



APA Division 16 School Psychology
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PRESIDENT'S MESSAGE

Differentiate Efforts and Strengthen Visibility

**Karen Callan Stoiber,
University of Wisconsin, Milwaukee**



Karen Stoiber

“A personal goal of mine is to promote a culture within the EC and the division that encourages all of us to perform at our best. To share ideas freely and to feel efficacious as we nudge toward making a difference for children and families.”

As the field of school psychology becomes more diverse and complex, one of the primary goals of my presidency is to differentiate efforts of Division 16 within the School Psychology and Psychology community and strengthen its visibility. As an EC, we made a strategic decision. In order for the division to optimize its impact and efforts, we need to focus resources. By focusing our efforts on important key areas, it would help the division clarify its identity and promote its impact. We realized the need to broaden participants in our differentiated agenda so as to grow our membership. We believed it was critical at this juncture in time, especially with the economic downturn and budget cuts, to make sure that our efforts matter, have an impact, and serve our members.

A personal goal of mine is to promote a culture within the EC and the division that encourages all of us to perform at our best. To share ideas freely and to feel efficacious as we nudge toward making a difference for children and families. Members of the EC bring tremendous expertise in areas such as bullying (Susan Swearer), nutrition and obesity prevention

(Jessica Hoffman), literacy assessment (Jim DiPerna), progress monitoring (Amanda Vanderheyden), racial identity and measurement (Frank Worrell), evidence-based assessment practices (Linda Reddy), social development and resiliency (Beth Doll) and internalizing disorders (Lea Theodore). It goes without saying that this is an impressive group, who are committed to make significant contributions to the science and practice of school psychology. Together the EC promises to put a high level of quality into helping the profession facilitate schools in meeting standards for learning and establishing action plans for meeting the mental health needs of children and families. To do so, however, requires clarity around what the division has to offer.

Thus, to achieve our goal of “making a difference” in areas that matter, the EC is continuing efforts toward three key initiatives. These initiatives were selected as science-practice-policy domains where we believed we could foster innovations and add value to the field. The initiatives were strategic in that they mapped on to places we felt we could strengthen

science, practice, and policies linked to School Psychology, and that individuals within the EC could be a facilitating force. The initiatives are being driven by the following Working Groups: Translation of Science to Practice and Policy: Mental Health and Learning (Co-Chairs: Sylvia Rosenfield and Susan Forman; EC Facilitator: Karen Stoiber); Social Justice and Child Rights (Chair: Stuart Hart; EC Facilitator: Bonnie Nastasi); Globalization of School Psychology (Chair: Sissy Hatzichristou; EC Facilitator: Shane Jimerson). When we developed these initiatives a year ago, we viewed them as fostering a well-planned journey for the division. We harnessed the initiatives to the various presidential roles (President: Stoiber; Past-President: Nastasi; President-Elect: Jimerson) to give them legs belong the one year of a particular president. Any long-term journey requires a roadmap, and that’s what the Working Groups are now configuring to advance our mission. In the course of this year through this column, I plan to share thoughts and hopefully promote thinking about these initiatives.

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President's Message: Differentiate Efforts and Strengthen Visibility

I start by highlighting the Translation Working Group.

Diving Deeper into the Translation Working Group

As the EC Facilitator of the Translation of Science to Practice and Policy Working Group, I first want to dialogue about why this focus emerged. To do so, it is important to clarify what translational work usually means, and why and how it may need to be altered to fit within the context of schools and school psychology. First, translational work stems from a national agenda which emphasizes if we are serious as a nation about improving children's health and mental health, we must tackle taking new findings from basic 'bench science' and translate them into practical applications aimed at prevention and at helping children and families function more effectively (NIH, Translational Research, <http://commonfund.nih.gov/clinicalresearch/overview-translational.aspx>). Although there is clearly national momentum from NIH as well as other national education and psychology groups (e.g., What Works Clearinghouse, Promising Practices Network) for science-based practice and policies for translational work, embracing its importance by the division is only a first-step, and one that perhaps could be better characterized as a "baby step." There is much work to be done!

As the Translation Working Group grapples with the science to practice

and policy agenda, it is first exploring whether, when, and how it is feasible to take strategies and methods proven to work in laboratory or clinic-like settings and apply them in school settings. Increasingly, as notions of bench-to-classroom are examined, the field has come to realize that this really is a two-way street (Stoiber, 2010; Stoiber and DeSmet, 2010). Our focus on science-based practice has led us to also consider practice-based research (Westfall, Mold, and Fagman, 2007) and its implications for the profession. At minimum, there are five component drivers or activities needed to make both science-based practice and practice-based research more integral in the lives of school psychologists. These component drivers include:

- Conducting Inquiry—Determining what knowledge and understandings of evidence-based practices and interventions are "known" and used by trainers and graduate students.
- Promoting Innovation—Fostering constructive and innovative development of evidence-based practices and interventions that fit within schools.
- Developing Training and Education—Targeting development and training experiences to maximize trainer and graduate student understanding of evidence-based practices and interventions.
- Fostering Relationships—Identifying and building networks with other school

psychology, psychology, and education organizations to advance the initiative.

- Delivering Results—Setting and achieving goals by effectively accessing and managing resources to get things done.

The actual work corresponding to each component driver is taking several forms by the Translational group. For example, as part of the conducting inquiry work, Sylvia Rosenfield and Susan Forman are conducting focus groups and planning surveys of School Psychology trainers and students. To start the process of promoting innovation, we are examining current knowledge via literature and website search inquiries to find best treatment options. We also are exploring particular areas in which we believe we could uncover optimal prevention and intervention strategies, such as treatment of ADHD, depression, social anxiety, or eating disorders. To develop training and education materials, we are determining cost-effective and viable treatments along with ways they may be adapted to various school settings. We are fostering relationships with other organizations with the intent of co-sponsoring some of our activities and products. And as a way to make sure that we deliver results, we conduct regular discussions and create action plans for next steps. We are in the process of developing "white papers" as a mechanism to share our findings and products on the Division 16 website. Stay tuned as a new website will be launched

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"As the Translation Working Group grapples with the science to practice and policy agenda, it is first exploring whether, when, and how it is feasible to take strategies and methods proven to work in laboratory or clinic-like settings and apply them in school settings. "

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President's Message: Differentiate Efforts and Strengthen Visibility

“Translating science to practice and policy to promote mental health and learning of children and adolescents from a transcultural and transnational perspective.”

soon with more offerings and resources available.

Every step along the way toward translating science-to-practice and fostering practice-based research policy is an important one. The Working Groups are a powerful mechanism to engage the division in its mission of “Translating science to practice and policy to promote mental health and learning of children

and adolescents from a transcultural and transnational perspective.” We are seriously engaged in actions and activities aimed at improving all children’s mental health and academic success. The division is committed to providing support and resources toward this goal. We hope to engage each of you as we work to make this happen.

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Official Business

Division 16's past president, Bonnie Nastasi, (right) passes the gavel to the new president, Karen Stoiber (left & far right).



RESEARCH FORUM

School Personnel Knowledge of Autism: A Pilot Survey

Kashunda L. Williams, Jennifer L. Schroeder, Catharina Carvalho, and Amanda Cervantes
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“It has been recommended that school personnel participate in trainings to support their efforts in becoming more competent service providers for students diagnosed with autism (Jennett, Harris, & Mesibov, 2003), since many educators do not feel that they have received adequate training in dealing with special education students – notably students with autism - which can in turn impact their effectiveness in meeting the students’ needs (LeBlanc, Richardson & Burns, 2009).”

Autism, or autistic disorder, is a life-long condition that is characterized by significant impairments in social interaction and communication, as well as restricted and repetitive patterns of behavior and mannerisms that are seen before the age of three (American Psychiatric Association, 2000). This disorder has major implications for an individual’s academic functioning, social development, and community adjustment. The prevalence of autism is estimated to be 3.4 out of every 1000 children between 3 and 10 years of age in the United States (Yeargin-Allsopp et al., 2003). When considered with the related disorders, including Asperger’s Disorder and Pervasive Developmental Disorder, NOS, the prevalence estimates rise to as many as 9 out of every 1000 children (Centers for Disease Control and Prevention [CDC], 2009).

In some cases autism is not diagnosed until the child begins school (Ruble & Gallagher, 2004). With increases in the prevalence of diagnosed autism cases (CDC, 2009), the demand for school-based and clinical services for individuals with

autism is also increasing (Brock et al., 2006). To address the increased need for services in school settings, school personnel such as general and special education teachers, school counselors, and paraprofessionals are working to determine their role in the education and treatment of students diagnosed with autism.

It has been recommended that school personnel participate in trainings to support their efforts in becoming more competent service providers for students diagnosed with autism (Jennett, Harris, & Mesibov, 2003), since many educators do not feel that they have received adequate training in dealing with special education students – notably students with autism - which can in turn impact their effectiveness in meeting the students’ needs (LeBlanc, Richardson & Burns, 2009). Formal continuing educational opportunities of this type are particularly important since school personnel can be influenced by information found on the internet, on television, and in printed media, leaving them with the difficult challenge of distinguishing inaccurate

from accurate information (Bain, Brown, & Jordan, 2009). Models for transferring a broad range of research findings on best practices for children with autism to current school personnel have received less attention in the literature (Lerman, Vorndran, Addison, & Kuhn, 2004).

The level of training for service providers at the most basic levels of service delivery can vary. A review of the literature indicates that although school personnel are receiving some specialized training related to autism, their knowledge related to autism is low (Lerman et al., 2004; Stone, 1987; Stone & Rosenbaum, 1988). Researchers have created (Stone, 1987) and evaluated (Campbell, Reichle, & Van Bourgondien, 1996) instruments that assess respondents’ knowledge of autism. To date, a systematic investigation aimed solely at surveying the perceived competence of school personnel, or what they believe they know about autism has not been conducted nor has there been a survey of school personnel’s factual knowledge about autism.

The purpose of this pilot project was to serve as an exploratory

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School Personnel Knowledge of Autism: A Pilot Survey

investigation of teacher, counselor, and paraprofessional knowledge of autism. This survey attempts to answer the following questions: (a) What is school personnel's perception of their knowledge of autism? That is, to what extent do school personnel (teachers, counselors, and paraprofessionals) perceive they are competent in their understanding of autism?, (b) What is school personnel's factual knowledge of autism (i.e., regarding definition, assessment/ diagnosis, and treatments)?, and (c) To what extent do school personnel (teachers, counselors, and paraprofessionals) that work directly with students with autism differ in their perception of their knowledge of autism and factual knowledge of autism in comparison with school personnel who do not work with students with autism?

**Method
Participants**

Fifty-four school personnel from a southwestern state participated in the current pilot survey. Participants were school district employees enrolled in various graduate level majors (within the College of Education) attending a small university in the Southwestern United States. Seven graduate classrooms were randomly selected from the list of course offerings within the College of Education. Class instructors were contacted and consented to allow the authors to solicit student participation. Criteria for

participation included (1) being a current school employee, and (2) currently working with students with autism. Of those participating, 18.5% were male and 81.5% were female. The sample included general education teachers ($n = 26$), special education teachers ($n = 14$), school counselors ($n = 7$), and paraprofessionals ($n = 7$). Every participant had earned at least a bachelor's degree, with 22.2% having earned a master's degree or higher. When asked if they work directly with students diagnosed with autism (i.e., serve students with autism in a direct manner; instructor, interventionist, care-provider, etc.), 70.4% indicated that they do, while 29.6% indicated that they do not (i.e., serve students with autism in an indirect manner; consultant, academic planning, multiple disciplinary team member, etc.). When asked if they had ever participated in autism training(s), 38.9% of the participants reported that they had, while 61.1% reported that they had not. Finally, when asked if they would like to participate in autism training(s) in the future, 38.9% expressed a desire to participate, while 61.1% indicated they did not.

Measures

The Autism Survey, developed by Stone (1987), was considered to assess participants' perceptions and factual knowledge of autism. Because the tool has never been revised since its creation in 1987 and autism research has evolved greatly, the authors decided against its

use. All measures utilized in this pilot survey were developed and constructed by the authors. The authors developed two measures, a Perceptions Survey and a Knowledge Survey. Items on the Perceptions and Knowledge Surveys were developed from empirically-supported findings in the research literature. Perceptions Survey items were designed to assess the respondents' perceived competence of their knowledge and ability to implement research findings. Knowledge Survey items were designed to assess the respondents' factual knowledge of research findings about autism that aligned with subsets of the measure.

Perceptions Survey. The Perceptions Survey contained 12 Likert items assessing the school personnel's perceived knowledge of autism. The Likert scale items ranged from 1 - strongly disagree to 5 - strongly agree. The Perceptions Survey is provided in Appendix A. Following survey completion, the authors analyzed the Likert responses by creating three categories: low, average, and high perceived competence. These categories were created to aid in the identification of possible patterns within responses. The five-point Likert scale was divided into three equal units. That is, mean ratings ranging from 1 to 1.66 were interrupted as low perceived competence, mean ratings ranging from 1.67 to 3.33 were interrupted as average perceived competence, and mean ratings ranging from 3.34 to 5 were interrupted as high perceived

“The authors developed two measures, a Perceptions Survey and a Knowledge Survey. Items on the Perceptions and Knowledge Surveys were developed from empirically-supported findings in the research literature.”

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School Personnel Knowledge of Autism: A Pilot Survey

competence. Low was defined as a lack of or limited perceived competence (i.e., participants believed they had no or limited competence regarding autism), average was defined as average perceived competence (i.e., participants believed they have average competence regarding autism), and high was defined as an elevated perceived competence (i.e., participants believed they have above average or elevated competence regarding autism). Internal consistency was calculated and the Crohnbach alpha was equal to 0.87.

Knowledge Survey. The Knowledge Survey contains 15 open-ended items, that assess school personnel's knowledge about autism, sorted into three subsets; definition (five items), assessment/diagnosis (six items), and treatment (four items). It is the authors' opinions that these items draw a parallel to a portion of the knowledge school personnel use when working with students with autism (i.e., identifying, making recommendations for assessment, academic planning, etc.). The Knowledge Survey is provided in Appendix B.

Responses to the open-ended Knowledge Survey items were compared to empirically-supported findings in the research literature. A scoring rubric was created using government reports by the National Institute of Child Health and Human Development (NICHD) (i.e., Autism Overview: What We Know, 2005) and the National Institute of Neurological

Disorders and Stroke (NINDS) (i.e., Autism Fact Sheet, 2009), both part of the National Institutes of Health (NIH) within the U.S. Department of Health and Human Services, and was used to score responses. For the purposes of scoring survey responses, items were scored on a three point scale: 0 - low response, 1 - moderate response, and 2 - high response. An low response was coded when participants' responses contained no correct content, a moderate response was coded when participants' responses contained some correct content and some incorrect content or correct content that did not fully align with research findings presented in the government reports, and a high response was coded when participants' responses contained only correct content that fully aligned with research findings presented in the government reports. Following survey completion and response coding, the authors analyzed responses by dividing the three-point scale into three equal units. These categories were created to aid in the identification of possible patterns within responses. Mean ratings ranging from 0 to .66 were interpreted as low and represent a limited level of factual knowledge, mean ratings ranging from .67 to 1.33 were interpreted as moderate and represent a fair level of factual knowledge, and mean ratings ranging from 1.34 to 2 were interpreted as high and represent a elevated level of factual knowledge.

Interrater Agreement. A portion of

the Perception and Knowledge Surveys were independently coded to determine interrater agreement (IRA). IRA was calculated by dividing the number of agreements by the number of agreements plus disagreements, and multiplying by 100%. IRA was collected on 33.33% of the perception surveys. Mean IRA was 100%. IRA was collected on 33.33% of the knowledge surveys. Mean IRA was 89.63% (range, 73.33% to 100%).

Procedures

Participants were recruited from university classrooms. The authors had no relationship with the participants. Consent was obtained from those volunteering and surveys were distributed in small group settings. Participants were discouraged from sharing responses. Upon completion, surveys were collected and de-identified. An identification number was assigned to each set of surveys for data entry and coding purposes. All school personnel that provided consent were included in the analyses. Because this pilot investigation was considered exploratory, only descriptive analyses were conducted.

Results

Mean scores of school personnel on the Perception Survey and Knowledge Survey, respectively, and groups (i.e., overall, direct service providers, and indirect service providers) are shown in Table 1.

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School Personnel Knowledge of Autism: A Pilot Survey

Perceptions Survey. Twelve Likert-items assess school personnel's perceived knowledge about autism. That is, the degree to which the school personnel believe they were competent in their knowledge of autism. The overall mean rating for perceived competence is 2.58 (SD = 1.09), which is interpreted as average. For school personnel that work directly with students with autism, the mean rating for perceived competence is 2.79 (SD = 1.07), and similarly falls into the average category. For school personnel that did not work directly with students

with autism, the mean rating for perceived competence is 2.08 (SD = 0.96), and is interpreted as average.

Knowledge Survey. The Knowledge Survey contained 15 open-ended items assessing school personnel's knowledge about autism. In the following paragraphs, each of the three Knowledge Survey item subsets will be discussed in turn, beginning with the definition, continuing with assessment/diagnosis, and ending with treatment. Knowledge Survey response percentages by group (i.e., overall, direct service providers, and

indirect service providers) and category (i.e., low, moderate, and high) are shown in Table 2.

Definition.

Five items assess school personnel's factual knowledge about the definition of autism. The overall mean rating for the five definition items is 1.19 (SD = 0.90), and is interpreted as moderate.

For school professionals that work directly with students

with autism, the mean rating for definition is 1.35 (SD = 0.85), and is interpreted as high. For school personnel that did not work directly with students with autism, the mean rating for definition is .94 (SD = 0.93), and is interpreted as moderate.

Assessment/Diagnosis. Six items assess school personnel's factual knowledge about the assessment and diagnosis of autism. The overall mean rating for assessment/diagnosis is 0.53 (SD = 0.71), and is interpreted as low. For school personnel that work directly with students with autism, the mean rating for assessment/diagnosis is 0.58 (SD = 0.71), and is interpreted as low. For school personnel that did not work directly with students with autism, the mean rating for assessment/diagnosis is 0.49 (SD = 0.73), and is interpreted as low.

Treatment. Four items assess school personnel's factual knowledge about the treatment of autism. The overall mean rating for treatment is 0.57 (SD = 0.69), and is interpreted as moderate. For school personnel that work directly with students with autism, the mean rating for treatment is 0.66 (SD = 0.72), and is interpreted as low. For personnel that did not work directly with students with autism, the mean rating for treatment is 0.48 (SD = 0.64), and is interpreted as low.

Group differences. A Chi-squared analysis was conducted to determine if ratings for school personnel that work directly with students with autism differ from those that do not. A significant

Table 1
Mean Scores of School Personnel by Measure and Group

Measure	^a Overall			Group			^c Indirect		
	Mean	SD	Category	Mean	SD	Category	Mean	SD	Category
Perception Survey	2.58	1.09	Average	2.79	1.07	Average	2.08	0.96	Average
Knowledge Survey									
Definition	1.19	0.90	Moderate	1.35	0.85	High	0.94	0.93	Moderate
Assessment	0.53	0.71	Low	0.58	0.71	Low	0.49	0.73	Low
Treatment	0.57	0.69	Low	0.66	0.72	Low	0.48	0.64	Low

Note. SD= standard deviation. Low average was defined as a lack of or limited perceived competence, average was defined as average perceived competence, and high average was defined as an elevated perceived competence. Low represents responses that contained no correct content, moderate represents responses that contained some correct content, and high represents responses that contained only correct content that fully aligned with research findings presented in government reports. ^aAll school personnel. ^bSchool personnel that worked directly with students with autism. ^cSchool personnel that did not work directly with students with autism.

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School Personnel Knowledge of Autism: A Pilot Survey

“In practice, school psychologists should be cautious about assuming that general and special education teachers, school counselors, and paraprofessionals have a factual understanding of autism.”

Table 2
Knowledge Survey Response Percentage by Group and Category

Group	Category		
	^a Low	^b Moderate	^c High
Overall			
Definition	32.4%	15.9%	51.7%
Assessment	59.5%	28.2%	12.4%
Treatment	54.75	33.6%	11.6%
Direct			
Definition	24.3%	16.3%	59.5%
Assessment	54.4%	32.9%	12.7%
Treatment	48%	37.5%	14.5%
Indirect			
Definition	46.3%	13.8%	40%
Assessment	64.6%	21.9%	13.5%
Treatment	59.4%	32.8%	7.8%

Note. Overall = all school personnel. Direct = school personnel that work directly with students with autism. Indirect = school personnel that do not work directly with students with autism. ^aResponses that contained no correct content. ^bResponses that contained some correct content. ^cResponses that contained only correct content that fully aligned with research findings presented in government reports.

difference [$\chi^2(1, N=647) = 50.05, p = .000$] is found when comparing the perceived competence scores of the groups. A significant difference is further identified on the definition response scores of the groups [$\chi^2(2, N=270) = 13.11, p = .001$]. However, no difference [$\chi^2(2, N=324) = 4.03, p = .133$] is found when comparing the assessment/diagnosis response scores of the groups, nor when comparing the treatment response scores of the groups [$\chi^2(2, N=216) = 3.00, p = .223$].

Discussion

Overall, the perceived competence of general and special education teachers, school counselors, and paraprofessionals regarding their knowledge about autism is average. Although general and special education teachers, school counselors, and paraprofessionals that work directly with students and those that do not both are interpreted as having average perceived competence, these groups perceived their competence significantly different. That is, those working directly with students have a statistically significantly higher perceived competence. The results indicate that overall school personnel's factual knowledge about the definition of autism is correct

51.7% of the time while 48.3% of the time they share erroneous information. General and special education teachers, school counselors, and paraprofessionals that work directly with students correctly defined the disorder, while those that do not demonstrate moderate knowledge with some errors. School personnel's factual knowledge about the assessment/diagnosis of autism is low. Both groups have low knowledge of assessment/diagnostic methods and do not differ in their knowledge in this area. Finally, school personnel's factual knowledge about the treatment of autism is low and the groups do not differ in their knowledge in this area.

Limitations of the Study. There are several limitations to the study that need to be considered when interpreting the results, one being the homogeneity of participants. The present study resulted in a heavy concentration of general and special education teachers. This lack of even distribution creates a threat to external validity, or the extent to which these results can be generalized to the larger school personnel population. Control for school personnel job title distribution needs to be addressed in future studies. Second, all participants were enrolled in graduate course work. This could also threaten external validity and could have potentially impacted survey responses. Third, the number of participants in this pilot project is small. Future research should include a larger

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School Personnel Knowledge of Autism: A Pilot Survey

sample size. Lastly, the psychometric properties of the surveys used are mostly unknown. Future researchers should utilize measures that have data that demonstrate reliability and validity.

Contributions to the Literature and Future Research. This pilot survey advances the field by representing an exploratory investigation aimed at appraising what school personnel believe they know about autism (i.e., their perceived competence). To date, studies have not yet focused on either school personnel's perceived and/or factual knowledge of autism. The findings of this pilot survey raise several questions about general and special education teachers, school counselors, and paraprofessionals perceived and factual knowledge about autism.

A slight minority of the respondents in this survey indicated prior training in autism while a majority indicated they had no prior training and little interest in receiving education related to autism in the future. This is troubling given the results of the survey (i.e., average perceived competence and mostly low factual knowledge), in conjunction with the fact that all participants reported working with students with autism either directly or indirectly. It would appear that teachers, school counselors, and paraprofessionals overestimate their factual knowledge about autism and as a result fail to see a need for additional training.

The information obtained from this pilot survey should assist school psychologists in providing assistance to school personnel who serve (i.e., both directly and indirectly) students diagnosed with autism. In practice, school psychologists should be cautious about assuming that general and special education teachers, school counselors, and paraprofessionals have a factual understanding of autism. While consulting and collaborating with school personnel, school psychologists should tactfully and respectfully determine if an education/training session is needed. Failure to do so could be detrimental to achieving effective communication, desirable consultation outcomes, accurate assessments, appropriate treatment planning, selection, and implementation, and most importantly, improved student outcomes. The results also imply that anecdotal reports are not sufficient when determining what content to include in trainings, and that direct assessments of factual knowledge is the preferred alternative.

This survey establishes a need for further investigation related to school personnel's perceived and factual knowledge about autism. A possible area of future investigation could include the impact of perceived knowledge on participation in continuing education/trainings and willingness to participate in the consultation process. Moreover, does the perception of having sufficient

knowledge about autism reduce participation in autism training and/or cause school personnel to be more resistant to consultation? The authors ultimately would like to determine if autism trainings could be more beneficial to trainees if the trainings were more individualized. That is, assessing perceived and factual knowledge and tailoring trainings to match the deficits identified. It is critical that school personnel understand this complex disorder to help children achieve positive outcomes, especially since they bear the responsibility of serving this population.

Author Note:

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School Personnel Knowledge of Autism: A Pilot Survey**Appendix A**

NAME: _____ No: _____

PERCEPTIONS SURVEY

Please select the appropriate responses that best represents your knowledge. Please circle the number which best describes your agreement or disagreement with each statement.

1. *I am knowledgeable about autism.*
2. *I can identify common characteristics of autism.*
3. *I would be able to successfully and appropriately complete an assessment to determine if a student is autistic.*
4. *I am qualified to diagnosis a student with autism.*
5. *I am knowledgeable about empirically supported treatments/ interventions for autism.*
6. *I think autism is a commonly diagnosed disorder.*
7. *I am able to create an effective and appropriate treatment plan for an individual with autism.*
8. *I can successful implement a treatment plan for an individual with autism.*
9. *I think there is little need to individualize treatment plans for individuals with autism. That is, one plan will work for most.*
10. *I only use empirically supported interventions when working with individuals with autism.*
11. *I believe the techniques and strategies I use when working with individual with autism are supported by research.*
12. *I have received an appropriate amount of training to work with individuals with autism.*

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

School Personnel Knowledge of Autism: A Pilot Survey

Appendix B

NAME: _____ No: _____

KNOWLEDGE SURVEY

Please answer each question based on your beliefs about autism.

DEFINITION

1. What is autism?
2. What causes autism?
3. Is autism curable? Please explain.
4. Is autism fatal? Please explain.
5. Are there different kinds of autism? Please explain.

ASSESSMENT/DIAGNOSIS

1. Who are the professionals trained to diagnose autism?
2. How is autism diagnosed?
3. What are common instruments used for diagnosing autism?
4. How early can autism be diagnosed?
5. Can we use neurological assessments to diagnose autism?
Please explain.
6. Can someone receive an autism diagnosis for the first time as an adult? Please Explain.

TREATMENTS

1. What are some treatments for autism?
2. What professionals work with child with autism?
3. What treatments have been proven to work?
4. What are some effective classroom strategies used to teach individuals with autism?

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Comment on Eme, R. (2011). Sluggish cognitive tempo. *The School Psychologist*, 65, 7-9.

Joseph A. Buckhalt, Auburn University

“I agree that every ADHD evaluation should include assessment of the behaviors that are listed as criteria for the construct. But I doubt that the cluster of symptoms qualifies as a new diagnostic entity.”

Sluggish cognitive tempo is a relatively recent construct that is considered by Robert Eme (2011) to be a “possible new attention disorder.” I agree that every ADHD evaluation should include assessment of the behaviors that are listed as criteria for the construct. But I doubt that the cluster of symptoms qualifies as a new diagnostic entity. Those who manifest these symptoms should be referred for an evaluation by a pediatric sleep specialist or a psychologist who has been trained to evaluate children’s sleep. Two possibilities are these: a child may be one of the 3-5% of children who have a clinically diagnosable sleep disorder, including sleep apnea; or the child may be free of clinical disorder, but has poor sleep due to a multitude of factors, including insufficient parental monitoring, asthma and allergies, overweight/obesity, or inadequate sleep environment. These problems may be explored by conducting an interview combined with one of several established self-report instruments. Depending on the results, parents and children can keep a sleep diary for a period of time and clinicians can employ actigraphy, which involves

wearing an activity monitor during sleep to determine definitively the time it takes to fall asleep (sleep latency), the time actually sleeping compared with time in bed, and the regularity of sleep and wake times. Should further evaluation be called for, referral should be made to a sleep center for polysomnography, which is essential for diagnosis of many disorders. Polysomnography is the only method thus far that can determine sleep stages, oxygen saturation rates, and other parameters that aid diagnosis of the most serious problems. Interventions include CPAP devices, oral appliances, surgery (tonsillectomy/adenoidectomy), behavior therapy, and consultation with parents and child for better sleep habits and sleep environment.

Children’s sleep has received increased attention recently by clinicians and researchers. Reviews of literature on diagnosis and treatments for sleep disorders are available (e.g. Mindell & Owens, 1999), as are reviews of studies showing relations between sleep in healthy children and problems in academic performance and behavior (Buckhalt, Wolfson, & El-Sheikh, 2009; Sadeh, 2007).

After ruling out sleep problems, I wonder if there will be children remaining in sufficient numbers to warrant a diagnostic category of sluggish cognitive tempo. After all, it seems obvious and parsimonious that children who are - to use the Penny et al. (2009) subscale names - slow, sleepy, and prone to daydreaming, may in fact “only” be in need of more sleep. Sleep insufficiency is very prevalent among children and adolescents in the U.S. and elsewhere, and may very well account for some significant portion of manifest academic, behavioral, and emotional problems.

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Response on Eme, R. (2011). Sluggish cognitive tempo. *The School Psychologist*, 65, 7-9.

**Robert Eme,
Argosy University**

“First, in asserting that the most obvious explanation for SCT symptoms is a sleep disorder, two points that were made in my original article have been overlooked.”

Dr. Buckhalt proposed that SCT symptoms may be due to a sleep disorder and when such symptoms are manifest they warrant a referral for a sleep disorder. Of course, such symptoms may be due to a sleep disorder, or other disorders. Hence, in essence, this raises the issue of differential diagnosis. A sleep disorder (or other disorders, e.g., PTSD) must be ruled out before SCT symptoms can be attributed to a primary attention disorder. However, the inference that the issue of differential diagnosis provides compelling evidence that SCT is either not a valid disorder or that SCT symptoms should routinely and preferentially prompt a referral for a sleep disorder evaluation does not correspond with the research as per the following three points:

First, in asserting that the most obvious explanation for SCT symptoms is a sleep disorder, two points that were made in my original article have been overlooked. First, the article discussed the crucial finding that the SCT symptoms of drowsy and daydreams are more diagnostic of attention problems than

all but one of the symptoms that are currently included in the official DSM list. Thus, there is robust evidence from the research done in establishing the criteria for attention problems in the DSM-IV that SCT symptoms are strongly indicative of an attention problem, not a sleep disorder. Hence, if such symptoms are present, the first diagnostic consideration should be SCT rather than a referral for a sleep disorder evaluation. Second, since there is incontestable scientific evidence for an ‘alerting’ attentional network (Posner & Rothbart, 2007), this leads to the obvious conclusion that there should be a SCT syndrome since there is an ‘alerting’ attentional network whose impairment can result in impaired ‘alertness.’ This conclusion receives overwhelming support from the literature on the most common form of severe traumatic brain injury (closed head injury) which typically results in a sequela of ‘slow processing speed’ (aka ‘sluggish’ processing speed) since such an injury typically impacts multiple neuronal networks, including the ‘alerting’ attentional network (Allister,

2008; Yeates, 2010). This sequela is obviously not primarily due to a sleep disorder, though the medical problems associated with traumatic brain injury, which can doubtlessly affect sleep, may also be a factors. Thus an impairment of the ‘alerting’ attentional network does indeed result in SCT symptoms.

Second, adults with SCT symptoms commonly report feeling ‘sluggish’ despite having no sleep problems (Brown, 2006). Hence it is quite clear that SCT can be present in the absence of any obvious sleep disorder. If this evidence is countered with the gratuitous assertion that self-report may be inaccurate, what is gratuitously asserted can be gratuitously denied. In short, the extent self-report evidence supports SCT symptoms as indicative of an attention disorder, not a sleep disorder. Moreover, and since sleep problems are a common occurrence in ADHD (Barkley, 2006), it follows that an individual can be co-morbid for both SCT and sleep problems. Thus, the presence of a sleep disorder does not automatically

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rule out the presence of SCT and vice versa.

Third, case history evidence validates the efficacy of stimulant treatment for SCT (Solanto et al., 2009), although it may not be as effective as stimulant treatment for ADHD. Responsiveness of SCT symptoms to stimulant treatment supports SCT as an attention deficit disorder, not a sleep disorder.

In conclusion, the possibility that sleep disorders can result in SCT symptoms does not negate the considerable evidence that supports SCT as valid attention disorder. Thus, the need for differential diagnosis of SCT from a sleep disorder does not disqualify SCT as a valid disorder any more than the need for differential diagnosis for any of the 234 some disorders in the DSM disqualifies them as valid disorders. Furthermore, although an important implication of Dr. Buckhalt's commentary is the need to screen for and rule out a sleep disorder as a primary cause of SCT symptoms, the evidence suggests that a primary diagnostic option remains SCT with a rule out for a sleep disorder, rather than vice versa.

“... the possibility that sleep disorders can result in SCT symptoms does not negate the considerable evidence that supports SCT as valid attention disorder.”

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RESEARCH FORUM

Evidence-Based Practice in Infant and Early Childhood Psychology

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Evidence-based practice (EBP) in infant, toddler, and early childhood psychology has the potential to improve the health of an increasingly diverse community by focusing on the needs of the youngest, most vulnerable members of society and the families charged with their care and nurturance. Although infant and early childhood psychology may seem like a narrow and specific area, evidence-based practice with young children and their families is vitally important, considering the broad implications for future long and short-term developmental outcomes (Nelson, Westhues, & MacLeod, 2003).

While school psychologists have long understood the importance of children's early years to ensure healthy physical, cognitive, and social-emotional maturation, most school psychologists practice in public schools with school-age children (Curtis, Chesno Grier & Hunley, 2003; Mowder, Goliger, Sossin, & Rubinson, 2003). Considering the growing evidence base related to the importance of practice with infants, toddlers, young children and their families as well as the increasing opportunities to work

with this population (Debey, 2009), this article highlights practice and training considerations for school psychologists and trainees interested in working with young children and their families.

Current Interest in Infants, Toddlers, and Young Children

There are many specific reasons for school psychologists' current interest in infants, toddlers, and young children. For example, low birth weight (LBW) continues to increase in the United States accompanied by high survival rates (Herrod, Chang, & Steinberg, 2010). Preterm and LBW infants, especially very low birth weight (<1500 grams), present unique challenges for early intervention since LBW is often a precursor for a myriad of developmental, medical, sensory, and learning difficulties (Espy, Fang, Charak, Minich, & Taylor, 2009; Nozyce & Grant, 2009). In addition, children under 5 years of age experience considerable trauma (e.g., grief, physical and/or sexual abuse, neglect, medical and other complex trauma) similar

to that experienced by older children (National Child Trauma Stress Network, 2008). Researchers have well documented the long-term and deleterious effects of trauma on children (Findling, Bratton, & Henson, 2006). Another area of continued interest is the incidence of Pervasive Developmental Disorders (PDD) and the five subtypes of PDD (i.e., Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder, and Pervasive Developmental



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Disorder-NOS) usually diagnosed in early childhood have tripled in the past 25 years (Centers for Disease Control and Prevention, 2007). Early identification and treatment of PDD are associated with better communication, behavioral, and cognitive outcomes than diagnosis and intervention at later stages of development (Lord & McGee, 2001). Another area of concern involves externalizing problems (e.g., aggression, hyperactivity) that are the most common psychological referral issues for young children (Egger & Angold, 2006; Wilens et al., 2002). Gilliam (2005, 2008) exposed high rates of prekindergarten expulsions for young children exhibiting challenging behaviors. Nationally, the rates of expulsion are more than three times higher in prekindergarten than the rate for children in kindergarten through twelfth grade. Without high quality psychological treatment, which is often inadequate for poor and culturally and linguistically diverse children, approximately half of these children are at risk for severe disturbance later in their lives (Campbell, Pierce, Moore, & Marakovitz, 1996).

On the positive side, young children increasingly have access to psychological services because they are enrolled in daycare, preschools, state-funded Universal Prekindergartens, and Head Start programs, or receive remedial services through special education and Early Intervention systems (United States Department of Education, 2006)

where school psychologists are able to provide services. Moreover, psychologists increasingly treat young children in trauma centers, pediatric-care facilities, foster-care agencies, hospitals, and social service agencies (Evangelista, 2009). With the increase of private and public options for infant and early childhood care and education, mental health professionals including school psychologists, can potentially play a crucial role in optimizing outcomes for young children (Debey, 2009).

School psychologists serving older children from kindergarten through twelfth grade also have a stake in evidence-based practice with infants and young children. Mental health disorders in early childhood interrupt development and when not addressed adequately at young ages become more intractable during school age and beyond (Knitzer, 2000). More over, school psychologists, regardless of their specific area of practice in terms of developmental age (e.g., children, adolescents) or area of concern (e.g., assessment, intervention, cognition, mental health), invariably touches on issues related to young children and their families (e.g., extended families, foster care, grand-parenting, parenting). Inevitably, students reside within some level of family structure, and although the specific client may be an older sibling or family member, appreciating a younger sibling's dynamics, needs, resources, and strengths is pertinent to

professional practice. Further, families may require assistance in understanding the assessment of young children from a developmental as well as social-emotional perspective. Indeed, for some parents the complex, specialized process of assessing young children, especially infants, is often alarming. School psychologists can be vital resources for assisting families understand these assessments as well as intervention options (e.g., educational placements, home and school-based interventions, psychopharmacology, treatment modalities) and the roles various infant and early childhood professionals play in facilitating young children's growth and development.



Questions Related to Early Childhood Practice

Considering the far-reaching implications of effective mental health and educational interventions with young children and their families, school psychologists have a clear mandate to

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improve practice with this population. To do so effectively, four important questions need to be discussed.

1. What is the current state of evidence-based practice in early childhood psychology?
2. What competencies are necessary to work with young children and their families?
3. What do training programs need to do to prepare trainees to meet the needs of young children and their families?
4. What resources in professional training and education are available?

Current State of Evidence-Based Practice with Young Children

School psychologists are mindful of psychology's recent focus on evidence-based practice. In the past decade, there has been controversy as well as mounting support for an evidence-based approach in professional psychology that produces optimal client outcomes (see Hunsley, 2007). Evidence-based practice (EBP), a model based on a scientific foundation, includes attention to contextual variables (i.e., client characteristics, needs, developmental status, culture, and preferences) and incorporates a substantial role for clinical judgment and expertise (APA Presidential Task Force on Evidence-Based Practice, 2006; Hardimann, Theriot, & Hodges, 2005; Kazdin, 2008). Odom (2009) endorses using research to promote positive outcomes for young children and their

families. However, Odom and others note that a large gap continues to exist between EBP and implementation of early childhood interventions supported by a solid research base (Campbell & Halbert, 2002; McLean, Snyder, Smith, & Sandall, 2002). Although the reasons for this breach are beyond the scope of this article, Kazdin provides interesting ideas that can apply to early childhood practice for making research more user-friendly for parents and practitioners. Kazdin encourages researchers and practitioners to maintain a common focus on improved outcomes for children and join in (1) studying the processes that explain how mental health interventions work to produce change, (2) studying moderating variables that effect decision making in clinical situations, and (3) encouraging more emphasis on qualitative research that is well suited for studying individual experience. No matter how effective interventions are in a research setting, practitioners are more likely to implement them if researchers provide practice implications (Dunst & Trivette, 2009).

Many areas in early childhood practice have a strong research base while other areas still require a good deal of research. For example, Bowlby's (1982) attachment theory supported by Ainsworth's (1979) empirical studies continues to motivate a body of research that informs psychologist's work with young children. Emerging self-regulation in young children and

the mechanisms involved in acquisition and maintenance of self-regulatory behaviors comprises a vast literature (Berger, Kopman, Livneh, & Henik, 2007; Eisenberg, Smith, Sadovsky, & Spinrad, 2004). Family-based intervention (Kumpfer & Alvarado, 2003), mental health consultation in early intervention and preschool settings (Perry, Brennan, Bradley, & Allen, 2006), play therapy for social-emotional disorders (Bratton & Ray, 2000; Bratton, Ray, Rhine, & Jones, 2005), family-school partnerships (Bates, 2005; Sheridan & Kratochwill, 2008), and mental health prevention programs (Beckwith, 2000) enjoy an adequate evidence base. There are effective programs for young children found in a growing collection of journals (e.g., *Early Childhood Services: An Interdisciplinary Journal of Effectiveness*, *Clinical Child Psychology and Psychiatry*, *Child Development*, *Journal of Early Childhood and Infant Psychology*) and databases (e.g., the National Registry of Evidence-Based programs and Practices [www.nrepp.samhsa.gov], and What Works Clearinghouse [www.whatworks.ed.gov]). Conversely, there are many areas within infant and early childhood psychology in dire need of further research. Although this is not an exhaustive list, areas in need of a more comprehensive evidence base related to practice include: autism, pervasive developmental disorders, psychopharmacology, attention deficit hyperactivity disorder, aggression, and

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trauma (Mowder, Robinson, & Yasik, 2009).

Effective practice linked to effective assessment intended for young children also depends on adequate evaluation instruments. While there has been a demand for improved technical adequacy for norm-referenced assessment tools used with young children, there has not been a consensus on the criteria for evaluating technical adequacy (Alfonso & Flanagan 2009). Alfonso and Flanagan suggest the following criteria for evaluation instruments intended for use with young children: adequate test floors, item gradients, standardization, validity, and reliability. Moreover, classification systems with limited support for valid diagnosis with young children are the foundation of many of the instruments used with infants, toddlers, and young children (Angold & Costello, 2009; Postert, Averbek-Holocher, Beyer, Muller, & Furniss, 2009). Along with the need for technically adequate assessment instruments, school psychologists face other challenges related to assessment of young children. Rapid and uneven development across domains and behavioral issues (e.g., short attention span, high activity levels, low frustration tolerance) are common in young children and influences the psychologist's ability to provide reliable and valid assessments (Nagle, 2000). Further, school psychologists need to address the substantial lack of evidence for

assessment of young children and their families from culturally and linguistically diverse backgrounds (Fernandez, 2009). Without accurate assessment, the outcomes of interventions naturally linked to assessments are questionable (Mowder et al., 2009).

Competencies for Early Childhood Practice

Psychologists providing services to young children and their families require a specific knowledge base unique to infant, toddler, and early childhood practice. Psychological services for this population are characterized by a focus on early childhood as a distinct developmental period; the fundamental and pervasive influence of families with attention to cultural and diverse contexts, collaborations with other professionals and appropriate models of practice. Indeed, practice with young children and their families involve defining characteristics that are considerably different from those necessary for practice with older children (Mowder et al., 2009).

Evidence-based practice in infant and early childhood psychology requires recognition that the first five years in a child's life represent a distinct developmental stage that school psychologists need to completely understand and consider in every facet of practice: the unique aspects of early childhood development relate to rapid physical growth (Perlmutter, 2006),

cognitive development and social advancement (Anderson, 2003), as well as emerging language and communication skills, and the challenges of developing self-regulation (Harvey & Macklem, 2009). Understanding attachment and its relationship to social-emotional development is critical in early childhood practice (Bowlby, 1982). Further, the development of play skills, beginning in infancy, has a significant role in development and as the medium often used to assess and intervene in atypical development (Drewes, 2009). School psychologists who work with young children need to understand the unique issues regarding vulnerable populations such as preterm infants and children with acquired or developmental disabilities. In order to diagnose disorders and disabilities in young children, competent practitioners need to understand the limitations of the *Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision* (DSM-IV-TR; APA, 2000). Although the DSM-IV-TR includes diagnoses for children, it lacks developmentally sensitive parameters (Evangelista, 2009) and does not adequately address influences of family functioning (Mayes, 1999). Alternative systems that psychologists working with young children generally use are the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised* (DC: 0-3) (Zero to Three, 2005), and

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the Diagnostic Manual for Infancy and Early Childhood (ICDL-DMIC; ICDL, 2005). Both are categorical systems more appropriate to diagnose disorders and disabilities in early childhood. However, the DC: 0-3 and ICDL-DMIC require additional research to better demonstrate their reliability and validity.

Another unique competency associated with early childhood practice involves the central importance of families in the lives of young children. At no other point in children's lives are parent-child interactions and family dynamics along with cultural environment more influential than in the early years (Donohue, Falk, & Provet, 2000; Sameroff, 2004). Thus, evidence suggests a family-centered approach in which families and professionals collaborate in producing positive outcomes for young children (Bleecker & Sherwood, 2004; Lehman, Lambarth, Friesen, MacLeod, & White, 2006). Parental involvement in assessment and intervention is necessary considering young children's limited ability to express concerns, while a perspective of genuine collaboration between families and practitioners will strengthen the possibility of successful outcomes (Seligman & Darling, 2007). Moreover, parent assessment and intervention as well as assessment of family functioning are critical aspects of early childhood practice (Mowder & Shamah, 2009). Associated with the primacy of parents and families in early childhood practice, practitioners

need to recognize the importance of an awareness and attention to diverse cultural belief systems within families that are vital for understanding family dynamics, child development, and building relationships with families (Fernandez, 2009). Cultural competence requires attention to ethnicity, race, class, gender, religion, sexual identity, and language both within families and between families and the relevant institutions (Mowder et al, 2009).

An additional competency vital to early childhood practice is collaboration with other professionals is necessary to appropriately serve children of all ages; such partnerships are particularly important in working with young children. Service delivery for young children and their families is often complex, involving many discipline-specific specialists (e.g., physicians, educators, speech-language pathologists, physical and occupational therapists, behavioral consultants) in addition to a school psychologist. Best practice suggests that close collaborations among professionals and integration of services are necessary for optimal service delivery (Shonkoff & Meisels, 2000). Linkages between early childhood providers permit opportunities for mutual planning and feedback and tend to create holistic and contextual understandings of young children (Hepburn, Kaufmann, Perry, Allen, Brennan, & Green, 2007). Whether psychologists work within a team structure (e.g., multidisciplinary,

interdisciplinary, or transdisciplinary) or collaborate with individual early-childhood professionals, partnering with other experts requires learning about their work, good communication skills, and trust in the abilities of these professionals (McLean & Crais, 2000) as well as consultation/collaboration skills (Rubinson, 2009). Therefore, psychologists working with young children need a unique set of skills for working effectively with other service providers treating young children.

School psychologists use a variety of models in their work with young children and their families. Models with the greatest influence include the (1) medical model; (2) mental health model; (3) development, disability, and psychopathology models; (4) learning theory and behavioral models; and (5) family systems (Evangelista, 2009). These models whether used exclusively or in combination characterize service delivery for infants, toddlers, and young children. Although each model has potential value, space in this article permits only a short review of the most salient issues related to models of early childhood practice. Specifically, the medical model focuses on difficulties, deficiencies, or disorders specific to an individual and can overlook important contextual issues related to young children and their families. Early childhood practice has moved from focusing on individual children to appreciating family and

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community influences on mental health and development (Shonkoff & Phillips, 2000). Consultation, and indirect service delivery model, assumes that significant events, people, and settings are central to a youngster's mental health and behavioral problems and therefore can also be critical resources in their resolution (Donahue et al., 2000). As a result, the mental health or behavioral consultants work with direct caregivers (e.g., parents, day care providers, teachers, and in some cases therapists) who then work to optimize the function in young children. A large body of research, mostly looking at youngsters in Head Start, provides evidence that consultation with parents and educators contributes to overall change in client behaviors and positive relationships among adults in a child's life (Alkon et al., 2003, Green et al., 2004, 2006).

The competencies necessary to work effectively with young children and their families are broad based and undoubtedly unique. By articulating the general competencies necessary for early childhood school psychologists, considering that they often come from varied perspectives and work in many different employment settings, we are attempting to affirm a professional identity and strengthen our contribution to young children.

Training Programs and Available Resources

With a clear understanding of

the competencies necessary to work effectively with young children and their families, training programs interested in preparing early childhood school psychologists need to provide specific curriculum and field based supervised experiences. However, there are no curricular guidelines for early childhood training as there are for early childhood educators and infant mental health specialists (Finello & Poulsen, 2005; Zeanah, Larrieu, & Zeanah, 2000). A curriculum for early childhood school psychologists should provide specific instruction related to infant and early development as well as family and parent functioning. Further, assessment, consultation, and intervention services need to be presented in the context of working with other professionals, a firm appreciation for diversity, and special attention to the unique ethical considerations involved in working with young children.

Coursework needs to specifically include the unique competencies required to effect positive outcomes for young children and their families. These competencies include:

1. Developmental psychology specific to infants and young children.
2. Family and parent functioning, assessment, and intervention.
3. Assessment of young children, with an understanding of the unique issues surrounding evaluating young children as well as the need to acquire good

observation and interviewing skills to augment standardized evaluation instruments.

4. Consultation and intervention skills related to the specific needs of young children.
5. An appreciation for the contributions made by other early childhood professionals and consultation/collaboration skills necessary to work effectively with them.
6. An understanding of the various models for integrated service delivery.
7. Considerations for diversity.
8. Ethical issues regarding early childhood professional practice.

Foley and Mowder (2000) emphasized the importance of field experiences that assist school psychologists in understanding child development as well as appreciating the relationships between families and other early childhood professionals. Supervised field work needs to specifically include:

1. Training experiences (assessment, consultation, and intervention) that involve infants, young children, and their families.
2. Training experiences with diverse families.
3. Training experiences with other professionals providing services young children and their families.
4. Seminar experiences specifically exploring the dynamics associated with providing services to young children and their families as well as related

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ethical concerns.

In terms of training needs for practicing school psychologists, Mowder, Goliger, Sossin, and Rubinson (2003) surveyed practicing school psychologists in New York State working in early childhood settings regarding their training needs. Participants requested further training in this order: intervention (83%), assessment (80%), diagnosis (66%), and pharmacology issues (64%). Interestingly, only about a third of the participants cited collaboration skills and multicultural skills as an area of further training needs.

Conclusion

Early childhood psychology is an emerging practice area with an increasing evidence-base for practice. School psychologists can find effective programs and practice strategies in the growing collection of journals and online sites. At the same time, there is tremendous opportunity and need for further research and policy determinations. There is a need for specific standards for school psychologists to inform the early childhood professional or those seeking to become practitioners serving young children and their families. Moreover, training standards specific to early childhood psychology are essential for the continued growth of infant and early childhood psychology as a unique discipline. Further, policy implications that are sensitive to the developmental aspects

of service provision with young children and their families are critical.

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EXECUTIVE COMMITTEE ELECTION

Nominee for Division 16 President

Vincent Alfonso, Ph.D.



*Vincent C. Alfonso,
Ph.D., Fordham
University*

I am flattered and pleased to be selected as a nominee for president-elect of Division 16. As former Coordinator of the school psychology programs at Fordham University, former Executive Director of two University-based assessment centers, and current Associate Dean for Academic Affairs, I believe that I have the leadership skills to be an active, valuable member of the Executive Committee of Division 16. In addition, I have served as an elected officer in several national, regional, and local school psychology organizations. I would like to continue serving the field of school psychology by being elected president of Division 16.

My major goal as president would be to help make Division 16 the most visible and active division within the APA. The Division has so much to offer through its newsletter, journal, videos, executive committee, council representatives, and general membership that I would do my best to “get the word out” about everything we do that has a positive, healthy influence on children of all ages, races, cultures, and religious affiliations. Of course getting the word out would be no easy task given several factors such as the global economic crisis and the national shortages of practicing and research school psychologists. Nevertheless, the division has been actively engaged in promoting science, practice, and policy in school psychology for decades and recently affirmed its leadership role in producing and disseminating the science of psychology in schools and other educational settings.

EXECUTIVE COMMITTEE ELECTION

Nominee for Division 16 Vice President for Membership

Jessica Hoffman, Ph.D.

Nominee
2011 DIVISION 16 ELECTION



*Jessica A. Hoffman,
PhD, NCSP,
Northeastern
University*

It is an honor to be nominated to serve a second term as Division 16's Vice President for Membership. The goals of D16 can only be achieved through the active participation of its members. Over the past 3 years I have worked to increase the number of new D16 members. The new member recruitment initiative that provided new members with one year of free membership helped D16 recruit approximately 1450 new members in a 1.5-year period. Recruiting new members during that time period could have been a challenge for the Division given discussions within APA occurring at that time regarding the potential removal of the school psychology exemption in the Model Licensing Act (MLA). Through the hard work of D16 leaders and many others, the school psychology exemption was retained. This experience highlighted how important it is for D16 to have a strong voice within APA. Given the Division's current international focus, the membership recently voted to add a new category of membership for International Affiliates, which is offered at a reduced membership rate. We are eager to expand

our membership to include more voices from colleagues living around the globe. In my second term, I will continue to focus on membership recruitment, while simultaneously focusing on retaining current members. I welcome member communications via email and phone calls. If you have questions about becoming a D16 member or about the Division more generally, please let me know!

Candidate's Background

I am an associate professor (with tenure) at Northeastern University in Boston, MA, where I teach in the MS/CAGS and PhD programs in school psychology. I am licensed in psychology and school psychology in Massachusetts and hold a National Certificate in School Psychology. I have an active program of research focused on childhood obesity prevention and am the co-Principal Investigator on Healthy Kids, Healthy Futures, a multi-level, inter-institutional initiative to prevent obesity among preschool-age children in Boston. My research has been funded by the National Institutes of Health and has been

published in school psychology, pediatric psychology, and medical journals. In 2007 I received the Lightner Witmer Award from D16. Currently, I serve on the editorial boards for *School Mental Health*, *School Psychology Review*, and *School Psychology Forum*. I received my PhD in school psychology with a sub-specialization in pediatric school psychology from Lehigh University and completed my pre-doctoral internship and post-doctoral fellowship at the Children's Hospital of Philadelphia. While living in Pennsylvania, I was employed as a school psychologist in Quakertown, PA.

EXECUTIVE COMMITTEE ELECTION

Nominee for Division 16 Vice President for Professional Affairs

John Carlson, Ph.D.

Nominee
2011 DIVISION 16 ELECTION

Statement

I am honored to accept my nomination for the position of Vice-President of Professional Affairs on the Executive Committee of APA's Division 16. Within this position, my focus will be on promoting quality school psychological services, collaborating with constituents across educational and mental health service delivery systems, and working closely with other professional groups and associations to bring additional attention to the practice and research efforts within our division.

Recent experiences that link closely to the responsibilities of this position include my work as CDSPP representative to the Council of Chairs of Training Councils to address issues related to the internship match imbalance, my involvement on the Division 16 Awards Committees (i.e., Outstanding Dissertation, Lightner Witmer), and my leadership as Project Director of three interdisciplinary-focused personnel preparation training grants funded by the Office of Special Education Programs. Across all of those efforts, I have witnessed the importance of bringing

a scientist-scholar-practitioner perspective to the important issues facing our field and the need to build on the strong leadership efforts of those who have and those who are currently providing leadership on behalf of Division 16.

The focus of this position on practice-related issues within the broader psychology and education disciplines aligns well with my work as a practitioner, the focus of my research, and my responsibilities as university-based supervisor of our practicum and internship students. I am committed to high quality training and helping to meet the need for effective and efficient psychological services within the school-aged population. As a member of the Executive Committee my focus would be on the collaborative development of priorities and goals that meet the needs of the profession and members of Division 16.

Background

I am an Associate Professor and Program Director of the School Psychology Program at Michigan State

University. I completed my M.A. and Ph.D. in School Psychology at the University of Wisconsin-Madison. My pre-doctoral internship was at Primary Children's Medical Center in Salt Lake City, UT and my post-doctoral clinical hours were completed within the Reading and Math Center at Oklahoma State University, where I was an Assistant Professor of School Psychology for three years. I am a Licensed Psychologist in Michigan, a Nationally Certified School Psychologist, and I have a part-time private practice/business called Child and Adolescent Psychological Services, PLC. I also consult with families and school districts around educational programming for students with disabilities. My practice and research efforts focus on those early identification and intervention approaches that can be carried out with effectiveness, integrity, and acceptability. This has included a focus on manualized intervention and consultation approaches, screening and early identification of social and emotional functioning in preschool populations, and the use of psychopharmacological medications to



*John Carlson, Ph.D.,
Michigan State
University*

EXECUTIVE COMMITTEE ELECTION

Nominee for Division 16 Vice President for Professional Affairs

Amanda Clinton, Ph.D.

Nominee
2011 DIVISION 16 ELECTION



*Amanda Clinton,
Ph.D., University of
Puerto Rico*

I am delighted to accept the nomination for Division 16 Vice President of Professional Affairs. As former Associate Editor and, currently, Editor, of *The School Psychologist (TSP)*, I have been closely involved in Division activities for the past 5 years. The experience of contributing to Division 16 has been a very rewarding one and one that I would like to continue in the role of Vice President of Professional Affairs.

As Vice President of Professional Affairs, I will monitor, coordinate, represent and promote professional practice issues. I will further work to advance school psychology as a distinct profession within the broader context of the field of psychology. My participation in an editorial role for the Division 16 *TSP* Newsletter has given me insight into the importance of strong leadership in the office of Vice President of Professional Affairs and an understanding of the responsibilities attached to the office. For this reason, I feel particularly well prepared to actively assume the role of Vice President of Professional Affairs.

In order to promote the mandate of

the office of Vice President of Professional Affairs, I plan to engage in the following activities:

First, I will advocate on behalf of school psychology as a profession and school psychologists as professionals. I will achieve this by engaging in the continued development of professional standards for the practice of school psychology. In this way, I will help ensure that the assessment, intervention, and prevention services provided by school psychologists in a variety of contexts continue to be of utmost excellence. Second, I will work closely with professional organizations, training programs, and related specialties in psychology, mental and physical health with the goal of establishing professional practice standards for school psychology. Third, I will be involved in key issues related to school psychologists, such as training and preparation, licensure and credentialing, and accreditation and scope of practice.

Specifically, I will represent Division 16 as their Vice President of Professional Affairs in the following ways:

- 1) Work closely with the APA Practice Directorate, the Committee for the Advancement of Professional Psychology (CAPP), and the Board of Professional Affairs (BPA);
- 2) Actively facilitate relationships between Division 16 and other divisions in APA that are relevant to the practice of school psychology;
- 3) Interact and collaborate with professional groups and organizations to further the goals of Division 16;
- 4) Collaborate with the VP for Education, Training, and Scientific Affairs in regards to monitoring developments related to training issues;
- 5) Contribute to the continued evolution of standards and guidelines on training and service delivery for future school psychologists;
- 6) Monitor developments in the professional practice of health care delivery as it relates to school psychology, specifically treatment guidelines;
- 7) Disseminate information about the aforementioned goals and other activities of the Vice President for

CONTINUED FROM PAGE 29

Nominee for Division 16 Vice President for Professional Affairs - Amanda Clinton, Ph.D.

Professional Affairs to members of Division 16.

I am an Assistant Professor of Psychology in the emerging School Psychology graduate program at the University of Puerto Rico. I have experience working in public schools, teaching in graduate programs, and conducting research and instructional activities across the U.S. and in Latin America. During the past 5 years, I have

actively contributed to Division 16 as Associate Editor and, currently, Editor of *The School Psychologist*.

I plan to represent Division 16 members as their Vice President of Professional Affairs actively and to the best of my ability. Thank you for your consideration of my nomination.

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Nominee for Division 16 Vice President for Professional Affairs - John Carlson, Ph.D.

treat children's mental health problems.

I currently serve as PI on two personnel preparation training grants. One focused on the integration of science and practice of school psychology within early childhood populations. The other focused on the development of future leaders who will be well prepared to think about issues of dissemination and implementation of evidence-based interventions. I am also a PI on a state-funded evaluation grant of services being provided to youth from across 11 counties in MI who are experiencing

significant social-emotional challenges. In addition, I am Co-PI on a NIH-funded grant focused on the development of a manualized, self-administered videotape-based obesity prevention program that is focused on helping parents within Head Start who wish to improve their children's healthy eating practices. Additional examples of the interdisciplinary focus of my work include my involvement as a member of the following editorial boards: *Journal of School Psychology*, *School Psychology Review*, *Journal of Applied School Psychology*, *School Psychology*

Forum, *Journal of Child and Adolescent Psychiatric Nursing*, and *Training and Education in Professional Psychology*.

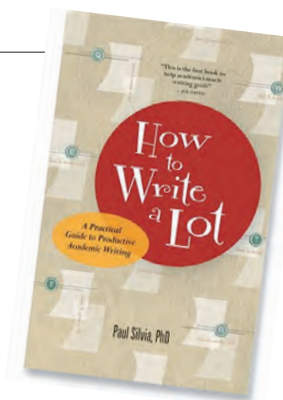
BOOK REVIEW

How to Write a Lot: A Practical Guide to Productive Academic Writing (2007) **APA Publications Inc., Washington, DC** **Author: Paul J. Silvia**

Hannah Fish, M.A.
Danielle Palmer, M.A.
Anisa Goforth, M.A.
John S. Carlson, PH.D.
Michigan State University

Tami Mannes, M.A.
Joshua Plavnik, PH.D.
Summer J. Ferreri, PH.D.

Angela Maupin, M.A.
Emily Sportsman, M.A.
Evelyn R. Oka, PH.D.



“Although this strategy may bring academic writers some success, this anxiety-provoking strategy is less productive than writing regularly and can lead to feelings of guilt for the lack of consistent production.”

Many of us find it difficult to manage the task of academic writing among all of the activities that occupy our time. As greater writing expectations begin to emerge within our academic careers, anxiety and excuses often get in the way of producing written output. In this amusing book, Silvia provides insight into why graduate students, faculty members, and academic researchers have difficulty producing written text. He offers hope for aspiring academic writers by emphasizing the idea that writing is not a fixed ability; it is a skill that can be refined and developed over time. This collaborative book review was completed as a part of a special seminar on Faculty Work and the Academic Workplace, offered through a Personnel Preparation: Leadership Training Grant funded by the Office of Special Education Programs.

In this “how to” manual on increasing one’s academic writing, Silvia begins by explaining why many academics struggle

to produce written work. Because academic writing can be perceived as a daunting task that requires the integration of existing literature, the use of complex statistical analyses and methodological procedures, and the expectancy of high writing standards, people often create seemingly plausible and superficially attractive excuses for a lack of productivity. For example, some point to the need for big chunks of time to devote to writing or the need for further analyses prior to writing, while others simply argue that they lack inspiration to write effectively.

To further illustrate this idea, Silvia attempts to normalize problematic writing styles, such as describing the “binge writer” who goes days without writing and only when an immediate deadline emerges does he or she write consecutive hours. Although this strategy may bring academic writers some success, this anxiety-provoking strategy is less

productive than writing regularly and can lead to feelings of guilt for the lack of consistent production. By creating these characterizations, Silvia encourages readers to analyze their current writing strategies and develop areas for improvement. Before attempting to create solutions, writers must first identify the problem getting in the way of academic writing time.

According to Silvia, scheduling is the secret to regular and productive writing. The first tip that Silvia provides to academic writers wanting to increase their writing productivity is to create a scheduled time for scholarly writing just as they schedule time for meetings, teaching, and studying. In Silvia’s candid and engaging literary voice, he states that academic writing can be effortful, painful, and boring. This being said, it is easy to put off writing and prioritize other activities. Thus, the power behind effective scheduling is the individual

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Book Review: *How to Write a Lot: A Practical Guide to Productive Academic Writing* (2007)

“Allocating time to write, as opposed to finding time to write, eases anxiety of and can lead to higher levels of academic writing.”

accountability that it creates for the writer. Allocating time to write, as opposed to finding time to write, eases anxiety of and can lead to higher levels of academic writing.

Silvia provides an array of motivational and behavioral strategies that can assist regularly scheduled writing. Setting goals, prioritizing projects, and monitoring progress can allow the writer to feel proud and accomplished, as well as promote adherence to daily routines. Another helpful suggestion for current graduate students working on their dissertations and early career faculty members working towards tenure is the development and use of a writing group. Working together with other writers with similar interests helps group members to monitor progress, focus on writing goals, and make this often internal process become increasingly an external one.

Many suggestions that Silvia proposes in his book are helpful recommendations, though some chapters are differentially applicable to graduate students and faculty. In his book, Silvia provides several

pedagogical chapters regarding writing scholarly journal articles and books. For example, these chapters include advice regarding how to write meaningful manuscripts, navigate the publication process, and guide the reader through the publication process. Although Silvia provides rich information in these areas, academic writers at varying levels of their professional development may find these chapters differentially important. Additionally, Silvia's advice about strictly scheduling blocks of time for reading and not allowing anything else to take priority may be too rigid for some. Furthermore, it can be argued that the chapter on style

is outside of the scope of the theme of the book, suggesting that the author may be attempting to cover too much content within one published work.

Overall, *How to Write a Lot* is a relevant, therapeutic, and valuable asset to the academic writer's library. This quick read not only

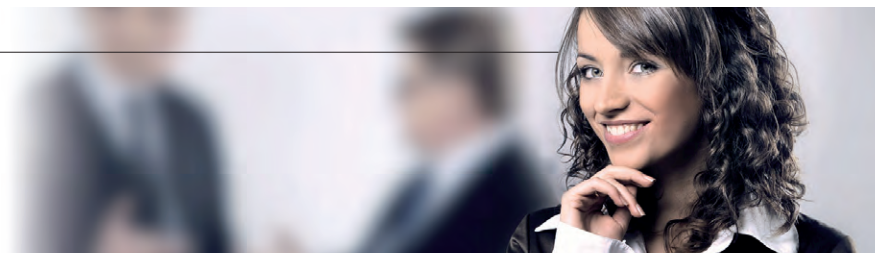
encourages writers to identify problematic habits and baseless barriers to productive writing, but also provides practical behavioral suggestions to promote text production and increase one's writing fluency. Academic writers, from the graduate student to the tenured professor, will find this book to be applicable to scholarly life and we feel the text can serve to inspire readers to prioritize writing.



SASP - THE STUDENT CORNER

Tips for Professionalism

**Kaleigh Bantum and Lindsey DeBor,
Duquesne University**



“Professionalism is knowing how to do it, when to do it, and doing it.”

Sounds simple, right?

Graduate school is a time of growth. It is the time in our educational careers where we develop into the professional we hope to be in the future. However, many graduate students are stuck when it comes to knowing how to become a “true professional.” Although there are many definitions of how to reach this goal, we are here to help lessen the stress and help provide graduate students in school psychology with some pointers on how to take full advantage of this journey.

Dress the Part

First things first, we are going to school to become professionals, so we need to start looking like it! Understandably, graduate students are on tight budgets, but it doesn’t mean we can’t look good. It’s particularly important that we look the part when duty calls. Some things to keep in mind when considering your attire:

- Wear professional and conservative clothing. For men, this can be dress slacks in a neutral color, button down, collared shirts, and a tie to

compliment. Women, can go a similar route with dress slacks and blouses, but be sure the blouse is not too low-cut or revealing. Women can also choose a skirt or dress, as long as it is appropriate in length and fit. Jackets are great pieces for both, and can help pull any outfit together.

- Ensure that clothing is clean, pressed and well-fitted.
- Wear appropriate, but comfortable shoes that are clean and polished. This can be especially important for women—you may love your pumps, but make sure you can walk in them!
- Choose accessories that complement your clothing rather than distract from it. Although big bags and chunky jewelry may be in fashion right now, it does not necessarily mean these are appropriate as part of your professional attire.
- Remove facial and body piercings and cover visible tattoos to avoid distraction.
- Keep fragrances, makeup, and jewelry minimal.
- Make sure your hair is clean and conservative in color and style.

- Less is more. Keep your look simple, but classic.

Know Your Manners

Now that you are looking the part, it’s time to brush up on the do’s and don’ts of professional mannerisms. Here, it’s important to remember that how you express yourself shows the kind of person you are. Professional manners show respect to those around you. Here are some general manners to keep in mind regardless of your interaction:

Greet and acknowledge others

- Extend a simple greeting to everyone you encounter, and when you know the person’s name, use it.

Make eye contact and smile

- If you’re meeting a person for the first time, give a firm handshake. This may seem obvious, but how often have you entered a situation and your presence has gone unacknowledged?

Don’t use cell phones during meetings or conversations

- Technology is great, however, more than ever it is becoming difficult to set aside the phone and become truly involved in your interactions with others. It is rude to be constantly

“Professionalism is knowing how to do it, when to do it, and doing it.”

Sounds simple, right?

CONTINUED FROM PAGE 33

Tips for Professionalism

checking your phone. Be aware of this, and put the cell phone away!

- In situations when this cannot be helped, let others know you're expecting a critical call or message and only use your phone at that time.

Be on time

- This is a simple matter of respect. Occasionally it can't be avoided, but don't make it a regular occurrence. Additionally, every effort should be made to inform whomever you are meeting that you will be late.

Use the basics

- Basic manners, including the use of please, thank you, and excuse me, never grow tiring, so use them regularly.

Keep your conversations professional

- Maintain confidentiality, avoid gossip, refrain from profanity, and use humor appropriately.
- Be aware of your volume. Loud voices can be disruptive, while those who are difficult to hear can be equally distracting.

Don't forget email etiquette

- Avoid sending from inappropriate email addresses (HoTmama99@hotmail.com). Instead, use your school email or email with a professional address (yourname@gmail.com).
- Use courteous greetings. If you're unsure how to address someone, always go for the more formal option. This goes for ending emails, too.

- Spell check, spell check, spell check!
- Read your emails aloud to ensure you are depicting the tone you desire.

Get Involved

Once you're looking and acting like a professional, it's time to get out there! As graduate students it's so important that we become involved in the profession of school psychology as much as we can. We are the future of the profession. Therefore, it's important to surround ourselves by those who have been around the block, and can teach us the ropes outside of our everyday coursework and practicum experiences. Networking is a great way to do so! Here are some key points to remember when networking with others:

Bring Value to Others

Networking is a two-way street, so remember that it's not all about you. Successful networkers look for opportunities to help others. Others will want to be a part of your network if they know that you will find ways to help them.

Be in the Right Places

Part of building a strong network is knowing where to be, and where to find others. You can spend all the time you want trying to build a network, but if you're not putting yourself in the right situations to meet key people, you're not going to get the best results. Some examples of these situations can include national and state conventions, professional organization meetings at your school or in your area, research

groups, clubs, and other group activities associated around the field of school psychology.

Know What You're Looking for

Take the time to figure out the characteristics or skills of the ideal person who you would like to become associated with, and focus on those types of people.

Be Proactive

Don't wait for others to come to you. Find ways to get to know others. Reach out to others that you have identified as possible members of your network and get to know them.

These tips are by no means exhaustive. Some may seem silly or obvious, but shouldn't be ignored. As always if unsure, ask! It's important to remember that as graduate students we are growing into professionals. It's okay not to know, and there are plenty of people in our field that will guide us along the way, so happy growing future school psychologists!

Further Readings:

- Elman, N.S., Illfelder-Kaye, J., & Robiner, W.N. (2005). Professional development: Training for professionalism as a foundation for competent practice in psychology. *Professional Psychology: Research and Practice*, 36, 367-375.
- Gross, K.J., & Stone, J. (2002a). *Chic Simple Dress Smart Men: Wardrobes that Shine in the New Workplace*. New York: Warner Books, Inc.
- Gross, K.J., & Stone, J. (2002b). *Chic Simple Dress Smart Women: Wardrobes that Shine in the New Workplace*. New York: Warner Books, Inc.
- Molloy, J.T. (1975). *Dress for Success*. New York: Warner Books.
- Williams-Nickelson, C. (2007). Building a professional reputation. *gradPSYCH*, 5(2), 1-2.

“These tips are by no means exhaustive. Some may seem silly or obvious, but shouldn't be ignored.”

People and Places

■ **Frank C. Worrell** (University of California-Berkeley Graduate School of Education) has been appointed to serve as a coeditor of the Review of Educational Research (RER). RER has been published quarterly by the American Educational Research Association (AERA) since 1931. RER is among the most prestigious and competitive peer-reviewed journals in its field. It has held the number one position among more than 100 education and education research journals in the impact factor rankings of Journal Citation Reports for 2008 and 2009. RER publishes critical, integrative reviews of research literature on education.

■ The Duquesne University School Psychology Program is pleased to announce that **Tammy Hughes** has been promoted to the rank of Professor of School Psychology.

■ The University of Texas, Austin School Psychology Program founder **Beeman Phillips** was awarded a lifetime achievement award by Division 16 at the 2010 APA convention; the University held a reception in honor of Beeman in October, which was attended by numerous alumni.



Photo from the Beeman Phillips reception. The '71 on the UT Football jersey represents the year the school psych program at UT was first accredited by APA.

■ The University of Southern Maine (USM) is pleased to announce the appointment of Dr. **Kristina Andren** as Assistant Professor of Educational and School Psychology. Dr. Andren earned her M.S. and Psy.D. in School Psychology at USM. She has practiced in a wide variety of Maine school districts and previously taught in several schools in Massachusetts. Dr. Andren's research interests include effective interventions for academic and behaviors and Positive Behavior Interventions and Supports (PBIS).

■ At the University of Texas, Austin, **Cindy Carlson** became the Chair of the Department of Educational Psychology in Fall, 2010, and **Tim Keith** took over as Director of the School Psychology Program. The program recently received a Graduate Psychology Education Program Grant to fund "Integrated Health Care Services for Underserved Children and Families," written by Dr. Carlson. **Deborah Tharinger** was recently promoted to Full Professor, and continues her research on therapeutic assessment methods. The Texas Child Study Center, a multi-disciplinary clinical extension of the School Psychology Program, recently added an imbedded clinic within

People and Places



the Oncology and Blood Disorders Center in the Dell Children's Medical Center; **Kevin Stark** serves as the Clinical Director of Psychology of the TCSC. **Greg Allen** is in the 3rd year of an NIH-funded study investigating the structure, function, and connectivity of the cerebellum in individuals with autism spectrum disorders. **Janay Sander's** Hogg Foundation grant to study discipline referrals, mental health, and academic competence among Latino/Latina high school students will begin in June. **Stephanie Cawthon's** book *"Accountability-Based Reforms: The Impact on Deaf and Hard of Hearing Students"* was published in February by Gallaudet University Press.

■ **Tom Oakland** was a visiting professor in The University of Macau's psychology department during the spring semester. Dr. **Rik D'Amato** serves as the department's chair. The department has 14 faculty and is expanding. Oakland reports Macao and the university's campus to be a delightful place to live. He also worked in Mainland China, Hong Kong, Taiwan, and Vietnam during the semester.

■ **Robert H. Woody**, PhD, ScD, JD (University of Nebraska at Omaha) has authored his 34th book; it is titled *Helping Children and Adolescents: Evidence-Based Strategies from Developmental and Social Psychology*

(Hogrefe Publishers). The book is written in a practical style and will hopefully be appropriate for clients, as well as improving knowledge and skills for professionals, especially school psychologists. For additional information, see the website: www.hogrefe.com

**Please e-mail all submissions
for People & Places to:
schmitt2106@duq.edu**

Announcements

February 2011 APA Council of Representatives Meeting Summary

At the Feb 2011 meeting, APA Council voted to reduce full members' dues from the current \$287 to \$247 beginning in 2012. The reduction is part of an overall redesign of the association's dues schedule as proposed by the Membership Board. This action rescinds a 2011 Council decision to grant a \$25 dues discount to APA members who are also members of the Federation for the Advancement of Behavioral and Brain Sciences, the Association for Psychological Science, the Society for Neuroscience, the state, provincial and territorial psychological associations and the four national ethnic minority psychological associations. The net result is that, even without the membership discount that many Division 16 members previously enjoyed, their dues will be lower than they would have been otherwise. Early career members will still enjoy reduced dues for their first eight years of membership.

The Council also approved in principle changes to the current eligibility requirements for life status members. These changes require amendments to the Association Rules and Bylaws and will be put before a vote of the full membership this Fall.

In other actions, the Council voted to:

- Adopt guidelines in the areas of parenting coordination; practice in health care delivery systems; psychological evaluations in child protection matters; assessment of and intervention with people with disabilities; evaluation of dementia and age-related cognitive change; and psychological practice with lesbian, gay and bisexual clients. These and other APA practice guidelines can be found at <http://www.apa.org/practice/guidelines/index.aspx>
- Allow the publication of diplomate credentials in the APA Membership Directory if the credential is in a specialty or proficiency area officially recognized by APA through its

Commission for the Recognition of Specialties and Proficiencies in Professional Psychology and meets other criteria as established by the Council's vote. These criteria are: the credential is offered by a non-profit group and is awarded based on a review and verification of the individual's training, licensure, ethical conduct status and an assessment of the candidate's competence in the specialty area by way of an examination.

- Approved the report of the 2010 Presidential Task Force on Advancing Practice. The work of the task force included the launch of PsycLINK, the APA practice wiki, an online resource for information sharing and collaboration amongst psychologists. Members who pay the practice assessment can visit the wiki at <http://psyclink.apa.org/display/ITS/PsycLINK+-+The+Practice+Wiki>
- Approved the report of the 2010 Presidential Task Force on Caregiving. The work of the task force included the creation of a Web-based resources "briefcase" for psychologists and members of the public on care-giving issues. See the web-based brief-case at <http://www.apa.org/pi/about/publications/caregivers/index.aspx>
- Adopted as APA policy the Principles for Quality Undergraduate Education in Psychology. These principles replace an earlier version and are an outgrowth the 2008 APA National Conference on Undergraduate Education in Psychology. The guidelines articulate a set of learning goals and outcomes that should be attained by all psychology majors. See the full guidelines at <http://www.apa.org/ed/precollege/about/psymajor-guidelines.pdf>
- Received the Report of the BEA Task Force on Classroom Violence Directed Against K-12 Teachers. The work of the task

CONTINUED FROM PAGE 46

Announcements

force, including reports and brochures for teachers, can be found at <http://www.apa.org/ed/schools/cpse/activities/violence-teachers.aspx>. The full Task Force report will be available later this month on the APA website.

- Adopted a resolution affirming APA's recognition of the importance of the psychological aspects of the way humans relate to the environment and supporting psychologists' involvement in research, education and community interventions in improving public understanding of global climate change impacts and ways in which psychology can help mitigate those impacts.
- Approved a new Division 43 journal, *The Family Psychologist*.
- Enlarged the Committee on Early Career Psychologists from six to seven members.
- Approved the 2011 association budget, including operating expenses of \$106,857,300 and forecasted revenue of \$106,877,300.

A proposal to provide seats on the Council for representatives for the four ethnic minority psychological associations was postponed to be raised before the Council at its August 2011 meeting. Three of the four associations are now represented on the Council by appointed non-voting delegates; ABPsi (The Association of Black Psychologists) is represented by a non-voting Observer to Council.

ACADEMY

american academy of school psychology

*Congratulations to Scholarship Recipients
and*

Thank you to Scholarship Sponsors!

The Academy's Irwin Hyman and Nadine Lambert Memorial Scholarship effort has been a gratifying success. Through the generosity of multiple sponsors, the AASP has awarded 28 scholarship awards of \$1,000 over the past six years, including awards to these doctoral students in 2010:

*Kizzy Albritton, Georgia State University
Nidhi Goel, University of Missouri-Columbia
Anna Hickey, Illinois State University
Troy Loker, University of South Florida
Leslie MacKay, University of Columbia, Vancouver
Cixin Wang, University of Nebraska-Lincoln*

*The Academy is thankful for the support of
our corporate sponsors:*

*Sponsors:
Multi Health Systems, Inc. (MHS)
PRO-ED, Inc.
Psychological Assessment Resources (PAR)
Riverside Publishing*

*Watch for the next Hyman-Lambert Memorial Scholarship
Award competition announcement in Spring 2011!*

ANNOUNCEMENTS

Want to learn more about Response to Intervention (RTI) and Positive Psychology in the Schools?



The Conversation Series of APA, Division 16: School Psychology proudly announces the production of two new video series: **“Response to Intervention”** and **“Positive Psychology in the Schools.”** Both series have been conducted with leading experts in the field!!!

The **“Response to Intervention”** series features four interviews with **Drs. Sylvia Rosenfield, Daniel Reschly, James Ysseldyke** and **Frank Gresham**.

The **“Positive Psychology in the Schools”** series features three interviews with **Drs. Scott Huebner, Richard Gilman** and **Michael Furlong**.

There are many more outstanding videos. Check out our inventory below. If you are interested in placing an order, please contact Dr. Greg Machek, Coordinator of the Conversation Series:

Email: Greg.Machek@umontana.edu

Tel: (406) 243-5546

For more information about the series, including downloadable order forms, please visit: http://www.indiana.edu/~div16/publications_video.html

Conversation Series Inventory

- **Positive Psychology in the Schools** with Huebner, Gilman & Furlong
- **Response to Intervention** with Rosenfield, Reschly, Ysseldyke & Gresham
- **Assessment and Professional Issues** with Gresham, Bracken, Fagan & Reschly
- **Assessment Issues** with Woodcock, Braden, Shinn & Harrison
- **Attention Deficit-Hyperactivity Disorder** with DuPaul, Dawson, Conners & Swanson
- **Behavioral Consultation** with Kratochwill
- **Consultation** with Conoley, Kratochwill, Meyers, Pryzwansky & Rosenfield
- **Cross Battery Approach to IQ Assessment** with Flanagan
- **Curriculum Based Assessment and Measurement** with Eckert & Hintze
- **Ethics in School Psychology** with Bersoff
- **Evidence Based Intervention** with Kratochwill
- **Functional Assessment** with Witt and Noell
- **History of School Psychology** with Fagan, Phillips, Hagin, Lambert and French
- **I.Q. Testing: The Past or the Future? The Sattler-Reschly Debate**
- **Innovative Service Delivery** with Shapiro, Kratochwill and Elliott
- **Mental Health Consultation** with Caplan (Digitally Remastered 1990 Interview)
- **Multicultural Issues** with Henning-Stout, Vasquez Nuttall, Brown-Cheatham, Lopez & Ingraham
- **Psychological & Educational Consultation: A Case Study**
- **Psychological & Educational Consultation: Concepts & Processes (Part I)** with Close Conoley, Sheridan, Meyers & Rosenfield
- **Psychological & Educational Consultation: Concepts & Processes (Part II)** with Erchul & Gutkin
- **Reform & School Psychology** with Rosenfield, Batsche, Curtis, Talley & Cobb
- **Role of Theory in The Science of Treating Children** with Hughes
- **School Psychology Past, Present and Future: An Interview** with Thomas Fagan
- **School Violence** with Goldstein, Batsche, Furlong, Hughes & Close Conoley
- **Social-Emotional Assessment** with Martin, Knoff, Reynolds, Naglieri & Hughes Tape 3 -- Psychological Maltreatment, Primary Prevention, & International Issues (Hart), Gender Differences in the Schools (Henning-Stout), Family & School Collaboration (Christensen), Crisis Intervention & Primary Prevention Activities (Sandoval)
- **Traumatic Brain Injury: A Case Study**
- **Traumatic Brain Injury: Interview with Experts** with Bigler, Clark, Telzrow, & Close Conoley

Graduate Student Scholarships To Be Offered for Teaching the Psychology of Men Continuing Education Program at the APA Washington D.C. Convention

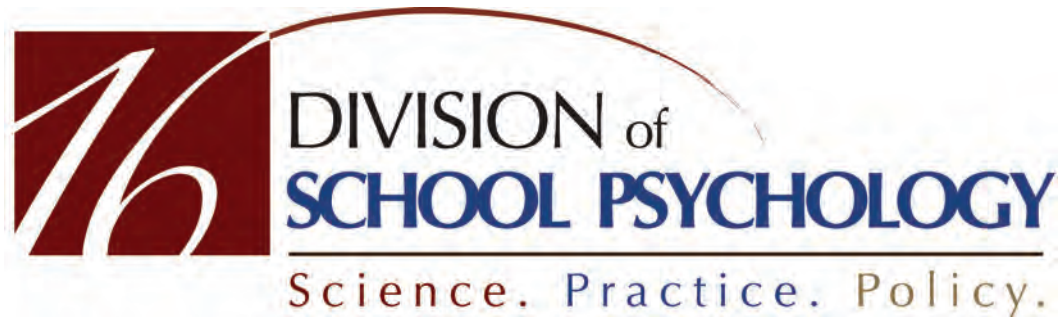
Eleven scholarships will be awarded to graduate students who want to attend the workshop free of charge.

The purpose of this introductory workshop will be to assist psychologists in developing course work on the psychology of men using the theoretical and empirical literature on men and masculinity. Participants will learn basic knowledge on how to create a psychology of men course or how to infuse this content into existing courses on gender or the psychology of women. Each presenter will share their syllabi, reading materials, class manuals, evaluation processes, and other resources. The workshop will discuss pedagogical processes such as traditional lecturing, psychoeducational techniques, group discussion approaches, use of video media, student assessment techniques, managing classroom problems, and the infusion of diversity and multiculturalism as critical content.

The teaching faculty for the workshop include: James M. O'Neil, Ph.D, University of Connecticut, Storrs, CT; Christopher Kilmartin, Ph.D, Mary Washington University, Fredericksburg, VA; James Mahalik, Boston College, Chestnut Hill, MA.

Information about the graduate student scholarships, how to apply, criteria for selections, and the deadline date can be obtained by emailing Jim O'Neil, Chair, Committee on Teaching the Psychology of Men, Society for the Psychological Study of Men and Masculinity (SPSMM), Division 51 of APA, at jimoneil1@aol.com

**Registration For APA Continuing Education Programs Begins April 15, 2011.
Call 1-800-374-2721, ext. 5991 or see Online Registration at apa.org/ce**



Have You Ever Wanted to Edit or Author a Book?

Now is the Time!

American Psychological Association Press & Division 16 Book Series

*Division 16 Book Series offers an excellent opportunity
to edit or author your first book or next book with
the American Psychological Association Press
(a premiere publishing house)!*

*I strongly encourage you and your colleagues to contact
me with your book ideas!*

I look forward to hearing from you!

*Division 16 Vice President of Publications and
Communications: Linda A. Reddy, Ph.D.,
E: LReddy@rci.rutgers.edu*



CE WORKSHOPS

119TH APA ANNUAL CONVENTION

AUGUST 3, 2011 WASHINGTON, DC

Psychology Practice Opportunities in Schools: Navigating the Ethical-Legal Landscape

(This workshop is jointly sponsored by the APA Division 16 School Psychology and the APA Continuing Education Committee.)



Date: Wednesday, August 3, 2011
Time: 8:00 am-11:50 am

CE Credits: 4

Workshop Description

Psychologists from diverse specialty areas who have expertise working with children and youth may wish to provide consultation services in public schools. The special ethical-legal considerations of providing such services on a consultative or per-case basis are identified and discussed in this **INTERMEDIATE** workshop, with the goal of ensuring that professionals who typically work in non-school settings are better prepared to navigate the ethical-legal expectations and requirements of public schools.

Presenter(s): Susan Jacob, PhD, Central Michigan University, Mt. Pleasant, MI

MARK YOUR CALENDAR!

ENROLLMENT OPENS APRIL 15, 2011. SPACE IS LIMITED.

ENROLL ONLINE at <http://www.apa.org/convention> or call the CEP Office at 800-374-2721, ext. 5991.

Fee	Early Bird*	Regular
Member	\$130	\$160
Nonmember	\$160	\$200

***Early Bird enrollment fee ends June 30, 2011.**

Regular enrollment fee begins July 1 through August 7, 2011.



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CE WORKSHOPS

119TH APA ANNUAL CONVENTION

AUGUST 3, 2011 WASHINGTON, DC

Applying Neuropsychological Principles in Classrooms: Implications for Psychologists and Educators

(This workshop is jointly sponsored by the APA Division 16 School Psychology and the APA Continuing Education Committee.)



Date: Wednesday, August 3, 2011

Time: 1:00 pm–4:50 pm

CE Credits: 4

Workshop Description

Advances in neuroscience and neuropsychology have revolutionized our thinking about how children learn and behave in the classroom. This **INTRODUCTORY** workshop will reveal how brain–behavior relationships affect classroom learning and behavior and how patterns of neuropsychological performance can be examined for both psychological evaluation and intervention purposes. Evidence suggests that brain–behavior principles and neuropsychological practices should be incorporated in the schools and can be used to evaluate response-to-intervention. A case study will highlight how a neuropsychological approach fostered an accurate appraisal of a child's needs and ultimately led to intervention efficacy.

Presenter(s): *James B. Hale, PhD*, University of Victoria, Victoria, BC, Canada
Shauna G. Dixon, MS, Harvard Graduate School of Education, Cambridge, MA

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ENROLLMENT OPENS APRIL 15, 2011. SPACE IS LIMITED.

ENROLL ONLINE at <http://www.apa.org/convention> or call the CEP Office at 800-374-2721, ext. 5991.

Fee	Early Bird*	Regular
Member	\$130	\$160
Nonmember	\$160	\$200

***Early Bird enrollment fee ends June 30, 2011.**

Regular enrollment fee begins July 1 through August 7, 2011.



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