previously placed in juvenile correctional programs.

Of note, both samples were referred for pre-trial evaluation. Critically, the authors note that at least as many adolescents arrested for murder in Michigan are not referred for evaluation as are referred, thereby raising a question as to whether differences may exist between adolescent murderers referred for such evaluation and those not referred. A similar comment is appropriate to the comparison group. Of the victims, most were male. Of the family murders, 9 of the 15 cases involving family murders involved the death of a father, four mothers, one brother, one aunt, and two uncles. The authors note that a typical profile involved a murder by an adolescent who experienced years of physical abuse or observance of abuse. But, because the homicide occurred between abusive incidents, the homicides were not considered acts of self-defense.

Relative to history of alcohol abuse, 77% of the homicide group and 80% of the nonviolent larceny group possessed a positive history involving the abuse of alcohol. The recognition that adolescents kill and that they kill both inside and outside school settings suggests that school psychologists may find this type of information useful.

In a broader framework, the Center for Disease Control noted a doubling of homicide in adolescents over recent years. Of course, with the Federal Bureau of Investigation noting that more than three million youth arrested annually for assorted crimes, it is evident that delinquent youth are demonstrating a range of highly dangerous behaviors.

Heide (1996) noted that 1 in 6 individuals arrested for homicide is a juvenile.

Still, this is only a glimpse into a complex world. Given the rising tide of violence, how many school psychologists – indeed, how many clinical psychologists – working with violent youth can accurately answer the following questions:

1) **Question:** How many jails exist in the U.S.?
   Answer: 3,000 jails house approximately 500,000 inmates.
2) **Question:** How many prisons exist in the U.S.?

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Answer: 1,000 prisons house approximately 1 million inmates. (Jails typically reflect short-term confinements while inmates await trial or less than 2 year periods of incarceration).

3) **Question:** How many facilities specifically address youthful offenders?
Answer: 600 facilities house approximately 900,000 youthful offenders.

4) **Question:** What percentage of incarcerated youth are rearrested following release?
Answer: Approximately 70% of young paroles are rearrested within 6 years following release.

5) **Question:** What percent of incarcerated youth demonstrate educational problems?
Answer: Approximately 51% are suggested to qualify for special education.

Implications and Considerations

How many school psychologists will be asked to provide assistance following school related acts of violence? How many professionals possess training in understanding the genesis of violence in youth? How many understand the background characteristics of kids who kill? How many school psychologists are knowledgeable to effectively provide court testimony following school related tragedies?

Sadly, with more than 900,000 youthful offenders already incarcerated, with 72 adolescents sentenced to death row, and with recent rulings rapidly changing the landscape of practice with this population, child mental health professionals face a difficult practice arena. Today it is no longer possible for adolescents to be sent to death row. But, what will happen to these youth? How can school psychologists help? Truly, to start, we need to raise our understanding of characteristics, interventions, and treatment options for this population. And we need to enhance our research base. But this is just a beginning. How many professors, practitioners, and graduate students are knowledgeable on these issues? If we are to help schools cope, we need to elevate our basic understanding. After all, like it or not, this population is increasing. As it does, we need to raise our expertise.

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RESEARCH FORUM

Secondary Trauma in Children: A Call for Research

Robert W. Motta
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Abstract

School psychologists could benefit greatly from research on measures that assess secondary trauma in children. Secondary trauma refers to the negative spread of effect of trauma reactions to those in close and extended contact with traumatized individuals. Thus, children of traumatized parents or caregivers can acquire characteristic trauma symptoms due to their close association with the caregiver. There is comparatively little systematic research on secondary trauma in adults and almost no empirically validated studies of childhood secondary traumatization. The current paper reports on the development of the Secondary Trauma Scale. This scale is reliable and valid and has cutoff scores, but because it was designed for adults the applicability of the scale to children is unknown. There is a great need for a reliable and valid measure of secondary trauma in children that also provides meaningful cutoff scores. Such a scale can be useful to clinicians and researchers who wish to more effectively diagnose and treat childhood secondary trauma.

"Secondary trauma refers to the negative spread of effect of trauma reactions to those in close and extended contact with traumatized individuals."

Secondary Trauma in Children: A Call for Research

Exposure to traumatic events has become a growing influence in people's lives. Shootings of children and teachers by troubled students and the constant media exposure to war and terrorism have become all too common. The ability to assess and treat problems related to trauma exposure has therefore become an important skill set for psychologists to possess. This paper addresses the assessment of secondary trauma in children and adults.

Secondary Trauma. Children are negatively impacted by primary and secondary experiences of trauma. Both sources of impact are of concern to school psychologists. Primary experiences are direct threats to safety, such as acts of abuse (including threats), car accidents, and being bullied viciously. Secondary experiences are vicarious. Witnessing and thereby experiencing a parent's fears of personal financial disaster, parental fear of terrorist attack, mental or emotional instability of a family member, etc. are secondary. Although most children in our society are protected from primary threats, they regularly experience secondary threats. When these threats cause significant and lasting childhood fears, they fall under the rubric of "secondary trauma."

Much of what has been written regarding the psychological consequences of trauma on children is based upon how a child responds to a primary traumatic event. For example traumatized children may experience psychological numbing, anxiety, startle responses, dissociation, distortions in the perception of time, withdrawal, falling off of grades, concentration problems, and other behaviors that reflect the negative impact of trauma. In contrast, little research on how children are impacted by their association with others who have been traumatized (i.e., secondary trauma) has been conducted. What has been found is that there exists a "spread of effect" of trauma reactions such that those who have close contact with a trauma victim are often negatively impacted (Figley, 1995a). Adult survivors of war, rape, catastrophic natural occurrences, and other traumas, often have stereotypic posttraumatic stress disorder (PTSD) reactions, and these are frequently passed onto the children in their care.

This dispersion of the negative impact of trauma to those not directly affected by traumatic events, but who are in close and extended contact with the traumatized person, is often noted but seldom studied systematically. Secondary trauma, also referred to as compassion fatigue (Figley, 1995a), vicarious trauma (Pearlman & Saakvitne, 1995), or secondary traumatic stress disorder (STSD; Figley 1995a, 1995b), is a set of negative affective, cognitive, and behavioral responses brought about by close and extended contact with traumatized individuals. Although the symptoms of secondary trauma are similar to those of PTSD, they are usually less severe (Motta, Kefer, Hertz, & Hafeez, 1999; Suozzi & Motta, 2004). Like PTSD, the symptoms of secondary trauma, as seen in adults, include unwanted thoughts and memories of traumatic events, detachment, and withdrawal, difficulty

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concentrating, and sleep disturbances.

Secondary Trauma: Research on Children. There is a comparative paucity of research on childhood PTSD in comparison to adult PTSD. Nevertheless, there have been some seminal studies and reviews (e.g., Fletcher, 1996; Saigh 1991; Terr, 1984, 1991) that show childhood PTSD to have many characteristics similar to adult PTSD as well as certain unique characteristics. There are few systematic studies of secondary trauma in children, and published works often report only uncontrolled anecdotal findings. Secondary trauma symptoms in childhood can evolve from a number of different scenarios such as living with a traumatized family member (Catherall, 1992), being a young child brought up by traumatized parents (Rosenheck & Nathan, 1985), or being a child of a war veteran (Motta, Joseph, Rose, Suozzi, & Leiderman, 1997; Suozzi & Motta, 2004). The consequences of secondary trauma in children are not to be taken lightly. McIntosh (2003), for example, has gone so far as to suggest that the secondary traumatic impact of being brought up in homes where there is violence between parents or caregivers can negatively impact neurological and biochemical pathways in the developing child, and that this impact can become embedded and therefore resistant to treatment. The basis of this view is that children whose nervous systems are growing may be more responsive to treatment than those who are older and whose nervous systems are likely to be less malleable in response to therapeutic influences. Having made this point, it should also be acknowledged that the existence of unassailable empirical findings in the area of secondary trauma in childhood is scant.

Secondary Trauma: Research on Adults. As noted above, the literature on adults suggests that the term "secondary trauma" is an umbrella term that can encompass "vicarious trauma" and "compassion fatigue" (e.g. McCann & Pearlman, 1990). Vicarious traumatization, like secondary trauma, refers to the acquisition of trauma responses due to close association with a traumatized individual. Compassion fatigue and vicarious trauma are often used to specifically refer to trauma reactions that are acquired by individuals who work in a therapeutic manner with those who have been traumatized (Figley, 1995 a; McCann & Pearlman, 1990). Jenkins and Baird (2002) suggest that vicarious trauma is the manifestation of symptoms resulting from cumulative exposure to the trauma of others over a period of time, whereas secondary traumatic stress refers to the present manifestation of such symptoms with regard to clients currently being treated.

Given that terms such as STSD, vicarious trauma, compassion fatigue and the like are not included in the established psychiatric nomenclature of the DSM, the general term, "secondary trauma," will be used from this point onward. Past studies have shown that therapists who work with traumatized clients are at risk for developing secondary trauma symptoms, such as acute stress reactions, emotional distress, intrusive images, and phobic avoidance. Ghahamanolou and Brodbeck (2000), for example, studied secondary trauma reactions in 89 trauma counselors who worked with clients who had been sexually assaulted. Using the Global Severity Index of the SCL-90 R (Derogatis, 1992) and the Penn Inventory of PTSD (Hammarberg, 1992), they found that many sexual assault trauma counselors developed intrusive and unwanted images with a content much like those of their clients. Similarly, Brady, Guy, Poelstra and Brokaw (1999) conducted a study on the effects of compassion fatigue on psychotherapists who work with trauma survivors, including those who had been raped. Their results indicated that female psychotherapists were more likely to exhibit trauma symptoms when they saw large numbers of sexual abuse cases or when they saw many sexual abuse victims over the course of their careers, compared to those who dealt with fewer sexual abuse cases.

If therapists are likely to acquire the trauma symptoms of their clients, it may be that individuals who have extensive contact with a traumatized partner are even more likely to acquire the trauma reactions. Nelson and Wampler (2000) attempted to address the issue of how a history of trauma, specifically childhood physical and sexual abuse, might affect individual and couple functioning. They found that when one partner reported a history of abuse, the other partner also reported significant symptoms of psychological distress.

Instrumentation: One of the problems in secondary trauma research is the relative lack of psychometrically sound instruments available for measuring this form of traumatization, compared to the relatively large number of instruments for measuring PTSD. The scales that do exist are either designed for a specific population, lack cutoff scores, or both. Figley (1995b), for example, developed a scale called the Compassion Fatigue Self-Test for Psychotherapists (CFST). This scale is used specifically for mental health workers and

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"…the secondary traumatic impact of being brought up in homes where there is violence between parents or caregivers can negatively impact neurological and biochemical pathways in the developing child, and that this impact can become embedded and therefore resistant to treatment."

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Secondary Trauma in Children: A Call for Research

lacks cutoff scores that would be indicative of emotionally troubled or pathological reactions. Similarly, Bride, Robinson, Yegidis, and Figley (2003) developed a 17-item Secondary Traumatic Stress Scale (STSS), which measures intrusion, avoidance, and arousal symptoms associated with the stress of professional relationships between social work practitioners and their traumatized clients. The scale shows strong psychometric characteristics but lacks cutoff scores. The same can be said for the Traumatic Stress Institute (TSI) Belief Scale (Pearlman, 1996) which measures disruption of beliefs of safety, trust, esteem, intimacy and control among mental health professionals.

In addition to paper and pencil measures, a modified Stroop procedure has also been used to assess secondary trauma. Motta et al. (1997) and Suozzi et al. (2004), for example, used a modified Stroop procedure to assess secondary trauma in adult children of Vietnam veterans who had been diagnosed with PTSD. It was found that children of veterans displayed significantly longer response latencies to Vietnam related stimuli than children of non-veterans, while standard paper and pencil measures did not detect such differences. Similarly, the modified Stroop has been used to identify foster care children who were sexually abused and developed PTSD (Dubner & Motta, 1999) . Although the modified Stroop has been shown to be an effective tool for assessing PTSD and secondary trauma in adults and children, the development of appropriate stimuli for specific forms of trauma is time consuming. Additionally, there is a lack of cutoffs for Stroop response latencies.

Objective Assessment of Secondary Trauma. The Secondary Trauma Scale (STS; Motta, Hafeez, Sciancalepore, & Diaz, 2001) was designed to assess secondary trauma in adults, and a childhood version is being developed (see Figure 1). The psychometric properties of the 18 item STS, which were developed and evolved over a series of studies (e.g., Motta et al., 1999, 2001; Motta, Chirichella-Besemenr, Maus, & Lombardo, 2004; Motta, Newman, Lombardo, & Silverman, 2004)) using clinical, student, and therapist samples, demonstrate strong internal consistency, good concurrent, content, and discriminant validity, and applicability across samples. For example, in a sample of 261 mental health professionals who treated HIV/AIDS patients and 157 college students, alpha coefficients of .80 to .90 were reported. Additionally, strong convergent and discriminant validity have been found for the STS (Motta, et al., 2001) with results indicating it to be significantly correlated with the Beck Anxiety Scale (Beck, Epstein, and Steer, 1988), the Modified PTSD Symptom Scale – Self Report (Resnick, Falsetti, Resnick & Kilpatrick., 1991), the Impact of Event Scale (Horowitz, Wilner and Alvarez, 1979), the Peritraumatic Dissociation Questionnaire (Marmar, Weiss, Metzler, & Delucchi, 1996), and the Beck Depression Inventory – II (Beck, Steer, & Brown, 1996). See Table 1.

Cutoff scores for the STS were developed in a recent study involving 118 adults. Participants were administered the STS, along with scales of depression, anxiety, and intrusive and avoidant cognitions (Motta, Newman, Lombardo, & Silverman, 2004). It was found that scores of 45 or higher on the STS were associated with moderate to severe levels of anxiety and scores of 49 or higher with moderate to severe depression.

The Secondary Trauma Scale (See Figure 1) is the first such measure to report cutoff scores and can therefore be useful to both clinicians and researchers. The problem is that it has not been standardized on children. As noted above, initial studies are being planned to develop a scale with similar cutoffs for children, however, this is a labor intensive process that typically requires a series of progressively refined studies and perhaps a number of years to develop. Despite the labor involved in developing a secondary trauma scale for children, the importance of this endeavor cannot be overstated. It is highly probable that children are impacted far more frequently by the negative effects of their close association with traumatized and troubled adults than by the direct experience of traumatic events. Therefore we need empirically validated avenues for exploring this type of childhood difficulty. The development of a reliable and valid measures for childhood secondary traumatization are clearly wanting.

Summary. Secondary trauma refers to the negative spread of effect of trauma reactions. This vicarious influence often takes place in contexts where there is close and extended contact with traumatized individuals. In general, there is comparatively little research on secondary trauma in adults and almost no systematic studies of childhood secondary traumatization. Given that children are often impacted by caregiver trauma reactions, systematic investigations are clearly needed. Trauma and its impact almost never occur in a vacuum. The traumatized person negatively

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Figure 1
Secondary Trauma Scale

Consider a negative experience or experiences that happened to someone close to you. The person could be a family member, close friend, or anyone else with whom you have had a close relationship.

What relationship was that person to you? _____

What was the negative experience? _____

_____

If you can't think of anyone close to you who had a highly negative experience, please put a check here____.

For the items below, write in the number that best describes how you think and feel about the events above. Complete the items even if you could not think of a close relationship that had a negative experience. If you were unable to identify someone above, you may use your own experience

(Describe) _____

_____

1 = Rarely/Never; 2 = At Times; 3 = Not sure; 4 = Often ; 5 = Very Often
(Put number in spaces below).

1. ____ I force myself to avoid certain thoughts or feelings that remind me of (person above) difficulties.
2. ____ I find myself avoiding certain activities or situations because they remind me of their problems.
3. ____ I have difficulty falling or staying asleep.
4. ____ I startle easily.
5. ____ I have flashbacks (vivid unwanted images or memories) related to their problems.
6. ____ I am frightened by things that he or she said or did to me.
7. ____ I experience troubling dreams similar to their problems.
8. ____ I experience intrusive, unwanted thoughts about their problems.
9. ____ I am losing sleep over thoughts of their experiences.
10. ____ I have thought that I might have been negatively affected by their experience.
11. ____ I have felt "on edge" and distressed and this may be related to thoughts about their problem.
12. ____ I have wished that I could avoid dealing with the person or persons named above.
13. ____ I have difficulty recalling specific aspects and details of their difficulties.
14. ____ I find myself losing interest in activities that used to bring me pleasure.
15. ____ I find it increasingly difficult to have warm and positive feelings for others.
16. ____ I find that I am less clear and optimistic about my future life than I once was.
17. ____ I have had some difficulty concentrating.
18. ____ I would feel threatened and vulnerable if I went through what the person above went through.

Table 1.
Pearson Correlations Between Scores on the Secondary Trauma Scale and Other Measures (*N* = 118)

Measure	1	2	3	4	5	6
1. Secondary Trauma Scale		.47	.61	.48	.47	.47
2. Beck Anxiety Inventory			.52	.50	.38	.35
3. Beck Depression Inventory			.51	.43	.48	
4. Impact of Events Scale Intrusion					.65	.46
5. Impact of Event Scale Avoidance						.50
6. Peritraumatic Dissociative Experiences Questionnaire						

All correlation coefficients $p < .0$

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influences those in close contact and those who are most vulnerable (i.e., children are those who will be most impacted). Empirically validated diagnostic and intervention strategies are clearly needed to better meet the needs of children.

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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 listservs. It is our hope that this section will serve as a platform for thoughtful scholarly debate and discussion. Below is a critique of two TSP articles.

Volume 57, Number 3, (Summer, 2003): "Specialization in Neuropsychology: Contemporary Concerns and Considerations for School Psychology" by Tony D. Crespi, University of Hartford and D. Tighe Cooke, Worcester State College (MA) & Poudre Schools (CO).

Volume 58, Number 1, (Winter, 2004): "The Application of Neuropsychology in the Schools Should Not be Called School Neuropsychology: A Rejoinder Crespi and Cooke" by Shelley L. F. Pelletier, Dysart Unified School District (AZ), Jennifer R. Hiemenz, University of North Carolina at Chapel Hill, & Marla B. Shapiro, Georgia State University.

School Neuropsychology Redux: Empirical Versus Arbitrary Conclusions?

Stephen M. Lange, Easton, P A

Two recent articles in *The School Psychologist* provide provocative, alternative approaches to the question of *"Whither or Whether School Neuropsychology"?* Crespi and Cooke (2003) began a dialogue by posing a set of questions that may guide discussion about the appropriateness of establishing School Neuropsychology as a professional subspecialty. They specifically identified training standards as a key issue requiring resolution. In response, Pelletier, Hiemenz, and Shapiro (2004) proposed a set of answers. In part, they asserted, "We believe that the use of the title 'school neuropsychologist' can only serve to diminish the practice of school psychologists and neuropsychologists alike." The authors relied heavily on standards promulgated by professional organizations such as the American Psychological Association (APA) and the National Association of School Psychologists (NASP) as authoritative, and explicitly referred to ethical problems raised by use of a title that these organizations have not recognized or endorsed.

The purpose of this article is to propose that answers to questions about the value or appropriateness of founding a subspecialty of neuropsychology, school neuropsychology specifically must meet the scientific criterion of falsifiability. Simply put, as scientist-practitioners, we need to consciously adopt a scientific method to answer this essentially empirical behavioral science question. Accordingly, it is critical that psychologists approach the questions raised by Crespi and Cooke with humility, especially to the extent that they bear on ethical decision making by peers. Unless we can marshal data in support of our propositions, we must view them as hypotheses or conditional predictions.

The following approaches, briefly outlined, may assist in approaching the very significant questions raised by Crespi and Cooke:

What is Normative Behavior with Respect to Professional Identity?

If unethical or inappropriate behavior is aberrant and atypical, then it should occur infrequently. We need to know how normative behavior relates to the standards proclaimed by professional organizations. Do we know what proportion of psychologists practice specialties based on training that would be regarded as insufficient by the standards promulgated by APA? Similarly, numerous credentials are available to both doctoral and sub-doctoral practitioners that lie outside the boundaries of APA or NASP. For example, psychologists can earn board certifications as Applied Behavioral Analysts or Traumatologists. How many psychologists represent their services by referring to credentials that are not within the purview of APA or NASP? Is it unethical practice to advertise oneself as a school psychologist and Board Certified Behavior Analyst, recognizing that members of other professions may earn this credential? Is there a broad consensus among psychologists regarding the ethics of combining psychology and non-psychology credentials in an advertisement for services?

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School Neuropsychology Redux: Empirical Versus Arbitrary Conclusions?

In the specialty of school psychology, it is possible to earn degrees or certificates that imply the existence of subspecialty in such diverse fields as autistic spectrum disorders, urban school psychology, bilingual school psychology, severe disabilities, preschool school psychology, pediatric school psychology, and cognitive therapy in the schools. What is the norm for school psychology training with respect to explicitly providing subspecialty training? How many psychologists have earned credentials in a subspecialty? How many psychologists self-identify as members of subspecialties? If subspecialty training is common or even typical, can it be regarded as inappropriate or unethical?

How does Board Certification relate to Competence or Accomplishment as a Psychologist?

No certification board, including the American Board of Professional Psychology (ABPP), can claim to represent either APA or NASP. As independent corporate entities, how are certifications offered by boards related to professional competence? Are there systematic differences between those with board certification and those without? Is the longevity of a board alone related in any systematic way to the quality of its diplomates or rigorousness of its assessment process? Are diplomates of newly created boards different than diplomates of boards with longer tenure? Are diplomates of the American Board of School Neuropsychology (ABSN) competitive as candidates for other board certifications? How many diplomates of the ABSN have earned ABPP or other board certifications?

What are the Consequences of Alternative Training Models and Professional Self-Identities?

Adherence to rules constitutes one definition of ethical behavior; an alternative view of ethical decision-making emphasizes consequences of decisions. What outcomes for clients or the public are derived when psychologists vary from the standards promulgated by APA or similar organizations with respect to identification with a specialty? Are the quality of care and the outcomes experienced by clients receiving services from graduates of distance learning programs, 1- or 2-year residential programs, hospital-based post-doctoral programs, or university based re-specialization programs significantly different? If the variance among graduates of each program type is greater than the variance between graduates of the alternative program types, then what is the ethical rationale for endorsing one training model over another? If different types of training were found to be equivalent with respect to outcome, then wouldn't preference for one model represent merely a guild decision?

What is the Content and Quality provided in School Neuropsychology Training?

Pelletier, Hiemenz, and Shapiro (2004) state the conclusion that, "Just because one can administer the NEPSY, for example, does not mean that one is now practicing as a neuropsychologist." This statement implies that there are or should be minimum content standards for training to qualify one as a member of a subspecialty. Accordingly, are there content analyses of training programs in school neuropsychology? Are there observational studies of school neuropsychology training in progress? Are other types of subspecialty training subject to content standards? Do we know whether incoming school neuropsychology students have similar credentials to peers in other training programs? Are they competitive for entry to other, perhaps more established, training programs? Are there outcome studies that compare graduates of different training models? Is the content of school neuropsychology postdoctoral programs different from the content of clinical neuropsychology post doctoral programs to the extent that their respective graduates belong to different specialties?

Are Services rendered by School Neuropsychologists Different from Those Rendered by Other Psychologists?

To justify its existence, members of a specialty of school neuropsychology would need to demonstrate that their services improve decision making, educational planning, assessment, intervention, or program development. Similarly, since clinical and pediatric neuropsychology already exist as specialties, school neuropsychologists bear a burden of empirically demonstrating that their services are different than the services provided by other neuropsychologists.

More generally, do we have data that speak to how services differ when they are offered by school psychologists with other types of subspecialty training? For example, are psychological assessments provided for 3-year-old children by

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graduates of a preschool school psychology program different than those provided by other psychologists? If it were found that decision validity is not enhanced by assessment by a member of a subspecialty, then what value does that subspecialty training have for assessment?

Do those who identify themselves as School Neuropsychologists keep their Practice within the Confines of their Subspecialty?

Since we know who has earned board certification from ABSN, it would be easy to discover the scope of their professional practice. Are ABSN diplomates employed in educational settings? Do they practice with children? Are they engaged in research or scholarship that addresses educational issues? Do they practice with populations that lie outside the scope of school psychology?

Summary

In summary, I propose that the appropriateness of school neuropsychology as a subspecialty, and subspecialty training in school psychology more generally, must be viewed from the perspective of the scientific method. Therefore, both proponents and opponents of subspecialty training need to advocate their positions with humility in the absence of data, offer tentative, conditional predictions that can be subjected to falsification, and conscientiously maintain sensitivity to the consequences of their statements for others including our clients, the general public, and our contemporaries.

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Crespi, T.D., & Cooke, D. T. (2003). Specialization in neuropsychology: Contemporary concerns and considerations for school psychology. *The School Psychologist, 57* (3), 97-100.

Pelletier, S. L., Hiemenz, J. R., & Shapiro, M. B. (2004). The application of neuropsychology in the schools should not be called school neuropsychology: A rejoinder to Crespi and Cooke. *The School Psychologist, 58 (1),* 17-24.

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Please e-mail all submissions for The Commentary Section to: LReddy2271@aol.com

APA DIVISION 16: SCHOOL PSYCHOLOGY

2005 CONVENTION PROGRAM

WASHINGTON, DC

Thursday, August 18, 2005

8:00 AM - 9:50 AM
Discussion (S): Remembering Irwin Hyman
Washington Convention Center, Meeting Room 158

10:00 AM - 11:50 AM
Symposium (S): Positive School Psychology---Creating Healthy Environments to Promote Student Success
Washington Convention Center, Meeting Room 158

12:00 PM - 1:50 PM
Symposium (S): Enhancing Social Support for Victims of School Bullying
Washington Convention Center, Meeting Room 148

12:00 PM - 1:50 PM
Symposium (S): Partnership-Based Approaches for Understanding the Stages of Intervention Development
Washington Convention Center, Meeting Room 159

2:00 PM - 2:50 PM
Poster Session (S): Prevention, Intervention, Instruction
Washington Convention Center, Halls D & E

3:00 PM - 3:50 PM
Poster Session (S): Assessment---Psychological, Cognitive, Social, Behavioral, Academic Achievement
Washington Convention Center, Halls D & E

7:00 PM - 7:50 PM
Symposium (S): Using a Public Health Framework to Inform, Implement, and Evaluate Effective Behavior Interventions in Schools
Washington Convention Center, Meeting Room 140B

8:00 PM - 8:50 PM
Symposium (S): Tips for Navigating a Successful Academic Career in School Psychology
Washington Convention Center, Meeting Room 140B

Friday, August 19, 2005

8:00 AM - 9:50 AM
Symposium (S): Moderating Variables in School Consultation---Diversity, Interaction, and Follow-Up
Washington Convention Center, Meeting Room 149B

10:00 AM - 11:50 AM
Special Session [Interdivisional Coalition for Psychology in Schools and Education: APA Board of Educational Affairs & Division 16]

Title: Building a Toolbox for Evaluating School Improvement Designs
Washington Convention Center, Meeting Room 144B

12:00 PM - 1:50 PM
Executive Committee Meeting (N): [Executive Committee Meeting]
Grand Hyatt Washington Hotel, Latrobe Room

2:00 PM - 2:50 PM
Invited Address (S): [Baird]
Washington Convention Center, Meeting Room 140B

3:00 PM - 3:50 PM
Presidential Address (S): [Reynolds]
Washington Convention Center, Meeting Room 208

4:00 PM - 5:50 PM
Symposium (S): Getting Ready for Response to Intervention---Innovative Developments Using CBM
Washington Convention Center, Meeting Room 154A

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APA DIVISION 16: SCHOOL PSYCHOLOGY

2005 CONVENTION PROGRAM

WASHINGTON, DC

Saturday, August 20, 2005

8:00 AM - 9:50 AM
Symposium (S): School Psychology Public Health Services---Application of Evidence-Based Interventions
Washington Convention Center, Meeting Room 154A

10:00 AM - 10:50 AM
Poster Session (S): ADHD, Learning Disabilities, Autism, Medical and Health Issues, Behavioral Problems
Washington Convention Center, Halls D & E

10:00 AM - 10:50 AM
Poster Session (S): Social, Emotional, Aggression, Bullying
Washington Convention Center, Halls D & E

11:00 AM - 11:50 AM
Invited Address (S): [Kamphaus]
Washington Convention Center, Meeting Room 103A

12:00 PM - 1:50 PM
Invited Symposium (S): 2004 Award Recipients
Washington Convention Center, Meeting Room 143C

2:00 PM - 3:50 PM
Business Meeting (N): [Business Meeting]
Renaissance Washington DC Hotel, Renaissance Ballroom West A

4:00 PM - 5:50 PM
Social Hour (N): [Social Hour]
Renaissance Washington DC Hotel, Congressional Hall A

3:00 PM - 4:50 PM
Cross-Cutting Symposium (S): Psychology and Children: Translating Research into Better Policy and Services
Washington Convention Center Meeting Room 147A

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APA DIVISION 16: SCHOOL PSYCHOLOGY

2005 CONVENTION PROGRAM

WASHINGTON, DC

Sunday, August 21, 2005

8:00 AM - 9:50 AM
Workshop (S): APA Task Force on Evidence-Based Interventions—Academic Subdomain Update
Washington Convention Center, Meeting Room 203

10:00 AM - 10:50 AM
Poster Session (S): Systems, Consultation, Policy, Preparation, Family
Washington Convention Center, Halls D & E

10:00 AM - 11:50 AM
Symposium (S): Developing Universal Screening System to Identify Children's Educational Needs
Washington Convention Center, Meeting Room 149A

12:00 PM - 1:50 PM
Symposium (S): Examining Means of Increasing the Effectiveness of Academic Interventions
Washington Convention Center, Meeting Room 154A

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

Congressman Brian Baird, Third Congressional District, State of Washington

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. This session will be held on Friday, August 19th from 2:00 to 2:50 p.m. in Meeting Room 140B at the convention center.

ACADEMY
american academy of school psychology

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STRATTERA REVIEW Better or dif ferent?

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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.

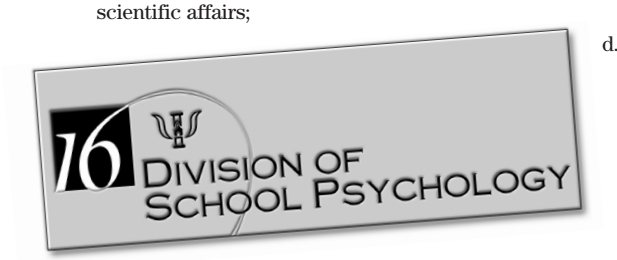
The objectives of the Division of School Psychology are:

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.



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

Attn: Division 16 Membership
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People & Places

- The School Psychology Program at the **North Carolina State University** is pleased to announce that **Dr. John Begeny** will join the faculty in Fall, 2005, as an Assistant Professor. Dr. Begeny earned his PhD at Syracuse University, and completed his internship at the Nebraska Internship Consortium in Professional Psychology. His research on academic interventions (particularly reading) and the transfer of research into educational practice complement the interests and research of other program faculty (Patsy Collins, Bill Erchul, Mary Haskett, Ann Schulte, and Jeff Braden). Please join us in welcoming John into the scholarly school psychology community.
- The School Psychology Program at the **University at Albany, State University of New York** is pleased to announce that **Dr. Stacy Williams** will be joining the faculty in the Fall of 2005. Stacy completed her Ph.D. in 2004 at the **University of Massachusetts at Amherst.** Her research interests include identifying environmental conditions that can aid in the achievement of African-American students, and examining the effects of high-stakes testing on minority students.
- Two **University of Massachusetts** graduates will be on the move this summer. **Ted Christ** accepted a position at **The University of Minnesota**, and **Scott Methe** accepted a position at **The University of Southern Mississippi.**
- **Frank Farley** of **Temple University**, Philadelphia, and former President of APA, has been awarded the Pennsylvania and Psychological Association's Award for Distinguished Contributions to the Science and Profession of Psychology!
- **Vincent Alfonso** was promoted to full professor at **Fordham University**.
- **Sam Ortiz** was granted tenure at **St. John's University**.
- **Gordon Taub** was promoted to associate professor and granted tenure at **The University of Central Florida**.
- **Dawn Flanagan** and **Patti Harrison** authored their second edition of *Contemporary Intellectual Assessment* published by Guilford Press.
- **Randy Floyd** was honored with a Distinguished Teaching Award from **The University of Memphis**.
- **Tim Keith** authored *Multiple Regression and Beyond: A Conceptual Introduction to Multiple Regression, Confirmatory Factor Analysis, and Structural Equation Modeling* published by Allyn & Bacon (July, 2005).
- **Linda Reddy, Tara Files-Hall,** and **Charles Schaefer** co-edited (2005) *Empirically-Based Play Interventions for Children* published by the American Psychological Association Press.
- **Robert Rhodes, Hector Ochoa**, and **Sam Ortiz** authored *Assessment of Culturally and Linguistically Diverse Students: A Practical Guide* published by Guilford Press
- **Linda Siegel** and **Laurie Ford** at the **University of British Columbia** received a $150,000 grant to study the "Cognitive Components of Mathematical Disabilities" from the Social Sciences and Humanities Research Council of Canada.
- "Early Disparities in **School Readiness**: How do Families Contribute to Successful and Unsuccessful Transitions into School?" will be the focus of **Penn State University's 12th annual Symposium on Family Issues,** to be held October 13-14, 2005. The 2005 symposium is innovative, not only for its emphasis on family contributions to school readiness, but also for integration of psychological, sociological and policy perspectives. The intent of the symposium is to better understand disparities in children's acquisition of the many inter-related competencies (e.g., executive function, language skills, and social skills) that culminate in school readiness, paying particular attention to the roles families play in exacerbating or minimizing those disparities. Information and registration at http://www.pop.psu.edu/events/symposium or contact Carolyn Scott (814)863-6806, css7@psu.edu.
- The **University of Southern Maine** is pleased to announce the start of the Doctor of Psychology (Psy.D.) in School Psychology. The program will begin in the Fall of 2005. This program will meet a critical shortage of school psychology professionals in Maine and Northern New England. This program will be the only program of its type in Maine, New Hampshire, and Vermont. In addition to Professor Mark W. Steege and Associate Professor Rachel Brown-Chidsey, the program welcomes new **Associate Professor F. Charles (Bud) Mace.** All three faculty members are licensed psychologists and possess a wealth of skills graduate teaching, research, and public service. Applications to the Psy.D. program are being accepted between March 14 and April 8, 2005. Information and applications can be obtained from Robin Audesse, Associate Director of Graduate Admissions (raudesse@usm.maine.edu) or 780-5913.

Please send all submissions to: Aakinlittle@Pacific.edu

American Psychological Foundation

Proposal Guidelines for the Elizabeth Munsterber g Koppitz Fellowship Fund Supporting Graduate Studies in Ar eas Involving the Psychology of the Child

Background:
The Elizabeth Munsterberg Koppitz Fellowship Fund was established to support graduate studies in "child psychology" of promising students. The Fund is administered by the Board of Trustees of the American Psychological Foundation (APF) for "the advancement of knowledge and learning in the field of child psychology." Up to three students will be awarded the Koppitz Fellowship in 2006.

Goals:
- Nurturance of excellent scholars in the broad area of the psychology of the child (e.g., developmental, child-clinical, pediatric, school psychology, educational psychology, and developmental psychopathology)
- Support for scholarly work that contributes to the advancement of knowledge and learning in the psychology of the child

Amount:
$20,000 stipend plus travel funds to attend the APA pre-conference workshop for Elizabeth Munsterberg Koppitz Graduate Fellows at the APA Convention, and other relevant conferences (e.g., SRCD), as funds allow. The home institution of the selected Koppitz Graduate Fellows must provide a tuition waiver. Institutions may nominate only one applicant in any one year (nominees from separate departments or programs within the same university will not be accepted). Support will be from September 1 to August 31 each year. Results and/or progress of the research should be presented the following year for the committee's review for possible presentation at the Koppitz pre-convention workshop.

Runner-up applicants will be awarded travel stipends to attend the APA pre-conference workshop at the APA Convention and other conferences in child psychology as funds allow. Travel stipends may not be used for any other purpose.

Timeline:
- Submit electronic application and recommendation letters to APF by **November 15, 2005.** All materials should be sent to foundation@apa.org.
- Awards announced on or after **February 15, 2006.**

Eligibility:
- Graduate students who have academically progressed through the qualifying exams, typically after the 3rd or 4th year of doctoral study.
- Consideration will be given to psychological research that breaks new ground or creates significant new understandings that facilitate the development and/or functioning of children and youth.

Proposal Content:
(three to five single-spaced pages, font size:12)

Overview
Describe the problem or research area and discuss briefly what will be accomplished during the fellowship, including conference attendance/presentations. (Please note that after attendance at the APA pre-convention workshop, remaining funds may be used to attend additional presentations/ conferences.)

Research Program (up to thr ee pages)
- Provide abstract of research program and potential impact.
- Describe how the proposal fits with the author's current or future research program.
- Briefly discuss prior research in the field and plans for future development of the research program.
- Discuss the potential impact of the research and the research program.

Activities/T imeline (one page)
- In no more than one page, list the activities and timeline for accomplishing the activities associated with the research.
- Describe specifically the applicant's activities and responsibilities.

Please Note: Due to page restrictions, please do not include a separate reference listing. Please cite references in-text only.

Procedures:
- Submit a 3- to 5-page application electronically to APF (foundation@apa.org) by **November 15, 2005.**
- Send an electronic copy of current vita with the proposal.
- The two recommendation letters, from the (1) graduate advisor and (2) department chair or Director of Graduate Studies, must be received by **November 15,** speaking in support of the candidate, the significance of the proposed research, and a guarantee of the tuition waiver. Letters should be sent by the recommender directly to APF (foundation@apa.org) in an electronic format and on university letterhead. (**Please note:** One nominee per institution will be accepted each year. Students should check with their dean of graduate studies or their provost of research before applying.)
- Mail a copy of the IRB Approval for the proposed research directly to APF at the time of submission. (APF will accept applications without IRB only if accompanied by a letter from the IRB, which notes the date at which consideration and final decision is anticipated.)
- List specific conferences for which funding is sought, including rationale for attendance if not APA.
- Awards will be announced on or after **February 15, 2006.**
- A final report is due in the APF Office one year after completion of the fellowship. Include copies of any publications/manuscripts intended for publication that resulted from the Koppitz Fellowship.
- Direct questions to APF, 202/336-5843, or to foundation@apa.org.

DIVISION 16 *ONLINE*

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