



APA Division 16 School Psychology  
Vol. 66, No. 1 | Winter 2012

# The School Psychologist

AMERICAN PSYCHOLOGICAL ASSOCIATION

inside

## President's Message

- 4 | Moving Research into Practice:  
Defining EBIs versus EBPs as a Starting Point**  
*Karen Stoiber, Ph.D., University of Wisconsin, Milwaukee*

## Practice Forum

- 7 | Local Norms within a Model of Response  
to Intervention: Implications for Practice**  
*Kathrine M. Koehler-Hak and Jill C. Snyder,  
University of Northern Colorado*

## Research Forum

- 12 | Fetal Alcohol Spectrum Disorders:  
A Literature Review**  
*Robert Eme and Erin Millard, Argosy University*

## Professional Development Forum

- 21 | Professional Development Opportunities  
for Future Faculty and Early Career Scholars**  
*Bryn Harris, University of Colorado Denver, and  
Amanda L. Sullivan, University of Minnesota*

## SASP – The Student Corner

- 24 | Building a Stronger SASP Identity**  
*Kaleigh Bantum and Lindsey Venesky,  
Duquesne University*

## 27 | People & Places

*Submitted by Ara Schmitt,  
Duquesne University*

## In Memory

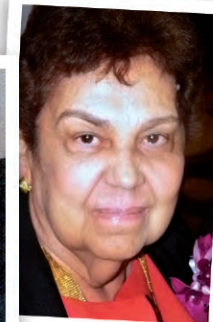
- 28 | Remembering Ken Merrell**  
*Melissa Holland, California State University, Sacramento*
- 30 | Remembering Laura Hines**  
*Tom Fagan, Memphis State University, and  
Rosemary Flanagan, Touro College*
- 32 | Remembering Ena Vazquez-Nuttall**  
*Chieh Li, David Shriberg, Karin Lifter, Jessica Hoffman,  
Louis Kruger, William Sanchez, Emanuel Mason,  
and Y. Barry Chung*

## Announcements

- 35 | Division 16 Award Recipients**
- 36 | Call for Proposals:  
Paul E. Henkin Travel Grants**
- 37 | Call for Division 16 Award Nominations**
- 38 | Careers/Position Postings**

*In Memory*

KEN MERRELL, LAURA HINES, & ENA VAZQUEZ-NUTTALL





## 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](mailto: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
<b>Multiple Insertion Discounts<sup>1</sup></b>	
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.

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

<sup>1</sup>Rate 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](mailto: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](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](mailto: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](mailto: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](mailto:bnastasi@tulane.edu)  
[bonnastasi@yahoo.com](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto:frankc@berkeley.edu)

### SASP Representative

Lindsey DeBor  
School Psychology Doctoral Student  
Duquesne University  
Pittsburgh, PA  
[lgdebor418@gmail.com](mailto: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](mailto: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](mailto:rkamphaus@gsu.edu)



## PRESIDENT'S MESSAGE

# Moving Research into Practice: Defining EBIs versus EBPs as a Starting Point

Karen C. Stoiber



Karen Stoiber

**“In addition, the work I am doing with my colleague Maribeth Gettinger in fostering Head Start teachers’ implementation of evidence-based, early literacy practices in urban Milwaukee has made me realize how difficult it is to achieve such EBP goals as treatment integrity and progress monitoring in real-life, and often chaotic, classrooms.”**

I began my Division 16 presidency with a commitment to further the understanding and promotion of evidence-based practices (EBPs) and the translation of research to practice within the School Psychology community. Now, as I approach the last month of my year as D16 president, the notion and need for evidence-based practice (EBP) feels all the more real and intense, for both professional and personal reasons.

My professional basis for EBPs has been intensified by “think-tank” discussions and activities of the D16 *Translation of Research to Practice* Workgroup.<sup>1</sup> These lively and engaging discussions helped clarify how little we know about implementation of Evidence-Based Interventions (EBIs) and EBPs in school settings, and how far we still have to go as a profession. In addition, the work I am doing with my colleague Maribeth Gettinger in fostering Head Start teachers’ implementation of evidence-based, early literacy practices in urban Milwaukee

has made me realize how difficult it is to achieve such EBP goals as treatment integrity and progress monitoring in real-life, and often chaotic, classrooms. As researchers we can’t assume that our vision for collaboration and facilitation of EBPs will be readily embraced, especially when it involves a great amount of teacher and classroom change! Together these professional activities have led me to believe School Psychology must address three big issues that have impeded our capacity to implement EBIs and EBPs: (1) the availability of high-quality research, especially in the areas of early intervention and social-behavioral concerns, which school-based practitioners can draw upon when selecting and implementing interventions; (2) the complex ecological aspects of schools and diverse students they serve, which may vary greatly from research setting characteristics; (3) the lack of treatment integrity and other monitoring measures used to examine factors that

may moderate or mediate the effects of interventions. We must also work toward developing consensus among school psychology trainers and practitioners regarding what evidence-based practices and interventions represent and whether and how research-based approaches should be taught and implemented. Obviously, it is difficult to expect school psychologists to routinely apply and evaluate research-based practices, without greater attention to the above constraints.

Both evidence-based interventions (EBIs) and evidence-based practices (EBPs) refer to programs, products, practices, or policies that are research-based and intended to optimally increase the skills, competencies, or outcomes in targeted areas. To move forward an agenda toward school-based use of EBIs and EBPs, perhaps the first step is to gather consensus in defining specifically what we mean by EBIs versus EBPs. In past writings, I first argued for greater

<sup>1</sup> Participants of the D16 *Translation of Research to Practice* workgroup include: Sylvia Rosenfield and Susan Forman (Co-Chairs), Robin Coddling, Jorge Gonzalez, Renee Jorisch, Gretchen Lewis-Snyder, Linda Reddy, Ed Shapiro and Karen Stoiber.

CONTINUED FROM PAGE 5

**President's Message:  
Moving Research into Practice: Defining EBIs versus EBPs as a Starting Point**

**“More recently, I have rethought and refined my beliefs about EBIs in school settings.”**

implementation of EBIs in our schools, and EBIs were defined as research-based prevention and intervention programs with a strong empirical basis. A set of criteria are typically applied by an objective party to determine the degree or level of evidence in support of the program or treatment approach (that is, meets criteria to be considered an EBI). More recently, I have rethought and refined my beliefs about EBIs in school settings. Due to the current urgency of improving educational outcomes for children and families and the constraints surrounding the use and implementation of EBIs, I have argued for both the need and desirability of evidence-based practices (EBPs) or evidence-based applied-to-practice (EBAP) approaches whereby the “practitioner functions as researcher” (see for example, Stoiber & DeSmet, 2010; Stoiber & Gettinger, 2011). An EBP or EBAP approach recognizes that different schools reflect diverse student bodies and ecological qualities, ones that often do not match laboratory-like procedures and methodologies. This approach acknowledges the importance of integrating science and clinical practice and judgment, and importantly recognizes that practitioners play a key role in this integration. It also is consistent with the APA Policy Statement of Evidence-

Based Practice in Psychology (EBPP), which was approved as policy by the APA Council of Representatives during its August 2005 meeting (APA, 2006):

Evidence-based practice in psychology (EBPP) is the integration of the best available research with clinical expertise in the context of patient (student) characteristics, culture, and preferences.<sup>2</sup> ...Psychological services are most effective when responsive to the patient's (student's) specific problems, strengths, personality, sociocultural context, and preferences. ....Some effective treatments involve interventions directed toward others in the patient's (student's) environment, such as parents, teachers, and caregivers. (p. 284)

An EBP approach incorporates forms of evidence stemming from diverse methodologies and sources, rather than those based primarily on randomized controlled treatments/trials (RCT) studies. These array of sources include data from one's own application of the intervention (e.g., via progress monitoring or outcome evaluation) as well as data from clinical observations, qualitative approaches, process-outcome studies, single-participant designs, RCTs, quasi-experimental program evaluation, and

summary meta-analyses. Importantly, the 2006 APA Presidential Task Force on Evidence-Based Practice report emphasizes the essential role of clinical judgment and clinical expertise across the steps of evidence-based practice, including assessment and diagnosis, case formulation, intervention design and implementation, monitoring of progress, and decision making; thus, it is consistent with the concept of EBP/EBAP for School Psychology.

Thus, EBP/EBAP approaches potentially have broader application than EBIs in actual classrooms as they include intervention strategies based on scientific principles and empirical data, which can include data collected by the practitioner for progress-monitoring or program evaluation purposes. In this regard, prevention or intervention strategies with a strong theoretical base, such as specific self-regulation or anger-management strategies, may be evaluated using data-based decision making. When implementing interventions within an EBP/EBAP framework, a scientific basis informs practice, and practice outcomes inform ongoing and future decision making. As such, practitioners function as researchers by applying data-based approaches for systematic

<sup>2</sup> Italics indicates substitution of students for patients.



CONTINUED FROM PAGE 5

### **President's Message: Moving Research into Practice: Defining EBIs versus EBPs as a Starting Point**

**“And now I explain my personal basis for believing in the work surrounding EBIs and EBPs.”**

planning, monitoring, and evaluating outcomes of their own service delivery. As school-based practitioners witness the positive outcomes associated with their scientifically- and data-informed practices, they are more likely to use them and sustain them.

It is useful to note that, by design, the activities of practitioners as researchers within the described EBP/EBAP/EBPP framework, is somewhat different than the goal of translational work as specified by the National Institute of Health (NIH). More specifically, NIH defines the role of translational work as “improving the health and mental health of our nation requires taking new discoveries from basic ‘bench science’ and translating them into practical applications that can be used to prevent problems and help people function more effectively (NIH, 2006a, 2006b). The notions of EBP/EBAP/EBPP rely less on basic “bench science” as the sole resource or basis of translation, but rather specify that research-based prevention and intervention strategies be tested in classrooms and schools via the application of rigorous data-based methods, such as structured progress-monitoring and program evaluation protocols (Stoiber, 2011).

And now I explain my personal basis for believing in the work surrounding EBIs and EBPs. Approximately midway into my year as Division 16 President, I

was diagnosed with breast cancer and developed a deepened respect for the scientific knowledge stemming from randomized clinical trials in the medical field. My cancer treatment is based on the current status of medical science. Importantly, as I discussed treatment options and decisions with my doctor, I also came to understand the need for “individualized” or personalized treatment programs following an EBP approach that takes into account personal qualities such as one’s overall health history, genetic dispositions and cancer typing, capacity to cope, level of personal support, etc. I am thankful for the advancements in medical science, which is demonstrated and available on websites such as [www.sciencedaily.com](http://www.sciencedaily.com) and also appreciate the importance of personalized treatments and choices. In the medical arena, as in educational and clinical settings, EBIs and EBPs both hold an important role and function.

Yet to further facilitate the science underlying both EBIs and EBPs, regardless of the setting in which they occur—medical, educational, or clinical—more funding is urgently needed. The current annual budget for NIH is equivalent to two and a half months of current U.S. military spending in Afghanistan. Funding for the U.S. Department of Education continues to be decreased and correspondingly, funding cuts are occurring at many

state and district education levels. As a profession, School Psychology will need to prioritize research and practice activities so as to figure out how to improve the science underlying EBPs and EBIs so that they are more closely aligned with the level of scientific knowledge in other fields, such as medical science and clinical research. Clearly, our work needs to incorporate a focus on policies aimed at improved funding for EBIs and EBPs. It is only through such commitment that our profession can achieve greater confidence in our prevention and intervention practices. I remain optimistic and hopeful that we will prioritize such a commitment, which has been endorsed and furthered by the current Division 16 Workgroups.

### **References**

- American Psychological Association Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist*, 61, 271-285.
- Stoiber, K. C. (2011). Translating knowledge of social emotional learning and evidence-based practice into responsive school innovations. *Journal of Educational and Psychological Consultation*, 21, 46-55.
- Stoiber, K. C., & DeSmet, J. (2010). Guidelines for evidence-based practice in selecting interventions. In R. Ervin, G. Peacock, E. Daly, & K. Merrell (Eds). *Practical Handbook of School Psychology* (pp. 213-234). NY: Guilford.
- Stoiber, K. C., & Gettinger, M. (2011). Functional assessment and positive support strategies for promoting resilience: Effects on teachers and high-risk children. *Psychology in the Schools*, 48, 686-706.

## RESEARCH FORUM

# Local Norms within a Model of Response to Intervention: Implications for Practice

**Kathrine M. Koehler-Hak, Ph.D., University of Northern Colorado**  
**Jill C. Snyder, University of Northern Colorado**



### Introduction

In 2001, the U.S. Office of Special Education Programs (OSEP) sponsored a summit to discuss alternative determination models for students with learning disabilities. One of the models presented was Responsiveness to Intervention, or RTI. Much controversy has surrounded both the purpose and structure of RTI (Berkeley, Bender, Peaster & Saunders, 2009; Elliott, 2008), resulting in variations in the implementation across states, districts and even schools within districts. Moreover, professional organizations (i.e., Council for Exceptional Children [CEC], National Association of School psychologists [NASP], American Psychological Association [APA], Council of Administrators of Special Education [CASE], National Association of State Directors of Special Education ([NASDSE]) aimed at ensuring quality

education hold fundamentally differing beliefs regarding RTI (Fuchs, Fuchs, & Stecker, 2010).

Fuchs & colleagues (2010) offer some insight into both the differences – and similarities – in approaches to RTI. The authors contend that there are two main belief systems with respect to RTI. First, many educators view RTI from the legal perspective of IDEA (2004) which advocates for an RTI model that facilitates accurate and timely identification of students with high incident disabilities (Marston, Muyskens, Lau, & Canter, 2003). From this perspective, RTI begins with the universal screening of children and the utilization of each individual child's data in making instructional decisions. Second, other educators conceptualize RTI from the legal perspective of No Child Left Behind (NCLB), and it's parent legislation, Elementary and Secondary Education Act (ESEA). Those adhering

to the NCLB perspective of RTI contend that RTI “is nothing if not meaningful operationalization of the ‘right’ education, a promising bridge between federal policy and local practice” (Fuchs, et. al, 2010, p. 304). From this perspective, RTI is intrinsically linked to standards-based educational reform, early intervention and a merging of regular and special education (NASDE). RTI therefore would utilize aggregated universal screening data in making system-wide instructional decisions.

While both belief systems appear incompatible on the surface, there are a few essential commonalities to note. Both perspectives stress the early identification and prevention of learning and behavior problems, the use of universal screenings in core academics, the systematic increasing intensity of instruction and progress monitoring (Fuchs, et. al, 2004). The present authors contend that these

CONTINUED FROM PAGE 8

### **Local Norms within a Model of Response to Intervention: Implications for Practice**

commonalities link the intent of IDEA and NCLB legislation in ensuring quality education for all of our nation's children. More specifically, data attained through universal screenings may be used for both individual (IDEA) and systemic (NCLB) educational decisions.

#### **Universal Screenings Within RTI**

Advocates of RTI, from either perspective, stress the need for universal screenings (i.e., assessing every child in basic skills at least 3 times a year) and an adherence to research supported educational practices and curriculum (Brown-Chidsey & Steege, 2005; Fletcher et al, 2007; Tilly, 2003). Therefore, data attained through universal screenings must provide information that is meaningful in determining educational needs and informing intervention for both individuals and groups of children. In essence, questions pertaining to IDEA include "Is this child receiving sufficient benefit from the provided curriculum or intervention?" and "Is this child's progress similar or different from his local peer group receiving the same instruction and curriculum?" Questions pertaining to NCLB are "Based on aggregated data, what are the strengths and needs of the system?" and "is the system working for most (e.g. at least 80%) of children?"

#### **Individual student decisions.**

Data from universal screenings provides information on an individual student's skills within a system. Analyzing individual data, within the context of local norms, assists educators in differentiating individual student problems from systemic-level problems. Local norms reflect the culture and community of a child in a given district and, therefore, are more effective in differentiating individual student problems from systems-level problems (Stewart, L. & Kaminski, R., 2002, Stewart & Silberglitt, 2008). In addition, examining data for individual students can help address the growth of individual students as a result of evidence-based instruction and/or intervention programs. Individual students' growth rates can be compared to the growth rates of his or her peers receiving the same instruction and curricula.

In reviewing classroom data, teachers are able to utilize universal screening data at individual and class levels to plan daily instruction. Each teacher may develop instructional groupings of students to best meet individual needs and tailor whole class instruction to address the specific needs of the class. For example, Figure 1 shows Mrs. White that only 8 students out of 21 have met or exceeded the third grade benchmark of 77 Words Correct Per Minute (WCPM) with 6 students scoring

in the at risk range of < 52 WCPM. Given this information near the beginning of the academic year, Mrs. White is able to differentiate her instruction to better meet the needs of her class as a whole. Furthermore, when individual student names are protected, data are useful for reporting individual student progress as compared to a set criterion and other students within the peer group.

Within RTI framework, educators must rule out lack of effective instruction when identifying a child with a learning disability. Local normative data from Figure 2, for example, provides data on oral reading fluency for the fifth-grade. It may not support the assumption that adequate access to instruction in the area of reading fluency has been provided, leading educators to question whether individual student performance is reflective of an overall systems-level problem rather than a true learning disability.

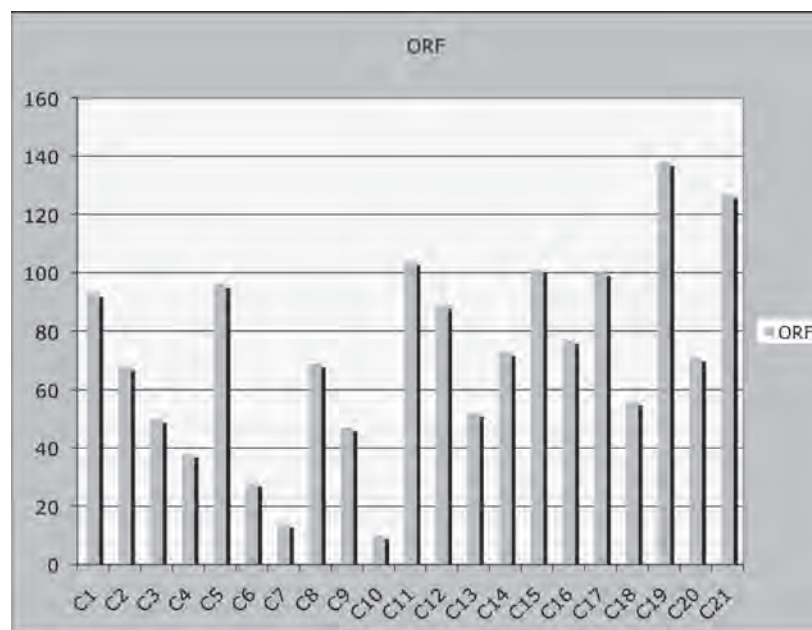
In either scenario – that of Figure 1 or that of Figure 2 - the child would be in need of intervention. However, the way in which the intervention would be delivered might be different. Systemic problems with curriculum and instruction should first be addressed at the whole school, grade or classroom level through the implementation of supplemental curricula and/or instructional strategies.



CONTINUED FROM PAGE 8

### Local Norms within a Model of Response to Intervention: Implications for Practice

**Figure 1:**  
**Fall Oral Reading Fluency for Mrs. White's Third Grade Class**



Note: students are expected to be reading >77 words Correct per Minute (WCPM); students reading < 52 WCPM are at-risk.

#### System level decisions.

When aggregated across grade, school, or district, universal screening data provides a reference point for schools to evaluate their system in comparison to other schools and districts (Deno, 2003). This practice allows districts to utilize a normative comparison group at the local level (i.e., local norms) as one piece of information when monitoring district

performance and accountability goals. Looking at the aggregated data, or local norms, allows educators to determine whether their system is truly effective for most (e.g. at least 80%) students. Examining outcomes for various groups can help address the strengths and needs of the system as a whole.

Specifically, local norms allow educators to: (a) identify system wide performance and goals, and (b) monitor the growth and performance of various groups of students.

#### **Identify system-wide performance and goals.**

Given the current emphasis on accountability, schools must document

and be accountable for systems level outcomes. When aggregated at the classroom, grade, school, or district level, local norms provide a means of formatively evaluating systems level progress and documenting the effectiveness of system wide instructional programs. For example, Figure 2 provides systems data for fifth-grade oral reading fluency (ORF) scores in the fall, winter and spring. The “box” on each graph represents the 25th percentile to the 75th percentile, or middle 50% of students. The line extending upward from the box represents the upper 25% of students and the line extending below the box represents the lower 25% of students in the fifth grade of the given district. The end of year goal for fifth graders in ORF is 124 words correct per minute (WCPM) (Hosp, Hosp & Howell, 2007).

At a systems level, data may be analyzed to address the question of system-level progress and goals. Comparing the present cohort of fifth graders to the criterion of 124 WCPM on oral fluency measures, it is apparent that slightly less than 75% of students attained this goal. In fact, the median score for fifth grade ORF in the spring is 120.5 WCPM, or 4.5 WCPM less than the criterion score. Furthermore, when comparing progress of fifth graders across the year, a pattern emerges. The middle 50% (or the area represented in the box) improves only 5

CONTINUED FROM PAGE 9

### Local Norms within a Model of Response to Intervention: Implications for Practice

to 10 WCPM over the course of the year. Additionally, both the highest performing students (>Q3) and lowest performing students (<Q1) score lower in the spring than in the fall, indicating a slight negative rate of growth over the course of the academic year. Administrators viewing this graph could conclude that the fifth grade curriculum does not meet the needs in reading fluency for most children.

Certainly, there may be many reasons for the lack of progress demonstrated on the fifth-grade ORF. Some examples might include a lack of fidelity of program implementation, lack of match of curricular focus and student needs, lack of student motivation, and lack of high quality instruction (Coyne, Kammennui, & Carnine, 2010). Careful functional analysis of the curriculum, instruction and environment, along with the analysis of local norm data provides a basis for setting system-wide improvement goals and intervention recommendations (Koehler-Hak, 2008).

The data presented in Figure 2 are applicable to the documentation of AYP for NCLB. While summative evaluation data (e.g. high-stakes testing) provide comparison of school performance from year-to-year, local norms derived from CBM provide a comparison of progress throughout the year. The frequent collection of performance data allows educators to utilize the data in a

preventive rather than reactive manner (Shapiro, 2010). Additionally, data from Figure 2 is applicable to determining special education eligibility.

Likewise, continual collection of CBM data over the years allows schools to set appropriate goals and monitor the effects of instructional decisions (e.g. changing curricula, implementing supplemental or intervention programs, etc.). For example, after reviewing Figure 2, the school may decide to implement supplemental intervention focused on reading fluency for their 5th graders. This system-level intervention could be by comparing one year of data (as depicted in Figure 2) with the same group of students the following year and the same grade the following year. The long-term systems goal would be for the majority of students

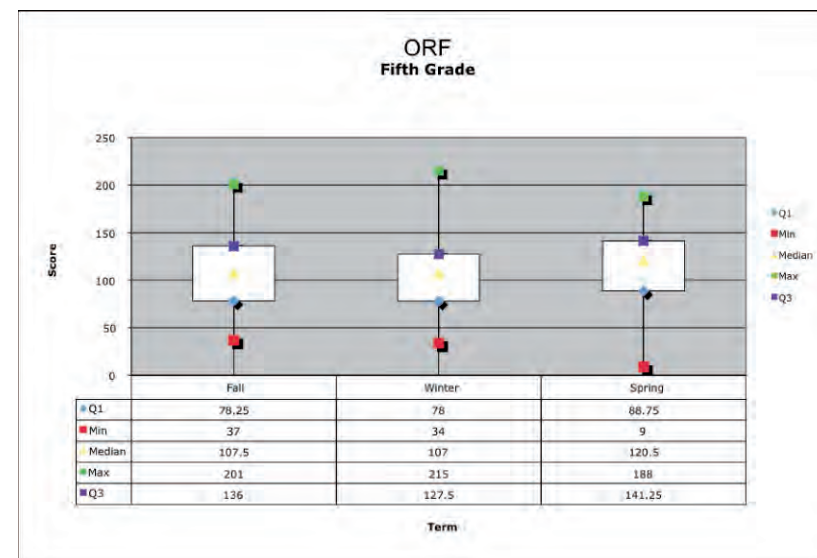
(represented by the “box”)

to score at or above the end –of-year benchmark of 124 WCPM. Therefore, similar to tracking progress for individual children using benchmark data, the system would be tracked.

### Monitoring the response of groups of children to curriculum and interventions.

District goals may be established and evaluated through the ongoing gathering of local norms in the fall, winter, and spring. In the scenario provided in Figure 2, patterns of student strengths and challenges may indicate the strengths and

**Figure 2:**  
Fifth-grade aggregated Oral Reading Fluency data



Note: ORF = Oral Reading Fluency. Q1 = 25th percentile. Q3 = 75th percentile. Min = minimum score. Max = maximum score. End of year benchmark score = 124 Words Correct Per Minute (WCPM).

CONTINUED FROM PAGE 10

### Local Norms within a Model of Response to Intervention: Implications for Practice

limitations of instruction or curricula. Districts may use these data to plan and evaluate the use of supplemental instruction or curriculum. For example, supplemental intervention focused on reading fluency could be evaluated using local norms. Schools would then compare one year of data (as depicted in Figure 2) with the same group of students the following year and the same grade the following year. The long-term systems goal would be for the majority of students (represented by the “box”) to score at or above the end-of-year benchmark of 124 WCPM. Therefore, similar to tracking progress for individual children using benchmark data, the system would be tracked. A system goal would be to have the entire “box” and above (representing 75% of students) falling at or above 124 WCPM at the spring universal

### Conclusion

Local norms are an essential component of school wide data for systems implementing an RTI method of service delivery. Schools involved in the process of collecting and utilizing local norms may find the data useful in informing a range of educational decisions including: (a) identifying system wide goals, (b) monitoring the performance and growth of specific groups of students, and (c) monitoring the performance and growth of individual students. With the

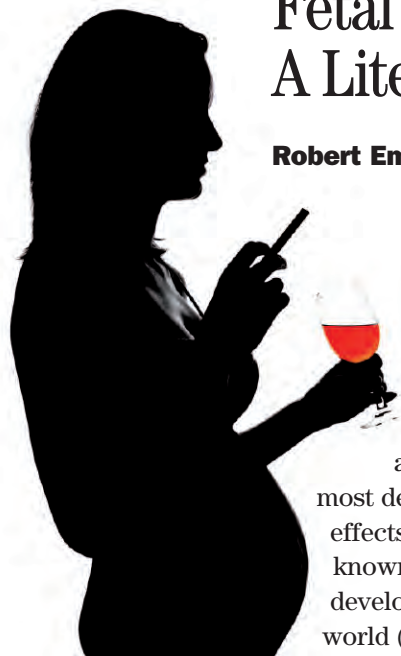
development and use of local norms, RTI functions to track the effectiveness of the educational system in meeting the needs of all children.

### References

- Berkley, S., Bender, W. N., Peaster, L. G., & Saunders, L. (2009). Implementation of response to intervention: A snapshot of progress. *Journal of Learning Disabilities*, 19, 579-586.
- Brown-Chidsey, R. & Steege, M. W. (2005). *Response to intervention: Principles and strategies for effective practice*. New York: Guilford.
- Coyne, M.D., Kameenui, E.J., & Carnine, D.W., (2010). *Effective teaching Strategies That Accommodate Diverse Learners (4th ed.)*. Upper saddle River, NJ: Prentice Hall.
- Deno, S. L. (2003). Developments in curriculum-based measurement. *Remedial and Special Education*, 37, 184-192.
- Elliott, J. (2008). Response to intervention: what & why?. The Free Library. Retrieved March 19, 2011 from [http://www.thefreelibrary.com/Response to intervention: what & why? Neither a fad nor a program,....a0195680151](http://www.thefreelibrary.com/Response+to+intervention:+what+&+why?+Neither+a+fad+nor+a+program,+...a0195680151).
- Fletcher, J. M., Reid Lyon, G., Fuchs, L.S., & Barnes, M.A. (2007). *Learning disabilities: From identification to intervention*. New York: The Guilford Press.
- Fuchs, L.S., Fuchs, D. & Stecker, P., (2010). The “blurring” of special education in a new continuum of general education placements and services. *Exceptional Children*. 76(3), 301-323.
- Gresham, F. M. (2005). Response to intervention: An alternative means of identifying students as emotional disturbed. *Education and Treatment of Children*, 28, 328-344.
- Hosp, M. K., Hosp, J. L., & Howell, K. W. (2007). *The ABCs of CBM: A practical guide to curriculum-based measurement*. New York: Guilford Press.
- Individuals With Disabilities Act. 20 U.S.C. § 1400 et seq. (2008).
- Koehler-Hak, K. M. (2008). Functional assessment of academics: A paradigm shift necessary for improved student outcomes. *The School Psychologist*. 62(2). 50-55.
- Koehler-Hak, K. & Snyder, J., (in review). Measuring education achievement within the context of local demographics: General Outcomes Measurement as a basis for the development of local norms.
- Marston, D., Muyskens, P., Lau, M., & Canter, A. (2003). Problem-solving model for decision making with high-incidence disabilities. *Learning Disabilities Research & Practice*, 18, 187-200.
- No Child Left Behind Act of 2001, PL 107-110, 20 U.S.C. § 6301-6578 et seq.
- Shapiro, E.S., (2004). *Academic Skills Problems: Direct Assessment and intervention*. New York, NY: Guilford Press.
- Stewart, L., & Kaminski, R. (2002). Best practices in developing local norms for academic problem solving. *Best Practices in School Psychology IV (Vol. 1, Vol. 2)* (pp. 737-752). Washington, DC US: National Association of School Psychologists.
- Stewart, L., & Silbergliitt, B. (2008). Best practices in developing academic local norms. *Best Practices in School Psychology V (Vol. 2)* (pp. 225-242). Washington, DC US: National Association of School Psychologists.
- Tilly, W. D. (2003, December). *How Many Tiers Are Needed for Successful Prevention and Early Intervention?: Heartland Area Education Agency's Evolution From Four to Three Tiers*. Paper presented at the National Research Center on Learning Disabilities Responsiveness-to Intervention Symposium, Kansas City, MO.



## RESEARCH FORUM



# Fetal Alcohol Spectrum Disorders: A Literature Review with Screening Recommendations

**Robert Eme, Ph.D. and Erin Millard, M.A.**

Prenatal exposure of fetuses to alcohol, as compared to prenatal exposure to other substances of abuse (including cocaine, heroin, and marijuana), produces the most deleterious neurobehavioral effects, making it the leading known cause of intellectual and developmental disabilities in the world (Astley, 2004). In 2003, Dr. Kenneth Warren, the director of the office of scientific affairs at the National Institute on Alcohol Abuse and Alcoholism, reported, "The consensus, I think, at this point, is that most of the adverse effects that had been reported due to cocaine and crack use were from alcohol use" (cited in Carroll, 2003, p. D4). This consensus has received strong support from subsequent research on the developmental consequences of prenatal drug exposure (primarily cocaine). In stark contrast to reports in the late 1980's of dire consequences for so-called "crack babies," subsequent research using much

more methodologically sophisticated designs has in general concluded that the effects, which are not always found, are best characterized as "small" or "subtle" (Ackerman, Riggins, & Black, 2010; Betancourt et al., 2011; Lester, Legasse, Lin, & Pescosolido, 2008; Richardson et al., 2011). These findings stand in marked contrast to those for prenatal exposure to alcohol, as subsequently will be discussed, which can result in devastating consequences when the exposure is large enough (Bertrand et al., 2004; Kodituwak, 2007; Riley, Mattson, & Thomas, 2009; Streissguth et al., 2004).

Although the deleterious effects of prenatal exposure to alcohol on the developing human have been known for centuries, these effects were not documented in the medical literature until 1968. The pattern of effects which has become known as Fetal Alcohol Syndrome (FAS) was not identified until 1973 (Calhoun & Warren, 2007). Since then it has become clear that these deleterious effects result in a spectrum of

structural anomalies and behavioral and neurocognitive disabilities termed Fetal Alcohol Spectrum Disorders (FASD). FASD is a non-diagnostic umbrella term which encompasses the range of adverse outcomes that can occur in a person whose mother drank alcohol during pregnancy (Bertrand et al., 2004). FAS, which is a medical diagnosis within the designation FASD, represents the full Fetal Alcohol Syndrome caused by prenatal exposure to alcohol and results in the following characteristics: a) central nervous system (CNS) dysfunction, b) prenatal onset of growth deficiency that persists postnatally, and c) specific facial anomalies (Astley, 2006; Hoyme et al., 2005; Olson et al., 2009; Riley, Mattson, & Thomas, 2009). The term FASD was developed to acknowledge that individuals who failed to meet FAS criteria can still have severe negative effects caused by prenatal exposure to alcohol, though those with FAS are typically more impaired (Chasnoff, Wells, Telford, Schmidt, & Messer, 2010; Fryer et al. 2007; Olson,

CONTINUED FROM PAGE 13

### **Fetal Alcohol Spectrum Disorders: A Literature Review with Screening Recommendations**

**“School psychologists need appropriate knowledge to enable them to make an informed referral to a multidisciplinary FASD diagnostic team which can then evaluate and provide recommendations for interventions (Astley, 2004, 2006; Bertrand et al., 2004; Hoyme et al., 2005; Olson, King, & Jirikowic, 2008; Olson et al., 2009).<sup>1</sup>”**

King, & Jirikowic, 2008; Olson et al., 2009).

Recent data from the Centers for Disease Control and Prevention (CDC) [2009a] found that 12.2% of pregnant women aged 18-44 reported consuming alcohol. This level of use in pregnancy results in a FASD prevalence of 2-5% among young children in both mixed racial and mixed socioeconomic school populations (May et al., 2009). Despite the long-standing knowledge of the serious adverse sequelae of prenatal exposure to alcohol, its prevalence, and the fact that there are thousands of articles and hundreds of books devoted to it (Abel, 2006), most children and adults with FASD probably go through life undiagnosed (Streissguth, 1997). For example, in a case ascertainment study of all elementary schools in two counties in Washington State, only 1 of the 7 students found to have FAS had been previously diagnosed (Clarren et al., 2001). Furthermore, if and when children are referred for a FASD evaluation, few are initiated by schools (e.g., 5%), but rather by medical, psychological or social service providers with the result that the average age of referral is about 9 ½ years and relatively late in a child's life for this type of diagnosis (Olson et al., 2007).

Hence, given the importance of detecting FASD combined with the failure to identify such individuals, the goal of this article is to help advance the ‘call to action’ issued by National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect to set up effective strategies for screening, referral, and treatment planning in critical community settings such as special education (Olson et al., 2009). The referral process, which begins when a front line provider of services such as a school psychologist starts to suspect that a child might have an FASD, is predicated upon the clinician having a thorough knowledge of the characteristics of FASD (CDC, 2009b; Bertrand et al., 2004). School psychologists need appropriate knowledge to enable them to make an informed referral to a multidisciplinary FASD diagnostic team which can then evaluate and provide recommendations for interventions (Astley, 2004, 2006; Bertrand et al., 2004; Hoyme et al., 2005; Olson, King, & Jirikowic, 2008; Olson et al., 2009).<sup>1</sup> Such a referral to an expert FASD diagnostic team is essential because of the broad array of outcomes that define FASD (Astley, 2004, 2006; CDC, 2009b; May et al., 2009; Olson et al., 2009).

### **FASD Characteristics**

Several diagnostic guidelines have been developed to capture the spectrum of effects of prenatal exposure to alcohol, yielding a variety of designations such as: fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (PFAS), fetal alcohol effects (FAE), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), static encephalopathy/alcohol exposed (SE/AE), and neurobehavioral disorder/alcohol exposed (ND/AE) (Astley, 2004, 2006; Astley et al., 2009; Bertrand et al., 2004; Hoyme et al., 2005; Olson et al., 2009). Although a specific consensus diagnostic standard has yet to be reached, there is consensus that four major criteria must be considered in detecting a FASD: a) confirmed maternal alcohol exposure, b) facial anomalies, c) growth deficiency, d) central nervous system (CNS) damage/dysfunction (Astley, 2004, 2006; Bertrand et al., 2004; Hoyme et al., 2005; Olson et al., 2009).

### **Confirmed Prenatal Alcohol Exposure**

The U.S. Surgeon General's 2005 advisory that women who are pregnant or considering becoming pregnant abstain from using alcohol (Olson et al., 2009) is

<sup>1</sup> Since a discussion of intervention and teaching recommendations is beyond the scope of the article, the reader can consult the following excellent resources for such information: National Organization on FAS ([www.nofas.org/educator/teaching](http://www.nofas.org/educator/teaching)), Bertrand (2009), and Paley and O'Connor (2009).

<sup>2</sup> Heavy or binge drinking for women is defined as 4 or more drinks on at least one occasion (Centers for Disease Control, 2009a).

CONTINUED FROM PAGE 13

### **Fetal Alcohol Spectrum Disorders: A Literature Review with Screening Recommendations**

**“...although most children who have an FASD do not have this triad of anomalies (Olson et al., 2007), these children can suffer CNS damage/dysfunction from prenatal alcohol exposure that is as severe as those with the anomalies (Astley et al., 2009; Olson, King, & Jirikowic, 2009). This is because the worst time to expose the fetal brain to alcohol is during the third trimester, after the facial features have formed, when the brain experiences a tremendous growth spurt (Fields, 2009).”**

based on findings that even low levels of prenatal exposure to alcohol can have adverse effects on development; adverse effects are dose dependent, with heavier maternal consumption associated with more severe outcomes (Olson, King, & Jirikowicz, 2008; Riley, Mattson, & Thomas, 2009).<sup>2</sup> Note, however, that while there is a robust consensus on the adverse effects on the fetus of heavy maternal drinking over an extended period of time during pregnancy, the issue of whether or not adverse effects are associated with low to moderate drinking is one of ongoing dispute (Abel, 2009; Kelly et al., 2010). The difference in consumption patterns and timing of exposure, as well as other variables such as maternal health, genetic background of mother and child, and synergistic interactions with other substances helps explain the marked variability in FASDs outcomes, even among heavy drinkers (Abel, 2006; Guerri, Baziner, & Riley, 2009; Olson, King, & Jirikowicz, 2008).

For example, in the Seattle Prospective Longitudinal Study (Streissguth, 2007), of the 500 children who were exposed prenatally to a range of alcohol levels (22% of whom were exposed to maternal ‘heavy drinking’), only 2 were diagnosed with FAS and 12 with alcohol-related neurodevelopmental disorder (ARND) which refers to central nervous system impairments caused by

alcohol but without facial anomalies or growth deficiency. Therefore, prenatal exposure to alcohol alone is not sufficient to warrant a diagnosis of a FASD, as there must be evidence for the other criteria (Bertrand et al., 2004). Equally important to note, is that a lack of confirmation of alcohol use should not preclude a referral if evidence for the other three criteria are present (Astley, 2006; Bertrand et al., 2004). With these understandings, the following recommendations are offered for screening for prenatal alcohol exposure.

#### **Facial Anomalies**

A variety of dysmorphic facial features have been associated with FAS since 1973 when the syndrome was first given its name (Abel, 1998). It is likely that these facial malformations are the product of alcohol exposure during the third week of gestation (Riley, Mattson, & Thomas, 2009). Although there are a host of congenital anomalies that can be alcohol-related, no single dysmorphic feature is unique to any particular syndrome (Bertrand et al., 2004). However, there is a cluster of three specific facial anomalies that are unique to FAS (Astley, 2004, 2006; Astley et al., 2009). They are: (a) a shorter distance between each end of the eye socket opening (called the palpebral fissure), (b) lack of skin fold indentation between the nose and upper lip (also known as smooth or indistinct

philtrum), (3) a thin upper lip (called a thin vermilion border). Specific guidelines have been developed for dysmorphologists to enable precise measurement of these features (Astley, 2004, 2006). This uniqueness is critically important diagnostically for two reasons. First, unlike the criteria of growth deficiency and CNS damage/dysfunction which can have causes other than prenatal alcohol exposure, if this phenotype is present, it must have been caused (with the single exception of a very rare disorder, *toluene embryopathy*, Bertrand et al., 2004) by prenatal alcohol exposure. Hence, the individual must have FAS, even if maternal prenatal alcohol consumption cannot be confirmed (Astley, 2004, 2006). Second, since there is very little change in this unique facial phenotype with age (Astley & Clarren, 2001; Astley, personal communication, March 3, 2009), if these anomalies are present in adolescence or adulthood, they are diagnostic for FASDs.

Lastly, it is also very important to note that although most children who have an FASD do not have this triad of anomalies (Olson et al., 2007), these children can suffer CNS damage/dysfunction from prenatal alcohol exposure that is as severe as those with the anomalies (Astley et al., 2009; Olson, King, & Jirikowic, 2009). This is because the worst time to expose the fetal brain to alcohol is during the third trimester, after the facial features have



CONTINUED FROM PAGE 14

### **Fetal Alcohol Spectrum Disorders: A Literature Review with Screening Recommendations**

formed, when the brain experiences a tremendous growth spurt (Fields, 2009).

#### **Growth Deficiency**

Growth deficiencies have been consistently documented in FASD. This criterion is met if prenatal or postnatal height or weight are at or below the 10th percentile at any one point in time (Bertrand et al., 2004; Olson et al., 2007). Care must be taken that the child was not nutritionally deprived at the single point in time when the growth deficit was present (Bertrand et al., 2004). This criterion can be difficult to detect in adolescence/adulthood, as the earlier deficits may no longer be evident because the child has caught up (Streissguth, 2007), though height deficits may still be present (Spohr, Wilms, & Stenhausen, 2007). However, even though growth deficiencies may be minimal or absent in adolescence/adulthood, limiting its use as an indicator of a FASD (Streissguth, 2007), any prior history of growth deficiency is consistent with the criterion for diagnosing a FASD (Bertrand, Floyd, & Weber, 2005). Furthermore, it is critical to understand that individuals can suffer from severe CNS damage/dysfunction without demonstrating growth deficiencies (Olson, King, & Jirikowic, 2009).

#### **Central Nervous System Abnormalities**

CNS abnormalities represent the most devastating consequence of FASD (Astley, 2006; Guerri, Baziner, & Riley, 2009; Riley, Mattson, & Thomas, 2009) and generally persist throughout the life span (Bertrand et al., 2004). Furthermore, as previously discussed, these abnormalities can be present despite the absence of facial anomalies and/or growth deficiencies. Indeed, most children who suffer from CNS abnormalities caused by prenatal exposure to alcohol have neither facial anomalies nor growth deficiencies (Bertrand et al., 2004; Rasmussen & Bisanz, 2009a). Although the most common CNS abnormality is reduction in brain volume, the brain is not uniformly sensitive to prenatal exposure to alcohol (Guerri, Baziner, & Riley, 2009; Riley, Mattson, & Thomas, 2009). Various brain regions such as the cerebellum, corpus callosum, hippocampus, and basal ganglia are particularly sensitive to structural insults which, in turn, can be related to various neuropsychological impairments (Guerri, Baziner, & Riley, 2009; Norman et al., 2009; Riley, Mattson, & Thomas, 2009). Several potential mechanisms have been identified as mediators of the CNS abnormalities: a) alteration in the regulation of gene expression, b) interference with neural stem cell proliferation, migration and differentiation, c) disturbances in molecules that mediate cell-cell interactions, d) impairment

in activation of molecular signaling controlling cell growth and death, e) derangements in glia proliferation, differentiation and functioning (Guerri, Baziner, & Riley, 2009).

The diagnostic criterion is met if one of three types of CNS abnormalities, or any combination thereof, are present: a) structural such as reduction in head circumference, or brain abnormalities which can be detected by various brain imaging methods such as reduction in size or shape of the corpus callosum, b) neurologic such as motor problems or seizures not resulting from postnatal insult, c) functional such as substandard cognitive functioning in various domains (Astley, 2006; Bertrand et al., 2004). Although the first two types of deficits are the purview of the medical profession, and hence will not be discussed, it is important that psychologists understand that such structural and neurologic abnormalities can be caused by prenatal exposure to alcohol and include them in their diagnostic formulations if they are present. The following discussion, apropos of the psychologist's role, will focus on the functional deficits which have been identified across a broad swath of cognitive abilities (Kodituwakku, 2007; Olson, King, & Jirikowic, 2009). These deficits are best understood as clustering into three distinct domains: a) reduced general mental ability, b) non-verbal

**“Although the most common CNS abnormality is reduction in brain volume, the brain is not uniformly sensitive to prenatal exposure to alcohol (Guerri, Baziner, & Riley, 2009; Riley, Mattson, & Thomas, 2009).”**

CONTINUED FROM PAGE 15

### **Fetal Alcohol Spectrum Disorders: A Literature Review with Screening Recommendations**

learning disability, c) Attention-Deficit/Hyperactivity Disorder (ADHD).

#### **General Mental Ability**

General mental ability or *g* represents a general proficiency in learning, reasoning, thinking abstractly and otherwise processing complex information efficiently and accurately (Gottfredson, 2008). Impaired general mental ability constitutes the central cognitive impairment (Kodituwaku, 2007) and the most devastating consequence of prenatal alcohol exposure (Riley, Mattson, & Thomas, 2009). The mean IQ in FAS is in the low 70's for those with facial anomalies and in the low 80's for those without facial anomalies (Riley, Mattson, & Thomas, 2009). Approximately 25% of individuals with a FASD have an intellectual disability (ID; Bertrand et al., 2004; Streissguth et al., 2004).

However, it is also most important to recognize that even though for 75% of those with a FASD, their cognitive impairment in *g* does not meet the typical cut-off of two standard deviations below the mean falling to the 3rd percentile or lower as required for ID (Spruill & Harrison, 2008), it is a grave mistake to describe these individuals, as some have done (e.g., O'Malley, 2007, p. 2), as having a "normal IQ." For example, in

the best study to date for determining the average IQ associated with FASD, the median IQ of 415 individuals with a FASD (median age 14 years, range 6-51) was 86 (Streissguth et al., 2004). This means that approximately 50% of individuals with a FASD have a general mental ability level between the 3rd percentile (IQ=70) and the 16th percentile (IQ=86) and would be described as functioning in the 'borderline' or 'low average range' of intelligence. Such a level of general cognitive functioning however (even for those in the deceptively designated 'low average range' of 80-86) can be expected to cause significant problems in adaptation (Gottfredson, 2003). This expectation received impressive support from a puzzling finding in the Seattle prospective longitudinal study of FASDs (Streissguth, 2007). The 221 individuals with FAE<sup>3</sup> had higher rates of adverse life outcomes than the 138 individuals with FAS. The authors speculated that this may have been due to the fact that school and community services are typically only provided for those with IQ's below 70; and since only 7% of those with a FASD had IQ's below 70, compared to 24% of those with FAS, those with a FAS were less likely to have had appropriate interventions which they clearly needed since they were not capable of 'normal' cognitive functioning.

Finally, it is also important to note that FASDs are fully compatible with average and above intellectual functioning, as IQ's as high as 126 have been found (Streissguth et al., 2004). This does not automatically mean however that there is no impairment in cognitive functioning. Since general mental ability does not capture the full spectrum of cognitive abilities (Gottfredson, 2008; McGrew, 2009), it cannot be expected to and does not capture the full spectrum of cognitive deficits caused by a FASD (Bertrand et al., 2004; Hoyme et al., 2005). Among the cognitive deficits not accounted for by *g*, there is a distinctive pattern best conceptualized as a non-verbal learning disability (NLD; CDC, 2009b; Don & Rourke, 1995; Rasmussen & Bisanz, 2009b; Rourke, 2009).

#### **Non-Verbal Learning Disability**

An account of NLD was first presented in 1967 by researchers who identified children impaired in their ability to make sense of the non-verbal aspects of day-to-day functioning with subsequent accounts identifying additional deficits in social interaction, visual-spatial, and mathematical ability (Tsatsanis & Rourke, 2008). Since then, the principal investigators of NLD, Byron Rourke and his colleagues (Rourke, 2009; Rourke et

<sup>3</sup> The study's designation for individuals who had heavy prenatal alcohol exposure but did not manifest the full physical features of FAS.

CONTINUED FROM PAGE 16

### **Fetal Alcohol Spectrum Disorders: A Literature Review with Screening Recommendations**

al., 2002; Tsatsanis & Rourke, 2008) have more fully fleshed out the cardinal clinical features of NLD in terms of a distinctive pattern of assets and deficits. Moreover, they have concluded that high functioning individuals with a FASD exhibit most of these features (Don & Rourke, 1995; Rourke, 2009).

The major deficits of NLD that are commonly found in individuals with FASD are: a) poor coordination and motor slowness, often more marked on the left side of the body, b) marked deficiencies in visual-spatial skills and visual spatial memory, c) marked relative deficiencies in mechanical arithmetic in contrast to adequate/good verbal skills such as word decoding, spelling, vocabulary, rote verbal memory, c) notable difficulty in adapting to novel/complex situations, d) difficulty in dealing with cause and effect relationships and marked deficiencies in appreciation of incongruities (e.g., humor), f) marked deficiencies in non-verbal problem solving, concept formation, and hypothesis testing, g) marked difficulty with more complex verbal material and written text usually because the material is abstract, inferential, or requires an appreciation of relevant vs. irrelevant detail, h) marked deficits in the capacity to benefit from feedback in novel/complex situations (Don & Rourke, 1995; Tsatsanis & Rourke, 2008). These impairments contribute to deficits in social perception,

social judgment, and social interaction skills, and make it all but impossible for an individual with NLD to adapt to novel interpersonal situations (Rourke, 2009).

Perhaps the most important implication of NLD for understanding individuals with FASD is that because some basic verbal abilities, such as vocabulary, are relatively well developed (Rourke, 2009; Rourke et al., 2002; Tsatsanis & Rourke, 2008), damaging false expectations can be generated (Streissguth, 1997). For example, in his account of raising his son Adam who had FAS, Michael Dorris (1990) provided numerous instances of perplexing dysfunctional behavior in which Adam repeatedly “did not learn from his mistakes, inconvenient or maddening as they often were” (p.200) and certainly “didn’t know what he was talking about” (p. 154).

### **Attention-Deficit/Hyperactivity Disorder**

Although individuals diagnosed with FASD account for about only 2 percent of individuals with ADHD (Nigg, 2006), it is the most frequent neuropsychiatric presentation of an individual with a FASD throughout the lifespan (O’Malley, 2007), with rates ranging from 60 to 95 percent (Astley et al., 2009; Burd et al., 2003; Fryer et al., 2007; Herman, Acosta, & Chang, 2008; Kodituwakku et al., 2006; Streissguth et al., 1996). The issue of whether deficits are the same in developmentally-

based and alcohol induced ADHD is yet to be resolved (Riley, Mattson, & Thomas, 2009; Vaurio, Riley, & Mattson, 2008).

### **Executive Functions**

Most individual with ADHD have impaired executive functioning (EF) [Barkley, 2011]. Although the concept of executive functions (EF) has been difficult to define definitively, a generally accepted conception is that they represent a class of higher order cognitive abilities (such as response inhibition and working memory) that allow for strategic planning, impulse control, cognitive flexibility and goal-directed behavior (Weyandt, 2009) and thereby facilitate behavioral and affective regulation (Barkley, 2006; Brown, 2008; Nigg, 2006). EF impairment is invariably cited as contributing to major life problems (Riley, Mattson, & Thomas, 2009). Hence it is not surprising that impaired EF functioning is commonly found in those with a FASD since up to 95% of those with a FASD have ADHD (CDC, 2009b; Fryer et al., 2007; Kodituwakku, 2007; Mattson & Vaurio, 2009; Riley, Mattson, & Thomas, 2009). Such impairment helps account for the problems in multiple domains (social, legal, alcohol use and mental health) that characterize many individuals with a FASD (Riley, Mattson, & Thomas, 2009).

CONTINUED ON PAGE 18



CONTINUED FROM PAGE 17

## **Fetal Alcohol Spectrum Disorders: A Literature Review with Screening Recommendations**

### ***Guidelines for Referral to a Team of FASD Specialists***

As previously discussed, the referral process is initiated at the point when a service provider, such as a school psychologist or other education personnel, starts to have suspicions of an alcohol related disorder for a child (Bertrand et al., 2004). This process is predicated on adequate knowledge of the domains affected by FASD, such as that provided by the present review. The following guidelines, informed by national guidelines (Floyd et al., 2004) and the present review, indicate that the following “triggers” should prompt consideration for a referral to a team of FASDs specialists.<sup>4</sup> It should be noted that the national guidelines advise that when in doubt the preferable option is to refer (Bertrand et al., 2004).

### ***Prenatal Alcohol Exposure***

Given that denial and underreporting of alcohol consumption is common and particularly so when significant amounts of alcohol are consumed (Abel, 2006), it is rarely possible to confirm the accuracy, frequency and timing of prenatal alcohol exposure (Astley et al., 2009). An approach emphasizing sensitivity would dictate that any maternal report of consumption during pregnancy, especially in association with behavior problems and/or marked

developmental delay in the first three years of life, should prompt serious consideration of a referral (Astley, 2006; Olson et al., 2007). Moreover, referral should be strongly considered if a) the mother was an alcoholic, b) the mother has at least one other child with a FASD, c) there is a history of social/medical/legal problems related to alcohol (Bertrand et al., 2004).

### ***Facial Anomalies***

Since the facial phenotype is not simply present or absent, but varies in magnitude across FASD designations (Astley et al., 2009), if one or all of the three facial anomalies appear to be present to the untrained eye, a referral is warranted. This is especially true if, in addition to the apparent facial phenotype, there are indications of prenatal exposure to alcohol and either growth deficiency or CNS abnormality.

### ***Growth Deficiency***

A growth deficiency, especially an apparently small head size, which is clearly not due to a nutritional deficiency or other biological cause, and is associated with a CNS abnormality, may be indicative of a FASD.

### ***Central Nervous System Abnormalities***

Although the profile of cognitive dysfunction among individuals with FASDs is highly variable and hence there is no unique profile specific to alcohol teratogenicity (Astley et al., 2009), it is clear that deficiencies in general mental ability, NLD, and ADHD commonly occur.

These deficits, especially in interplay with the cumulative risk of adverse psychosocial circumstances, typically result in poor academic and occupational performance and a variety of other adverse life outcomes such as incarceration, substance abuse, psychiatric hospitalization, etc. (Olson, King, & Jirkiowicz, 2008; Streissguth et al., 2004; Yumoto, Jacobson, & Jacobson, 2008). However, it is also equally clear that the triad of CNS deficits can be caused by conditions other than FASDs (Astley, 2004; Astley et al., 2009). This poses a diagnostic challenge which helps explain why there is no validated screening test for FASD (Goh et al., 2009) and why most of the individuals with a FASD have not been diagnosed. Indeed, absent a severe facial phenotype or obviously stunted growth which would be apparent to even an untrained eye, it would seem that the screening challenge is insuperable.

Perhaps the best advice is that once school psychologists understand that

<sup>4</sup> If it is determined that a referral is warranted, the list of FASD regional training centers listed in the appendix of the CDC competency-based curriculum development guide (CDC, 2009a) can be consulted to facilitate such a referral. [http://www.cdc.gov/ncbddd/fasd/curriculum/FASDguide\\_web.pdf](http://www.cdc.gov/ncbddd/fasd/curriculum/FASDguide_web.pdf)

CONTINUED FROM PAGE 18

## Fetal Alcohol Spectrum Disorders: A Literature Review with Screening Recommendations

the CNS deficits commonly occurs in FASD, even in the apparent absence of the facial phenotype and growth deficiency, they should ‘take another look’ when individuals present with such characteristics (Benson, 2008). This might be especially true for ADHD, as O’Malley (2007) has suggested that the major reason FASD are so often unrecognized by professionals is that they ‘masquerade’ as developmental ADHD. Furthermore, particular attention should be given to those cases in which ADHD presents with a low IQ (e.g., 85 or below), since the average IQ deficit for children and adults with developmental ADHD is relatively small compared to the IQ deficit for those with a FASD and ADHD (Barkley, 2006; Bridgett & Walker, 2006). For example, the study of attention and EF deficits in children with either ADHD or heavy prenatal alcohol exposure (ALC) reported a 20 point difference between the average IQ’s of the two groups: 105 (ADHD), 85 (ALC; Vaurio, Riley, & Mattson, 2008).

### Conclusion

Fetal alcohol spectrum disorders result in permanent abnormalities across physical, neurological, and cognitive domains and are present in an astonishingly high 2-5% of young children across school populations. Given the challenges in identification and the fact that most individuals with a

FASD have not been diagnosed, school psychologists need to fully understand and carefully consider the possibility that the ruinous effects of prenatal exposure to alcohol may be a factor when they are conducting evaluations. If any of the requisite “triggers” are evident, strong consideration should be given for a referral to a specialist FASD team, with the rule of thumb being “when in doubt refer.” If diagnosis of a FASD is confirmed, an intervention plan is developed by the team in concert with education personnel, caregivers, and child (Bertrand et al., 2004). Note that the approach to developing individualized and targeted interventions specific to children with FASD is not predicated on the notion that children with FASD present a “unique” neuropsychological or behavioral profile (Astley et al., 2009) but upon the fact that these children as a group are very heterogeneous in the nature, severity, and multiplicity of their problems (Bertrand, 2009).

### References

- Abel, E. (1998). *Fetal alcohol abuse syndrome*. New York: Springer.
- Abel, E. (2006). Fetal alcohol syndrome: a cautionary note. *Current Pharmaceutical Design*, 12, 1521-1529.
- Abel, E. (2009). Fetal alcohol syndrome: same old, same old. *Addiction*, 104, 1274-1275.
- Ackerman, J., Riggins, T., & Black, M. (2010). A review of the effects of prenatal cocaine exposure among school-age children. *Pediatrics*, 125, 554-562.
- Astley, S. (2004). *Diagnostic guide for fetal alcohol spectrum disorders: The 4-digit diagnostic code*, 3rd ed. Seattle, WA: University of Washington Publication Services.
- Astley, S. (2006). Comparison of the 4-digit diagnostic code and the Hoyme diagnostic guidelines for fetal alcohol spectrum disorders. *Pediatrics*, 118, 1532-1545.
- Astley, S., & Clarren, S. (2001). Diagnosing the full spectrum of fetal alcohol exposed individuals: Intro-ducting the 4-digit diagnostic code. *Alcohol and Alcoholism*, 35, 400-410.
- Astley, S., Olson, H., Kerns, K., Brooks, A., Aylward, E., Coggins, T., et al. (2009). Neuropsychological and behavioral outcomes from a comprehensive magnetic resonance study of children with fetal alcohol spectrum disorders. *Canadian Journal of Clinical Pharmacology*, 16, 178-201.
- Astley, S., Stachowiak, J., Clarren, S., & Clausen, C. (2002). Application of the fetal alcohol syn-drome facial photographic screening tool in a foster care population. *Journal of Pediatrics*, 141, 712-717.
- Barkley, R. (2011). *Barkley deficits in executive function scale*. New York: Guilford Press.
- Barkley, R. (2006). *Attention-deficit hyperactivity disorder*, (3rd ed.). New York: Guilford Press.
- Benson, D. (2008). *Take another look: A guide on fetal alcohol spectrum disorder for school psycholo-gists and counselors*. Rensselaer, NY: Council on Children and Families.
- Bertrand, J. (2009). Interventions for children with fetal alcohol spectrum disorders (FASDs): overview of findings for five innovative research projects. *Research in Developmental Disabilities*, 30, 986-1006.
- Bertrand, J., Floyd, R., & Weber, K., O’Connor, M., Riley, E., Johnson, K., & Cohen, D. (2004). *National task force on fetal alcohol syndrome and fetal alcohol effect. Fetal alcohol syndrome: Guide-lines for referral and diagnosis*. Atlanta, GA: Centers for Disease Control and Prevention.
- Betancourt, L., Yang, W., Brodsky, N., Gallagher, P., Malmud, E., Giannetta, J., et al. (2011). Adolescents with and without gestational cocaine exposure: longitudinal analysis of inhibitory control, memory, and receptive language. *Neurotoxicology and Teratology*, 33, 36-46.
- Brown, T. (2008). *Attention deficit disorders and comorbidities in children, adolescents and adults* (2nd ed.). Washington DC: American Psychiatric Press.
- Bridgett, D., & Walker, M. (2006). Intellectual functioning in adults with ADHD: a meta-analytic exami-nation of full scale IQ differences between adults with and without ADHD. *Psychological As-sessment*, 18, 1-14.
- Burd, L., Klug, M., Martsof, J., & Kerbeshian, J. (2003). Fetal alcohol syndrome: neuropsychiatric phe-nomics. *Neurotoxicology and Teratology*, 25, 697-705.
- Calhoun, F., & Warren, K. (2007). Fetal alcohol syndrome: Historical perspectives. *Neuroscience and Biobehavioral Reviews*, 31, 168-171.
- Carroll, L. (2003). Fetal brains suffer badly from effects of alcohol. *New York Times*, November 4, D4.
- Centers for Disease Control and Prevention (2009a). Alcohol use among pregnant and nonpregnant women of childbearing age: United States, 1991-2005. *Morbidity and Mortality Weekly Report*, 58, 529-532.

CONTINUED ON PAGE 20

CONTINUED FROM PAGE 19

## Fetal Alcohol Spectrum Disorders: A Literature Review with Screening Recommendations

- Centers for Disease Control and Prevention (2009b). *Fetal alcohol spectrum disorders: a competency-based curriculum development guide*. Atlanta Georgia.
- Chasnoff, I., Wells, A., Telford, E., Schmidt, C., & Messer, G. (2010). Neurodevelopmental functioning in children with FAS, pFAS, and ARND. *Journal of Developmental and Behavioral Pediatrics*, 31, 192-201.
- Clarren, S., Randels, S., Sanderson, M., & Fineman, R. (2001). Screening for fetal alcohol syndrome in primary schools: a feasibility study. *Teratology*, 63, 3-10.
- Don, A., & Rourke, B. (1995). Fetal alcohol syndrome. In B. Rourke (Ed.), *Symptoms of nonverbal learning disabilities*, (pp. 372-403). New York: Guilford Press.
- Dorris, M. (1990). *The broken cord*. New York: Harper & Row Publishers.
- Fields, D. (2009). *The other brain*. New York: Simon & Schuster.
- Fryer, S., McGee, C., Matt, G., Riley, E., & Mattson, S. (2007). Evaluation of psychopathological conditions in children with heavy exposure to alcohol. *Pediatrics*, 119, 733-741.
- Goh, Y., Chudley, A., Clarren, S., Koren, G., Orrbine, E., Rosales, T. et al. (2009). Development of Canadian screening tools for fetal alcohol spectrum disorder. *Canadian Journal of Clinical Pharmacology*, 15, 344-365.
- Gottfredson, L. (2003). g, jobs and life. In H. Nyborg (Ed.), *The scientific study of general intelligence: tribute to Arthur Jensen* (pp. 293-342). New York: Pergamon.
- Gottfredson, L. (2008). Of what value is intelligence? In A. Prifitera, D. Saklofske, & L. Weiss, (Eds.), *WISC-IV applications for clinical assessment and intervention* (2nd ed.) (pp. 545-563). Amsterdam: Elsevier.
- Guerri, C., Bazinet, A., & Riley, E. (2009). *Foetal alcohol spectrum disorders and alterations in brain and behavior. Alcohol and Alcoholism*, 44, 108-114.
- Herman, L., Acosta, M., & Chang, P. (2008). Gender and attention deficits in children diagnosed with a fetal alcohol spectrum disorder. *Canadian Journal of Clinical Pharmacology*, 153, 411-419.
- Hoyme, H., May, A., Kalberg, O., Kodituwakku, P., Gossage, J., Trujillo, P., et al. (2005). A practical clinical approach to diagnosis of fetal alcohol spectrum disorders: Clarification of the 1996 institute of medicine criteria. *Pediatrics*, 115, 39-48.
- Kelly, Y., Sacker, A., Gray, R., Kelly, J., Wolke, D., Head, J., & Quigley, M. (2010). Light drinking during pregnancy: still no increased risk for socioemotional difficulties or cognitive deficits at 5 years of age? *Journal of Epidemiological Community Health*, October, 2-8.
- Kodituwakku, P. (2007). Defining the behavioral phenotype in children with fetal alcohol spectrum disorders: a review. *Neuroscience and Behavioral Reviews*, 31, 192-201.
- Kodituwakku, P., Coriale, G., Fiorentino, D., Aragon, A., Kalberg, W., Buckley, D., et al. (2006). Neuro-behavioral characteristics of children with fetal alcohol spectrum disorders in communities from Italy: preliminary results. *Alcoholism: Clinical and Experimental Research*, 30, 1551-1561.
- Lester, B., Legasse, L., Lin, R., & Pescosolido, D. (2008). Long term outcome following prenatal exposure to cocaine. *Adolescent Development Following Prenatal Drug Exposure, National Institute on Drug Abuse Conference, November 20*, Bethesda MD.
- Mattson, S., & Vaurio, S. (2009). Fetal alcohol spectrum disorders. In R. Peterson et al. (Eds.), *Pediatric neuropsychology: theory, research and practice, 2nd ed.* (pp. 265-291). New York: Guilford Press.
- May, P., Gossage, J., Kalberg, W., Robinson, L., Buckley, D., Manning, M., & Hoyme, H. (2009). Prevalence and epidemiologic characteristics of FASD from various research methods with an emphasis on recent in-school findings. *Developmental Disabilities Research Reviews*, 15, 176-192.
- McGrew, K. (2009). CHC theory and the human cognitive project: standing on the shoulders of the giants of psychometric intelligence research. *Intelligence*, 37, 1-10.
- Nigg, J. (2006). *What causes ADHD? Understanding what goes wrong and why*. New York: Guilford Press.
- Olson, H., Jirakowic, T., Kartin, D., & Astley, S. (2007). Responding to the challenge of early intervention for fetal alcohol spectrum disorders. *Infants and Young Children*, 20, 172-189.
- Olson, H., King, S., & Jirakowic, T. (2008). Fetal alcohol spectrum disorders. In M. Haith & J. Benson (Eds.), *Encyclopedia of infant and early childhood development, Vol 1* (pp. 533-543). New York: Academic Press.
- Olson, H., Ohlenmiller, M., O'Connor, M., Brown, C., Morris, C., & Damus, K. (2009). A call to action: advancing essential services and research on fetal alcohol spectrum disorders. *A report of the National Task Force on fetal alcohol syndrome and fetal alcohol effect, March*. Atlanta GA: Center for Disease Control and Prevention.
- O'Malley, K. (2007). *ADHD and fetal alcohol spectrum disorders*. Hauppauge, NY: Nova Science Publishers.
- Paley, B., & O'Connor, M. (2009). Intervention for individuals with fetal alcohol spectrum disorders: treatment approaches and case management. *Developmental Disabilities Research Reviews*, 15, 258-267.
- Rasmussen, C., & Bisanz, J. (2009a). Executive functioning in children with fetal alcohol spectrum disorders: Profiles and age-related differences. *Child Neuropsychology*, 15, 201-215.
- Rasmussen, C., & Bisanz, J. (2009b). Exploring mathematics difficulties in children with fetal alcohol spectrum disorders. *Child Development Perspectives*, 3, 125-130.
- Richardson, G., Goldschmidt, L., Leech, S., & Willford, J. (2011). Prenatal cocaine exposure: effects on mother- and teacher-rated behavior problems in school-age children. *Neurotoxicology and Teratology*, 33, 69-77.
- Riley, E., Mattson, S., & Thomas, J. (2009). Fetal alcohol syndrome. In L. Squire (Ed.), *Encyclopedia of neuroscience, Vol. 4* (pp. 213-220). Oxford: Academic Press.
- Rourke, B. (2009). NLD. [www.nldprouke.ca/](http://www.nldprouke.ca/)
- NLDAndNeurologicalDisease.html. Accessed 7/11/2009.
- Rourke, B., Ahmad, S., Collins, D., Hayman-Abello, B., Hayman-Abello, S., & Warriner, E. (2002). Child clinical/pediatric neuropsychology: recent advances. *Annual review of psychology*, 53, 309-339.
- Spohr, H. & Willms, J. (1993). Prenatal alcohol exposure and long-term developmental consequences. *Lancet*, 341, 907-915.
- Spohr, H-L, Willms, J., & Steinhausen, H. C. (2007). Fetal alcohol spectrum disorders in young adulthood. *The Journal of Pediatrics*, 150, 175-179.
- Spruill, J. & Harrison, P. (2008). Assessment of mental/retardation with the WISC IV. In D. Prifitera, D. Saklofske, & L. Weiss (Eds.), *WISC-IV clinical assessment and intervention 2nd ed.* (pp. 274-298). San Diego, CA: Academic Press.
- Streissguth, A. (1997). *Fetal alcohol syndrome: A guide for families and communities*. Baltimore, Maryland: Paul H. Brookes Publishing Company.
- Streissguth, A. (2007). Offspring effects of prenatal alcohol exposure from birth to 25 years: the Seattle prospective longitudinal study. *Journal of Clinical Psychology in Medical Settings*, 14, 81-101.
- Streissguth, A., Barr, H., Kogan, J., & Bookstein, F. (1996). Understanding the occurrence of secondary disabilities in clients with Fetal Alcohol Syndrome and fetal alcohol effects. *Final Report to the Centers of Disease Control and Prevention (CDC), August, 1996* (Tech Rep. No. 96-06). Seattle, Washington: University of Washington.
- Streissguth, A., Bookstein, F., Barr, H., Sampson, P., O'Malley, K., & Young, J. (2004). Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects. *Developmental and Behavioral Pediatrics*, 25, 226-238.
- Tsatanis, K., & Rourke, B. (2008). Syndrome of nonverbal learning disabilities in adults. In L. Wolf, H. Schreiber, & J. Wasserstein (Eds.), *Adult learning disorders: contemporary issues* (pp. 159-190). New York: Psychology Press.
- Vario, L., Riley, E., & Mattson, S. (2008). Differences in executive functioning in children with heavy prenatal alcohol exposure or attention-deficit/hyperactivity disorder. *Journal of the International Neuropsychological Society*, 14, 119-129.
- Weyandt, L. (2009). Executive functions and Attention-Deficit/Hyperactivity Disorder. *ADHD Report*, 17, 1-7.
- Yumoto, C., Jacobson, S., & Jacobson, J. (2008). Fetal substance exposure and cumulative environmental risk in an African American cohort. *Child Development*, 79, 1761-1776.



## PROFESSIONAL DEVELOPMENT FORUM

# Professional Development Opportunities for Future Faculty and Early Career Scholars

**Bryn Harris<sup>1</sup>**

**University of Colorado Denver**

**Amanda L. Sullivan<sup>2</sup>**

**University of Minnesota**



**“Based on the projected high demand for faculty members in the near future, it is important that aspiring faculty receive appropriate mentoring and new professors who enter academia are retained and successfully navigate the promotion and tenure process.”**

Recruitment and retention of new faculty are major concerns for the field of school psychology in the United States. For example, in a recent study, Clopton and Haselhuhn (2009) found that 47.9% (n= 167) of school psychology faculty indicated that they would retire in the next 15 years. While the need for school psychology faculty is projected to rise in future years, graduate students are not entering the field at a rate representative of the current need. Thus, it is expected that there will be ample opportunities for graduates interested in faculty careers. In addition, studies show that certain groups (i.e., individuals of color and women) are less likely to receive tenure and may benefit from additional mentorship and skill building (Ginther & Hayes, 2003). Such mentoring and professional development can also be beneficial in

supporting early success and preventing burnout among trainers in general. Based on the projected high demand for faculty members in the near future, it is important that aspiring faculty receive appropriate mentoring and new professors who enter academia are retained and successfully navigate the promotion and tenure process. Unfortunately, many students and early careers scholars find it difficult to obtain appropriate mentoring in this domain, particularly information specific to school psychology, which, by virtue of its dual research and practice emphases, is distinct from many other graduate educational fields.

Recognizing the need for targeted programming to address these particular needs of the field, two assistant professors of school psychology – Dr. Bryn Harris at the University of Colorado

Denver and Dr. Amanda Sullivan of the University of Minnesota are leading an initiative aimed at providing targeted professional development and networking opportunities for graduate students and practitioners interested in careers in academia, as well as junior faculty.

Opportunities for professional development for junior faculty exist at both of school psychology’s primary conventions, our own Division 16 events included in the American Psychological Association’s (APA) Annual Meeting and the National Association of School Psychology’s (NASP) Annual Meeting. APA holds its conference in August while the NASP convention is in February. Since NASP is fast approaching, the present article highlights activities for graduate students, practitioners interested in careers in academia, and early career

Author Note:

<sup>1</sup> School of Education and Human Development, University of Colorado Denver.

<sup>2</sup> College of Education and Human Development, University of Minnesota.

CONTINUED FROM PAGE 21

### Professional Development Opportunities for Future Faculty and Early Career Scholars

**“The goal of these sessions is to provide a variety of perspectives on the roles of faculty and the ways to successfully navigate entry into the field and one’s early years as a professor of school psychology.”**

faculty that may be of interest at this meeting.

First, there will be six sessions focused on a variety of issues pertaining to careers in academia (see Table 1). Each session will include a panel of faculty from throughout the country, with ample time for audience interaction. The goal of these sessions is to provide a variety of perspectives on the roles of faculty and the ways to successfully navigate entry into the field and one’s early years as a professor of school psychology. Topics range from preparing for a faculty career in graduate school, securing an initial position, fostering productive research and teaching, and maintaining healthy work-life balance. Speakers represent a variety of training backgrounds, research and teaching interests, and career trajectories. Likewise, they hail from an array of school psychology programs and institutions of higher education.

In addition to these panels, there will be a special session on careers in academia hosted by the Early Career Workgroup to discuss reflections and advice from early career scholars, midcareer scholars, and senior faculty on how to be most productive in one’s first years of an academic career. This special session entitled Hitting the Ground Running: Maximizing Your First Years in Academia will be held on Wednesday, February 22nd from 4 pm to 5:20 and is

led by Dr. Amanda Sullivan, University of Minnesota; Dr. Bryn Harris, University of Colorado Denver; Judith Kaufman, Fairleigh Dickinson University; and Sarah Valley-Gray, Nova Southeastern University. Furthermore, the Trainers of School Psychologists (TSP) will be hosting a pre-NASP mini-conference and a junior faculty meeting during the conference that is open to those new to the field. Junior faculty can attend these events to engage with other trainers at all careers stages about training issues in school psychology. The junior faculty meeting in particular offers the opportunity to meet with early career trainers to discuss topics pertinent to those new to the field, establish connections with peers, receive advice for navigating those difficult early years in the field, and communicate professional needs to TSP junior faculty committee members. There will also be opportunities for networking and socializing during the conference for students and faculty to discuss issues of professional development for aspiring and new faculty. Those interested in these events should look for the TSP hospitality suite schedule.

We hope that advisors will disseminate this information to their graduate students and established faculty members will inform junior faculty of these events. Please contact Bryn Harris ([bryn.harris@ucdenver.edu](mailto:bryn.harris@ucdenver.edu)) or Amanda Sullivan ([asulliva@umn.edu](mailto:asulliva@umn.edu)) if you have

any questions or suggestions for future activities geared towards the development of graduate students interested in faculty careers or existing junior faculty members.

### References

- Clopton, K. L., & Haselhuhn, C. W. (2009). School Psychology Trainer Shortage in the USA: Current Status and Projections for the Future. *School Psychology International*, 30, 24-42.
- Ginther, D. K., & Hayes, K. J. (2003). Gender differences in salary and promotion for faculty in the humanities, 1977-1995. *Journal of Human Resources*, 38, 34-73.

CONTINUED FROM PAGE 22

### Professional Development Opportunities for Future Faculty and Early Career Scholars

**Table 1**  
**NASP 2012 Sessions for Future Faculty and Early Career Scholars**

<b>Title</b>	<b>Panelists</b>	<b>Date</b>	<b>Time</b>
Landing an Academic Job: A Primer for Aspiring Trainers	Sherrie Proctor, Queens College CUNY Amanda Sullivan, University of Minnesota Nathan Clemens, Texas A&M David Shriberg, Loyola University – Chicago	Thursday, February 23rd	8:00-8:50am
Straight Talk About Faculty Careers: Perspectives and Advice From Trainers	Bryn Harris, University of Colorado Denver Jocelyn Newton, University of Wisconsin – La Cross Julia Ogg, University of South Florida David Shriberg, Loyola University – Chicago Amanda Sullivan, University of Minnesota	Friday, February 24th	10:00-11:20am
Effective Teaching & Mentoring for Graduate Education	Amy Scott, University of the Pacific Rachel Brown-Chidsey, University of Southern Maine Bryn Harris, University of Colorado Denver Amity Noltemeyer, Miami University Marlene Sotelo-Dynega, St. Johns University Jamie Zibulsky, Fairleigh Dickson Amanda Sullivan, University of Minnesota	Friday, February 24th	10:00-11:20am
Developing a Program of Research: Tools for Success in Academe	Amanda Sullivan, University of Minnesota Theodore Christ, University of Minnesota Allison Dempsey, University of Houston David Wodrich, University of Arizona	Friday, February 24th	11:00-11:50am
Dollars and Sense: Understanding Funding Opportunities for Research and Training	Amanda Sullivan, University of Minnesota Theodore Christ, University of Minnesota Ed Shapiro, Lehigh University Sara Bolt, Michigan State University	Friday, February 24th	3:00-3:50pm
Developing and Sustaining Healthy Work-Life Balance in Academia	Miranda Kucera (student), Arizona State University Rachel Brown-Chidsey, University of Southern Maine Bryn Harris, University of Colorado Denver David Shriberg, Loyola University – Chicago Marlene Sotelo-Dynega, St. Johns University Jamie Zibulsky, Fairleigh Dickson Amanda Sullivan, University of Minnesota	Friday, February 24th	4:00-5:20pm

## SASP - THE STUDENT CORNER

# Building a Stronger SASP Identity

**Kaleigh Bantum and Lindsey Venesky**

For many professional organizations, the New Year brings new executive boards. The Student Affiliates in School Psychology (SASP) is no different. With elections soon approaching, the SASP leaders reflect the achievements of 2011, as well as goals for the year to come.

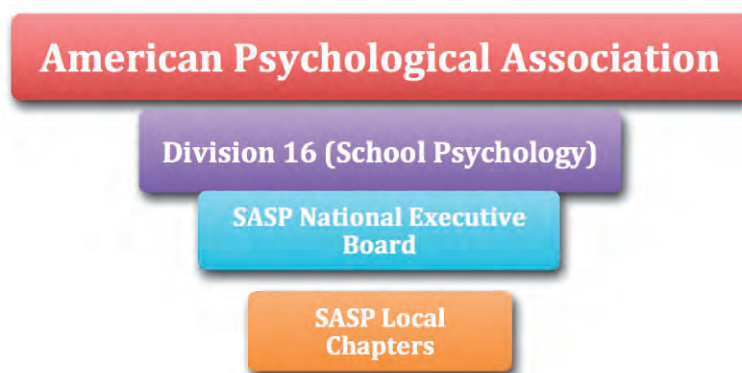
In doing so, one of the primary objectives that has come out of the conversation has been the need to create a stronger connection between Division 16, the national SASP executive board, and the local SASP chapters. Although SASP has grown throughout the years, both as an organization and as a branch of Division 16, it seems as though there is still confusion as to SASP's role and function.

Therefore, we chose to dedicate this quarter's SASP Corner to describing SASP and its connection to Division 16. In doing so, we wanted to provide resources for D16 and SASP members as well as other faculty and graduate students on how they can get

involved in SASP. In the upcoming article, we outline what SASP is and what benefits come as being a member of D16 and the SASP student organization. We hope that in doing so, we will create a better understanding of SASP so that we can begin to reach the goal of strengthening the SASP community.

### What Is The Connection?

SASP is a student organization of Division 16 of APA. We are comprised of a national executive board that collaborates directly with Division 16, as well as local chapters that exist across the country.



### What Does SASP Do?

- As a student-led organization, obtain **the full support of Division 16 of the APA.**
- **Link graduate students all over the United States to the national leadership** environment in school psychology and psychology as a whole.
- Coordinate **student activities** at nationally organized conferences through means such as our booth at the NASP convention each year and our annual meeting with APAGS at the APA convention.
- Collaborate with D16 to provide **support and resources** to students such as the Division 16/ SASP Diversity Scholarships that are awarded on an annual basis to SASP members.
  - Create a **community of school psychology professionals** that includes national and local connections for faculty, practitioners, and students.
  - Provide information to graduate students on **up to date issues** pertaining to school psychology



CONTINUED FROM PAGE 24

### **SASP The Student Corner: Building a Stronger SASP Identity**

through online forums such as our listserv and Facebook.

- Encourage participation in activities that will further **strengthen school psychology in the future**, such as our current involvement on the planning committee for the 2012 School Psychology Futures Forum.
- Build **opportunities and networks** between students and professionals.
- Provide forums for students to **disperse their work and share ideas** through the SASP publication, *From Science to Practice*, and our annual SASP Student Research Forum (previously known as SASP Mini-Convention) held at the APA convention each year.

As is evident, SASP has many benefits. Graduate students in school psychology can get involved in SASP at the individual and chapter levels. SASP has been successful in building our individual membership in the past, but in the upcoming year we would like to strengthen our connection to Division 16 by also building membership as Division 16 Student Affiliates. SASP is fully supported by Division 16, and we have to provide support not only by increasing our SASP members, but also promoting SASP members to become members of D16. This is crucial as Division 16 fully supports SASP by providing funding

for our Diversity Scholarships, hosting our Student Forum (previously known as the SASP Mini-Convention), and providing travel support for our board members as well those who present at the Student Forum. Although this list is not exhaustive, in outlining our connection to D16, we seek to exemplify the importance of graduate students not only becoming SASP members, but members of Division 16.

Chapter membership is also a focus for SASP in the year to come. Particularly, we would like to create a stronger connection between the local chapters, the national board, and Division 16. Our goals for the upcoming year is to ensure that all of our chapter information is up to date, making sure each chapter has a chapter and faculty representative. With this, we hope to then establish stronger communication with our chapters by holding meetings online and at national conventions such as NASP and APA.

Overall, SASP hopes to continue to grow into the upcoming year as we strive to create leaders in our graduate students that will someday become leaders in our field. We ask you to support our efforts by dispersing this information so that graduate students can gain a better understanding of SASP and our connection to Division 16.

I encourage everyone to check out our SASP website at: <http://www.apa.org/divisions/div16/sasp/>

If you are a student interested in joining SASP at the individual level please fill out our application at: <http://www.apa.org/divisions/div16/sasp/membership.html>

We also ask you to complete the D16 membership application at: <http://www.apadivisions.org/division-16/membership/index.aspx>

If you are interested in starting a chapter at your university, SASP is more than happy to provide resources to support your efforts as well as guidelines on how to get you chapter started. Having a SASP chapter is a great way to build cohesiveness within your program as well as connect your students to the national environment. Some activities associated with local chapters include:

- Community service activities to link graduate students to local organizations
- Attend state and national conferences
- Fundraisers to support your organization. Also, look into funding opportunities offered to student organizations through your university
- Social events such as happy hours or holiday parties to provide social activities for students and faculty in your program

CONTINUED FROM PAGE 25

### **SASP The Student Corner: Building a Stronger SASP Identity**

- Create a program newsletter
- Submit proposals to SASP's Research Forum at APA
- Submit publications to SASP's newsletter, *From Science to Practice*
- Hold workshops for students in your program to learn about internships, current issues in the field, etc.
- Invite guest speakers to come speak to your program regarding issues in school psychology, research happenings in your program, etc.
- Support students in your program by providing meetings around comprehensive exams, Praxis study sessions, etc.

Please feel free to contact the upcoming 2012 SASP President, Kaleigh Bantum at [kaleigh.bantum@gmail.com](mailto:kaleigh.bantum@gmail.com) with any questions you may have about SASP. We look forward to the outcome of the upcoming elections, as we strive for another productive year for SASP.

## **It Helps Kids Change Their Own Behavior**



Invented by a psychologist, the ingeniously simple MotivAider® works automatically and privately to keep a child's attention focused on making virtually any desired change in behavior.

- ☑ Effectiveness supported by research
- ☑ Can also be used by teachers and parents
- ☑ Sends signals at fixed or random intervals
- ☑ Adjustable pulsing vibration signal
- ☑ 3 year warranty
- ☑ Free lifetime support

---

Learn more at  
<http://HelpKidsChange.com>

---

**Behavioral Dynamics, Inc.**  
1-800-356-1506 (218-681-6033)  
[info@habitchange.com](mailto:info@habitchange.com)

## People and Places

The faculty at North Carolina State University offers the following updates:

- **John Begeny**, who specializes in academic interventions, connecting research with practice, and international education, was promoted to Associate Professor.
- **Jeff Braden** is working administratively, as College Dean, but still maintains a small role advising graduate students along with scholarly work and other activities in the field.
- **Patricia Collins** continues to direct the Psychoeducational Clinic and related programs including Study Skills camps for middle school students. She also works on one-on-one coaching for adolescents with executive functioning weaknesses, working memory training, and psychoeducational assessment of memory, learning, and attention.
- **Bill Erchul**, now Program Director, received a distinguished service award from the American Board of Professional Psychology and will serve as President of the Society for the Study of School Psychology in 2013.
- **Mary Haskett** is President of the Section on Child Maltreatment within APA Division 37. She is also co-chairing an APA Interdivisional Task Force on the Intersection of Child Maltreatment and Family Homelessness.
- **Ann Schulte** is Co-PI on a newly funded IES Center, the National Center on Assessment and Accountability for Special Education.
- **Scott Stage**'s most current research interest involves empirically based response-to-intervention systems for students at-risk for emotional disabilities.
- The faculty and students of the University of Missouri School Psychology would like to congratulate our colleague, friend, and mentor, Dr. **Wendy Reinke**, the 2011 recipient of the APA Division 16 Lightner Witmer Early Career Award.
- **Rick Short** is now Dean of the School of Human Sciences and Humanities at the University of Houston-Clear Lake.
- The Department of Psychology at the University of Macau, Macao SAR, China, is pleased to announce the addition of our 16th psychology faculty member, Dr. **Lisbeth Ku** who previously worked in Hong Kong. She will specialize in working with undergraduates.
- After six years as Associate Dean for Academic Affairs in the Graduate School of Education at Fordham University, **Vinny Alfonso** has returned to the School Psychology program faculty where he is once again teaching, advising, and mentoring students. In addition, he is in his second year as NASP delegate from New York and the incoming president-elect of Division 16. He looks forward to working with and for the Division in the years ahead.
- **Steven Little** and **Angeleque Akin-Little** co-hosted the 4th Annual New Zealand Educational Psychology Forum at Massey University in Auckland. The Forum is a national convention for educational (school) psychologists in New Zealand.

## IN MEMORY

# Remembering Kenneth Merrell 1957–2011

**Melissa Holland**

When Kenneth W. Merrell passed away on Friday, August 19, 2011, anyone ever touched by his life, including the field of psychology at large, suffered a great loss. Ken, at the age of 53, died after a yearlong battle with colon cancer. He faced the challenges of his illness and the prospect of death as he lived: with integrity, grace, courage, humor, and humility. There are few people that, even in their darkest hour, inspire us with their wisdom and light. Ken Merrell did just that, and was an inspiration to the academic world and to all who knew him.

Ken was born on November 24, 1957, in Vancouver, Washington, to Robert and Janett Merrell, both of whom were elementary school teachers. He was the fourth of five boys. Ken met his wife Susan in Corvallis, Oregon, while he was working on his Bachelor of Science. They were married on December 19, 1981. In addition to his wife, Ken is survived by his four children, Emily Merrell Garrett, Daniel Merrell, Benjamin Merrell, and Joanna



photographing his numerous adventures. In addition to his travels, Ken was a prolific writer and avid reader. A history buff at heart, Ken also had a miraculous memory and wonderful gift of storytelling. It was simply enthralling to spend time with him.

Before his death, Ken was given the prestigious title of professor emeritus of school psychology at the University of Oregon (U of O), where he served as director and codirector of the nationally recognized school psychology program

Merrell, and his two grandchildren. Ken was a bit of a naturalist, greatly enjoying the outdoors, including hiking, rafting, exploring, spending time at the beach with his family, and

from 2001–2011. He also served as the head of the department of special education and clinical sciences at U of O from 2005 through 2009. Ken received his PhD in school psychology at the U of O in 1988 and held tenured faculty positions at Utah State University and the University of Iowa before returning to the U of O in 2001. Ken felt blessed to have returned to his alma mater and lived his final years in Oregon.

In addition to his academic work, Ken was a licensed psychologist and credentialed school psychologist. Before entering academia he worked for 3 years as a school psychologist for a public school district, as a psychologist in a private practice setting, and throughout the years he held various consulting positions in schools. Ken brought his rich experiences from the schools and his practice into his teaching, breathing life into the theories and science that drive practice. In addition to his experiences, Ken's dry sense of humor (Gary Larson's *The Far Side* being a personal favorite of his) and occasional impersonations of Elvis during his lectures created a



CONTINUED FROM PAGE 28

**In Memory: Remembering Kenneth Merrell 1957–2011**

priceless learning environment. Indeed, his classes were consistently sought after and he was a favorite professor among students.

Ken's research and scholarly work in social-emotional assessment and interventions in schools has been widely published and has altered our understanding of social-emotional learning in children. In 2001, Ken founded the Oregon Resiliency Project (ORP). The ORP quickly became nationally and internationally known as a powerhouse of research, training, and practice in the field of social-emotional assessment and intervention for school-age children. Stemming from his work with the ORP came his critically acclaimed Strong Start, Strong Kids programs, widely used today throughout the country and even worldwide as a staple social-emotional learning curriculum in grades K–12.

Ken's publications were extensive. He authored more than 120 published works, including many journal articles, 12 books, 17 book chapters, 9 assessment tools, and 7 intervention curricula. Earlier this year, Ken was given the Senior Scientist award by APA Division 16 (School Psychology), the highest honor bestowed by the division on a school psychology scholar. Ken was also the founding series editor of Guilford Press' *Practical Intervention in the Schools* book series, which includes more than 30 practitioner-focused volumes.

This series is widely used among school practitioners and has gained critical acceptance among researchers as well. His book (with Ruth Ervin and Gretchen Gimpel Peacock), *School Psychology for the 21st Century: Foundations and Practices* (2006, revised edition in 2011), is widely used in school psychology training programs. In addition to his various scholarly writings, Ken in recent years wrote and published a volume of his own personal heritage, entitled *Scottish Shepherd: The Life and Times of John Murray Murdoch, Utah Pioneer*. This book won the David W. & Beatrice C. Evans Handcart Award.

Ken's work also garnered the attention of the popular media, including being interviewed by *U.S. News and World Report*, *Family Circle*, *The Christian Science Monitor*, the *Los Angeles Times*, and other national print and electronic media outlets, and he was an invited guest on television's *Dr. Phil Show*.

Perhaps Ken's greatest joy was mentoring his students. He was always eager to include his present and former students in both his research and his scholarly writings. His compassion for his students and his drive to help them succeed under his guidance was inspiring. Ken, in his acceptance speech for the Outstanding Contributions to Training Award at the 2011 NASP convention, stated:

And, most of all, to the many graduate students in school psychology with whom I have had the honor of serving as advisor, mentor, teacher, and supervisor. Thank you for your commitment to promoting the education and mental health of all children, even when it was a stretch to reach the expectations I set for you. Your struggles became my struggles, and your triumphs have been a source of great inspiration to me.

That was a remarkable thing about Ken; he always knew the right thing to say. He had a way of making even the most challenging situation seem surmountable, framing it as an opportunity for growth and wisdom. Ken said, several months before his death, "The most difficult of life's circumstances, our greatest perceived tragedies, oftentimes become our best teachers and afford us the most freedoms."

Although it is hard for us who have been touched by Ken to understand the lesson here during this time of great sorrow, there is solace in knowing he is now free from the pain he endured from cancer. Even in death, Ken continues to inspire, mentor, and teach us all about life.

**Melissa Holland**

*California State University, Sacramento*

## IN MEMORY

# Remembering Laura Hines, 1922-2009\*

**Tom Fagan, University of Memphis, Division 16 Historian**  
**Rosemary Flanagan, Touro College**

Laura Mann Hines was born on October 29, 1922 and died at age 86 on May 29, 2009. Born in Covington, Virginia to Artiss Bibby Mann and Walter Mann, she was the youngest of three children and attended Covington public schools. Laura Hines completed the A.B. in 1945 from Virginia State College, then moved to New York City where she completed her M.A. in educational psychology in 1950 from New York University, and the PhD in 1978 in school psychology from Fordham University. She was a school psychologist and supervisor for the New York Board of Education's Bureau of Child Guidance (1965-1979), and then served on the faculty of the Ferkauf College of Humanities and Social Science at Yeshiva University from 1980 until retirement.



She brought the 'real world' into our doctoral program and dealt with practicum and internship issues along with teaching our professional practice courses. Laura was often the calm in the storm of confusion with our students and provided endless hours of support to them...always with a smile! She served on

According to Judith Kaufman (Personal Communication, May 3, 2011), "Laura came to Ferkauf after a successful career with the Bureau of Child Guidance and NYC Board of Education as a school psychologist and supervisor of school psychologists.

a number of dissertation committees and contributed wonderful insights. Laura's particular skill as I remember it was her ability to edit, to assist students in having the perfect document. To me, she was a fine friend, always ready to listen, to share her knowledge, and to share her life. She would host gatherings in her wonderful apartment overlooking the Hudson River, an apartment filled with wonderful art, good food smells, and fine and warm companionship. Laura Hines was a truly special human being!"

Laura Hines became an associate member of the APA in 1969 and a full Member in 1979; then a Fellow in the APA Division (45) Psychological Study of Ethnic Minority Issues. Her name first appeared in the NASP directories in 1976. According to the obituary prepared for her memorial service (June 3, 2009), Laura was professionally active with the New York State Psychological Association (NYSPA) and the APA. Rosemary Flanagan

\*The authors extend their appreciation to Vinny Alfonso, Kathleen Doyle, Irvin Mann, Dolores Orinskia Morris, and Colby Taylor for their assistance in gathering this information.

CONTINUED FROM PAGE 30

**In Memory: Remembering Laura Hines, 1922-2009**

recalled that she received a distinguished service award from NYSPA in 1988 and was the president of the NYSPA School Division (1983-1984), as well as its representative on the NYSPA Council in the early 1990s (Personal Communication, May 27, 2011).

During the time that Laura was President-Elect, President and Past-President of the NYSPA School Division there were many activities related to the provision of school psychology in the New York City schools and the role of the school psychologist on teams. The biggest statewide issues involved the resolution of the question regarding the authority of public school districts to contract for school psychological services. This issue covered several years of actions, including correspondence with the affected schools, with the Department of Education and the Regents, with the federal government's Department of Education and the Office of Civil Rights. Laura and Virginia Staudt Sexton were in contact with these different groups to advocate for sound professional practice. New York's Education Commissioner Gordon Ambach in July 1983 stated: "As you know, my decision in the Matter of Friedman (19 Ed.Dept. Rep. 522), held that a board of education could not abolish a position of school psychologist and contract for the services previously performed by the school psychologist. That decision...

did indicate that the duties of a school psychologist are pedagogical in nature and that a board of education has no general statutory authorization to contract for instructional services...All school districts must continue to employ certified school psychologists to perform those duties which are truly instructional in nature, including serving on the committee of the handicapped and providing psychological evaluations and counseling." This decision continues to be referenced whenever there is even a hint of using independent contractors to provide school psychological services.

When Rosemary Flanagan was president of the NYSPA School Division (1992), Laura was the School Division representative to the NYSPA Council. Rosemary recalled that "Laura was active and came to executive board meetings. She gave good counsel and offered a New York City and ethnic minority perspective in reasoned ways...I often saw her at conferences and found her to be good company" (Personal Communication, March 14, 2011). She also served on the Board of Directors for the Lexington School for the Deaf in Queens.

She and her husband, Dr. Dom Balducci, lived in uptown Manhattan and were active members of the community, including wellness programs at Riverbank Park, and the Church of the Master in NYC. She and Dom travelled widely,

enjoyed operatic performances, and entertained guests in their home for many years. She is survived by her husband of 30 years, her brother Irving of Toronto, and her sister Jessie of Richmond, VA.

Laura Hines was among a small but active group of now deceased African American school psychologists who made national contributions. In addition to Laura, we recall Nannie Curtis in Washington, DC, and John Jackson in Milwaukee, WI (Fagan, 2008). Although the publication by Graves (2009) drew attention to the career of Albert Sidney Beckham, arguably the first African-American school psychologist practitioner in the United States, our field lacks a more comprehensive history of the contributions of African-Americans to school psychology.

**References**

- Fagan, T. K. (2008). Remembering John Jackson (1922-2008). *The School Psychologist*, 63(1), 32-36.
- Graves, S. L. (2009). Albert Sidney Beckham: The first African American school psychologist. *School Psychology International*, 30(1), 5-23.

## IN MEMORY

# Remembering Dr. Ena Vazquez-Nuttall (1937-2011): Inspiring Leader; Multicultural Psychology Pioneer; Dedicated Bilingual School Psychologist; and Advocate for Social Justice

**Chieh Li, David Shriberg, Karin Lifter, Jessica Hoffman, Louis Kruger,  
William Sanchez, Emanuel Mason, and Y. Barry Chung**

On October 20, 2011, the school psychology community was saddened by the loss of a dear colleague, nurturing mentor, inspiring leader, and torch of multicultural school psychology—Dr. Ena Vazquez-Nuttall, who died after a long illness. Ena dedicated her entire professional life to school psychology.

### **Educational Background**

Born and raised in Salinas, Puerto Rico, Ena received her bachelor's degree from the University of Puerto Rico and her master's degree in psychology from Radcliffe College. She later received her Ed.D. in Counseling and School Psychology from Boston University.

### **Professional Accomplishments**

Dr. Vazquez-Nuttall's professional activities and accomplishments are



numerous. As a professor, she founded the first doctoral program in school psychology in Massachusetts, at the University of Massachusetts-Amherst and the second one at Northeastern University in Boston. Dr.

Vazquez-Nuttall provided leadership in obtaining NASP and APA accreditation of both programs. She directed the school psychology programs for many years and then the Dean of Graduate Studies, a position she held for 10 years in the Bouvé College of Health Sciences at Northeastern University. Later she served as the Assistant Dean of Multicultural Education,

before retiring as Professor Emeritus in 2009.

During Dr. Vazquez-Nuttall's 20 years at Northeastern University, she tirelessly championed the importance of cultural diversity, long before it was the norm to do so. Today, we take for granted that psychologists must understand culture to be effective service providers. However, when Dr. Vazquez-Nuttall published her first journal article on the relationship between culture and children's development in 1970, this notion was not widely accepted. In addition to her contributions to scholarship and national and international contributions to the profession of psychology, she personally recruited several faculty and dozens of graduate students from underrepresented minority backgrounds to Northeastern. Above all else, Dr. Vazquez-Nuttall was a warm and caring person who spent countless hours mentoring graduate students, junior colleagues,



CONTINUED FROM PAGE 32

**In Memory: Remembering Dr. Ena Vazquez-Nuttall (1937-2011)**

and psychologists. Dr. Vazquez-Nuttall engaged in meaningful service across national organizations including APA, NASP, and the National Academy of Sciences' Institute of Medicine, and her distinguished contributions were recognized with multiple awards. Working in an era often characterized by tensions between APA and NASP, she encouraged and modeled active participation in both organizations. She was on the NASP program review board for many years and received a NASP Presidential Award in 1990 for her work on NASP's Accreditation Committee. Dr. Vazquez-Nuttall also received a NASP award for Dedicated Service and Outstanding Leadership to the NASP Children Fund in 1995.

Within APA, Dr. Vazquez-Nuttall served on the Children, Youth and Families Committee from 1991-1994, the Committee on Accreditation from 1998-2004, and chaired the Training and Education Group of the Commission on Ethnic Minority Recruitment, Retention, and Training in Psychology (CEMRRAT) from 1994-1996. She was a Fellow of APA's Division 16 and served as the Division's treasurer from 1995-1998. Dr. Vazquez-Nuttall received an APA Presidential Citation for her service to APA in 2005.

Dr. Vazquez-Nuttall served as the only psychologist on the National Academy of Sciences' Institute of Medicine committee on Institutional and Policy Level Strategies

for Increasing the Diversity of the U.S. Health Care Industry. The committee produced the report, *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce*, which was released in February 2004. Dr. Vazquez-Nuttall was honored as one of four Distinguished Latino Psychologists by the National Latino Psychological Association at their annual meeting November 2004.

At the state level, Dr. Vazquez-Nuttall served as the first vice president of the Massachusetts School Psychology Association (1970-74 and 1990-91) and served on the Massachusetts Board of Registration from 1988-1993. A winner of the "Outstanding School Psychology Trainer" award in 1986, she received a Lifetime Achievement Award from the Massachusetts School Psychology Association in 2004.

Dr. Vazquez-Nuttall published numerous journal articles and book chapters on multicultural issues. Among her notable publications, she was one of the coauthors of the influential book *Multicultural Counseling Competencies: Individual and Organizational Development* (with Derald Wing Sue, Robert T. Carter, J. Manuel Casas, Nadya A. Fouad, Allen E. Ivey, Margaret Jensen, Teresa LaFromboise, Jeanne E. Manese, & Joseph G. Ponterotto, 1998). The guidelines developed in the book have had a significant impact on APA policies and

practice. Based on her lifelong research and passion for clinical work with young children, Dr. Vazquez-Nuttall was the lead editor of the book *Assessing and Screening Preschoolers: Psychological and Educational Dimensions* (edited with her former doctoral students Drs. Ivonne Romero & Joanne Kalesnik, 1992, 1999). Dr. Vazquez-Nuttall also served on several journal editorial boards, including *School Psychology Quarterly*, *School Psychology Review*, *American Journal of Counseling and Development*, *Journal of Counselor Education and Supervision*, and *Journal of Applied School Psychology*.

Dr. Vazquez-Nuttall was the principal or co-principal investigator on numerous grants. She worked tirelessly to secure financial support for students, especially students from multicultural backgrounds, to pursue study in school psychology. She won many federal training grants in this process. Within these activities, she heartily mentored new faculty members and helped secure positions for early career scholars, generously sharing her mission, enthusiasm, and expertise.

Believe it or not, this is only a partial summary of her service and scholarship to the field! As impressive as this service and leadership was, to know Dr. Vazquez-Nuttall was to know an extremely caring and nurturing individual who was a true advocate for making the world a better place for children and families.

CONTINUED ON PAGE 34

CONTINUED FROM PAGE 33

**In Memory: Remembering Dr. Ena Vazquez-Nuttall (1937-2011)**

As a bilingual school psychologist, Ena was passionate about multicultural and social justice issues for children who are bilingual. A lifelong learner, no one got more out of professional conferences than Ena as she managed both to connect with lifelong friends and to take copious notes at presentations of interest from the start to finish of each conference day. She also updated her training through a clinical neuropsychology sabbatical at Harvard Medical School in 2004 and through consultation work with public schools right up until her retirement.

**Personality**

Throughout her entire career, Ena touched many people's lives with her warm heart and passion for social justice. She mentored countless young professionals and profoundly influenced many multiculturally minded leaders in school psychology at the regional, state, national and international levels. At her retirement party in 2009, her longtime colleague and friend, Dr. William Sanchez, spoke about Dr. Vazquez-Nuttall's leadership in supporting diversity in all forms and her extraordinary life. Speaking specifically of the role of faith in her worldview, Dr. Sanchez stated, "Faith is difficult to talk about and yet, Professor Nuttall has embodied, in her work and relationships, that nature of faith that St.

Paul commented on centuries ago: 'Faith is the substance of things hoped for; the evidence of things not seen.' Anyone working with Ena has been touched by that faith: her intense belief in people and their ability to transform. Students, faculty, staff, clients, friends, all touched by this endless reservoir that always spoke to change: She believes in people: 'the evidence of things not seen.' So prophetic and so powerful a belief: We can work to make things better for all."

**Family**

Dr. Ena-Vazquez-Nuttall: A Puerto Rican woman, full professor, associate dean, researcher, author, teacher, clinician, advocate, public servant, and lifelong contributor to school psychology, and also a wife, mother, and grandmother. She was the wife of the late Dr. Ronald L. Nuttall, and loving mother of Key Nuttall and his wife Libby and Kim H. Nuttall and her husband Chris Woolf. She is also survived by her grandchildren Aidan, Conor and Keegan Nuttall and her sister Angala Cesani of Puerto Rico. Her family held a memorial service for Ena in Eaton & Mackay Funeral Home, Newton, Massachusetts.

Dr. Vazquez-Nuttall leaves behind a legion of school psychologists inspired by her work, her leadership, her integrity, and her humanity. There was no one like her and her legacy will endure for a long time.

To honor her dedication to promoting multiculturalism in our field, the Bouvé College of Health Sciences at Northeastern University has established Ena Vazquez-Nuttall Award to students for multicultural efforts. In lieu of flowers a donation could be sent to the Bouvé College of Health Sciences c/o Northeastern University, 360 Huntington Ave. Boston, MA 02115, directed to the award in Dr. Ena Vazquez-Nuttall's name.

**Acknowledgement:**

Heartfelt thanks to Dr. Tom Fagan for his guidance in preparing this obituary.

## ANNOUNCEMENTS

# Division 16 Award Recipients



*Kent MacIntosh  
accepting the Senior  
Scientist award for  
Ken Merrell (inset).*

### Senior Scientist Award

*Recipient*



*Wendy Reinke  
accepting the  
Lightner Witmer  
Award from President  
Karen Stoiber and  
Jessica Hoffman  
(VP of Membership).*

### Lightner Witmer Award

*Recipient*



*Stacy Overstreet  
(VP of Education,  
Training, and  
Scientific Affairs) and  
Jeff Braden accepting  
the Jack Bardon  
Award from President  
Karen Stoiber.*

### Jack Bardon Distinguished Service Award

*Recipient*

## ANNOUNCEMENTS

---



# Paul E. Henkin Travel Grants

**American Psychological Foundation (APF) Mission and Funding.** The APF provides financial support for innovative research and programs that enhance the power of psychology to elevate the human condition and advance human potential both now and in generations to come. It executes this mission through a broad range of scholarships and grants. For all of these, it encourages applications from individuals who represent diversity in race, ethnicity, gender, age, disability, and sexual orientation.

The Paul Henkin Grant program funds travel awards for qualifying students through Division 16, school psychology. Its description, application requirements, and procedures appear below.

APF supports original, innovative research and projects. Although APF favors unique, independent work, the Foundation does fund derivative projects that are part of larger studies.

### **Description**

This program seeks to promote the development of students oriented toward careers in school psychology, providing

grants to student members of APA Division 16 (school psychology) to help offset registration, lodging, and transportation costs incurred in convention attendance.

### **Program Goals**

- Enrich the field of school psychology by supporting its promising younger members
- Facilitate growth of aspiring school psychology professionals through experiential learning opportunities afforded by the APA convention

### **Funding Specifics**

- Up to \$1,000 annually for registration, lodging and transportation expenses

### **Eligibility Requirements**

- Student membership in APA Division 16
- Demonstrated commitment to pursuit of a school psychology career
- Those receiving any APA travel reimbursement for convention attendance are ineligible

### **Evaluation Criteria**

- Conformance with stated program goals

- Demonstrated understanding of the field of school psychology, including its demands, research and application opportunities, and the value of continuing professional development for contributing to its advancement
- Applicant's scholarly accomplishments and potential in this field

### **Proposal Requirements**

- Completed application form
- 500 word essay with reference to program goals and criteria
- CV
- Letter of recommendation

### **Submission Process and Deadline**

Submit a completed application online at <http://forms.apa.org/apf/grants/> by April 15, 2012.

Please be advised that APF does not provide feedback to applicants on their proposals.

Questions about this program should be directed to Parie Kadir, Program Officer, at [pkadir@apa.org](mailto:pkadir@apa.org).



## ANNOUNCEMENTS

---

# *Call for Division 16 Award Nominations*

### **CALL FOR NOMINATIONS:**

#### *Outstanding Dissertation Award*

Each year the Division of School Psychology presents an Outstanding Dissertation in School Psychology Award to a school psychology student who has completed a dissertation which merits special recognition and which has the potential to contribute to the science and practice of school psychology. Nominees must have successfully completed their dissertation defense by December 31, 2011.

Materials should be forwarded on each nominee including a vita, supporting letters (minimum of two from members of the dissertation committee), and a copy of the dissertation. All nominations and related materials must be submitted electronically by April 1, 2011 to the Committee Chair, Milena Keller-Margulis, Ph.D. at: [mkmargulis@mail.coe.uh.edu](mailto:mkmargulis@mail.coe.uh.edu).

### **CALL FOR NOMINATIONS:**

#### *Lightner Witmer Award*

Each year the Division of School Psychology presents the Lightner Witmer Award to young professional and academic school psychologists who have demonstrated scholarship which merits special recognition. Continuing scholarship, rather than a thesis or dissertation alone, is the primary consideration in making the award and a person does not need a doctoral degree to be eligible. Nominees must be: (a) within seven years of receiving their education specialist or doctoral degree as of September 1 of the year the award is given (degree conferral December 2005 or later); and (b) be a Fellow, Member, Associate, or Student Affiliate of Division 16.

Materials should be forwarded on each nominee including a vita, supporting letter(s), reprints, and other evidence of scholarship. All nominations and related materials must be submitted electronically by April 1, 2011 to the Chair of the Committee, Shannon Suldo, Ph.D. at: [suldo@usf.edu](mailto:suldo@usf.edu).

### **CALL FOR NOMINATIONS:**

#### *Senior Scientist in School Psychology Award*

Each year the Division of School Psychology presents a Senior Scientist in School Psychology Award to a mature professional and academic school psychologist who has demonstrated a program of scholarship which merits special recognition. A sustained program of scholarship of exceptional quality throughout one's career is the primary consideration in making the award. Nominees must be either 20 years past the granting of their doctoral degree or at least 50 years old by December 31, 2010.

Two sets of material should be forwarded on each nominee, including a vita, supporting letters (minimum of three), and five major papers of publications. All nominations and related materials must be submitted electronically by April 1, 2011 to the Committee Chair, George DuPaul, Ph.D. at: [gjd3@Lehigh.Edu](mailto:gjd3@Lehigh.Edu).

## ANNOUNCEMENTS

---

CONTINUED FROM PAGE 37

### **Call for Division 16 Award Nominations**

#### ***CALL FOR NOMINATIONS:***

#### ***Jack Bardon Distinguished Service Award***

The Division of School Psychology requests nominations for 2011 Jack Bardon Distinguished Service Award. The award is presented each year by Division 16 at the APA Convention to mature school psychologists who throughout their careers have demonstrated exceptional programs of service that merit special recognition. This award is given for accomplishments relating to (a) major leadership in the administration of psychological service in the schools; (b) major contributions in the development and implementation of policy leading to psychologically and socially sound training and practice in school psychology; (c) sustained direction or participation in research that has contributed to more effective practice in school psychology; or (d) the inauguration or development of training programs for new school psychologists or for the systematic nurturance of inservice training for psychologists engaged in the practice of school psychology; or any combination of those.

Anyone, including a candidate him or herself, may nominate a school psychologist for the award. Materials should be submitted for each nominee, including a vita, supporting letters (minimum of three), and other appropriate supporting documentation. Materials must be submitted electronically by April 1, 2011 to the Committee Chair, Steve Little, Ph.D. at [S.Little@massey.ac.nz](mailto:S.Little@massey.ac.nz).

## 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](mailto: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](mailto: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)

