



APA Division 16 School Psychology
Vol. 65, No. 3 | Summer/Fall 2011

The School Psychologist

AMERICAN PSYCHOLOGICAL ASSOCIATION

inside

4 | **President's Message**

Call for Translational Research to Innovate and Improve School Psychology Practice

Karen Stoiber, Ph.D., University of Wisconsin, Milwaukee

6 | **Research Forum**

A Comparison of Secondary Student and Teacher Perceptions of School Bullying and Prevention Practices

Matt Buckman, M.S., PLMHP, Nebraska Internship Consortium in Professional Psychology

13 | **Practice Forum**

Body Dysmorphic Disorder in Adolescence: IMagined Ugliness

Keith Brewster, Ph.D., University of British Columbia

17 | **Viewpoint**

Life without Parole

Tony Crespi, Ed.D., A.B.P.P., The University of Hartford

20 | **Division 16 Events - Annual Convention**

Division 16 Events at the Annual Convention of the American Psychological Association in Washington, D.C.

*Jim DiPerna, Ph.D.,
The Pennsylvania State University*

21 | **Book Review**

The Prescription for Progress? A review of McGrath and Moore's Pharmacotherapy for psychologists: Prescribing and collaborative roles.

*Jeffrey D. Shahidullah, Ed.S., NCSP,
Michigan State University*

25 | **SASP - The Student Corner**

'Tis the Season of Internships

Kaleigh Bantum and Lindsey DeBor, Duquesne University

27 | **People & Places**

Ara Schmitt, Duquesne University

29 | **Announcements**

Lizzette Peterson Homer Memorial Injury Research Grant Request for Proposals

Have You Ever Wanted to Edit or Author a Book?

Linda A. Reddy, Ph.D.,

Elizabeth Munsterberg Koppitz Fellowship Program: Request for Proposals

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

Charles L. Brewer Distinguished Teaching of Psychology Award: Call for Nominations



The School Psychologist Advertising & Submission Info

Moving or missing your newsletter? More information about Division 16

For questions regarding your Division 16 membership including address changes and subscription inquiries for *The School Psychology Quarterly* and *The School Psychologist*, write the Division 16 Administrative Office, Division Services Office, American Psychological Association, 750 First St., N.E., Washington, D.C. 20002-4242, call (202) 336-6013 or send your inquiry via facsimile machine to (202) 336-5919.

For change of address: APA/Division 16 Members need only send one change of address notification to the APA Directory Office at the APA address listed above. Division 16 Student Affiliate Members should send notification to the APA Division Services Office.

Classified Rates

As a courtesy, Division 16 members will not be charged for employment notices or professional announcements (e.g., upcoming meetings, scholarship opportunities, grant opportunities, calls for proposals). All others will be charged 75 cents per word for employment notices and commercial announcements. A minimum order is 50 words and no frequency or agency discounts apply. An invoice will be sent after publication. For information regarding display ads, contact:

Amanda Clinton, Ph.D.
Psychology Program
Department of Social Sciences
University of Puerto Rico
Mayaguez, PR 00680
(787) 832-4040 (w)
(787) 245-9615 (c)
(787) 265-5440 (f)
amanda.clinton@gmail.com

Requirements

The School Psychologist is published three times (Winter, Spring, and Fall). The three regular issues are electronic. Employment notices, announcements, and advertisements (including display ads) are due on the 1st of November (Winter issue), March (Spring issue), and July (Fall issue). Display ads should be submitted in a high-resolution PDF format.

Classified ads and display ads should be submitted electronically (via e-mail or disk) and in paper form according to the following guidelines.

Display Ad Rates*

Ad Size	Rate
Full page (6.625" x 9.25")	\$625
Half page (horizontal 6.625" x 4.5")	\$475
Half page (vertical 3.25" x 9.25")	\$475
Quarter page (3.25" x 4.5")	\$275

Multiple Insertion Discounts¹

Full page (2-4 insertions)	\$525
Full page (5-8 insertions)	\$475
Half page (2-4 insertions)	\$425
Half page (5-8 insertions)	\$375
Quarter page (2-4 insertions)	\$175
Quarter page (5-8 insertions)	\$125

*Ads with color add \$50 to cost per insertion.

¹Display ads with pictures add \$50 to cost per insertion.

¹Rate is cost per insertion.

Advertising Policy

Advertising and announcements appearing in *The School Psychologist* (*TSP*) do not necessarily indicate official sanction, promotion, or endorsement on the part of *TSP* or Division 16 of the American Psychological Association. Division 16 is not responsible for any claims made in an advertisement or announcement. Advertisers may not, without prior consent, incorporate in a subsequent advertisement or promotional piece the fact that a product or service has been advertised in *TSP*. Division 16 reserves the right to edit all copies and to refuse advertisements and announcements based upon legal, social, professional, and ethical considerations. All advertising and announcements must be in keeping with the generally scholarly and/or professional nature of *TSP*. Division 16 retains the right to unilaterally reject or cancel advertising and announcements. Advertising and announcements submitted with the purpose of airing either side of controversial social, political, or professional issues will not be accepted for publication in *TSP*. Classified, display ads, and announcements should be submitted to the Editor.

Author's Instructions and Publication Schedule

The APA Division 16 publishes *The School Psychologist* as a service to the membership. Three electronic issues and one hard copy Year in Review archival issue are published annually. The purpose of *TSP* is to provide a vehicle for the rapid dissemination of news and recent advances in practice, policy, and research in the field of school psychology. Articles up to approximately 15 double-spaced manuscript pages will be accepted; however, brief articles, approximately 6 to 12 double-spaced manuscript pages,

are preferred. Test reviews, book reviews, and comments for The Commentary Section are welcome. All submissions should be double spaced in Times New Roman 12 point font and e-mailed to the Editor. Authors submitting materials to *The School Psychologist* do so with the understanding that the copyright of published materials shall be assigned exclusively to APA Division 16.

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

Amanda Clinton, Ph.D.
Psychology Program
Department of Social Sciences
University of Puerto Rico
Mayaguez, PR 00680
(787) 832-4040 (w)
(787) 245-9615 (c)
(787) 265-5440 (f)
amanda.clinton@gmail.com

Publication Schedule

Issue Month/No.	Closing Date for Submission of Materials	Date Available
Winter (1)	November 1	December 15
Spring (2)	March 1	April 15
Fall (3)	July 1	August 15

All issues are archived electronically and can be read in their entirety at: http://www.indiana.edu/~div16/publications_psychologist.html



Division 16 Executive Committee

President

Karen Callan Stoiber, Ph.D.
Department of Educational Psychology
University of Wisconsin-Milwaukee
2400 East Hartford Ave.
Milwaukee, WI 53211
(414) 229-6841 (w)
(414) 229-4939 (f)
kstoiber@uwm.edu

President-Elect

Shane Jimerson, Ph.D.
University of California, Santa Barbara
Counseling, Clinical & School
Psychology
1332 Phelps Hall
Santa Barbara, CA 93106-9490
(805) 893-3366 (w)
(805) 893-3375 (f)
jimerson@education.ucsb.edu

Past President

Bonnie K. Nastasi, PhD
Associate Professor
Department of Psychology
2007 Percival Stern Hall
6400 Freret St.
Tulane University
New Orleans, LA 70118-5636
(504) 314-7544 (w)
(504) 862-8744 (f)
bnastasi@tulane.edu
bonnastasi@yahoo.com

Secretary

Susan Swearer, Ph.D.
Department of Educational Psychology
University of Nebraska-Lincoln
40 Teachers College Hall
Lincoln, NE 68588-0345
(402) 472-1741 (w)
(402) 472-8319 (f)
sswearer@unlserve.unl.edu

Treasurer

Tanya Eckert, Ph.D.
Syracuse University
Dept. of Psychology
430 Huntington Hall
Syracuse, NY 13244
(315) 443-3141 (w)
(315) 443-4085 (f)
taeckert@syr.edu

Vice President of

Professional Affairs (VP-PA)

Lea Theodore, Ph.D.
School Psychology Program
School of Education
The College of William & Mary
P.O. Box 8795
Williamsburg, VA 23187-8795
(757) 221-2343 (w)
ltheodore@wm.edu

Vice President of Membership

Jessica A. Hoffman, PhD, NCSP
Associate Professor
Dept. of Counseling and
Applied Educational Psychology
415 International Village
Northeastern University
Boston, MA 02115
(617) 373-5257 (w)
(617) 373-8892 (f)
jesshoffman@neu.edu

Vice President of Education, Training, & Scientific Affairs (VP-ETSA)

Stacy Overstreet, Ph.D.
Director, School Psychology
Training Program
Tulane University
3019 Percival Stern Hall
New Orleans, LA 70118
(504) 862-3332 (w)
soverst@tulane.edu

Vice President of Convention Affairs & Public Relations (VP-CA)

Shane Jimerson, Ph.D.
University of California, Santa Barbara
Counseling, Clinical & School
Psychology
1332 Phelps Hall
Santa Barbara, CA 93106-9490
(805) 893-3366 (w)
(805) 893-3375 (f)
jimerson@education.ucsb.edu

Vice President of Publications & Communications (VP-PC)

Linda Reddy, Ph.D.
Rutgers University
Graduate School of Applied &
Professional Psychology
152 Frelinghuysen Rd.
Piscataway, NJ 08854-8085
(732) 445-2000 ext. 143 (w)
lreddy@rci.rutgers.edu

Vice President of Social and Ethical Responsibility & Ethnic Minority Affairs (VP-SEREMA)

Amanda VanDerHeyden, Ph.D.
Education Research & Consulting, Inc.
(251) 300-0690
amandavande@gmail.com

Council Representatives

Cindy Carlson, Ph.D.
University of Texas at Austin
Educational Psychology Department
1 University Station D5800
Austin, TX 78712
(512) 232-4835 (w)
(512) 471-1288 (f)
cindy.carlson@mail.utexas.edu

Beth Doll, Ph.D.
Department of Educational Psychology
University of Nebraska-Lincoln
114 Teachers College Hall
Lincoln, NE 68588-0345
(402) 472-2238 (w)
(402) 472-8319 (f)
bdoll2@unl.edu

Council Representatives (cont.)

Frank C. Worrell, Ph.D.
Cognition and Development
Graduate School of Education
University of California, Berkeley
4511 Tolman Hall
Berkeley, CA 94720-1670
(510) 643-4891 (w)
(510) 642-3555 (f)
frankc@berkeley.edu

SASP Representative

Lindsey DeBor
School Psychology Doctoral Student
Duquesne University
Pittsburgh, PA
lgdebor418@gmail.com

Historian

Thomas K. Fagan, Ph.D.
Department of Psychology
University of Memphis
Memphis, TN 38152
(901) 678-2579 (w)
tom-fagan@mail.psy.memphis.edu

Editor,

School Psychology Quarterly
Randy Kamphaus, Ph.D.
College of Education
P.O. Box 3965
Georgia State University
Atlanta, GA 30302-3965.
(404) 413-8101 (w)
rkamphaus@gsu.edu



PRESIDENT'S MESSAGE

Call for Translational Research to Innovate and Improve School Psychology Practice

**Karen Callan Stoiber, Ph.D.,
University of Wisconsin, Milwaukee**



Karen Stoiber

“ In the current column, I will discuss several “understandings” that have been uncovered in the work being done by the Translation Working Group (WG) along with opportunities for school psychology to explore as we advance an agenda aimed at improving the implementation of evidence-based practices in the schools. ”

In my last President's message, I highlighted the work being done by Division 16 through our three Working Groups: (1) Translation of Research to Practice; (2) Globalization of School Psychology, and (3) Social Justice and Children's Rights. Promoting and developing translational research is one of my key goals during my presidency and thus, the work undertaken by the Translation Working Group especially resonates with me.

In the current column, I will discuss several “understandings” that have been uncovered in the work being done by the Translation Working Group (WG) along with opportunities for school psychology to explore as we advance an agenda aimed at improving the implementation of evidence-based practices in the schools. These understandings are not necessarily new or unique, yet they seem critical to overview as they clearly influence the implementation of translational research and evidence-based practices in the schools. The understandings stem from several sources, including research syntheses and reviews, focus

groups conducted by the Translation WG Co-Chairs, Sylvia Rosenfield and Susan Forman, as well as “think tank” sessions with Translation WG members. The translational work builds on more than a decade of work on the topic of empirically-supported or evidence-based practices within the school psychology community. Importantly, it also reflects a vision for change and innovation in both research and practice. The shift toward embracing and advancing translational research aims to improve schools and schooling outcomes.

A first issue uncovered by the Translation WG regards the quality of available research that school psychologists and other school-based practitioners can draw upon when selecting and implementing interventions. In general, the knowledge base for academic concerns, such as early literacy and reading difficulties, is stronger than the research base regarding social-behavioral concerns. Nonetheless, in a recent report of the National Early Literacy Panel (National Institute for Literacy, 2008), significant research

problems were noted, including (1) most studies used simple pretest-posttest designs; (2) few studies incorporated control groups or alternative treatment groups that were equivalent prior to an intervention; and (3) studies showing positive results incorporated components that may be difficult to replicate in typical classrooms, such as delivering interventions one-on-one or using small-group design. The report calls for additional translational research that allows causally interpretable evidence and that can be readily implemented in typical education settings. Unfortunately, the knowledge base on promoting social competence and responding effectively to children's social and emotional needs is less developed, and hence, less available and applied in the schools.

A second issue that was clear when we began work on evidence-based interventions in 2000 (Stoiber & Kratochwill, 2000), remains a key consideration for the Translation Working Group: a viable research-to-practice agenda needs to reflect the

CONTINUED FROM PAGE 4

President's Message: Call for Translational Research to Innovate and Improve School Psychology Practice

“Clearly, to move forward an agenda of promoting the translation of research to practice and practice to research will require efforts that are both comprehensive and systematic.”

diverse ecological and complex qualities of schools. Simply put, research-to-practice models applied within schools are different than ones that may fit clinical settings. Schools are complex organizational structures, which can't be captured through the use of “traditional” laboratory-like procedures and methodologies. Thus, the multiple factors and reasons surrounding youths' psychosocial and educational difficulties make the task of selecting and implementing interventions more complex and challenging in schools. An intervention found to work with a particular population or for a particular problem based on clinic-based studies may not work in the school setting because there may be other factors that affect whether, when, and how the intervention is implemented. As such, school psychologists can't rely on knowledge of evidence-based interventions that were proven to work in a clinic setting, because this setting does not match the unique contextual realities of a given school.

A third issue regards treatment integrity, often regarded as a key component in the implementation of reliable and valid evidence-based practices. Yet treatment integrity can't be assumed in school-based practice, especially when other individuals such as teachers and parents are involved in the implementation of the intervention. Further, measures of treatment integrity often are not included in school-based

research protocols due to budget, personnel, and time constraints. Similarly, schools may not have the personnel or resources to apply the “gold standard” and examine what works, for whom, and under what conditions. Rather, results are based on “average responses” to an intervention, and particular characteristics of students who receive an intervention within a classroom are left unexamined. Many schools do not allocate resources for systematic program evaluation, and when program evaluation occurs, formative measurement strategies may not be included.

Additional factors that have emerged as potential barriers to promoting the translation of science to practice and of practice to research include the following: (1) Trainers in school psychology programs lack consensus on whether and what evidence-based practices and research-based approaches should be taught in their programs; (2) Practitioners may lack opportunities to learn, apply, and evaluate research-based practices. Several questions also have evolved as key to address for our working group to make progress, including (1) How do most practitioners view the role of translational research, and does their view differ from school psychology trainers?; (2) Is it feasible for practitioners to apply translational research findings, or are they limited by the role assigned to them and their school culture?; (3) How can we best support researchers in

uncovering evidence-based practices that can readily and realistically be applied in school settings?; and (4) How can we best support practitioners in learning about translational research and applying research-based approaches such as single-participant design to their assessment, intervention, and problem-solving work?

Clearly, to move forward an agenda of promoting the translation of research to practice and practice to research will require efforts that are both comprehensive and systematic. To this end, the Translation Working Group invites input from a broad school psychology audience. Please feel free to contact Sylvia Rosenfield at srosenf@umd.edu or Susan Forman at scforman@rci.rutgers.edu with your ideas or suggestions. Onward!

References

- Kratochwill, T. R., & Stoiber, K. C. (2000). Empirically supported interventions and school psychology: Conceptual and practice issues: Part II. *School Psychology Quarterly*, *15*, 233-253.
- National Institute for Literacy. (2008). *Developing early literacy: Report of the National Early Literacy Panel. A scientific synthesis of early literacy development and implications for intervention*. Available at <http://www.nifl.gov/nifl/publications.html>
- Stoiber, K. C., & Kratochwill, T. R. (2000). Empirically supported interventions and school psychology: Rationale and methodological issues: Part I. *School Psychology Quarterly*, *15*, 75-105.

RESEARCH FORUM

A Comparison of Secondary Student and Teacher Perceptions of School Bullying and Prevention Practices

Matt Buckman, M.S., PLMHP, Nebraska Internship Consortium in Professional Psychology

“Of the various school-based intervention approaches, the whole-school approach has been found to be particularly more effective in reducing bullying behavior when compared to other intervention approaches”

The reduction of school bullying is a common concern for school personnel and communities. Many programs have been developed to target the reduction of these behaviors with unfortunately modest and inconsistent findings of the effectiveness of these programs (see Smith, Schneider, Smith, & Ananiadou, 2004, for a review). These behaviors continue to occur with moderate frequency in schools. Studies have reported that approximately 30% of adolescents report being involved in bullying at least two to three times per month (Craig et al., 2009; Nansel, et al., 2001). Nansel et al. found that students held various roles in regards to bullying, with 13% reporting being a bully, 10.6% reporting being a victim, and 6.3% reporting being a victim and bully in the past two months. Additionally, various studies have identified many negative psychological and social outcomes associated with chronic participation in bullying, including academic difficulties; lack of social support; physical and psychological health problems; poor

relationships; depression; anxiety; and participation in risk behaviors, including aggression, alcohol and drug use, and carrying a weapon to name a few (Arseneault et al., 2006; Flaspohler et al., 2009; Nansel, Craig, Overpeck, Saluja, & Ruan, 2004; Stein, Dukes, & Warren, 2007).

The moderate prevalence and negative outcomes suggest a need for further research increasing the effectiveness of bullying intervention and prevention efforts. Of the various school-based intervention approaches, the whole-school approach has been found to be particularly more effective in reducing bullying behavior when compared to other intervention approaches (i.e. curriculum-based, social and behavioral skill group, or other interventions; see Vreeman & Carroll, 2007 for a systematic review). Under this model, both students and teachers are recognized as key change agents (Kochenderfer-Ladd & Pelletier, 2008; Marachi, Astor, & Benbenishty, 2007). Although the whole-school approach has been lauded for its emphasis

on a unified partnership between students and school staff, these programs yield moderate and inconsistent effects on bullying behavior (Smith et al., 2004).

One reason for the lower than expected results may be that the perceptions of the key change agents – students and teachers – differ. Although research investigating such differences has been scarce, there is some support that the occurrence, common locations, and prevention practices regarding bullying are not viewed consistently between students and teachers. Bradshaw, Sawyer, and O’Brennan (2007) analyzed perceptions within these three areas across a large group of students and school staff members in a large public school district in Maryland. The authors reported that school staff significantly underestimated the amount of bullying occurring when compared to student reports. They found that teachers and students had similar perceptions of the locations of bullying, with teachers more frequently endorsing bullying in each location. Further, the



CONTINUED FROM PAGE 6

A Comparison of Secondary Student and Teacher Perceptions of School Bullying and Prevention Practices

majority of students reported that teachers were not doing enough to prevent bullying, while the converse was reported by school staff.

Although Bradshaw et al.'s (2007) study provided remarkable information to the scientific understanding of teacher and student perceptions, future studies are warranted to replicate this study. Additionally, the current study extends the previous literature by being the first study to compare secondary student and teacher perceptions of bullying across multiple school districts. This study will examine the effects of the source of the respondent (student or teacher) on the perceptions of the overall occurrence of bullying, the locations of bullying, and the implementation of bullying prevention efforts. The following hypotheses were developed for the current study:

1. The source of the respondent (student or teacher) will have a significant effect on the reported perceptions of the occurrence of bullying.
2. The source of the respondent (student or teacher) will have a significant effect on the perceptions of the locations that bullying occurs.
3. The source of the respondent (student or teacher) will have a significant effect on the perceptions of the prevention efforts conducted.

Methods

Participants

Students. A total of 905 ninth-grade

students from four secondary schools in separate school districts within a 120 mile radius of each other participated in the study. All data were collected in the late spring of the 2006-2007 school year. Total consent rate was 68%, and none of the consent rates per school fell below 65%. Frequencies of the student and teacher demographic variables are reported in Table 1. Socioeconomic status could not be obtained, although all schools represented a wide array of income levels. All students with signed parental consent and signed assent were included in the current study.

Teachers. Data were collected from 211 teachers from the same schools as the students. The average age was 38.8 years old (SD = 10.79) and the average years of experience teaching was 11.45 (SD = 9.25). The total response rate for participation was 90.9% of personnel participating in the regularly scheduled faculty meeting, and none of the assent rates per school fell below 73%. Frequencies of the student and teacher demographic variables are reported in Table 1.

Instrument

The *Teacher Perceptions of School-wide Bullying Survey* and the *Student Perceptions of School-wide Bullying Survey* were administered in conjunction with other measures as part of a larger study of adolescent experiences. These surveys were derived from previous studies and recommended bullying

prevention practices (see Aceves et al., 2009; Athanasiades & Deliyanni-Kouimtzis, 2010; Bradshaw et al., 2007; Dake, Price, Telljohann, & Funk, 2003 for more details). Parallel survey items were utilized when possible; however, some items varied slightly.

Overall occurrence of school bullying. The perceived overall occurrence of school bullying was assessed using one student item (“In your opinion, how often do you think bullying occurs in this high school?”) and one teacher item (“In your opinion, how often do you think bullying occurs in the school where you teach currently?”). Response options were made on a 1 (*none*) to 5 (*all the time*) scale.

Locations of bullying. The teachers and students responded to a parallel item assessing the most common locations (“Where do you think bullying most likely occurs?”) of bullying in their schools. The direction for this item was to “check all that apply.” Multiple response options were available for the most common locations of bullying [*in class; in the lunchroom; on the bus; in the hallway (between class periods); in the school yard; in the parking lot; in the changing room (P.E. class); in the bathrooms*].

School prevention efforts. The teacher survey included two items assessing the perceived bullying prevention efforts in the school. The first item assessed the teacher prevention efforts (“What types of bullying prevention do you as a teacher perform?”) with the direction

“The first item assessed the teacher prevention efforts (“What types of bullying prevention do you as a teacher perform?”) with the direction to “circle all that apply.”

CONTINUED FROM PAGE 7

A Comparison of Secondary Student and Teacher Perceptions of School Bullying and Prevention Practices

“The greatest difference in magnitude occurred in the perceptions of the school promoting bystanders to intervene in bullying, where 57.1% of students and 20.4% of teachers perceived this to occur.”

to “circle all that apply.” The response options included were *address bullying with my class, develop rules against bullying, and promote bystanders to help the victim (tell an adult, befriend the victim, etc.)*. The second item assessed a process for students to report bullying (“Is there a process in place at your school for students to report bullying?”) with the response option of true or false. The student survey assessed prevention efforts with four items: perceived classroom discussions (“I feel my teacher discusses bullying in class.”), classroom rules (“I feel there are rules against bullying in my class.”), encouragement to help victims (“I feel my school encourages me to help the victim(s) of bullying.”), and a process to report bullying (“I feel I can tell an adult in my school if I am bullied.”). The response options for the student items were true or false.

Procedure

Students. All eligible students were administered the instruments in counterbalanced order. Further, at least one school personnel and research assistant was assigned to each location to monitor the student’s behavior. These strategies were designed and utilized to reduce potential order and social desirability effects.

Teachers. Teacher surveys were administered during a regularly scheduled faculty meeting by the researchers. All participants were instructed of the purpose of the study and given the option

to participate. The survey sections were counterbalanced to reduce maturation during the completion of any one section. Fifteen minutes were allotted for the completion of the surveys.

Results

To test the first research hypothesis that the source of the respondent (student or teacher) would have a significant effect on the reported perceptions of the occurrence of bullying, a One-Way ANOVA was conducted. It tested the differences between the reported perceptions of students and teachers on the occurrence of bullying in their schools. No significant effect for the source of the response was noted, $F = 1.10, df = 1/928, p = .29$. On average, teachers ($M = 3.73, SD = 1.008$) and students ($M = 3.64, SD = 1.130$) did not report significantly different perceptions of the occurrence of bullying

in their schools. Based on these results, hypothesis one was rejected.

Regarding the locations of bullying, students and teachers were instructed to endorse all of the most common locations they perceived this behavior to occur. The responses on this variable were tallied and are presented in Table 2. Due to the nonparametric nature of the data, Pearson’s Chi-Square Tests were conducted for each location. When compared to students, teachers more frequently endorsed the buses, hallways, school yards, parking lots, changing rooms, and bathrooms as common locations for bullying behavior to occur. The perception of the hallways as the most common location of bullying had the greatest difference in magnitude between students (56.1%) and teachers (92.4%). Conversely, the perception of the classroom as the most common location

Table 1
Demographic breakdown of students and teachers

Demographic Characteristic	Students		Teachers	
	N	%	N	%
Race				
Caucasian	702	80.0	199	94.3
African Amer.	93	10.6	3	1.4
Hispanic	23	2.6	2	0.9
Asian Amer.	19	2.2	0	0.0
Other	40	4.5	7	3.3
Gender				
Male	416	46.6	86	41.0
Female	477	53.4	124	59.0

of bullying was perceived similarly by students (32.8%) and teachers (37.4%). Based on these results, hypothesis two was supported for all locations with the exception of the classroom. The last hypothesis was that the source of the respondent (student or teacher) would

A Comparison of Secondary Student and Teacher Perceptions of School Bullying and Prevention Practices**Table 2**
Endorsed frequencies of locations of bullying across student and teacher groups

Location	Students		Teachers		2
	N	%	N	%	
Class	188	32.8	79	37.4	1.47
Lunchroom	221	37.8	115	54.5	17.78**
Bus	142	25.1	94	44.5	27.53**
Hallway	358	56.1	195	92.4	92.03**
Schoolyard	50	9.4	38	18.0	10.67*
Parking lot	52	9.7	41	19.4	13.29**
Changing room	59	11.2	46	21.8	13.97**
In bathrooms	98	17.9	89	42.2	48.24**

Note: Significance levels < .05 are noted with an asterisk.
Significance levels < .001 are noted with two asterisks.

have a significant effect on the perception of the existence of prevention efforts conducted. To test this hypothesis, Binary Logistical Regression was conducted to examine the relationship between the dichotomous source variable and the dichotomous true or false variables assessing the perceived existence of prevention efforts. Based on these analyses students were 1.64 times more likely to report there was a process in place to report bullying to an adult ($p < .05$), 5.01 times more likely to report there were classroom rules against bullying ($p < .001$), and 5.42 times more likely to report

the school promoted bystanders to intervene ($p < .001$). The greatest difference in magnitude occurred in the perceptions of the school promoting bystanders to intervene in bullying, where 57.1% of students and 20.4% of teachers perceived this to occur. Interestingly, the second greatest difference in magnitude was on the perception of classroom rules against bullying with 78.2% of students compared to 42.7% of teachers endorsing the existence of classroom rules. Conversely, teachers were 2.42 times more likely to endorse that bullying was discussed in the classroom when compared to students ($p < .001$). Table 3 reports the frequencies and odds ratios for student and teacher perceptions of the occurrence of bullying prevention strategies. Given these

results, hypothesis three was partially supported.

Discussion

The current study was designed to examine secondary school student and teacher perceptions of bullying across multiple school districts. A total of 211 teachers and 905 students from four secondary schools completed the questionnaires. The analyses tested three hypotheses examining the relationship between student and teacher perceptions

of bullying. The analyses revealed that the students and teachers perceived the most common locations of bullying similarly, but with different frequencies; bullying prevention efforts differently; and the overall occurrence of bullying similarly.

The first hypothesis was that the source of the respondent would have a significant effect on the reported perceptions of the occurrence of bullying in the school. The results suggested students and teachers similarly perceived bullying to occur with moderate to high frequency. These findings are contradictory to previous findings that teachers and students significantly differ in their perceptions of the occurrence of bullying (e.g. Bradshaw et al., 2007; Crothers & Kolbert, 2004; Totura et al., 2009). The differing findings may be due to methodological differences in these studies. The current study used a general item to assess the overall perceived occurrence of bullying while previous studies have compared perceptions differently. Previous studies have generally used a school-wide assessment of student self-report of their involvement and compared these frequencies to teacher nominations of individual student involvement or teacher estimates of the frequency of students involved. This study provided unique information regarding the similarity of student and teacher perceptions when using one item assessing the overall occurrence of bullying. Further studies are needed using this methodology

CONTINUED FROM PAGE 9

A Comparison of Secondary Student and Teacher Perceptions of School Bullying and Prevention Practices

to identify the cut-offs for significant and meaningful differences between raters.

This study was one of the first to compare student and teacher perceptions of the common locations. The results revealed that students perceived bullying to occur most commonly in the hallways (56.1%), lunchrooms (37.8%), classrooms (32.8%), and buses (25.1%), while teachers perceived bullying to occur most commonly in the hallways (92.4%), lunchrooms (54.5%), buses (44.5%), and bathrooms (42.2%). Overall, students and teachers identified the same top two out of the four most common locations of bullying; however, teachers endorsed these locations more frequently than students. With the exception of the classroom, a higher percentage of teachers perceived bullying to occur in each location when compared to students.

These findings are consistent with Bradshaw et al.'s (2007) study. Bradshaw et al. also found that the hallways and lunchrooms were endorsed as two out of the top three most frequently endorsed locations of bullying. These authors found that the classroom was the most frequently endorsed location of bullying by teachers and students; however, the current study found the classroom to be perceived as a less common location for bullying.

These findings suggest that students and teachers are similarly identifying the top locations as hot spots for bullying, and teachers are generally more likely than students to endorse these locations. These results are promising for school efforts to reduce bullying. Given the institution of a prevention protocol for reducing bullying behavior in hot spots (Olweus, Limber, &

common locations for bullying, schools may benefit from encouraging teachers to actively supervise areas outside of the classroom, especially the hallways and lunchrooms.

The current study was also unique in that it was one of the first to compare secondary student and teacher perceptions of bullying prevention efforts. The results revealed that students more frequently reported a process in place at school to report bullying, the existence of classroom rules against bullying, and the promotion of bystanders to intervene in bullying when compared to teachers. Teachers more frequently reported that there were class discussions on bullying. Overall, a higher percentage of students believed bullying prevention strategies occurred when compared to teachers. These findings suggest a disconnect between student and teacher awareness of the prevention strategies being implemented. One possible explanation for this is that a small number of teachers or school personnel may implement bullying prevention strategies while the majority of the teachers are unaware, uninvolved, or both. Based on these results, schools may benefit from having meetings and trainings focused on increasing teacher awareness of bullying prevention policies and practices for the school and to promote more teacher involvement in prevention efforts. Previous studies have found that increasing teacher awareness of bullying prevention policies and priorities increases

“This finding underscores the need for teachers and other adults to be more involved in the active supervision and intervention in hotspot areas outside of the classroom. Lastly, this study highlights that teachers may not be as aware of the school bullying prevention policies or practices as students.”

Table 3
Comparison of student and teacher perceptions of prevention efforts

Prevention efforts	Frequency of students Odds ratio (OR)	Frequency of teachers Odds ratio (OR)
Process at school to report	79.1 (1.62)*	70.0
Class discussions on bullying	32.6	54.0 (2.43)**
Class rules against bullying	78.2 (4.83)**	42.7
Promotes bystanders to intervene	57.1 (5.21)**	20.4

Note: Significance levels < .05 are noted with an asterisk. Significance levels < .001 are noted with two asterisks.

Mehalic, 2000), students and teachers would mostly agree on these locations and would likely work together to target them. Given that a relatively high percentage of teachers agree that several locations outside of the classroom are the most

A Comparison of Secondary Student and Teacher Perceptions of School Bullying and Prevention Practices

teacher involvement and decreases teacher avoidance of incidents involving bullying behavior (Marachi et al., 2007; Bauman, Rigby, & Hoppa, 2008).

Limitations

Although this study advances the current research knowledge of secondary school teacher and student perceptions; there are several limitations that warrant attention. Specifically, these limitations are related to the sample and the administration procedures. The sample for the current study was a convenience sample of schools willing to participate in the study within a geographically and demographically limited area. The results may represent characteristics of the individuals and schools in the sample and not general perceptions of students and teachers. Additionally, the student sample consisted of 9th grade students only and the teacher sample consisted of 9th-12th grade teachers. Only a portion of the teachers and students interacted on a regular basis which may have influenced the ability to compare their perceptions. Future studies may be needed to compare perceptions of students and teachers across all grade levels of secondary school and in a variety of geographically and demographically varied environments.

Several limitations are notable regarding the administration procedures as well. The questionnaire frequently utilized single-item indicators. Although the use of single-item indicators is a common

occurrence in social sciences research, an examination of the psychometric properties of the surveys was not possible. Future studies using multiple items for each construct are warranted. Lastly, students completed the questionnaires in conjunction with various other measures, which may have influenced the quality of their responses due to maturation effects.

Conclusions and Implications

The current study examined the relationship between secondary school student and teacher perceptions of bullying across multiple school districts. Overall, the results found that students and teachers perceive bullying to occur with moderate to high frequency. Both groups relatively agreed on the most common locations of bullying being the hallways and lunchrooms. This finding underscores the need for teachers and other adults to be more involved in the active supervision and intervention in hotspot areas outside of the classroom. Lastly, this study highlights that teachers may not be as aware of the school bullying prevention policies or practices as students. The school may benefit from increasing teacher awareness and involvement in bullying prevention practices. Further research is needed to confirm the findings of this study, expand on the understanding of why perceptual differences exist between students and teachers, and create ways to bridge these differences.

References

- Aceves, M. J., Hinshaw, S. P., Mendoza-Denton, R., & Page-Gould, E. (2009). Seek help from teachers or fight back? Student perceptions of teachers' actions during conflicts and responses to peer victimization. *Journal of Youth and Adolescence*, 39(6), 658-669. doi: 10.1007/s10964-009-9441-9
- Arseneault, L., Walsh, E., Trzesniewski, K., Newcombe, R., Caspi, A., & Moffitt, T. E. (2006). Bullying victimization uniquely contributes to adjustment problems in young children: A national representative cohort study. *Pediatrics*, 118, 130-138. doi: 10.1542/peds.2005-2388
- Athanasiades, C., & Deliyanni-Kouimtzi, V. (2010). The experience of bullying among secondary school students. *Psychology in the Schools*, 47(4), 328-341. doi: 10.1002/pits.20473
- Bauman, S., Rigby, K., & Hoppa, K. (2008). US teachers' and school counsellors' strategies for handling school bullying incidents. *Educational Psychology*, 28(7), 837-856. doi: 10.1080/01443410802379085
- Bradshaw, C. P., Sawyer, A. L., & O'Brennan, L. M. (2007). Bullying and peer victimization at school: Perceptual differences between students and school staff. *School Psychology Review*, 36(3), 361-382. Retrieved from: <http://www.nasponline.org/publications/spr/index.aspx?vol=36&issue=3>
- Craig, W., Harel-Fisch, Y., Fogel-Grinvald, H., Dostaler, S., Hetland, J., Simons-Morton, B.,... Pickett, W. (2009). A cross-national profile of bullying and victimization among adolescents in 40 countries. *International Journal of Public Health*, 54(2), 216-224. doi: 10.1007/s00038-009-5413-9
- Crothers, L. M., & Kolbert, J. B. (2004). Comparing middle school teachers' and students' views on bullying and antibullying interventions. *Journal of School Violence*, 3(1), 17-32. doi: 10.1300/J202v03n01_03
- Dake, J. A., Price, J. H., Telljohann, S. K. (2003). The nature and extent of bullying at school. *Journal of School Health*, 73(5), 173-180. doi: 10.1111/j.1746-1561.2003.tb03599.x
- Flaspohler, P. D., Elfstrom, J. L., Vanderzee, K. L., Sink, H. E., Birchmeier, Z. (2009). Stand by me: The effects of peer and teacher support in mitigating the impact of bullying on quality of life. *Psychology in the Schools*, 46(7), 636-649. doi: 10.1002/pits.20404
- Kockenderfer-Ladd, B., & Pelletier, M. E. (2008). Teachers' views and beliefs about bullying: Influences on classroom management strategies and students' coping with peer victimization. *Journal of School Psychology*, 46(4), 431-453. doi: 10.1016/j.jsp.2007.07.005
- Marachi, R., Astor, R. A., & Benbenishty, R. (2007). Effects of student participation and teacher support on victimization in Israeli schools: An examination of gender, culture, and school type. *Journal of Youth & Adolescence*, 36(2), 225-240. doi: 10.1007/s10964-006-9136-4

“Overall, the results found that students and teachers perceive bullying to occur with moderate to high frequency. Both groups relatively agreed on the most common locations of bullying being the hallways and lunchrooms.”

CONTINUED FROM PAGE 11

A Comparison of Secondary Student and Teacher Perceptions of School Bullying and Prevention Practices

- Maunder, R., Harrop, A., & Tattersall, A. (2010). Pupil and staff perceptions of bullying in secondary schools: comparing behavioural definitions and their perceived seriousness. *Educational Research, 52*(3), 263-282. doi: 10.1080/00131881.2010.504062
- Nansel, T. R., Craig, W., Overpeck, M. D., Saluja, G., & Ruan, W. J. (2004). Cross-national consistency in the relationship between bullying behaviors and psychosocial adjustment. *Arch Pediatr Adolesc Med, 158*, 730-736. doi: 10.1001/archpedi.158.8.730
- Nansel, T. R., Overpeck, M. O., Pilla, R. S., Runa, J. W., Simons-Morton, B., & Scheidt, P. (2001). Bullying behavior among US youth: Prevalence and association with psychosocial adjustment. *JAMA, 285*(16), 2094-2100. doi: 10.1001/jama.285.16.2094
- Olweus, D., Limber, S., & Mihalic, S. F. (2000). Bullying prevention program. In: D. S. Elliot (Ed.), *Blueprints for Violence Prevention Book Nine* (pp. 1-79). Golden, CO: Venture Publishing/C & M Press.
- Rigby, K., & Bagshaw, D. (2003). Prospects of adolescent students collaborating with teachers in addressing issues of bullying and conflict in schools. *Educational Psychology, 23*(5), 535-546. doi: 10.1080/0144341032000123787.
- Smith, J. D., Schneider, B. H., Smith, P. K., & Ananiadou, K. (2004). The effectiveness of whole-school antibullying programs: A synthesis of evaluation research. *School Psychology Review, 33*(4), 547-560. Retrieved from: <http://www.nasponline.org/publications/spr/index.aspx?vol=33&issue=4>
- Stein, J. A., Dukes, R. L., & Warren, J. I. (2007). Adolescent male bullies, victims, and bully-victims: A comparison of psychosocial and behavioral characteristics. *Journal of Pediatric Psychology, 32*(3), 273-282. doi: 10.1093/jpepsy/jsl023
- Totura, C. M., Green, A. E., Karver, M. S., & Gesten, E. L. (2009). Multiple informants in the assessment of psychological, behavioral, and academic correlates of bullying and victimization in middle school. *Journal of Adolescence, 32*(2), 193-211. doi: 10.1016/j.adolescence.2008.04.005
- Vreeman, R. C., & Carroll, A. E. (2007). A systematic review of school-based interventions to prevent bullying. *Arch Pediatr Adolesc Med., 161*(1), 78-88. doi: 10.1001/archpedi.161.1.78

RESEARCH FORUM

Body Dysmorphic Disorder in Adolescence: Understanding Imagined Ugliness

Keith Brewster, Ph.D., University of British Columbia



“Body dysmorphic disorder (BDD) is a devastating psychological condition that is all too often under recognized and misunderstood, specifically in the adolescent population (Buhlmann & Winter, 2011).”

Everyone experiences concerns about their physical appearance. This truth rings especially clear during adolescence. Some individuals, however, can become so overly distressed, anxious, and fearful about their appearance that it begins to interfere with many aspects of their daily life (Phillips, 2004). These exaggerated fears, and the array of delusional thoughts and maladaptive behaviours that accompany them, may suggest the onset and development of a severe psychological condition known as body dysmorphic disorder (Reese et al., 2011).

Body dysmorphic disorder (BDD) is a devastating psychological condition that is all too often under recognized and misunderstood, specifically in the adolescent population (Buhlmann & Winter, 2011). As its name suggests, BDD is characterized by preoccupations with perceived bodily flaws and physical appearance. These flaws are often unwarranted, minimal, or nonexistent (Windheim et al., 2011). However, individuals with BDD genuinely believe

that they are deformed in every sense of the word. As such, they tend to experience debilitating anxiety stemming from fears of deformity, inadequacy and judgments by others (Phillips, 2004).

The development and maintenance of BDD has major implications adolescent social development, adjustment, and transitioning (Phillips, 2004). Unfortunately, due to the nature of the symptomology, BDD often goes unnoticed and unrecognized amongst teachers, friends, family, and health care professionals alike (Buhlmann & Winter, 2011). Given its adverse effects on adolescent psychosocial functioning, understanding the intricacies of BDD is paramount in improving awareness, acceptance, and care.

History

BDD was first described in 1886 by Italian psychiatrist Enrico Morselli (Morselli, 1891). Initially coining the disorder “dysmorphophobia,” Morselli reported that patients experienced sudden

fears of deformity and painful desperation (Phillips, 2001). Over the years, BDD has attracted the attention of some of the most prominent figures in psychology. In 1909, Emil Kraepelin described it as a mental malfunction leading to beauty-based hypochondriasis (Kraepelin, 1909). Similarly, Sigmund Freud also encountered the disorder while treating a patient in the late 1930’s. Freud described his patient as being so preoccupied about his nose that he was unable to function outside of his obsessive thoughts (Gunsted, 2003). Despite its historical relevance, BDD was only officially recognized as a member of the somatoform disorders in the Diagnostic and Statistical Manual (DSM-III) in 1987 (Phillips, 2001). Although our understanding of BDD has grown considerably since the early work of Morselli, Kraepelin and Freud, many aspects of the disorder remain relatively unknown and understudied.

Clinical Features

The onset of BDD typically begins in

CONTINUED FROM PAGE 13

Body Dysmorphic Disorder in Adolescence: Understanding Imagined Ugliness

“Adolescents with BDD may also engage in a series of ritualistic maladaptive behaviours that are typically associated with extreme anxiety (Gunstad & Phillips, 2003). These behaviours may include body rocking, skin picking, lack of sleep, inability to focus, decreased appetite, lack of empathy, lethargy, self-assurance seeking, social withdrawal, aggressive outbursts, and suicidal ideation (Phillips, 2001, 2004).”

early adolescence although it has been shown to develop in mid-late childhood (Phillips, 2004). Although the clinical features of BDD may vary dependent on age of onset, the central theme of the disorder remains intact: Individuals maintain constant delusional obsessions centered on their physical appearance (Korkina, 1965; Phillips, 2001). Sufferers of BDD may describe themselves as unattractive, deformed, and even obese with little evidence to warrant such a label (Rosen et al., 1995). Typically, appearance concerns center on the head or facial area with special interest on skin tone, facial asymmetries, skin appearance, a misshapen nose, and hair loss (Buhlmann & Winter, 2011). Although the facial area has been the primary source of concern, adolescents with BDD have shown to extend their concerns to one or many other regions of the body, as well (Windheim et al., 2011).

The delusional preoccupations appear to be relatively difficult to inhibit or control in individuals with BDD. Dependent on symptom severity, individuals may spend between 2-8 hours a day focusing on or attempting to modify their appearance (Cotterill, 1996). In some cases, individuals may also engage in a series of behaviours aimed at examining or modifying their perceived flaws (Phillips, 2004). Such behaviours may include extreme levels and frequencies of mirror gazing, picture taking, grooming, make-up application, hairstyle changes, clothing

changes, exercising, dieting, and grasping of the body (Phillips, 2001; Bohne, 2002; Cotterill, 1996).

Adolescents with BDD may also engage in a series of ritualistic maladaptive behaviours that are typically associated with extreme anxiety (Gunstad & Phillips, 2003). These behaviours may include body rocking, skin picking, lack of sleep, inability to focus, decreased appetite, lack of empathy, lethargy, self-assurance seeking, social withdrawal, aggressive outbursts, and suicidal ideation (Phillips, 2001, 2004). These behaviours also tend to be consistent with a variety of other psychological disorders and conditions including social anxiety, depression, social phobia, obsessive compulsive disorder, eating disorders (anorexia nervosa, bulimia nervosa, and binge-eating), and a variety of personality disorders (Buhlmann & Winter, 2011; Hollander et al., 1989). These similarities can often mask the recognition of BDD in adolescents, further complicating the diagnostic process (Korkina, 1965).

In the DSM IV, BDD is classified as a somatoform disorder because of preoccupations with somatic complaints (Phillips, 201). As such, BDD is often compared to hypochondriasis, another somatoform disorder, as both disorders are characterized by exaggerated beliefs (Cotterill, 1996). Although the two share similar traits, BDD is concerned with bodily appearances, whereas hypochondriasis focuses on disease and

illness (Buhlmann & Winter, 2011). BDD also has some overlap with a variety of eating disorders. In both disorders, individuals experience body image disturbances and participate in ritualistic behaviours aimed at improving appearance (Gunstad & Phillips, 2003). However, whereas individuals with BDD have several bodily preoccupations (hair, nose, skin, hands, etc.), the preoccupations experienced by individuals with eating disorders are primarily centered on weight and body shape (Buhlmann & Winter, 2011).

Although BDD is primarily associated with delusional thought processes, it also affects psychosocial development and functioning. Adolescents with the disorder typically have trouble engaging, interacting, and empathizing with peers (Neziroglu et al., 2002). As they age, individuals also display marked deficiencies in the ability and desire to develop and maintain close friendships and intimate relationships (Phillips, 2000). These difficulties are believed to arise from increased fear of bodily persecution, feelings of shame, guilt, unworthiness, and embarrassment (Phillips, 1993). Adolescents with the disorder also tend to have poor insight into their disorder, failing to recognize that they suffer from a disorder at all (Rosen et al., 1995).

Etiology

Although our understanding of BDD has greatly improved, a direct cause of

CONTINUED FROM PAGE 14

Body Dysmorphic Disorder in Adolescence: Understanding Imagined Ugliness

“Researchers argue that the cultural emphasis on beauty, specifically phenotypical beauty, promotes beauty based psychological disorders like BDD and eating disorders that are more common in today’s youth (Phillips, 2001).”

BDD has yet to be found (Phillips, 2003). Rather, it is believed that a combination of multiple factors contributes the development and maintenance of the disorder (Phillips, 2000). Many experts attempt to describe the cause of BDD using a multi-faceted, biopsychosocial model. This approach cites a possible connection between multiple biological, psychological, and sociological factors as causation for BDD (Cotterill, 1996).

Biologically, a growing body of evidence suggests BDD may be caused by neurological anomalies (Bohne et al., 2002). Evidence of such has spawned primarily from research examining the high comorbidity between BDD and obsessive compulsive disorder (OCD). Said research has found structural differences in neural scans between OCD patients and healthy controls (Phillips et al., 1993). These abnormalities, found primarily in the limbic and basal ganglia regions, are believed to extend into the development of BDD (Phillips, 2002). However, the nature and direction of that relationship has yet to be elucidated.

Psychologically, research has also demonstrated a series of personality traits to be associated with the development and maintenance of BDD (Wilhelm et al., 1999). Specifically, insecure, sensitive, anxious, narcissistic, introverted, and schizoid personality traits are common among individuals (adolescents and adults) with BDD (Windheim et al., 2011). In a study conducted by Hollander (1993),

38% of BDD patients were shown to have comorbid personality disorders in addition to other psychological disorders (Hollander, 1993). Some researchers also believe that deficient cognitive processes may contribute to the development of BDD (Buhlmann & Winter, 2011). A study conducted by Buhlmann et al. (2002), outlined deficits in attention, visual processing, emotional recognition, and memory as possible causes for the disorder. Although these abnormalities influence perception, their effect on the delusional components of BDD remains highly debated.

Sociological factors are also believed to play a part in the development of adolescent BDD. Researchers argue that the cultural emphasis on beauty, specifically phenotypical beauty, promotes beauty based psychological disorders like BDD and eating disorders that are more common in today’s youth (Phillips, 2001). It is believed that adolescents continually exposed to “beautiful” people, typically through main stream media (television, internet, magazines), can negatively respond in two ways; (1) increase internal pressure aimed at attaining similar features and/or (2) initiate feelings of self-doubt and inadequacy upon realizing that such features cannot be attained (Phillips, 2003).

Prevalence

Despite the common belief that BDD is a strictly Western phenomenon

associated with females, the disorder is equally distributed across gender and culture (Phillips et al., 1996). Unlike other psychological disorders outlined in the DSM IV-TR (2000), there has yet to be a large epidemiological survey determining a precise measure of BDD prevalence in the general population (Phillips, 2004; Rosen 2003). Rather, studies from community samples suggest the general prevalence rate at between 0.7 and 1.1 % while rates in clinical samples are significantly elevated with reported rates of 2.2%, 4%, and 6% (Grant, 2001; Phillips, 1996).

One of the main difficulties in determining exact prevalence of BDD in adolescents in both community and clinical settings is its elevated rate of comorbidity (Phillips, 2003). As noted earlier, BDD tends to be highly correlated with a host of other psychological disorders and conditions (Phillips, 2004; Rosen, 1995). As such, the recognition and accurate diagnose of the disorder is often masked, thereby complicating prevalence estimates.

Treatment

Although research remains relatively limited in BDD, the continuous administration of psychotropic drugs (antidepressants) and integration of cognitive behaviour therapy (CBT) appears to provide the best outcomes for individuals with BDD (Phillips, 2001, 2004; Wilhelm, 1999). Selective serotonin reuptake inhibitors (SSRIs) are the most

CONTINUED FROM PAGE 15

Body Dysmorphic Disorder in Adolescence: Understanding Imagined Ugliness

successful psychotropic drugs used to treat individuals with BDD, specifically those suffering from moderate-severe delusions (Phillips, 2004). Phillips et al. (1993) found that 58% of patients positively responded to SSRIs while only 5% responded to other pharmaceutical based medications. Although the administration of SSRIs has been moderately successful in the past, their usage in conjunction of psychotherapy, specifically CBT, is believed to be in the most effective form of treating individuals with BDD (Cromarty, 1995; McKay, 1999; Neziroglu, 1996; Wilhelm, 1999).

CBT is designed to solve problems concerning dysfunctional behaviours and cognitive patterns through goal directed therapy (Neziroglu et al., 1996). CBT is described as cognitive restructuring as it seeks to change the negative thought patterns of individuals with a variety of disorders and mental illnesses (Reese and et al., 1995). In BDD, CBT may present multiple social scenarios in which individuals be forced to systematically expose their flaws without covering them up (Wilhelm et al., 1999). These exercises help reduce negative thought patterns and behaviours while providing reassurance that flaws are of little concern to themselves, and most importantly others around them (Cromarty et al., 1995).

Conclusion:

BDD is a severe psychological condition that induces debilitating anxiety stemming primarily from bodily preoccupations (Phillips, 2001). The disorder has been shown to negatively affect the psychosocial functioning in all affected, specifically adolescents. Although the disorder is marked by delusional symptomology, it goes relatively unnoticed amongst teachers, friends, family, and health care professionals alike (Rosen, 1995). Given the sensitivity of the population primarily affected (adolescents), promoting the awareness understanding of the disorder, specifically school psychologists in educational settings, is integral in improving acceptance and care for adolescents with BDD.

References

- Bohne A, Keuthen NJ, Wilhelm S et al. (2002). Prevalence of symptoms of body dysmorphic disorder and its correlates: a cross-cultural comparison. *Psychosomatics*, 43, 486-490.
- Buhlmann, U., Winter, A. Perceived Ugliness: An Update on Treatment-Relevant (2011). *Current Psychiatry Report*, 13, 283-288.
- Buhlmann, U., Wilhelm, S., McNally, R. J., Tuschen-Caffier, B., Baer, L., & Jenike, M. (2002). Interpretive biases for ambiguous information in body dysmorphic disorder. *CNS Spectrums*, 435, 6, 441-443.
- Cotterill JA. (1996). Body dysmorphic disorder. *Psychodermatology*, 14, 457-463.
- Cromarty P, Marks I. (1995). Does rational role-play enhance the outcome of exposure therapy in dysmorphophobia? A case study. *British Journal of Psychiatry*, 167, 399-402.
- Grant JE, Won Kim S, Crow SJ. (2011). Prevalence and clinical features of body dysmorphic disorder in adolescent and adult psychiatric inpatients. *Journal of Clinical Psychiatry*, 62, 517-522.

- Hollander E, Liebowitz MR, Winchel R. (1989). Treatment of body dysmorphic disorder with serotonin reuptake blockers. *American Journal of Psychiatry*, 146, 768-770.
- Gunstad J, Phillips KA. (2003). Axis I comorbidity in body dysmorphic disorder. *Comprehensive Psychiatry*, 44, 270-276.
- Korkina MB. (1965). The syndrome of dysmorphomania (dysmorphophobia) and the development of psychopathic personality. *Psychiatry*, 65, 1212-1217.
- Kraepelin E. *Psychiatrie*, 8th ed. Leipzig: Barth, 1909-1915.
- Marks I, Mishan J. (1988). Dysmorphophobic avoidance with disturbed bodily perception: a pilot study of exposure therapy. *British Journal of Psychiatry*, 1, 52, 674-678.
- McKay D. (1999). Two-year follow-up of behavioral treatment and maintenance for body dysmorphic disorder. *Behaviour Modification*, 23, 620-629.
- Morselli E. (1891). Sulla dismorfofobia e sulla tafefobia: due forme non per anco descritte di Pazzia con idee fisse. *Boll R Accad Genova*, 6, 110-119.
- Neziroglu F, Khemiani-Patel S. (2002). A review of cognitive and behavioral treatment for body dysmorphic disorder. *CNS Spectrums*, 7, 464-471.
- Neziroglu F, McKay D, Todaro J. (1996). Effect of cognitive behavior therapy on persons with body dysmorphic disorder and comorbid axis II diagnoses. *Behaviour Therapy*, 27, 67-77.
- Phillips KA. Body dysmorphic disorder. In: Phillips KA (ed). *Somatoform and factitious disorders*. Washington: American Psychiatric Publishing, 2001.
- Phillips KA. (2000). Quality of life for patients with body dysmorphic disorder. *Journal of Mental Disorders*, 188, 170-175.
- Phillips, K.A. (2003). Body dysmorphic disorder: recognizing and treating imagined ugliness. *World Psychiatry*, 3, 1, 12-17
- Phillips KA, Nierenberg AA, Brendel G. (1996). Prevalence and clinical features of body dysmorphic disorder in atypical major depression. *Journal of Mental Disorders*, 184, 125-129.
- Phillips KA, McElroy SL, Keck PE Jr. (1993). Body dysmorphic disorder: 30 cases of imagined ugliness. *American Journal of Psychiatry*, 150, 302-308.
- Reese, H., McNally, R., Wilhelm, S. (2011). Probabilistic reasoning in body dysmorphic disorder. *Journal of Behavior Therapy and Experimental Psychiatry*, 42, 270-276.
- Rosen JC, Reiter J, Orosan P. (1995). Cognitive-behavioral body image therapy for body dysmorphic disorder. *Journal of Consultation Clinical Psychology*, 63, 263-269.
- Wilhelm S, Otto MW, Lohr B. (1999). Cognitive behavior group therapy for body dysmorphic disorder: a case series. *Behaviour Restorative Therapy*, 37, 71-75.
- Windheim, K., Veale, D., Anson, M. (2011). Mirror gazing in body dysmorphic disorder and health controls: Effects of duration of gazing. *Behaviour Research Therapy*, 14, 1, 1-10.

VIEWPOINT

Twelve Years Old: Life Without Parole

By Tony D. Crespi, Ed.D., A.B.P.P., The University of Hartford

“Noting this premise of cruel and unusual punishment, the courts noted such landmark cases as *Thompson v. Oklahoma* (1998, 487 U.S. 815) in indicating that the age of a minor is itself a relevant mitigating factor and that the death penalty is not appropriate for children. In contrast, though, while the death penalty is no longer appropriate for youth, life sentencing without parole (LWOP) continues to be legally leveled against youth in more cases than often realized.”

Author’s Preface: In November 2009 the Supreme Court docket included oral arguments on two (non-homicide) cases decreed 20 years ago, involving two males who, then, at the ages of 13 and 17, were committed to life without parole [LWOP]. The outcomes of these cases involving Joseph Sullivan, then 13, and Terrance Graham, then 17, may determine if such sentences violate the Eighth Amendment as cruel and unusual punishment for a child. The implications of these cases may profoundly alter legal sentences for children who commit dangerous crimes.

In the landscape of criminal sentencing for minors who commit the most serious of offenses, society struggles with the appropriate severity of court rulings. In truth, how should society handle children who commit such violent crimes as murder? In 2008 the United States Supreme Court held that the death penalty for juvenile offenders constituted cruel and unusual punishment under the Eighth Amendment. Noting this premise of cruel and unusual punishment, the courts

noted such landmark cases as *Thompson v. Oklahoma* (1998, 487 U.S. 815) in indicating that the age of a minor is itself a relevant mitigating factor and that the death penalty is not appropriate for children. In contrast, though, while the death penalty is no longer appropriate for youth, life sentencing without parole (LWOP) continues to be legally leveled against youth in more cases than often realized. In 2003, for instance, in the State of Florida, then 12 year old Lionel Tate was sentenced to LWOP for murder (*Tate v. State*, 2003, 864 So. 2d 44; Florida App. 4 Dist.). Tragically, this is not a new sentence for children. In 1989, for example, in the State of Washington 13 year old Ray Massey was also sentenced to LWOP for a murder committed during a robbery.

Can we predict how today’s violent children will react tomorrow? No! Is there justification for life sentencing for children in the ways we commit adults? No! In reality, while schools, communities, and school psychologists struggle with serious delinquent behaviors (as well



as criminal behavior which can entail criminal sentencing), few professionals actually understand the outcomes of legal sentences for children nor the thinking of the nation’s courts in handling these youth.

Unknown to many school psychologists who may not follow legal sentencing and court decisions impacting children, youth can face the harshest of punishments. In fact, LWOP has impacted thousands of youth. While the United States Supreme Court in 2005 expressed concern about the sentencing of youth (i.e. *Roper v. Simmons*, 2005, 543 U.S. 551, 567), the serious nature of such offenses as murder continues to lead to sentences of LWOP. This article is intended to provide readers with a glimpse into the sentencing of children, while helping to provide a thoughtful discussion on the thinking behind recent court decisions impacting youth. Given that each of the cases cited

CONTINUED FROM PAGE 17

Viewpoint Twelve Years Old: Life Without Parole

involved children who once attended schools, the implications can be profound.

“Understand, the court has felt that a 15 year old - more than a 50 year old - can be expected to undergo personality changes as time passes. This growth potential, though, is counter to a life sentence, and seems to be a reasonable factor to take into consideration.”

Background

The very youthful nature of children has led the courts to be concerned with legal sentencing for children. Indeed, in *Roper v. Simmons*, 2005, 543 U.S. 551, 567 the Court accepted the assumption that juveniles are less culpable than adults and cannot be classified as the worst offenders. Understand, the court has felt that a 15 year old - more than a 50 year old - can be expected to undergo personality changes as time passes. This growth potential, though, is counter to a life sentence, and seems to be a reasonable factor to take into consideration. Thus, the potential to develop into a non-violent and possibly productive citizen remains an unattainable possibility for a youth sentenced to LWOP.

Is the personality of a 14 year old completely formed if he commits a violent crime at this age? Do children or adolescents fully understand the consequences of their actions? Do the irresponsible behaviors of children constitute a life-long pattern? Not always. In truth, the reckless behavior of youth may, we hope, subside with development. In reality, not all irresponsible behaviors lead to a life-long pattern. In *Roper v. Simmons* the Court concluded that juveniles are less likely than adults to weigh the possibility of a harsh sentence, and noted that the rehabilitative possibility

is greater with youth.

Indeed, how many children receive life sentences? Amnesty International has estimated 2,225 inmates are serving life sentences for crimes committed when under the age of 18. Moreover, at least 22 states impose LWOP sentences for 15 year old offenders. Sixteen states impose LWOP as mandatory minimum or maximum for enumerated crimes.

Of particular interest for those interested in the disposition of cases with children, it is notable that states vary in the use and legislation of LWOP. In Colorado, for example, the court noted that LWOP is a loss to society, as children are developmentally different from adults (2006, Colorado Legis. Serv. Ch 228, H.B. 06-1315). In Montana, in contrast, if the crime committed was done with a youth under age 18 statutory mandatory minimums do not apply. Do such dramatic differences between and among states make sense? Is it time to establish a position which takes into account the changing maturity and reasoning of children as they age? As the Supreme Court hears such cases, will a national standard may be established? Indeed, current cases may profoundly alter legal sentencing for children. At the same time, what thinking led to abolishing the death penalty for children?

Considerations and Conclusions

In 2005, in *Roper v. Simmons* the

United States Supreme Court held that the Eighth and Fourteenth Amendments do not support the execution of offenders under the age of 18. Noting important developmental differences between youth and adults, the Court highlighted the cognitive and emotional immaturity of youth and ruled against such a sentence for children. At the same time, while the death penalty no longer became applicable for youth, sentences of LWOP remained part of the justice system. For those with interests in the rehabilitation of children, such decisions are noteworthy. After all, the children who have received a sentence of LWOP attended schools at some point. Further, school psychologists understand that youth do not possess the sophisticated decision making and problem solving abilities of adults and such cognitive qualities can change over time. The *Roper v. Simmons* case discussed the differences in understanding consequences between adolescents and adults, with adolescents demonstrating a weaker understanding of future consequences than adults. In fact, the court noted that adolescent cognitive development is not fully developed relative to reasoning as well as impulse control.

Still, the use of life sentences for children suggests that society and the legal system views certain behaviors in youth as intractable. Do certain crimes indicate that these behaviors reflect adult thinking? Does youthful immaturity and recklessness become solidified by

CONTINUED FROM PAGE 18

Viewpoint Twelve Years Old: Life Without Parole

“Are children different than adults? Yes. Is childhood behavior a definite predictor of adult behavior? No. What is the message society is conveying about children when youth are sentenced for LWOP?”

virtue of serious behavioral misdeeds? Indeed, the questions are complex. For school psychologists who may intersect with these children prior to committing such acts as murder the implications are key. Can early intervention change a life trajectory? Sometimes! Indeed, a small population of school psychologists working outside the schools but working directly with this population within correctional programs, within forensic psychiatric units, and within alternative juvenile justices programs are in a critical position from which to acquire key material - research - from which to expand our knowledge and understanding. Yet, both this population of practitioners and this population of children remain largely outside of the “radar” of educators and school psychologists.

As we process these issues school psychologists might contemplate a series of questions which could stimulate important research and further our understanding on children and the outcomes of children who commit serious crimes:

- 1) What behaviors did children committed to LWOP display in school?
- 2) What psychological interventions were used in the past?
- 3) How did the schools react to a former student committed to LWOP?
- 4) Do schools mediate punishments taking into account age and development?

- 5) Do schools render punishments with a watchful understanding of child development?

The problem of handling of severely dangerous youth and dangerous behaviors committed by youth is not new. Schools and school psychologists have struggled with such issues for years. At the same time, this article has attempted to provide insights into how the legal system is handling such issues. Most striking may be that LWOP does not occur in every state. In fact, it varies across states, which itself suggests a disturbing lack of consensus on how society feels about this problem. At this point in time, as we await a critical ruling from the United States Supreme Court on the cases of Joseph Sullivan and Terrance Graham , it may be that criminal sentences for crimes committed by youth may change. Both these cases, Florida cases, involved burglaries, with one also including a sexual assault. With neither case involving murder, were these life sentences disproportionate to such youthful crimes? What has happened to these men? Sullivan is now 33 and in a wheelchair. Graham, who had been described as possessing an escalating pattern of behavior, has spent the past 20 years in confinement. In both cases there were victims: No one died. No one knows what might have happened with psychological interventions.

Are children different than adults? Yes. Is childhood behavior a definite

predictor of adult behavior? No. What is the message society is conveying about children when youth are sentenced for LWOP? Most importantly, how many such lives might have been directed on a new trajectory with early intervention? This unique ruling by the United States Supreme Court may suggest important thinking about society’s view on children, and their dangerous behavior (change repeated word). In truth, we possess too little research on this population. Simply put, too many answers are unknown. We, as school psychologists, though, can begin to change this through the careful construction of long-term follow-up research on troubled youth. In the meantime, these cases can stimulate our thinking as these rulings may have implications for all our lives.

Division 16 Offers a Strong Scientific Program at the Upcoming 2011 APA Convention

James C. DiPerna,
Division 16 Vice-President of Convention Affairs and Public Relations

“On behalf of the Division 16 Executive Committee and the Division 16 Convention Chair, we look forward to seeing you in Washington, DC on August 4-7, 2011.”

Division 16 has established a strong scientific program that will be featured at the 2011 APA Convention in Washington, DC, August 4-7, 2011. With the leadership of Sara Bolt (Chair) and the contributions of over 50 reviewers, the convention program has been finalized. The Division 16 proceedings are extensive, with nearly 35 hours of events scheduled for faculty, practitioners, and students. There are 11 symposium sessions, over 150 posters, and 3 invited addresses included in the 2011 Division 16 convention program. The invited addresses include: Dr. Karen Stoiber (*“Educating Urban and At-Risk Youth: Realities, Strategies, and Reform.”*), Dr. Edward Shapiro (*“Scaling the Mountain: Implementation Science in Delivering Evidence-Based Interventions in Schools”*), and Dr. Louis Danielson (*“Research to Practice in Education: Reality, Possibility, or Wishful Thinking?”*).

In addition, all participants are encouraged to attend the Division 16 Presidential Address, the Division 16 Business Meeting, and the Division 16 Social Reception, each scheduled

for Saturday 8/6 in the Independence Ballroom of the Washington Grand Hyatt. For those interested in contemporary professional resources, over 100 exhibitors from around the world will be participating in the 2011 APA Convention.

Also, if you want to take break from the convention or have an extended stay with your family, Washington is home to countless museums, monuments, and the National Zoo! We anticipate that you will enjoy the Division 16 program, as well as the many attractions in Washington, DC. The portal for both registration and housing are online <http://www.apa.org/convention/index.aspx>

Thank you again to Dr. Sara Bolt (D16 Convention Chair) for her efforts in preparing the convention schedule, and all those who served as reviewers of proposals. On behalf of the Division 16 Executive Committee and the Division 16 Convention Chair, we look forward to seeing you in Washington, DC on August 4-7, 2011.



BOOK REVIEW

The Prescription for Progress?

Review of McGrath, R. E., & Moore, B. A. (Eds.). (2010).

*Pharmacotherapy for psychologists:
Prescribing and collaborative roles.*

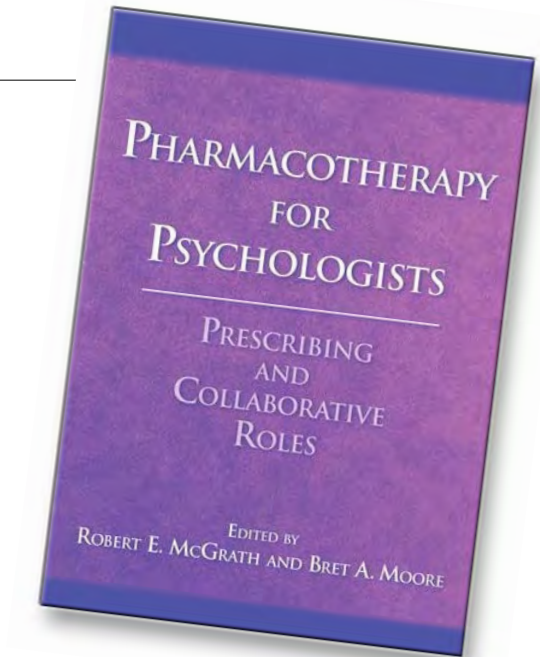
Washington, DC: American Psychological Association.

Jeffrey D. Shahidullah and John S. Carlson
Michigan State University

The British author and explorer, Freya Stark once remarked: “The most ominous of fallacies: the belief that things can be kept static by inaction.” This revealing aphorism aligns with Robert McGrath and Bret Moore’s rationale for psychologists eluding professional irrelevancy by obtaining prescriptive authority. The prescriptive authority for psychologists (RxP) movement began in the early 1990’s and progress has since been made in garnering RxP in two states (Louisiana and New Mexico) as well as in the military, Public and Indian Health Services. With similar legislative agendas emerging in several other states, the number of states offering prescriptive authority to psychologists

will inevitably increase (APA, 2009). The RxP movement has implications for the field of school psychology as the use of psychotropic medication to treat children with emotional and behavioral disorders has increased in frequency over the past several decades (DuPaul & Carlson, 2005). Kubiszyn (1994) points out that appropriately-trained school psychologists may be in the best position of any healthcare provider to make decisions to initiate, terminate, and integrate pharmacological, psychotherapeutic, and educational interventions in the school setting.

“In years past, psychologists were called on for diagnosis of mental disorders and psychotherapy...” (McCormick, 2010,



p. 189).

However, with the American Psychological Association’s (APA) legislative effort for RxP and push for psychopharmacology training¹, appropriately-trained school psychologists will see their roles change. They will be involved in treatment collaboration and decision-making through psychotropic research (Level 1 training), monitoring/evaluation (Level 2 training), and prescribing medication (Level 3 training). The RxP debate continues within APA and Division 16 as not all school psychologists’ view this movement positively. 59% of Division 16 members support role expansion to include prescriptive authority

¹The American Psychological Association (APA) recommends three levels of training in psychopharmacology for psychologists: Level 1: Basic Psychopharmacology Education (a single psychopharmacology course with biopsychology, or biological basis of behavior as a prerequisite); Level 2: Collaborative Practice (multiple courses plus supervised practice/research); Level 3: Prescriptive Authority (undergraduate science degree, all of the above noted graduate coursework, plus a postdoctoral period of supervised clinical experience) (Kubiszyn, 1994).

Book Review: The Prescription for Progress?

“Pharmacotherapy for Psychologists is a clearly written guide that offers a “snapshot” of the RxP movement, including professional issues surrounding prescriptive authority, medical collaboration, future implications for professional identity, and ongoing legislative efforts.”

for appropriately-trained psychologists; of which, even fewer are interested in prescribing medication themselves (Kubiszyn & Carlson, 1995). Nevertheless, as the prevalence of psychotropic medication in school settings increases, there will be continued scrutiny on the RxP issue as advocates, such as McGrath and Moore, demonstrate how mental health needs can be met by appropriately-trained psychologists at Levels 1 and 2.

Pharmacotherapy for Psychologists is a clearly written guide that offers a “snapshot” of the RxP movement, including professional issues surrounding prescriptive authority, medical collaboration, future implications for professional identity, and ongoing legislative efforts. The volume is broken up into four parts which provide summation of the RxP literature from the past 20 years or so. Part I covers the rationale for RxP and history of the prescriptive authority movement. Part II covers general practice issues, including the challenges of pharmacotherapy practice, ethical considerations, integration of psychotherapy and pharmacotherapy, and evaluation of drug research. Part III describes issues related to prescribing in specific settings and with specific populations (e.g., schools). Finally, Part IV provides ideas for getting prescriptive authority passed and the future of RxP.

While the authors use most of the

book to support the two main altruistic arguments for RxP: (a) greater access to service for underserved populations and (b) improved overall quality of care; they also recognize the fiscal and professional advantages of RxP. Obtaining RxP allows psychologists, as mental health professionals, to evolve. McGrath and Moore (2010) point out that without evolving, psychologists may become irrelevant as other mental health professions continue to grow and expand their roles:

Licensed counselors are conducting psychological testing. Social workers have moved from conducting social needs assessment and case management to providing direct psychotherapy, with reimbursement rates comparable with those of psychologists. Psychiatrists have moved into more traditional medical settings, providing consultation and liaison; more and more they are increasing their expertise in neuroimaging, genetics, and nonpharmacological treatments, such as electroconvulsive therapy and psychosurgery (p. 4).

This observation is offered at the outset of the book and sets the tone for the authors’ adamant RxP advocacy for the rest of the volume.

An informed reader must keep in mind that many of the volumes’ contributors are members of APA’s Division 55

(American Society for the Advancement of Pharmacotherapy) Task Force on Practice Guidelines. Also, the editors of this volume, Robert E. McGrath, PhD and Bret A. Moore, PsyD, ABPP served as former president of APA Division 55 and RxP Chair for Division 19 (Society for Military Psychology), respectively. Unabashedly, the authors demonstrate their advocacy on the RxP issue. The volume includes not only the authors’ opinions on RxP but also those of prescribing psychologists in private practice. The authors detail how needs of clients served by prescribing psychologists in New Mexico and Louisiana are better met (e.g., higher quality of care and greater access to service for underserved populations) because of RxP.

For school psychologists not particularly concerned about ongoing legislative efforts involving RxP, the authors provide information relevant to how school psychologists’ roles and duties may change and offer advice on dealing with situations they may encounter. Even for psychologists without intention to pursue prescriptive authority, they should recognize that the RxP movement will likely offer long-term stability for the profession. The authors posit: “The demand for adequate mental health care far exceeds its current availability and psychologists with prescriptive authority offer a cost-efficient, timely, safe and effective means for addressing shortages of care” (p. 22). Moreover, appropriately-

CONTINUED FROM PAGE 22

Book Review: The Prescription for Progress?

“The information in the book lends well to use by psychologists who understand the importance of research, evaluation, and collaboration with other mental health professionals, teachers and parents on school psychopharmacology issues.”

trained school psychologists, who have greater access to students than physicians, can collaborate with physicians to integrate and evaluate pharmacological intervention within existing services. This allows schools to provide more comprehensive treatment for children who fail to respond to school-based services.

While *Pharmacotherapy* is not, nor claims to be, a comprehensive authority on the RxP issue, more attention could have been paid to prescribing practices in pediatric populations and school settings. Even though psychotropic medication is prescribed for school-aged populations more frequently than in previous years (Medco Health Solutions, 2008), drug research in pediatric populations is years behind that of adults (McCormick, 2010, p. 197). Practitioners often attempt to extrapolate the findings of adult psychopharmacology to children (Vitiello, 2007). This practice raises safety and ethical concerns in pediatric prescribing practices.

Of particular concern is the ethical dilemma faced with “off-label” prescribing to pediatric populations when insufficient efficacy or safety data has been obtained for FDA approval. Off-label prescribing is prevalent as Radley, Finkelstein, and Stafford (2006) found among their sample that 21% of all prescriptions were off-label; many of which target pediatric populations. Another ethical consideration is the adequacy of monitoring drug-effects in children when prescribed medication

has abuse potential or can be toxic.

Current prescribers tend to be outside the school setting; thus have little access to prescribed children to assess and monitor dose-response, effectiveness, and side-effects. This practice raises questions about the medical ethical values of beneficence (act in the best interest of the patient) and nonmaleficence (do no harm). Juxtaposing the appropriately-trained psychologists’ ability to evaluate, monitor, and prescribe in school-based settings with that of the psychiatrists’ would have made the authors’ case for RxP and enhanced pharmacological training for psychologists more salient.

A nonpartisan reader interested in an objective portrayal of the sides of the RxP debate may not find the book to be an adequate resource. The authors’ advocacy for RxP makes the text a suitable resource for psychologists who already realize the utility of psychopharmacology training and competency in the field. The volume does include a short section entitled, “Countering the Case against Prescriptive Authority,” which presents the most frequent arguments against RxP (e.g., lack of training, potential overreliance on pharmacological interventions, and the blurring of professional identity). However, given the divergence of opinion on RxP even among psychologists (Kubiszyn & Carlson, 1995), more attention could have been given to this section.

A typical school psychologist may find

that much of the book extends beyond their scope of professional needs in regards to its’ coverage of the evolution of training guidelines in pharmacotherapy for psychologists, implications for working in private practice settings, and close examination of *The Psychopharmacology Demonstration Project (PDP)*. While only a portion of *Pharmacotherapy* addresses RxP implications for working with school-aged children, it does offer practical insights for school psychologists dealing with psychopharmacology issues at Levels 1 and 2 (e.g., assessing effects of psychotropic medication), which align with best practice (Carlson, 2008).

Covering a wide array of RxP related issues in fewer than 250 pages, at no point did the text feel redundant. The volume’s brevity is one of its greatest strengths and lends it well to use by psychologists who understand the importance of research, evaluation, and collaboration with other mental health professionals, teachers and parents on school psychopharmacology issues. Nevertheless, similar to current research trends, this volume does not adequately address the dearth of RxP literature on psychotropic medication for pediatric populations and psychopharmacological issues for school-based psychologists. While McGrath and Moore intend for merely an RxP movement overview, their cause may have been better presented by making the lack of psychopharmacological accountability in school-settings a more

CONTINUED FROM PAGE 23

Book Review: The Prescription for Progress?

central component in their RxP argument.

The RxP movement is a major advancement that may significantly alter the mental health landscape of psychologists along with other mental health professions. However, the underlying roles and functions of helping children succeed in school will not change as a result of obtaining RxP. School psychologists obtaining prescriptive authority merely offers a supplemental evidence-based intervention strategy to add to our “tool-belt” as one of many other tools used in mental health treatment for children. While the RxP movement will likely continue to be a controversial issue for debate in coming years, *Pharmacotherapy* succeeds in providing a thorough outline of progress made and delineates future goals and objectives.

Is *Pharmacotherapy* the “prescription for progress”? For professionals in the field of psychology who realize the need and importance of psychopharmacological training for collaboration, evaluation, and prescribing – the answer is yes. For decision-makers outside the field of psychology who fail to realize that appropriately-trained psychologists may be in the best position to provide school-based, comprehensive mental health treatment for qualitative, safety and ethical reasons – the answer is yes...but there is still further argument to be made.

References

- American Psychological Association. (2009). *Report of the Division 55 (American Society for the Advancement of Pharmacotherapy) Task Force on Practice Guidelines regarding Psychologists' Involvement in Pharmacological Issues*. Retrieved from <http://www.apa.org/practice/guidelines/pharmacological-issues.pdf>
- Carlson, J. S. (2008). Best practices in assessing the effects of psychotropic medications on student performance. In A. Thomas & J. Grimes (Eds.), *Best Practices in School Psychology* (5th ed., pp. 1377-1388). Bethesda, MD: National Association of School Psychologists.
- DuPaul, G. J., & Carlson, J. S. (2005). Child psychopharmacology: How school psychologists can contribute to effective outcomes. *School Psychology Quarterly*, 20, 206-221. doi: 10.1521/scpq.20.2.206.66511
- Kubiszyn, T. (1994). Pediatric psychopharmacology and prescription privileges: Implications and opportunities for school psychology. *School Psychology Quarterly*, 9, 26-40. doi: 10.1037/h0088840
- Kubiszyn, T., & Carlson, C. (1995). School Psychologists' attitudes toward an expanded health care role: Psychopharmacology and prescription privileges. *School Psychology Quarterly*, 10, 247-270. doi: 10.1037/h0088303
- McCormick, B. E. (2010). Prescribing for school-aged patients. In McGrath, R. E., & Moore, B. A. (Eds.), *Pharmacotherapy for psychologists: prescribing and collaborative roles*. Washington, DC: American Psychological Association.
- McGrath, R. E., & Moore, B. A. (Eds.). (2010). *Pharmacotherapy for psychologists: prescribing and collaborative roles*. Washington, DC: American Psychological Association.
- Medco Health Solutions. (2008). *Drug trend report*. Retrieved from http://www.medcohealth.com/art/drug_trend/pdf/DT_Report_2008.pdf
- Radley, D. C., Finkelstein, S. N., & Stafford, R. S. (2006). Off-label prescribing among office-based physicians. *Archives of Internal Medicine*, 166, 1021-1026. Retrieved from <http://archinte.ama-assn.org/cgi/content/abstract/166/9/1021>

Author Note

Jeffrey D. Shahidullah, EdS., NCSP, is a school psychology doctoral student at Michigan State University, East Lansing, MI.

John S. Carlson, PhD., NCSP, is the school psychology doctoral program director at Michigan State University, East Lansing, MI.

Correspondence concerning this article should be addressed to: Jeffrey D. Shahidullah, School Psychology Program, CEPSE, Michigan State University, Erickson Hall, East Lansing, MI 48824-1034; E-mail: jshah@msu.edu

SASP - THE STUDENT CORNER

'Tis the Season of Internships

Kaleigh Bantum, M.S.Ed. and Lindsey DeBor, M.S.Ed.

While you are enjoying the summer sun, and hopefully a break from your graduate coursework, it's never too early to start thinking about internship. Your school psychology training experience will not be complete without a year-long, comprehensive opportunity to integrate the knowledge you've gathered as part of your academic work within an applied setting. Internship allows you to build your professional repertoire and polish your education before beginning your career. Internships vary greatly and offer a wide range of practice experience, networking opportunities, and paths to becoming the school psychologist you hope to be.

Some things to consider when deciding on an internship:

- Be sure your internship meets the requirements for your program, the area you hope to work, and the for the national certification qualifications (NCSP).
 - Keep in mind that NASP standards require that doctoral internships include at least 1500 hours of supervised experience with at least 600 hours in a school setting.
- Consider the opportunities you will have to expand your professional

knowledge with diverse experiences. What populations will you be working with? Are you interested in a particular area of specialization?

- What type of supervision do you need? Will your site meet these needs?
- Determine how important your geographic location is in selecting an internship. Be sure to consider the requirements of your program for out-of-state placements.
- Money! Financial support is always important. Consider compensation in terms of sick days, vacation, and health insurance benefits. If the internship is unpaid, think about how you will support yourself.
- Are there professional development opportunities available such as conferences and seminars?

Here's a timeline for the internship application process to help you along the way:

August/September

- Start researching potential sites of interest for your internship. Consider:
 - Consulting with your advisor & faculty within your program
 - Contacting students from your program who have completed the

internship process

- Looking for internship announcements in the NASP Communiqué or other professional newsletters and websites
 - Contacting APA and APPIC for information on accredited internships, if interested
 - Begin organizing your application materials such as practicum logs, portfolio materials, etc. if you have not done so throughout your training. Be sure to gather all of the details of the experiences you've had during your training so that you accurately provide a comprehensive picture of your experiences.
 - Think about whom you would like to serve as references for you.
 - Consider acquiring professional malpractice insurance.
 - Begin saving for the potential costs of applying. These may include mailing and printing of materials, fees for utilizing the APPIC Match online service, transcripts, etc.
- ### **October/November**
- Update your resume or curriculum vitae
 - Ask people to serve as your references for letters of recommendation. Be

CONTINUED FROM PAGE 25

SASP - THE STUDENT CORNER: 'Tis the Season of Internships

sure these are people who can speak highly of your abilities as an intern, and are able to provide personalized information about your individual skills.

- Attend internship fairs that are available within your local area.

December

- Making initial inquiries to sites about the positions available. Many sites have information online, but call if you have questions!
- Secure your letters of recommendation by providing all the necessary information to your writers regarding the sites to which you will be applying.

January

- Submit application materials! This should include cover letter, resume, transcripts, recommendation letters, and specific portfolio requirements for each individual site.

February

- Interview. There are plenty of resources available around potential questions you may be asked. Some questions you may be asked include:
 - What do you want to get out of this internship?
 - Why did you choose school psychology as a career?
 - Tell me about yourself.
 - What are your personal strengths/weaknesses?
 - What is your theoretical orientation?
- Be sure to come up with your own questions for the site. After all, you are

interviewing them as much as they are interviewing you; you are looking for a perfect match as well! Be sure you've done your homework, so you are not asking questions about information that has already been provided to you. Examples include:

- What is the ratio of school psychologists to students?
- What are your likes/dislikes about working in this district?
- How often do you get new test instruments?
- What services are school psychologists expected to provide in this district?
- Send personalized thank you notes to the people that you interviewed with. This shows your appreciation.

March

- As the offers come in, think carefully about the pros and cons of each, and choose wisely!
- RELAX! You survived, so reward yourself for all of your hard work!

Please note that if you are interested in utilizing the APPIC process this timeline may vary. See www.appic.org for information regarding specific due dates and the overall application procedures for APPIC. Further information can also be found at: <http://www.apa.org/apags/resources/internships.aspx>

If you have any questions or would like additional information regarding the

internship process, please don't hesitate to contact us:

Kaleigh Bantum bantumk@duq.edu or
Lindsey DeBor at deborl@duq.edu.

More resources available for graduate students:**NASP Career Center Resources for Students**

www.naspcareercenter.org/students/index.html

State requirements for credentialing school psychologists or state psychology boards for licensing psychologists are provided here: www.nasponline.org/certification/state_info_list.aspx

NASP Internship Fact Sheet

<http://www.nasponline.org/students/internships.pdf>

Internships in Psychology: the APAGS workbook for Writing Successful Applications and Finding the Right Fit, 2nd edition (APA, 2008) can be ordered at: www.apa.org/pubs/books/4313021.aspx

APAGS 2011 Internship Series at the APA Convention in Washington D.C. (continued)

People and Places

- **Amanda Sullivan** is now an Assistant Professor of Educational Psychology in the School Psychology Program at the University of Minnesota. Marley Watkins has been appointed Professor and Chair, Department of Educational Psychology, at Baylor University. David Wodrich is now a Professor of Disability and Psychoeducational Studies in the University of Arizona's School Psychology Program.
- The 2011 book from Hogrefe Publishers, *Helping Children and Adolescents: Evidence-Based Strategies from Developmental and Social Psychology*, by Division 16 Fellow, **Robert Woody**, University of Nebraska at Omaha, includes numerous cases from his days as a practicing school psychologist, as well as information from modern research. The book is intended for parents, educators, administrators, and mental health professionals.
- Alfred University's Division of Counseling and School Psychology is pleased to welcome Dr. **Callen Fishman** as a tenure-track faculty member. Dr. Fishman is a graduate of SUNY Albany. She brings special expertise in clinical supervision, strength-based assessment, and parent involvement to our specialist and doctoral programs in school psychology.
- The Lea R. Powell Institute for Children and Families at Alfred University is pleased to announce the funding of its latest grant proposal to the US Department of Education entitled: *'Preparing Leaders in the Education and Training of the Next Generation of School Psychology Practitioners.'* The proposal was authored by school psychology faculty members **Edward Gaughan, Ellen Faherty, Jana Atlas**, and **Nancy Evangelista**, with Gaughan serving as project director. This is a four-year program funded for \$1,032,000.
- The School Psychology faculty at the University of Nebraska - Lincoln are pleased to announce that **Susan Swearer** has been promoted to Full Professor. Dr. Swearer has been actively involved in bullying prevention and intervention research and policy, including participation in the White House Conference on Bullying Prevention in Washington, DC. In addition, **Beth Doll** is the new Associate Dean for the College of Education and Human Sciences and Merilee McCurdy is the current Program Director.
- The University of Southern Maine (USM) is pleased to announce the appointment of Dr. **Kristina Andren** as Assistant Professor of School Psychology. Dr. Andren was selected after a national search. She earned her M.S. (specialist-equivalent) at USM in 2004. She practiced for several years before returning to USM to pursue her Psy.D. which she earned in 2010. Dr. Andren's research focuses on application of empirically-based research in school settings. She is particularly interested in the integration of multi-tier systems of support for academics and behavior for all students.
- **Ryan Kettler** has joined the faculty of the School Psychology Program in the Graduate School of Applied and Professional Psychology at Rutgers University.
- The school psychology faculty at Northeastern University are pleased to announce that Dr. **Robert Volpe** was awarded with tenure and promotion to Associate Professor.
- San Diego State University's School Psychology Program has received three new grants from the U.S. Department of Education's Office for Special Education Programs in support of interdisciplinary programs. Each award is for \$1.2 million over a four-year period.

CONTINUED FROM PAGE 27

People and Places

The Native American Collaborative Project (**Carol Robinson-Zañartu**, Director) supports students in school psychology and school counseling who are committed to serving Native American youth. The project provides a cohort model, Native American mentors, models, readings, an ongoing specialty seminar, and supervised specialized field placements in two partner school districts with substantial Native American populations. Scholars work with special and regular educators, UDL principles, strength based and resilience-oriented individual and systemic interventions in a high poverty school.

Project CI2ELO (Collaborative Interventions to Improve English Learners' Outcomes) (& **Vera Gutierrez-Ciellen**) improves our preservice preparation of school psychologists and speech-language pathologists through a cross-disciplinary, cross-cohort model of transdisciplinary education similar to school-based Professional Learning Communities. Trainees develop, implement, and evaluate the effectiveness of strategies for cross-cultural transdisciplinary collaboration, improving learning outcomes for ELs, effective prevention and early intervention (Rtl) in general education classrooms, and improving learning outcomes for ELs with

disabilities. CI2ELO is based at a multilingual elementary school in San Diego City Schools.

Transdisciplinary Approaches to Autism Spectrum Disorders (TAASD) (**Vera Gutierrez-Ciellen & Valerie Cook-Morales**) prepares preservice speech-language pathologists and school psychologists with shared evidence-based expertise in serving diverse children with ASD with mild, moderate, and severe disabilities in urban schools and the transdisciplinary skills to better serve these children. Trainees participate in weekly Autism Fieldwork and Seminar in Evidence-Based Practice in a partnership with specialists in San Diego City School's Resources for Students with Autism.

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

CONTINUED FROM PAGE 28

SASP - THE STUDENT CORNER: 'Tis the Season of Internships**APAGS 2011 Internship Series at the APA Convention in Washington D.C:****Internship Workshop I: August 5th, 8:00 – 9:50 am Convention Center, Room 146C**

This session is the first of two dedicated to providing guidance on the internship application process. This first session will include a discussion of APPIC, APA Accreditation, the generation of internship goals, preparation of the online APPI and supporting documents, and the calculation of clinical hours.

Internship Workshop II: August 5th, 10:00 – 11:50 am Convention Center, Room 146C

This second session will review strategies for writing effective essays, interview skills, diversity issues and the Match II process.

Meet and Greet with Internship Training Directors: Aug 6, 1–1:50 pm APAGS Suite, Grand Hyatt Hotel

Meet training directors from all over the country and find out what makes an attractive internship candidate!

Conversation Hour with the APPIC Chair August 6th, 3:00 – 3:50 pm APAGS Suite, Grand Hyatt Hotel

Meet the Chair of APPIC during this informal conversation hour and ask questions about the application process, the online APPI, and the Match and Match II.

Lizette Peterson Homer Memorial Injury Research Grant: **REQUEST FOR PROPOSALS**

Description

This program supports university-based research into the psychological and behavioral aspects of injury prevention for children and adolescents through one-year grants. Illustrative topic areas include etiological precursors and contextual contributors to injury, development of measurement tools, development and evaluation of interventions, and dissemination/implementation of such interventions.

Program Goals

- Increased understanding of the nature and etiology of injuries in children
- Development and evaluation of intervention techniques in this area
- Dissemination and implementation of proven techniques in this area

Funding Specifics

- Up to \$5,000/year (not including PI stipends, indirect costs, travel/publication-related expenses)

Eligibility Requirements

- Student and/or faculty at an accredited university
- IRB approval must be received before funding is awarded

Evaluation Criteria

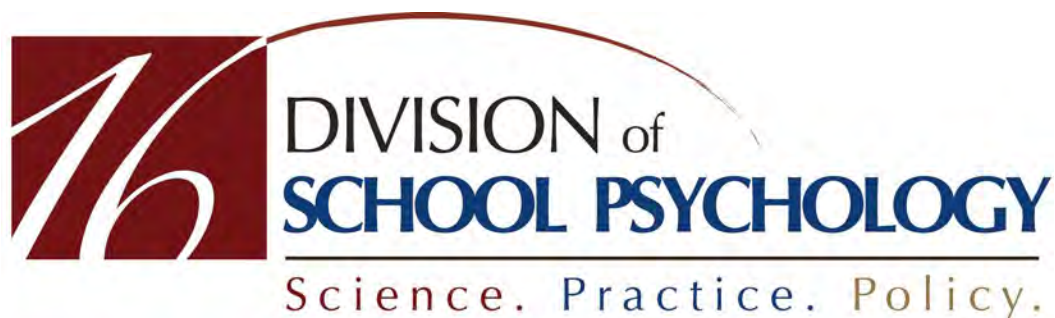
- Conformance with stated program goals
- Magnitude of incremental contribution
- Quality of proposed work
- Applicant's demonstrated scholarship and research competence

Proposal Requirements

- A research proposal, no more than four single spaced pages including: a) a 100-word abstract, b) description of project with introduction, methods, procedures, c) a detailed budget, and d) references (all in one MS Word document).
- A current curriculum vitae
- Supporting faculty supervisor letter (if the applicant is a student), and
- Proof of IRB approval or statement that IRB approval is pending.

Submission Process and Deadline

Submit a completed application to : Paul Robins, Ph.D., robinsp@email.chop.edu, Phone 215-590-7594 by **October 1, 2011**. *Questions about this program should be directed to Kim Palmer Rowsome, Program Officer, at krowsome@apa.org.*



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*

Elizabeth Munsterberg Koppitz Fellowship Program: **REQUEST FOR PROPOSALS**

Description

This program provides fellowships and scholarships for graduate student research in the area of child psychology.

Program Goals

- Nurture excellent young scholars in areas of psychology, such as child-clinical, pediatric, school, educational, and developmental psychopathology
- Support scholarly work contributing to the advancement of knowledge in these areas

Funding Specifics

- Up to four research awards of up to \$25,000 each; up to two \$5,000 scholarships for runners-up
- Support for one year only
- Only one application accepted from any one institution in any given year
- Tuition waiver/coverage from home institution

Eligibility Requirements

- Completed doctoral candidacy (documentation required)
- Demonstrated research competence and area commitment
- IRB approval must be received prior to award

Evaluation Criteria

- Conformance with stated program goals; Magnitude of incremental contribution; Quality of proposed work; Demonstrated scholarship and research competence

Proposal Requirements

- Description of proposed project to include goal, relevant background, target population, methods, and anticipated outcomes

Format: not to exceed 6 pages

- ◆ 1 inch margins, 12 point Times New Roman font;
 - ◆ Relevant background, literature review, specific aims, significance: approximately 2 pages;
 - ◆ Methods section: approximately 3 pages (The method section must be detailed enough so that the design, assessments, and procedures can be evaluated.);
 - ◆ Implications section: approximately 1 page;
- Timeline for execution
 - Full budget and justification
 - Current CV
 - Two letters of recommendation (one from a graduate advisor and the other from the department chair or Director of Graduate Studies)

Submission Process and Deadline:

Submit a completed application online at <http://forms.apa.org/apf/grants/> by **November 15, 2011**. Questions about this program should be directed to **Kim Palmer Rowsome, Program Officer**, at krowsome@apa.org.

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, Connors & 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

Charles L. Brewer

Distinguished Teaching of Psychology Award:

CALL FOR NOMINATIONS

Description

This program recognizes significant career of contributions of a psychologist who has a proven track record as an exceptional teacher of psychology. Nominees should demonstrate and will be rated on the following dimensions:

- Exemplary performance as a classroom teacher
- Development of innovative curricula and courses
- Development of effective teaching methods and/or materials
- Teaching of advanced research methods and practice in psychology
- Administrative facilitation of teaching
- Research on teaching
- Training of teachers of psychology
- Evidence of influence as a teacher of students who become psychologists

Funding Specifics

- \$2,000 award, all-expense paid round trip, and plaque presented at the APA convention
- Awardees are invited to give a special address at the APA convention

Eligibility Requirements

- Demonstrated achievement related to the teaching of psychology

Evaluation Criteria

- Conformance with stated program goals
- Magnitude of professional accomplishment in the teaching of psychology

Nomination Requirements

- Nomination cover letter outlining the nominee's contributions to the teaching of psychology
- Current CV and bibliography
- Up to ten supporting letters from colleagues, administrators, and former students
- *(All nomination materials should be submitted or forwarded to APF in one package)*

Submission Process and Deadline

Submit a completed application online at <http://forms.apa.org/apf/grants/> or mailed to the American Psychological Foundation, Distinguished Teaching Awards, 750 First Street, NE, Washington, DC 20002-4242 by **December 1, 2012**. *Questions about this program should be directed to Kim Palmer Rowsome, Program Officer, at krowsome@apa.org.*



CE WORKSHOPS

2011

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.



SPONSORED BY

APA OFFICE OF CONTINUING EDUCATION IN
PSYCHOLOGY & CONTINUING EDUCATION COMMITTEE



This workshop has been reviewed and approved by the APA Continuing Education Committee (CEC) to offer continuing education (CE) credit for psychologists. The APA CEC maintains responsibility for the content of the program. Full attendance at the workshop is required to receive CE credit. No partial credit is awarded; late arrival or early departure will preclude awarding of CE credit.



CE WORKSHOPS

2011

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

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.



SPONSORED BY

APA OFFICE OF CONTINUING EDUCATION IN
PSYCHOLOGY & CONTINUING EDUCATION COMMITTEE

This workshop has been reviewed and approved by the APA Continuing Education Committee (CEC) to offer continuing education (CE) credit for psychologists. The APA CEC maintains responsibility for the content of the program. Full attendance at the workshop is required to receive CE credit. No partial credit is awarded; late arrival or early departure will preclude awarding of CE credit.



American Psychological Association

Division 16, School Psychology
c/o Division Service
750 First Street N.E.
Washington, D.C. 20002-4242

NEWSLETTER EDITORIAL STAFF

EDITOR

Amanda Clinton, Ph.D.
Psychology Program
Department of Social Sciences
University of Puerto Rico
Mayaguez, PR 00680
(787) 832-4040 (w)
(787) 245-9615 (c)
(787) 265-5440 (f)
amanda.clinton@gmail.com

ASSOCIATE EDITOR

Rosemary Flanagan, Ph.D.,
ABPP
Touro College
Graduate School of Psychology
43 West 23 Street
New York, NY 10010
(212) 242-4668 ext. 6074 (w)
(212) 627-3692 (f)
rosemary.flanagan@touro.edu

ADVISORY EDITORS

- Angeleque Akin-Little, Ph.D.,
Walden University
- Vincent Alfonso, Ph.D.
Fordham University
- Michelle S. Athanasiou, Ph.D.,
University of Northern Colorado
- Pam Guess, Ph.D.
University of Tennessee
at Chattanooga
- Patrick Grehan, Ph.D.
Adelphi University
- James B. Hale, Ph.D.
Philadelphia College of
Osteopathic Medicine
- Janet Mentore-Lee, Ph.D.
Private Practice
- Amanda Nickerson, Ph.D.
State University of New York
at Albany

- Linda A. Reddy, Ph.D.
Rutgers University
- Carol Robinson-Zañartu, Ph.D.
San Diego State University
- Tracey Scherr, Ph.D.
University of
Wisconsin-Whitewater
- Ara Schmitt, Ph.D.
Duquesne University
- Esther Stavrou, Ph.D.
Yeshiva University

EDITORIAL ASSISTANTS

- Kelly Cari
University of Puerto Rico
- Jorge Santiago
University of Puerto Rico



DIVISION 16 ONLINE

Check out the Division 16 home page at:

[http://www.apadivisions.org/
division-16/index.aspx](http://www.apadivisions.org/division-16/index.aspx)